



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 06/30/2014 11:48 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 2
Screened By: [REDACTED]
Date Screened: 06/30/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 07/01/2014 09:32 AM
First Team Leader Assigned: [REDACTED] Date/Time 07/01/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 07/01/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 3 Mos	Drug Exposed Infant	No	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: Yes

Family Case ID: [REDACTED]

Open Court Custody: Yes FSW-[REDACTED] (ACV [REDACTED])

Closed Court Custody: Yes, 04-15-05

Open CPS: No

Substantiated:

- # [REDACTED] / LOS / [REDACTED]
- # [REDACTED] / DEC, PHA / [REDACTED]
- # [REDACTED] / DEI / [REDACTED]
- # [REDACTED] / DEC / [REDACTED]



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

[REDACTED] / DEI / [REDACTED]

Death: No

Screened out: Yes (4)

History (not listed above):

[REDACTED] / MDM, PHA / Unsubstantiated / [REDACTED]

[REDACTED] / DEC, NUN, MDM / No Services Needed / [REDACTED]

County: [REDACTED]

Notification: None

School/ Daycare: N/A

Native American Descent: No

Directions: None give

Reporter's name/relationship: [REDACTED]

Reporter states: On [REDACTED] [REDACTED] gave birth to a baby girl at [REDACTED] Medical Center. [REDACTED] is reported to be the father of the infant.

On June 29th [REDACTED] was transferred from [REDACTED] Hospital to [REDACTED] Medical Center. Upon admission [REDACTED] was positive for marijuana at both hospitals. [REDACTED] did not receive any prenatal care during the pregnancy. The infant was born at thirty weeks and five days. The infant is currently in the NICU due to prematurity. The infant's urine screen was negative, the meconium is pending. There are currently no signs of withdrawals.

[REDACTED] reports having prior DCS history. [REDACTED] has five other children, which are reported to not be in her custody. It is unknown why [REDACTED] does not have custody of the children.

[REDACTED] reports being prepared for the infant. [REDACTED] could possibly be discharged from the hospital tomorrow. The infant currently does not have a discharge date. There are concerns due to [REDACTED] not having custody of her other children.

Investigation/P2- [REDACTED] [REDACTED] @12:06pm on 06/30/14



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** Black/African **Age:** 1 Yr 3 Mos

Address: [REDACTED]

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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 28 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted]

Investigation ID: [Redacted]

Referral Date: 06/30/2014

Assignment Date: 07/01/2014

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. Contains 2 rows of allegations.

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [Redacted] is currently in DCS custody. The parents are [Redacted] and [Redacted] (child) was born at 31 weeks and suffered from a hole in her heart, perforated bowel; she was not producing bone marrow, and was placed on a ventilator. [Redacted] (mother) admitted to smoking marijuana during her pregnancy. Due to the medical issues that [Redacted] (baby) suffered with the hospital was unable to administering any type of drug screen. [Redacted] (mother) and [Redacted] have had 5 other children which were all placed into DCS custody for D/N issues. [Redacted] has surrendered her rights to all five children. [Redacted] has surrendered his rights to all the children but one.

D. Case Workers

Case Worker: [Redacted]

Date: 09/15/2014

Team Leader: [Redacted]

Date: 09/15/2014

E. Investigation Summary

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

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

[Redacted] (child) was observed at [Redacted] Hospital on several occasions. [Redacted] (child) was cared for by the nursing staff to address all her medical concerns. Inv. [Redacted] was unable to interview the child due to age. [Redacted] (child) is currently in an approved foster home.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

Inv. [REDACTED] spoke with [REDACTED] with [REDACTED] Social Work who stated that [REDACTED] is doing well. [REDACTED] stated that [REDACTED] is now off of the ventilator and is breathing room air. [REDACTED] stated that [REDACTED] is still has a tube running into her bowl and the doctors are not sure when she will be strong enough for the surgery to remove the tube. [REDACTED] stated that the mother [REDACTED] is visiting regularly and is feeding and interacting with the baby as much as possible.

Inv., [REDACTED] spoke with [REDACTED] at [REDACTED] Social Work who stated [REDACTED] is doing very well. [REDACTED] stated that [REDACTED] should be ready for surgery to remove the tube from her bowl. [REDACTED] stated the surgeons feel there shouldn't be any complications in the surgery and if all goes well [REDACTED] should be ready for release from the hospital in about a week.

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

The mother [REDACTED] admitted that she smoked marijuana during her pregnancy. [REDACTED] stated she has had 4 other children in the past and they suffered from low birth weight and that is the reason she smoked marijuana. [REDACTED] stated she was hoping to increase her appetite to help the baby gain weight. Inv. [REDACTED] asked [REDACTED] if she spoke with the OBGYN regarding the loss of appetite and she stated that the Dr. was aware and had prescribed phengren for the nausea but it did not help.

[REDACTED] informed Inv. [REDACTED] that she has surrendered 4 children to DCS in the past. [REDACTED] stated she surrendered to her last son in hopes that "I would have a fresh start and get to keep this baby". [REDACTED] informed Inv. [REDACTED] that the baby of the father is [REDACTED] informed Inv. [REDACTED] that she really didn't want [REDACTED] involved in the case with the new baby because he has not terminated his rights to the last baby they had. In the previous cases involving this mother there were concerns of her mental stability and her ability to care for children alone.

[REDACTED] also denied any drug use.

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

Reporter states: On [REDACTED] [REDACTED] gave birth to a baby girl at [REDACTED] Medical Center. [REDACTED] is reported to be the father of the infant.

On June 29th [REDACTED] was transferred from [REDACTED] Hospital to [REDACTED] Medical Center. Upon admission [REDACTED] was positive for marijuana at both hospitals. [REDACTED] did not receive any prenatal care during the pregnancy. The infant was born at thirty weeks and five days. The infant is currently in the NICU due to prematurity. The infant's urine screen was negative, the meconium is pending. There are currently no signs of withdrawals.

[REDACTED] reports having prior DCS history. [REDACTED] has five other children, which are reported to not be in her custody. It is unknown why [REDACTED] does not have custody of the children.

[REDACTED] reports being prepared for the infant. [REDACTED] could possibly be discharged from the hospital tomorrow. The infant currently does not have a discharge date. There are concerns due to [REDACTED] not having custody of her other children.

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

The department is currently seeking to terminate his rights. The allegations against [REDACTED] (mother) were



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

presented to CPIT and classified as ASPS. The allegations against [REDACTED] are classified as AUPU. [REDACTED] (child) was released from the hospital after recovering from her health concerns. The infant was placed into DCS custody as a medical fragile child. The case was approved for closure.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/13/2014 Contact Method:
 Contact Time: 03:46 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/13/2014
 Completed date: 09/13/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 02:47 PM Entered By: [REDACTED]

[REDACTED] is currently in DCS custody. The parents are [REDACTED] and [REDACTED] (child) was born at 31 weeks and suffered from a hole in her heart, perforated bowel; she was not producing bone marrow, and was placed on a ventilator. [REDACTED] (mother) admitted to smoking marijuana during her pregnancy. Due to the medical issues that [REDACTED] (baby) suffered with the hospital was unable to administering any type of drug screen. [REDACTED] (mother) and [REDACTED] have had 5 other children which were all placed into DCS custody for D/N issues. [REDACTED] has surrendered her rights to all five children. [REDACTED] has surrendered his rights to all the children but one. The department is currently seeking to terminate his rights. The allegations against [REDACTED] (mother) were presented to CPIT and classified as ASPS. The allegations against [REDACTED] are classified as AUPU. [REDACTED] (child) was released from the hospital after recovering from her health concerns. The infant was placed into DCS custody as a medical fragile child. The case was approved for closure.

The allegations have been classified based on the work aid listed below:

2. Drug exposed infant/child (Investigation): (The medical definition of infant is age 0 to 1 year old. Child is over the age of 1 year old.)

This allegation pertains to an:

a) Infant/child who has been exposed to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, meth, heroin, inhalants or any other illegal substances), as verified by a positive drug screen.

Note: When an infant is born to a mother who is using illegal substances, the infant must test positive or require medical treatment for symptoms of drug dependency to substantiate for "Drug Exposed Infant."

b) Infant/child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations:

Drugs or chemical substances are administered to or given to children;

Children exposed to or living within close physical proximity to where drugs or chemical substances are manufactured (the manufacturing of methamphetamine in a home where children are present, is always considered severe abuse).

c) Parents/caretakers who have a positive drug screen, or have admitted to the use of an illegal or non-prescribed drug or chemical substance, and whose use of drugs or chemical substances that impairs the parent/caretakers ability



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

to meet child-care responsibilities. Impairment of the parent/caretaker's ability to meet childcare responsibilities MUST be supported by evidence, including documented examples.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/13/2014 01:51 PM Entered By: [REDACTED]

[REDACTED] will be seen each month by the assigned foster care worker.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 02:31 PM Entered By: [REDACTED]

Case was presented to CPIT and classified as Allegations Substantiated and Perpetrator Substantiated. CPIT members included CAC [REDACTED] HCJC [REDACTED] and Inv. [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Face To Face

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original

Entry Date/Time: 09/13/2014 01:49 PM

Entered By: [REDACTED]

[REDACTED] will be seen each month by the assigned foster care worker.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/27/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 01:58 PM Entered By: [REDACTED]

08/27/2014 DCS presented [REDACTED] Juvenile courts with a petition and order asking that [REDACTED] be placed into DCS custody. The order was signed by Judge [REDACTED]. The GAL is [REDACTED]. The father's attorney is [REDACTED] the mother has not been assigned an attorney 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: 08/25/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 02:01 PM Entered By: [REDACTED]

08/25/2014 A Child and family Team Meeting was held on this date. Present in the meeting was DCS staff, [REDACTED] and [REDACTED]. The meeting was held as a prevention meeting to discuss if there were any possible family members that could be a possible placement for the baby. [REDACTED] stated she has a family friend named [REDACTED] who lives in [REDACTED] that could be a possible placement. Mrs. [REDACTED] information was gathered to start the approval process.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/17/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 02:10 PM Entered By: [REDACTED]

A random home visit at the home of [REDACTED] and [REDACTED] was conducted on this date by Inv. [REDACTED]. The parents agreed to take a drug screen and [REDACTED] tested negative for all drugs. [REDACTED] tested positive for THC. [REDACTED] denied smoking marijuana since before the birth of baby [REDACTED]. The home was clean and free from any unnecessary clutter.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/31/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/13/2014

Completed date: 09/13/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 01:57 PM Entered By: [REDACTED]

Inv. [REDACTED] spoke with [REDACTED] with [REDACTED] Social Work who stated that [REDACTED] is doing well. [REDACTED] stated that [REDACTED] is now off of the ventilator and is breathing room air. [REDACTED] stated that [REDACTED] is still has a tube running into her bowl and the doctors are not sure when she will be strong enough for the surgery to remove the tube. [REDACTED] stated that the mother [REDACTED] is visiting regularly and is feeding and interacting with the baby as much as possible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/02/2014 Contact Method: Face To Face
 Contact Time: 05:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 09/13/2014
 Completed date: 09/13/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/13/2014 09:50 AM Entered By: [REDACTED]

Inv. [REDACTED] observed Baby [REDACTED] sleeping in her isolate. Baby [REDACTED] was being cared for by the RN on shift. Baby [REDACTED] currently has a whole in her heart, is no producing bone marrow, and has a perforated bowl. The nursing staff is reporting that the baby is requiring constant care to ensure she stays stabilized. The long term prognosis for the infant is still unknown at this time.

Inv. [REDACTED] completed an Immediate Protection Agreement with [REDACTED] and [REDACTED] that states the parents will not remove the infant from the hospital against the Dr. advice.

Narrative Type: Addendum 2 Entry Date/Time: 09/13/2014 03:00 PM Entered By: [REDACTED]

The mother [REDACTED] admitted that she smoked marijuana during her pregnancy. [REDACTED] stated she has had 4 other children in the past and they suffered from low birth weight and that is the reason she smoked marijuana. [REDACTED] stated she was hoping to increase her appetite to help the baby gain weight. Inv. [REDACTED] asked [REDACTED] if she spoke with the OBGYN regarding the loss of appetite and she stated that the Dr. was aware and had prescribed phengren for the nausea but it did not help. [REDACTED] informed Inv. [REDACTED] that she has surrendered 4 children to DCS in the past. [REDACTED] stated she surrendered to her last son in hopes that " I would have a fresh start and get to keep this baby". [REDACTED] informed Inv. [REDACTED] that the baby of the father is [REDACTED]. [REDACTED] informed Inv. [REDACTED] that she really didn't want [REDACTED] involved in the case with the new baby because he has not terminated his rights to the last baby they had. In the previous cases involving this mother there were concerns of her mental stability and her ability to care for children alone.

Narrative Type: Addendum 1 Entry Date/Time: 09/13/2014 02:50 PM Entered By: [REDACTED]

In order to engage the family, Investigator [REDACTED] explained to them that some concerns had been reported to DCS and that Investigator [REDACTED] needed to discuss these concerns with the family. In addition, Investigator [REDACTED] explained to the family



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

the MRS/Investigative process.

Juvenile Court is notified of referrals by the supervisor on a monthly basis as requested by the court.

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 monthly basis as requested by the court.

Does the family have any American Indian tribal affiliation?no If yes, please describe:

The HIPAA form CS-0699 was reviewed with the family and a copy was left with them. Did the family sign the form? Yes If no, please explain:

The Clients Rights Handbook was provided to the family on this day. Did the family sign the acknowledgement of receiving the client rights handbook?yes If no, please explain:



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Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/02/2014	Contact Method:	Correspondence
Contact Time:	04:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/13/2014
Completed date:	09/13/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2014 02:33 PM Entered By: [REDACTED]
 07/01/2014 CPIT was convened on this date. CPIT members contacted included [REDACTED] Law Enforcement,
 [REDACTED] Co Juvenile Court, District Attorney Office.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/02/2014

Completed date: 07/02/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/02/2014 05:34 PM Entered By: [REDACTED]

LI spoke with [REDACTED] Social Worker, [REDACTED] regarding [REDACTED] SW [REDACTED] reports that [REDACTED] weight is currently at 990 grams and she is diagnosed with Pneumoperitoneum (Perforated bowel) and PDA (hole in the heart). She is currently on 4 different antibiotics along with decreased urine output and low blood pressures. LI informed SW [REDACTED] that Inv. [REDACTED] will be coming to meet with the family today to complete a court ordered control of conduct addressing cooperation, following medical recommendations and not leaving AMA. SW [REDACTED] understands that CPS is involved with the family and that she will report any concerns regarding [REDACTED] or the family.

LI informed DCS RN [REDACTED] and [REDACTED] about [REDACTED] current condition.

Inv. [REDACTED] has completed the near fatality report and submitted it.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/02/2014	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	09/13/2014
Completed date:	09/13/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/13/2014 09:52 AM Entered By: [REDACTED]

Inv. [REDACTED] spoke with the referent who stated the information in the referral is correct. The referent does not have any additional information or concerns to add at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	07/01/2014	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/01/2014
Completed date:	07/01/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/01/2014 04:46 PM Entered By: [REDACTED]

Inv. [REDACTED] received a phone call from [REDACTED] regarding the open investigation. Inv. [REDACTED] explained to [REDACTED] that DCS has received a referral with allegations and there needed to be a time set to meet. [REDACTED] stated "she isn't doing that good". [REDACTED] explained that she was told by the nursing staff that the baby has a hole in her intestines which is causing bile to leak into her body. [REDACTED] stated the dr. told her this could be from where the hospital put an IV in the baby's belly button. [REDACTED] stated she is afraid she that she is going to lose her baby to DCS. Inv. [REDACTED] asked that she elaborate on that statement and she replied "I did smoke marijuana during my pregnancy". [REDACTED] went on to state that she has "surrendered 5 children in the past to DCS". [REDACTED] stated those children have now been adopted. Inv. [REDACTED] informed [REDACTED] that when she finds out more information regarding the condition of the baby or her release from the hospital to give Inv. [REDACTED] a call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	06/30/2014	Contact Method:	Face To Face
Contact Time:	08:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/01/2014
Completed date:	07/01/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact,Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2014 04:48 PM Entered By: [REDACTED]

Initial face to face was completed on 6/30/14 at 8:15pm at [REDACTED] Hospital NICU bed 35. CPSI attempted to engage with mom, [REDACTED] however she refused to speak with CPSI and requested for me to leave. CPSI attempted to explain to Ms. [REDACTED] that the conversation will be held with CPSI [REDACTED] Ms. [REDACTED] walked away and would not speak anymore to CPSI [REDACTED] CPSI did obtain a contact number for Ms. [REDACTED] to be [REDACTED] CPSI observed Baby [REDACTED] to be in the incubator. CPSI engaged with Nurse [REDACTED] who reported that baby [REDACTED] is currently only on antibiotics, and caffeine.