



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 07/16/2014 08:31 AM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 2  
Screened By: [REDACTED]  
Date Screened: 07/16/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 07/16/2014 11:15 AM  
First Team Leader Assigned: [REDACTED] Date/Time 07/16/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 07/16/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED] Unknown	1 Yr 3 Mos	Drug Exposed Infant	Yes	[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:

Family Case IDs: No history found.  
Open Court Custody/FSS/FCIP: No  
Prior INV/ASMT of Abuse: 0  
Prior INV/ASMT of Neglect: 0  
Prior INV/ASMT of both Abuse & Neglect: 0  
Screen Outs: 0

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: None



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

School/ Daycare: None  
Native American Descent: No  
Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states: Unknown male (5 days) lives with his parents, [REDACTED] and [REDACTED]

The newest address listed under unknown baby, older address is listed under [REDACTED] The baby was born at [REDACTED]

The baby was transferred from [REDACTED] to [REDACTED] on 7-12-2014. The baby was transferred for seizures and neonatal encephalopathy, which means the baby had his oxygen cut off before birth. He has serious brain issues. He is back on the ventilator today and is on seizure medication. The baby is very sick.

[REDACTED] has been on Subutex (8 mg BID). It is believed that [REDACTED] had some marijuana use before taking this. [REDACTED] urine drug screen is not in the file. There are no available drug screens on either [REDACTED] or the baby at this time from [REDACTED] or from anything conducted at [REDACTED]. It is believed that there is a meconium drug screen that was ordered a couple of days ago. The results are not yet in.

The Subutex use could possibly cause this problem with the baby. In the file, the baby was an 8 on the NAS scoring system from today. The baby has been 8's and 9's through 7-14-2014. The baby came in on 7-12-2014 and was diagnosed with NAS upon admission.

It is unknown how long the baby will be in the hospital. The hospital has to get the seizures under control, has to get him off of the ventilator, and has to give him proper care. Yesterday, the baby had ten seizures.

As of 7-13-2014, the hospital said no contact for parents (perhaps for the day). [REDACTED] and [REDACTED] talked to the doctor on 7-12-2014. However, it is unknown if the parents have been in contact with the child since that time.

It is believed that this is [REDACTED] only child. The case manager wishes to be contacted in regards to this matter.

No other information is known at this time.

Special Needs or Disabilities: Nothing other than discussed.

Child's current location/is the child safe at this time: At hospital

Perpetrator's location at this time: Unknown.

Any other safety concerns for the child(ren) or worker who may respond: None reported.

Per SDM: Investigative Track, P1, override to P2 as the child is in the hospital and is receiving the care he needs. He is safe pending P2 response [REDACTED] TL on 7-16-14 @ 9:15 am

Recon from [REDACTED] @ 9:22am on 7/16/14:

It appears that this intake was submitted to [REDACTED] County incorrectly. Please submit to the appropriate county as none of the addresses listed in the intake are [REDACTED] County. Thanks

P2 [REDACTED] County [REDACTED] CM3 @ 10:50am on 7/16/14.



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

**Participant(s)**

**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: UNKNOWN

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** [REDACTED]      **Age:** 25 Yrs

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** UNKNOWN

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED] Unknown

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** White **Age:** 1 Yr 3 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:** Mothers

**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: 07/16/2014 Assignment Date: 07/16/2014
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], 08/12/2014

Preliminary Near Death: [Redacted]

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close
Comments: Family is receiving Children's Special Services, Hospice and in home A&D education

D. Case Workers

Case Worker: [Redacted] Date: 08/12/2014
Team Leader: [Redacted] Date: 08/12/2014

E. Investigation Summary

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

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

[Redacted] was observed several times during the case. His eyes are always open but he responds to little.
No safety concerns were noted in the home.

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

[Redacted] was born at [Redacted] and transferred to [Redacted] NICU and then to [Redacted] Hospital. He has numerous neurological issues that developed prior to birth. Life expectancy is limited and he was discharged home with Hospice.

Professionals are not able to determine if mother's prenatal substance use (THC and Subutex) caused the conditions.



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

Ms. [REDACTED] has been honest about substance use. After the initial UDS, all future drug screens have been negative and she has been compliant.

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

Reporter states: Unknown male (5 days) lives with his parents, [REDACTED] and [REDACTED]

The newest address listed under unknown baby, older address is listed under [REDACTED]. The baby was born at [REDACTED] in [REDACTED].

The baby was transferred from [REDACTED] to [REDACTED] on 7-12-2014. The baby was transferred for seizures and neonatal encephalopathy, which means the baby had his oxygen cut off before birth. He has serious brain issues. He is back on the ventilator today and is on seizure medication. The baby is very sick.

[REDACTED] has been on Subutex (8 mg BID). It is believed that [REDACTED] had some marijuana use before taking this. [REDACTED] urine drug screen is not in the file. There are no available drug screens on either [REDACTED] or the baby at this time from [REDACTED] or from anything conducted at [REDACTED]. It is believed that there is a meconium drug screen that was ordered a couple of days ago. The results are not yet in.

The Subutex use could possibly cause this problem with the baby. In the file, the baby was an 8 on the NAS scoring system from today. The baby has been 8's and 9's through 7-14-2014. The baby came in on 7-12-2014 and was diagnosed with NAS upon admission.

It is unknown how long the baby will be in the hospital. The hospital has to get the seizures under control, has to get him off of the ventilator, and has to give him proper care. Yesterday, the baby had ten seizures.

As of 7-13-2014, the hospital said no contact for parents (perhaps for the day). [REDACTED] and [REDACTED] talked to the doctor on 7-12-2014. However, it is unknown if the parents have been in contact with the child since that time.

It is believed that this is [REDACTED] only child. The case manager wishes to be contacted in regards to this matter.

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

Hospice is in the home 4 times per week and advise both parents are very responsible and do an awesome job of taking care of [REDACTED]

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/24/2014	Contact Method:	
Contact Time:	12:47 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/24/2014
Completed date:	10/24/2014	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: 10/24/2014 11:52 AM      Entered By: [REDACTED]  
 Date: 10-24-14  
 Purpose: Case Review for Closure

LI [REDACTED] reviewed this case and approving for closure. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver 7-17-14

Date of Referral: 7-16-14  
 Initial Notification to Juvenile Court: 7-17-14  
 Notification to DA: 7-17-14  
 Law Enforcement Notification: 7-17-14  
 CAC Notification: 7-17-14  
 SDM Safety Assessment: 7-17-14  
 FAST completed on 7-25-14 no services were suggested, reviewed and approved by LI [REDACTED]  
 CS-0740 Sent to [REDACTED] County Juvenile Court: 10-24-14  
 Hard copy of 740 is enclosed in the hard file.  
 Case Closure Date: 10-24-14



**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: 10/24/2014

Contact Method:

Contact Time: 10:16 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/24/2014

Completed date: 10/24/2014

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: 10/24/2014 09:18 AM      Entered By: [REDACTED]

This case was reviewed and approved for closure by Deputy Director of Investigations [REDACTED]



Tennessee Department of Children's Services  
Case Recording Summary

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Case Id:	██████████	Case Name:	██
Case Status:	Close	Organization:	██████████ Region

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**Case Recording Details**

Recording ID:	██████████	Status:	Created In Error
Contact Date:	10/01/2014	Contact Method:	
Contact Time:	08:30 AM	Contact Duration:	Less than 15
Entered By:	██████████	Recorded For:	
Location:	DCS Office	Created Date:	10/01/2014
Completed date:	10/01/2014	Completed By:	██████████
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 10/01/2014 09:32 PM    Entered By: ██████████

SAE  
ACV reports that a friend's father touched her. ACV was interviewed. AP denied the abuse. The parents of the Acv are putting her into therapy. CPSI will complete all investigative task before case closure.

Narrative Type: Created In Error    Entry Date/Time: 10/01/2014 09:32 PM    Entered By: ██████████

Please disregard, 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: 09/29/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/01/2014

Completed date: 10/01/2014

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: 10/01/2014 09:34 PM Entered By: [REDACTED]

PND case. Services are in the home to address A&D and Grief. Hospice is also in the home and working with the family. Case has been submitted for closure. RID approval is needed; case has been send to IC [REDACTED] and placed on the list for the RID approval.



**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: 09/11/2014

Contact Method:

Contact Time: 04:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/11/2014

Completed date: 09/11/2014

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: 09/11/2014 03:12 PM Entered By: [REDACTED]

09/11/2014 The Department of Children's Services (DCS) Child Protective Services received a referral on [REDACTED] with allegation of Drug Exposed Infant and was determined to be a near fatality. There is no history on the infant who is an only child, his mother or father.

[REDACTED] was born [REDACTED] at [REDACTED] Hospital in [REDACTED] and was transferred 7 hours later to [REDACTED] Intensive Care Unit for seizures and neonatal encephalopathy which means chronic damage in utero due to being deprived of oxygen. He was assessed at [REDACTED] and transferred to [REDACTED] Children's Hospital in [REDACTED] for consideration of a tracheotomy and feeding tube. At [REDACTED] it was determined [REDACTED] can breathe independently but cannot swallow and does not have a gag reflex. Therefore a tracheotomy was ruled out. He does have a tube feeding into his intestines as he could not tolerate a tube in his stomach. He was discharged on Hospice

[REDACTED] birth mother, is the alleged perpetrator. Records indicate she smoked THC until April 2014 before [REDACTED] birth July 2014. She is on prescribed Subutex. Cord blood was positive for buprenorphine, norbuprenorphine but patient never scored on NAS.

Ms. [REDACTED] was appropriate in all contact with DCS. Initially she failed a drug test for THC (marijuana) and a pill count of her Subutex indicated she took 4 pills (2 day prescription) in approximately 12 hours. This was after [REDACTED] was transferred to [REDACTED] Intensive Care Unit and she verbalized difficulty dealing with this. Later drug tests were passed and pill counts for Subutex were accurate.

Interviews and information from [REDACTED] Hospital and [REDACTED] Hospital cannot determine if [REDACTED] problems and conditions are a direct result of prenatal substance abuse but cannot rule it out.

DCS policy Work Aid 1 E 4 defines the following criteria for Near Death

"Near death-a serious or critical medical condition resulting from child abuse or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse".

The case was presented to [REDACTED] County Child Protective Investigative Team on 08/20/2014. Team members were in agreement that the allegations of drug exposed infant should be substantiated as Ms. [REDACTED] admits, and medical records verify, she smoked marijuana thru the 2nd trimester of pregnancy



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Medical records found in the case file include: Dr. [REDACTED]/Dr. [REDACTED] (Obstetrician records) [REDACTED] Medical Center, [REDACTED] Hospital (medical records on [REDACTED] and [REDACTED] (Subutex clinic).

The case will be closed and classified as allegations substantiated, perpetrator substantiated for allegation of drug exposed infant.

Narrative Type: Addendum 1    Entry Date/Time: 10/24/2014 12:21 PM    Entered By: [REDACTED]

09/11/2014 Letter A and attachment to Letter A mailed to Ms. [REDACTED] this date.



**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: 09/11/2014

Contact Method: Correspondence

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/11/2014

Completed date: 09/11/2014

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: 09/11/2014 01:29 PM Entered By: [REDACTED]

09/11/2014 CPSI completed a referral and submitted to [REDACTED] to assess A&amp;D and grief.



**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: 09/11/2014 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 09/11/2014  
 Completed date: 09/11/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/11/2014 01:21 PM Entered By: [REDACTED]

09/11/2014 CPSI [REDACTED] and [REDACTED] made a scheduled HV and were invited inside by Ms. [REDACTED]. She stated things are going good and [REDACTED] has good days and bad days. They are having some problems with formula as he is now back on powder but they are adding extra powder to the water for calories. CSS has been referred and plans to visit on Monday 09/15/14. The landlord has also offered to purchase any formula needed if TN Care won't pay for extra.

[REDACTED] was lying in his pack and play in the living room. He was clean and appropriately dressed. He required suctioning during the visit. CPSI was not able to interview him as he is only 2 months old today.

Ms. [REDACTED] and Ms. [REDACTED] have been helping their father move from [REDACTED] to [REDACTED] where he will be closer to them. Mr. [REDACTED] is working at [REDACTED] and is really happy there.

CPSI conducted a pill count. Subutex was filled yesterday for 14 and she is to take 2 per day. 10 were in the bottle making an exact count. Ms. [REDACTED] passed a UDS and was only positive for the prescribed Subutex.

CPSI discussed referral for services. Ms. [REDACTED] voiced agreement with whatever is needed.

[REDACTED] with Hospice arrived during the visit and stated both parents are doing a fantastic job of parenting. She has no concerns and does intensive grief counseling. If issues surpass her ability or comfort level, there are other persons available to assist thru Hospice. They can follow family's 13 months afterwards and longer if needed.

CPSI advised a referral will be made to discuss A&D concerns and if grief counseling is needed and that the case will be closed soon. However family may contact CPSI as needed.

Plan: refer to [REDACTED] and close case.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/03/2014	Contact Method:	Attempted Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/03/2014
Completed date:	09/03/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/03/2014 02:44 PM      Entered By: [REDACTED]

09/03/2014 CPSI received an email from LI [REDACTED] that the case has been staffed with IC. CPSI was directed to make an in home service referral to address A&D education and grief.

09/03/2014 around 3:00 PM CPSI made a negative HV.

CPSI phoned [REDACTED] sister of Ms. [REDACTED] who will have Ms. [REDACTED] contact CPSI.



**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: 09/02/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/03/2014

Completed date: 09/03/2014

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: 09/03/2014 02:41 PM Entered By: [REDACTED]

09/02/2014 CPSI emailed LI [REDACTED] about case review before closure as this is a near fatality. LI [REDACTED] advised she will consult with 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: 08/29/2014 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 09/02/2014  
 Completed date: 09/02/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Other Persons Living in Home  
 Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2014 09:46 AM Entered By: [REDACTED]

08/29/2014 around 2:00 PM CPSI made a scheduled HV and was invited inside by Ms. [REDACTED] was observed to be growing longer but is still very small. CPSI observed a diaper change and no rash was noted. He was clean and dressed appropriately for the weather. His eyes were constantly open but he had a blank stare. Ms. [REDACTED] stated they are always open and she is really unsure when he is sleeping. She feels confident she sleeps when he is being fed. Ms. [REDACTED] was observed to constantly monitor and suction him during the visit. He was not able to be interviewed due to age.

Ms. [REDACTED] stated they finally obtained approval for the pre-made formula and [REDACTED] is doing much better with it. She stated he has bad days and good days. The other day she was feeding him and he became choked. She had to use the suction machine which didn't help. [REDACTED] was turning blue. Mr. [REDACTED] turned him on his side and patted his back. The formula came out and he was able to breathe. Ms. [REDACTED] stated she doesn't think about the future and just enjoys every minute she has with him. Hospice still comes three times per week.

Mr. [REDACTED] is now working at [REDACTED] in the [REDACTED] in [REDACTED] and really likes it. He is getting more hours than at [REDACTED]

Ms. [REDACTED] continues to go to the Clinic and told them about smoking the THC. She has also talked with them about the stress of [REDACTED] condition. She took [REDACTED] to one appointment and was accompanied by her sister. She is completely out of meds and gets a refill today. She submitted to a UDS which was only positive for Subutex.

[REDACTED] sister was present and advised she has absolutely no concerns about Ms. [REDACTED] or Mr. [REDACTED]. They are doing an "awesome" job with [REDACTED] and staying straight. She again stated she would disclose if she has concerns.

CPSI advised the case is getting close to 60 days old and that if the next HV is positive, the case may be closed. She agreed to contact CPSI as needed.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Plan: consult LI [REDACTED] about requesting case be reviewed for closure as it is a near fatality and make one more HV with UDS.



**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: Correspondence

Contact Time: 08:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/02/2014

Completed date: 09/02/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2014 09:45 AM Entered By: [REDACTED]

08/27/2014 CPSI received text from Ms. [REDACTED] and scheduled a HV for Friday 08/29/14 @ 2:00 PM.



**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: 08/26/2014 Contact Method: Attempted Face To Face  
 Contact Time: 10:20 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 09/02/2014  
 Completed date: 09/02/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/02/2014 09:44 AM Entered By: [REDACTED]  
 08/26/2014 CPSI made an unannounced HV and no one was home. CPSI left card requesting contact.



**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: 08/20/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/24/2014

Completed date: 08/24/2014

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: 08/24/2014 11:26 AM Entered By: [REDACTED]

08/20/2014 CPSI presented the case to the [REDACTED] County CPIT with the following members present: [REDACTED] (CPS Lead Investigator) [REDACTED].

[REDACTED] Final recommendation was for Allegation of DEI to be Substantiated and Perpetrator Substantiated. Mother used THC until April 2014 before infant's birth July 2014. All members agreed with the presented classification and signed the appropriate form. Forms have been placed in the hard file. No prosecution pending within this jurisdiction but was discussed.



**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: 08/15/2014 Contact Method: Attempted Face To Face  
 Contact Time: 02:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/19/2014  
 Completed date: 08/19/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/19/2014 07:35 AM Entered By: [REDACTED]

08/15/2014 around 2:30 PM CPSI made a negative unannounced HV to the [REDACTED] residence. CPSI spoke with Mr. & Ms. [REDACTED] who stated Ms. [REDACTED] Mr. [REDACTED] and [REDACTED] are staying with Mr. [REDACTED] mother assisting in caring for Mr. [REDACTED] younger brother as his youngest brother is in the hospital from getting hit by a school bus. They come back to this home to meet with Hospice and then return. Mr. & Ms. [REDACTED] stated parents are doing extremely well and even though Ms. [REDACTED] has been trained they have not asked her to assist with [REDACTED] and take total care of him. They have no concerns about over use of medications or use of illegal or non-prescribed meds as both parents are totally focused on [REDACTED] They stated they would definitely report concerns. [REDACTED] has issues yesterday and is now on an antibiotic. He appears to be doing better with the formula change. They agreed to advise parents of CPSI's drop in visit.

Plan: continue to monitor, visit, count pills and UDS as well as assist as needed.



**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: 08/15/2014

Contact Method:

Contact Time: 08:25 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/26/2014

Completed date: 08/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2014 10:44 AM Entered By: [REDACTED]

New near fatality. CFTM was held. The family is doing well. CPSI is doing random drug screens and pill counts. Hospice is in the home. CPSI will continue home visits and follow up with the family and Hospice. CPSI has requested medical records. CPSI will complete all Investigative tasks.



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: 08/12/2014

Contact Method:

Contact Time: 09:19 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/12/2014

Completed date: 08/12/2014

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: 08/12/2014 08:19 AM    Entered By: [REDACTED]

Allegations reviewed and approved by LI [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:	08/11/2014	Contact Method:	Correspondence
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/11/2014
Completed date:	08/11/2014	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: 08/11/2014 08:43 AM      Entered By: [REDACTED]  
 08/11/2014 CPSI phoned [REDACTED] Medical records who verified they received the ROI. They will find information and submit to CPSI.  
 CPSI faxed ROI to [REDACTED] Hospital requesting medical records on [REDACTED]



**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: 08/08/2014 Contact Method: Face To Face  
 Contact Time: 02:30 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 08/11/2014  
 Completed date: 08/11/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/11/2014 06:55 AM Entered By: [REDACTED]  
 08/08/2014 around 2:30 PM CFTM was held in the home of [REDACTED] Present were: [REDACTED]  
 (parents) [REDACTED] and [REDACTED] (Hospice) CPSI and facilitator [REDACTED] LI and [REDACTED] RN  
 participated via phone. [REDACTED] was unable to attend as she had to pick her husband up from work upon return from a week of  
 truck driving.

Prior to the meeting CPSI counted Ms. [REDACTED] medications. She received 24 on 08/06/ and had 19 in the bottle as she takes  
 two per day. The pill count was accurate.

[REDACTED] required "minimal suctioning" per parents during the meeting. Parents stated day before yesterday was a horrible day for  
 [REDACTED] as he had excessive drainage requiring more than the suction bulb. Mr. [REDACTED] explained how he used it. He also threw  
 up twice excessively. Yesterday was a good day and he has lots of mucus again today. Hospice workers stated parents are doing  
 a great job caring for [REDACTED] and they have no concerns with them at all.

Parents talked about Mr. [REDACTED] watching [REDACTED] at night and Ms. [REDACTED] during the day so each can sleep. Mr. [REDACTED]  
 stated he doesn't require much sleep. Ms. [REDACTED] is trained to help if needed.

RN checked [REDACTED] and stated his right lung sounds good but his left lung is "junky", and discussed continued monitoring for  
 suctioning as needed.

Support services were discussed. Parents stated they feel they have sufficient support and assistance at this time but will ask  
 CPSI, Hospice, or Ms. [REDACTED] treatment professionals if additional help is needed. They agreed there are no services that DCS  
 may provide or arrange at this time. For full report, please refer to CFTM Summary.

Observation: [REDACTED] was present and was observed to be clean and appropriately dressed. He was checked by Hospice RN who  
 noted no concerns of mal-treatment. He was lying in an appropriate safe sleep environment in a pack and play in the room with  
 the parents (living room during the meeting). The pack and play is moved to the location of the parents.



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

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Case Id:	██████████	Case Name:	██
Case Status:	Close	Organization:	██████████ Region

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Parents did not show any signs of impairment. Both had steady gait, appropriate speech and timely responses to comments and questions. They appear to have a very strong relationship and depend a lot on each other. Both agreed to cooperate with all services.

Plan: Hospice RN will visit at least weekly, social worker will visit three times per week. CPSI will monitor and request random UDS as well as complete pill count. A&D assessment may be considered if needed. Parents were advised the case may close soon if they continue to do well. Parents will contact any/all parties as needed.



**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: 08/05/2014 Contact Method: Correspondence  
 Contact Time: 08:15 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/08/2014  
 Completed date: 08/08/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Collateral Contact, Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2014 10:07 AM Entered By: [REDACTED]  
 08/05/2014 CPSI consulted with LI [REDACTED] about Ms. [REDACTED] being ill. LI can be available Friday 08/08/14 @ 2:30 PM for a CFTM.  
 CPSI texted Ms. [REDACTED] who consulted with [REDACTED] parents who are able to attend the meeting on Friday.  
 CPSI notified the facilitators and [REDACTED] RN.  
 Ms. [REDACTED] emailed that she is on leave on Friday and that [REDACTED] has been prepped and will need to be conferenced for the meeting at [REDACTED]



**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: 08/04/2014 Contact Method: Face To Face  
Contact Time: 11:30 PM Contact Duration: Less than 30  
Entered By: [REDACTED] Recorded For:  
Location: Family Home Created Date: 08/04/2014  
Completed date: 08/04/2014 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): ACV Interview/Observation,Collateral Contact,Other Persons Living in Home  
Interview/Observation,Parent/Caretaker Interview  
Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/04/2014 07:40 AM Entered By: [REDACTED]  
08/03/2014 around 11:15 AM CSPI arrived at the residence and was invited inside by Ms. [REDACTED] Mr. [REDACTED] was holding [REDACTED] in his lap saying they just fed him. They stated they didn't get home until 2:00 AM this morning having to stop several times to feed and suction him. They stated he seems to be doing better since leaving the hospital. They stated he is moving his hands and feet and opened his eyes wide once. CPSI didn't observe any movement. He was observed to be clean and dressed in a sleeper. They placed him in the pack and play in the living room. They will be using the master bedroom downstairs and will pull the pack and play into their room. They have a schedule taking turns watching him.  
Mr. [REDACTED] stated he is unsure when he will return to work but anticipates Wednesday as [REDACTED] has a doctor's appointment tomorrow.  
CPSI observed Ms. [REDACTED] Subutex which she had filled on Thursday (07/31) for 14 pills and takes two per day. She had 6 in the bottle as she reported taking both when she got up today. She gets them filled again on Thursday and had 6 in the bottle. Pill count was correct.  
Both parents submitted to UDS. Ms. [REDACTED] stated she will still be positive for THC but denied smoking since last UDS. She was only positive for Subutex (prescribed). Mr. [REDACTED] was negative. It was discussed that the stress with [REDACTED] condition may have worked the THC out of the system early. Both appeared somewhat surprised that they were negative. Both stated they have not/will not smoke THC again as [REDACTED] is too precious.  
CFTM was discussed. The prefer afternoon and 2:00 was agreed upon by all parties at the residence. Ms. [REDACTED] agreed. Hospice arrived (social worker and nurse). CPSI advised it is fine with CPS if the family wants them to attend the meeting to coordinate services.  
Parents stated they still have CPSI's number and will contact as needed.  
Upon leaving CPSI spoke with Mr. [REDACTED] outside who is leaving soon for another truck run. He requested a card for



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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CPSI and "guarantee to tell you any concerns". He didn't verbalize much regarding the situation but stated if parents mess up he doesn't think they can take custody of [REDACTED]

It was also noted that prior to leaving while speaking with Mr. [REDACTED] outside, both parents were outside while hospice was inside. It is unclear if they left while [REDACTED] was being examined or were given approval by hospice or if they just walked out.



**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:	08/04/2014	Contact Method:	Correspondence
Contact Time:	08:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/08/2014
Completed date:	08/08/2014	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: 08/08/2014 10:02 AM      Entered By: [REDACTED]

08/04/2014 around 8:00 PM CPSI received text from Ms. [REDACTED] saying she is sick with a temperature and Ms. [REDACTED] and family are staying with her father-in-law at this time to keep [REDACTED] safe. She requested to reschedule the CFTM for tomorrow. CSPI advised LI will be consulted and CPSI will be in contact.



**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: 08/04/2014

Contact Method: Correspondence

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/04/2014

Completed date: 08/04/2014

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: 08/04/2014 08:21 AM      Entered By: [REDACTED]

08/04/2014 CPSI requested a facilitator for the CFTM tomorrow at 2:00 PM.



**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: 08/04/2014

Contact Method:

Contact Time: 07:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/04/2014

Completed date: 08/04/2014

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: 08/04/2014 07:04 AM Entered By: [REDACTED]

08/02/14 around 9:10 PM [REDACTED] the following report was made

Reporter states:

[REDACTED] (21 days old) is the son of [REDACTED] (last name may be [REDACTED] 24) and [REDACTED] from [REDACTED] County. [REDACTED] last name unknown is [REDACTED] maternal aunt.

DCS has an open case and the hospital's discharge plan was for [REDACTED] to be discharged to [REDACTED] home. Medical records indicate that a meeting was held on 7/30/14 and DCS was involved. The referent is not aware of DCS indicating that [REDACTED] is not to be in [REDACTED] and [REDACTED] care.

[REDACTED] Children's Hospital notified [REDACTED] Hospice that [REDACTED] was discharged from the hospital on 8/2/14 at 1:00 PM [REDACTED]. The referent has spoken to [REDACTED] and she reports that [REDACTED] was discharged from the hospital at 2:00 PM [REDACTED] on 8/2/14. [REDACTED] says that she has not heard from [REDACTED] but that [REDACTED] has a government phone and it does not have very good reception. The referent is being told that [REDACTED] was not present at [REDACTED] discharge from the hospital. [REDACTED] paternal grandfather (name unknown) transported [REDACTED] and [REDACTED] home from the hospital on 8/2/14.

This call is to make DCS aware that the admission appointment with [REDACTED] Hospice will not take place on 8/2/14 as scheduled because [REDACTED] has not arrived at [REDACTED] home. The appointment has been rescheduled for 8/3/14 at noon. It is possible that [REDACTED] and the grandfather have had to stop multiple times on the way home because [REDACTED] requires almost constant suctioning. [REDACTED] suffers from in utero hypoxic ischemia and has multiple medical issues and requires 24 hour total care. [REDACTED] requires tube feedings (frequency unknown) and almost constant suctioning because he has no swallowing reflex and no gag reflex. The doctors with hospice are comfortable with the hospice admission appointment being rescheduled until 8/3/14 at noon as long as [REDACTED] is capable and willing to provide care for [REDACTED] until hospice comes to the home on 8/3/14. [REDACTED] says that she is comfortable with providing [REDACTED] care until 8/3/14 at noon. A registered nurse with [REDACTED] Hospice spoke with [REDACTED] by phone on the evening of 8/2/14 and believes that [REDACTED] knows what she needs to do to care for [REDACTED] until tomorrow and is prepared to do so. [REDACTED] knows the phone numbers to call if she needs assistance before 8/3/14 at noon.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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Special Needs or Disabilities: [REDACTED] requires 24 hour total care (including tube feedings and suctioning) and will be receiving hospice services at [REDACTED] home.

Child's current location/is the child safe at this time: [REDACTED] was discharged from the hospital to [REDACTED] and the paternal grandfather on 8/2/14 at 1:00 PM [REDACTED] according to [REDACTED] Children's Hospital staff.

Any other safety concerns for the child or DCS worker who may respond: unknown

Referral placed in case file (screened out).



**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:	08/01/2014	Contact Method:	
Contact Time:	01:34 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/01/2014
Completed date:	08/01/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/01/2014 12:39 PM      Entered By: [REDACTED]

**Admin Review**

CPSI was able to speak to the maternal aunt. The family is welcome to live there. The maternal aunt does not work and can be a support for the mother. The maternal aunt states her sister has been doing well and at this time does not think there are any services that her sister needs. They have everything they need for the ACV. They will put the bassinet up for the ACV. The family is willing to have the Hospice services in their home.

After the staffing with RN [REDACTED] and IC [REDACTED] it was decided since the hospital was ready to discharge the ACV that CPSI [REDACTED] will go to the family's home upon arrival from the hospital to verify the mother's medication and speak to the father about a drug screen. CPSI will evaluate at that time if there are any safety concerns and will consult legal if needed. A CFTM will be scheduled.



**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: 08/01/2014 Contact Method: Phone Call  
 Contact Time: 09:00 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/01/2014  
 Completed date: 08/01/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/01/2014 01:55 PM Entered By: [REDACTED]

08/01/2014 CPSI phoned [REDACTED] RN and left message of current status.

CPSI spoke with [REDACTED] who stated the baby is discharge ready and has been since Tuesday after the meeting. Hospice can accept the child today but not on weekends. They want to discharge today. CPSI explained the inability to speak with Ms. [REDACTED]

CPSI phoned Ms. [REDACTED] and left message of the difficulty reaching Ms. [REDACTED] and requested assistance.

CPSI spoke with LI [REDACTED] who advised CPSI to attempt to call Ms. [REDACTED] again and contact Ms. [REDACTED] for assistance coordinating with parents.

CPSI phoned Ms. [REDACTED] and left another message.

CPSI phoned Ms. [REDACTED] and advised of above and requested assistance coordinating contact with Ms. [REDACTED] and Ms. [REDACTED]

CPSI updated LI [REDACTED]

Around 10:40 AM Ms. [REDACTED] called and LI [REDACTED] was on speaker phone. Ms. [REDACTED] stated she understands [REDACTED] will require round the clock care and has a feeding tube upon release. She stated she is "okreally comfortable.this is her first baby and I have 3l can help as I'm a stay at home mom". She talked with her husband and he is OK also including hospice coming to the home. The effect of [REDACTED] death on her children was discussed. She stated she has already talked with her oldest and doesn't think it will affect the younger ones much. The possibility of parents' relapsing was discussed. Ms. [REDACTED] stated she will keep [REDACTED] as long as needed. Ms. [REDACTED] thinks her sister has her act together and is not sure what DCS can do to assist. She stated there is lots of family support and [REDACTED] has everything he needs.

CPSI and LI then spoke with [REDACTED] who has no concerns sending the infant home after reading the record and speaking with [REDACTED] staff. She did voice concerns when advised of the Subutex over use and Mr. [REDACTED] refusing a UDS. As it is a health concern to infant, it was suggested CPSI obtain a release to speak with the Subutex



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

prescriber and advise of concerns. Ms. [REDACTED] needs to be encouraged to be honest with them as well. An IPA may be beneficial.

LI spoke with IC [REDACTED] who agreed with CPSI making a HV immediately after infant's return, observe him and UDS both mother and father as well as completing a pill count. If any concerns are present, legal will be consulted regarding an IPA.

CPSI phoned Ms. [REDACTED] who was upset that she wasn't given more notice of discharge. Transportation is her father in law, [REDACTED] how has a valid license but lives in [REDACTED] and needs at least a two hour notice before leaving for [REDACTED]. She voiced concerns about traveling all-night with a sick infant. Ms. [REDACTED] stated her pill count is now correct. She got medications filled on Thursday and will allow hospital to count them if it will help. She agreed to contact CPSI upon arrival home so that a HV can be made to observe [REDACTED] and assess for safety.

CPSI phoned [REDACTED] and advised Ms. [REDACTED] has been contacted and release to her home is appropriate. CPSI discussed Ms. [REDACTED] being upset at the quick discharge plan. Ms. [REDACTED] understands and is also concerned that the family will be required to travel all night with the driver being awake almost 24 hours by the end of the trip. They are going to make rounds and discuss situation and Ms. [REDACTED] will advise plans.

CPSI consulted with LI [REDACTED] about having a CFTM Tuesday 08/05/14 any time. CPSI texted Ms. [REDACTED] advising of the date and requested a time and place (DCS or home).

Around 2:15 PM CPSI received a call from [REDACTED] advising [REDACTED] will be discharged tomorrow and Mr. [REDACTED] will transport to Ms. [REDACTED] home. The hospital will schedule with a pediatrician for Noonday and hospice will be set up for Monday as well. Ms. [REDACTED] will update CPSI on specifics if she becomes aware of the pediatrician and time of the appointment.

CPSI received a call from Ms. [REDACTED] who stated she will be ready for the family tomorrow and is willing to attend a meeting. She will definitely advise CPSI of concerns.



**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: 07/31/2014 Contact Method: Phone Call  
 Contact Time: 08:30 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 08/01/2014  
 Completed date: 08/01/2014 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: 08/01/2014 06:11 AM Entered By: [REDACTED]  
 07/31/2014 around 8:30 AM CPSI left [REDACTED] (Ms. [REDACTED] sister with whom she is staying a message requesting a phone call to discuss the situation including [REDACTED] coming to her home.

Around 2:00 PM CPSI made a HV to the [REDACTED] residence. A truck and SUV were observed at the home but no one answered the door. CPSI heard noise inside the home but is unsure if it was children or the TV left on at a low level. CPSI left a card requesting Ms. [REDACTED] make contact.

Around 3:00 PM CPSI spoke with [REDACTED] hospital who advised [REDACTED] hospice has been arranged and the discharge plan is that he should be ready to go Saturday or Sunday. CPSI explained to Ms. [REDACTED] attempts have been made to contact Ms. [REDACTED] regarding the feelings of her family on having [REDACTED] in her home along with hospice staff and the inability to receive contact. CPSI also advised a CFTM will need to be held prior to discharge so that all parties are on the same page.

Ms. [REDACTED] spoke with Ms. [REDACTED] and called back saying Ms. [REDACTED] had her children at the doctor and will call CPSI. CPSI advised the cell phone will be kept on and CPSI will take the call any time. Ms. [REDACTED] verified hospice is a support role only and can be available as much or as little as parents want. She stated at times parents agree to hospice in the hospital and then decline at home. At that time they do not open a case. Ms. [REDACTED] stated the doctor expected infant will asperate in a couple of weeks or less.

CPSI phoned LI [REDACTED] and updated on above. She stated a CFTM will need to be held tomorrow.



**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:	Correspondence
Contact Time:	06:15 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/31/2014
Completed date:	07/31/2014	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: 07/31/2014 07:04 AM      Entered By: [REDACTED]  
 07/31/2014 CPSI faxed release of information to Ms. [REDACTED] to obtain medical records.



**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: 07/30/2014 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/31/2014  
 Completed date: 07/31/2014 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: 07/31/2014 06:55 AM Entered By: [REDACTED]

07/30/2014 around 11:00 AM CPSI spoke with [REDACTED] RN who advised [REDACTED] will work the case. She has forwarded Ms. [REDACTED] the birth records. Ms. [REDACTED] spoke with Ms. [REDACTED] at [REDACTED] who stated the plan is to move [REDACTED] to a step down room but still in NICU which will allow the parents to room in and be taught care. She asked if foster care is being considered. CPSI explained Ms. [REDACTED] sister will have to be consulted as they live in her home as well as determining if parents are able to meet [REDACTED] needs should he go home with them. She advised the short term prognosis is hospice either custodial or noncustodial. He is still not tolerating feeding in his stomach.

Hospital discussed DNR with parents and dad broke down. [REDACTED] will be hospitalized at least until Monday to train parents or whomever [REDACTED] will be released to.

CPSI obtained Ms. [REDACTED] phone number of [REDACTED] who is currently in [REDACTED]

Around 11:15 AM CPSI phoned [REDACTED] who stated she just worked a similar case in another region. Arrangements were made for CPSI to copy the remainder of the medical records and bring to her at the [REDACTED] County office after 2:00 PM today.

Around 1:05 PM CPSI received a call from Ms. [REDACTED] at [REDACTED] stating nursing staff have reported parents are thus far doing little to suction [REDACTED] even though they state they are. Plans are to allow them to room in and do 24 hour care and determine if they can make a plan as to who cares for him around the clock monitoring and suctioning as needed with constant monitoring from staff. This will determine if they will be able to care for him upon discharge. She stated there is no anticipated discharge date at this time.

CPSI provided name and contact information for [REDACTED]

CPSI obtained fax number of [REDACTED] to submit release to obtain daily progress reports and other relevant information.

Around 3:00 PM CPSI copied all available records including mother's hospitalization records, prenatal visits and [REDACTED] Clinic records and took to Ms. [REDACTED] in [REDACTED] who advised she will review them and be in contact.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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**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: 07/29/2014 Contact Method: Phone Call  
 Contact Time: 04:15 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/31/2014  
 Completed date: 07/31/2014 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: 07/31/2014 06:40 AM Entered By: [REDACTED]  
 07/29/2014 CPSI and LI spoke with [REDACTED] RN and updated on situation. Ms. [REDACTED] was provided above contact information. She will consult with [REDACTED] RN that works fatality and near fatality cases and will advise which RN will assist on the case. Ms. [REDACTED] advised [REDACTED] will need a TN Care case manager which should be coordinated thru [REDACTED].  
 CPSI copied and emailed Ms. [REDACTED] birth records from [REDACTED].



**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: 07/29/2014 Contact Method: Phone Call  
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/31/2014  
 Completed date: 07/31/2014 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: 07/31/2014 06:37 AM Entered By: [REDACTED]

07/29/2014 around 11:00 AM CPSI spoke with [REDACTED] Hospital who advised parents arrived late yesterday afternoon. She has not met with them yet. The purpose of the meeting is for the team which consists of physicians, trauma specialist and other support staff to discuss options for [REDACTED]. They are thinking about hospice support at home or other location. CPSI advised of availability for the call.

Around 3:15 LI [REDACTED] TL [REDACTED] and CPSI were on a conference call with parents and [REDACTED] staff. [REDACTED] has severe neurological problems as something drastic happened in pregnancy several weeks prior to delivery in which there was a generalized lack of oxygen. This affected the blood flow to his body and brain. His brain is "profusely affected" both in the thinking [REDACTED] and movement. He is breathing but unable to suck, swallow and has no gag reflexes. He failed a hearing test. There are a number of causes of this including increased blood pressure, drugs (CPSI couldn't understand the remainder of the possibilities).

He is currently breathing spontaneously at times but has lots of airway blockages. He cannot tolerate stomach feedings. He now has NJ tube in the intestine. He has no interaction and no responses. He doesn't know anyone is there.

Physician stated no trach is needed at this time as he is breathing but needs frequent suction of nose and throat. Feeding options were discussed. At this time he is only tolerating the NJ tube.

The plan at this time is to keep him comfortable with hospice wherever he is.

Hospice in this area was mentioned. [REDACTED] was advised RN consultant will need to be contacted for this information. CPSI will coordinate contact between RN and [REDACTED] case manager 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:	07/29/2014	Contact Method:	
Contact Time:	09:15 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/01/2014
Completed date:	08/01/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/01/2014 12:34 PM      Entered By: [REDACTED]

[REDACTED]  
Near Death-  
ACV transported to [REDACTED] last Friday. The hospital offered to buy the family a bus ticket to go to [REDACTED]. The father stated he could not go and the mother refused to go without the father. [REDACTED] medical staff states the ACV had so much damage to the brain stem that it is functioning just enough to keep the ACV alive. All medical records have been requested. There is a scheduled call with [REDACTED] today at 1:00 to discuss the planning and decision making for the ACV.

Case was staffed with IC [REDACTED] and RN [REDACTED].  
CPSI [REDACTED] will be scheduling a CFTM to address concerns and support for the family. CFTM will also confirm if the family will be able to continue to stay with the maternal aunt of the ACV.



## 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: 07/28/2014 Contact Method: Correspondence  
 Contact Time: 03:30 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/29/2014  
 Completed date: 07/29/2014 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: 07/29/2014 07:35 AM Entered By: [REDACTED]  
 07/28/2014 Medical records from [REDACTED] received on [REDACTED] and placed in case file. He was only there approximately 7 hours before being transferred to [REDACTED] Hospital NICU.



**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:	07/28/2014	Contact Method:	Attempted Phone Call
Contact Time:	12:20 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/31/2014
Completed date:	07/31/2014	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: 07/31/2014 06:23 AM      Entered By: [REDACTED]

07/28/2014 CPSI received a message from [REDACTED] of a family meeting tomorrow at 3:00 PM to discuss making plans for the infant with the family and requested CPSI participate via phone.



**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:	07/25/2014	Contact Method:	
Contact Time:	10:10 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/25/2014
Completed date:	07/25/2014	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: 07/25/2014 08:57 AM      Entered By: [REDACTED]

07/25/2014 FAST 2.0 completed. Family scored high intensity services needed. Areas to be addressed include: financial resources, residential stability, substance use, knowledge of child and family needs, physical and developmental needs of infant. Form scanned into system and placed in case 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: 07/25/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/25/2014

Completed date: 07/25/2014

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: 07/25/2014 08:53 AM Entered By: [REDACTED]

07/25/2014 Background checks requested, received and placed in case file. Mr. [REDACTED] does not have a local record.

Ms. [REDACTED] was arrested 2/04/12 for theft over \$1,000.00 and on 03/21/12 for VOP.



**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: 07/24/2014

Contact Method: Phone Call

Contact Time: 09:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2014

Completed date: 07/24/2014

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: 07/24/2014 09:25 AM Entered By: [REDACTED]

07/24/2014 CPSI spoke with [REDACTED] Hospital who stated [REDACTED] has no brain activity. His brain stem is functioning enough to keep him alive. He was sent there for consideration of a trach and G tube. Plans are to monitor him this week and have a family session when parents arrive next week to discuss plans and make realistic decisions. Ms. [REDACTED] has spoken with mom who stated she will "try" to come on Monday when her husband's vacation begins. They have offered to provide gas money to assist with transportation. The plan is for Ms. [REDACTED] to contact CPSI once medical information and family meeting happens and advise of "next step". CPSI provided contact information for LI [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:	07/24/2014	Contact Method:	Correspondence
Contact Time:	09:10 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/24/2014
Completed date:	07/24/2014	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: 07/24/2014 08:02 AM      Entered By: [REDACTED]  
 07/24/2014 Medical records on [REDACTED] requested from [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: 07/24/2014 Contact Method: Correspondence  
 Contact Time: 08:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/24/2014  
 Completed date: 07/24/2014 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: 07/24/2014 07:50 AM Entered By: [REDACTED]  
 07/24/2014 prenatal records on Ms. [REDACTED] received, reviewed and placed in case file along with the Disc of information.



**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:	07/24/2014	Contact Method:	Correspondence
Contact Time:	07:45 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/24/2014
Completed date:	07/24/2014	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: 07/24/2014 07:27 AM      Entered By: [REDACTED]

07/24/2014 Hospital records were received on Ms. [REDACTED] reviewed and placed in case file. Principal diagnosis is: abnormality in fetal heart rate/rhythm, delivered. Secondary diagnosis include in part: drug dependence in mother complicating pregnancy, delivered; mined/unspecified drug abuse unspecified use, fetal and placental problem, affecting management of mother, delivered; umbilical cord complication, complicating labor and delver, delivered; tobacco use disorder complicating pregnancy, delivered; current condition in mother complicating pregnancy, delivered; epilepsy complicating pregnancy delivered.



**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: 07/24/2014

Contact Method: Correspondence

Contact Time: 07:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/24/2014

Completed date: 07/24/2014

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: 07/24/2014 07:21 AM Entered By: [REDACTED]

07/24/2014 CPSI received and reviewed [REDACTED] Clinic records on Ms. [REDACTED]. Her initial visit was 12/06/2013. She tested positive for THC on most every visit until 04/04/2014 but is documented "a very small amount". "Ms. [REDACTED] has been a responsible patient. She has consistently attended appointments, has been communicative in treatment, and has been respectful of all clinic staff". Records placed in case 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:	07/23/2014	Contact Method:	Attempted Phone Call
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/24/2014
Completed date:	07/24/2014	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: 07/24/2014 07:30 AM      Entered By: [REDACTED]  
 07/23/2014 CPSI received a voice mail to call [REDACTED] at [REDACTED] or her pager at [REDACTED]



**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: 07/21/2014 Contact Method: Phone Call  
 Contact Time: 10:45 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 07/24/2014  
 Completed date: 07/24/2014 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: 07/24/2014 07:17 AM Entered By: [REDACTED]

07/21/2014 CPSI received a call from [REDACTED] CM at [REDACTED] advising [REDACTED] is going to be sent to [REDACTED] in about 15-20 minutes. Ms. [REDACTED] spoke with parents offering to purchase bus tickets. Parents stated father has to work this week and won't get his vacation until next Monday. Mother will not agree to go today as she wants to wait on father. Ms. [REDACTED] supervisor stated the hospital will not purchase bus tickets a week later and family will be on their own to get there. Ms. [REDACTED] was advised and stated she understood. NOTE: Child was transferred to [REDACTED] as this was mother's 2nd choice if [REDACTED] doesn't do the needed procedures as Ms. [REDACTED] mother lives near there. Ms. [REDACTED] also advised Ms. [REDACTED] mother left this morning going home but can't take the parents as she has two dogs in cages in the truck. Family can probably stay at [REDACTED] house 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: 07/18/2014 Contact Method: Face To Face  
 Contact Time: 12:45 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 07/21/2014  
 Completed date: 07/21/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): ACV Interview/Observation,Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/21/2014 09:30 AM Entered By: [REDACTED]

07/18/2014 around 12:45 PM [REDACTED] CPSI arrived at [REDACTED] Hospital and met with Ms. [REDACTED] Ms. [REDACTED] and introduced self to [REDACTED] father of [REDACTED] Mr. [REDACTED] denied questions or concerns with paperwork left at the residence yesterday. CPSI requested Mr. [REDACTED] to submit to UDS and he declined saying he smoked THC on Sunday evening with Ms. [REDACTED]. He denied being on prescription medications. No signs of impairment were noted as he had a steady gait, normal speech and responded appropriately and timely to questions.

[REDACTED] was observed to be calmer today with no noted tremors. He remains on the ventilator and on medications.

Present for the meeting were: Ms. [REDACTED] (mother), Mr. [REDACTED] (father), [REDACTED] (MGM), Dr. [REDACTED] [REDACTED] (charge RN), [REDACTED] (CM at hospital) and CPSI. Dr. [REDACTED] discussed history including mother having a miscarriage 1 ½ months prior to becoming pregnant with [REDACTED] was approximately 7 hours old when he was transferred to [REDACTED]. He has neurological problems and problems swallowing as he "gurgles". He has had one seizure and his levels are OK at this time. A follow up EKG on Monday was normal. However the MRI shows abnormality of the brain stem which affects autonomic functions.

All tests indicate [REDACTED] problems began in the womb and are a long term prenatal problem not associated with birth. His blood gas was normal at one hour. He currently has 2 tubes in his belly button and one in his throat. He has a recessed tongue and small jaw similar to cleft palate which he doesn't have at this time but may develop. He doesn't swallow or doesn't gag as the tongue is in the back of his throat. He is able to breathe but his tongue covers the back of this throat and this is why he is on the ventilator. He does well with this tube but it needs to be removed eventually. He took ½ oz. of formula today thru a tube in his stomach and did well. However it is too early to determine if he can tolerate formula or will have problems. His heart and cardiac system is OK.

Dr. [REDACTED] has "sent lots of tests to the State" including spinal fluid to determine DNA, chromosomes, etc.

Dr. [REDACTED] stated the plan is to remove the vent in a couple of days to see if [REDACTED] will be able to breathe independently. If not, he will probably be referred to the Eye, Ear, Nose & Throat specialist for an evaluation for a trach. If needed, he will be referred to another hospital as [REDACTED] doesn't do this. If he doesn't start to



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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swallow a G tube will be inserted for feeding.

Family stated they understand and had no questions.

After the meeting, CPSI met with parents. Ms. [REDACTED] provided Subutex which "was filled one day early. I was in so much pain, they filled it last night". The bottle was filled 07/17/2014 for 14 pills with prescription to take 2 per day. There were only 10 in the bottle (2 short). Ms. [REDACTED] took 4 in less than 12 hours. She stated she took one when it was filled, one at 2:00AM because she couldn't sleep for pain and took her 2 this morning. CPSI advise this doesn't look favorable to her. CPSI discussed A&D assessments. Both agreed to take them and cooperate fully.



**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:	07/18/2014	Contact Method:	Correspondence
Contact Time:	10:25 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/18/2014
Completed date:	07/18/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/18/2014 09:23 AM      Entered By: [REDACTED]  
 07/18/2014 CPSI requested medical records for Ms. [REDACTED] from [REDACTED] (Subutex) Clinic, Dr. [REDACTED] & [REDACTED] (OB) and [REDACTED] CPSI requested records from [REDACTED] on [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:	07/18/2014	Contact Method:	Correspondence
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/18/2014
Completed date:	07/18/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/18/2014 08:34 AM      Entered By: [REDACTED]  
 07/18/2014 CPSI completed the preliminary near fatality information and forwarded to LI [REDACTED] who reviewed and forwarded it to the appropriate persons. Copy placed in case 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: 07/18/2014

Contact Method: Phone Call

Contact Time: 09:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/18/2014

Completed date: 07/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/18/2014 08:28 AM      Entered By: [REDACTED]

07/18/2014 CPSI received a call from Ms. [REDACTED] CM at the hospital advising the MRI is "bad". She also stated [REDACTED] may live for 40 years and could be functioning at his highest level now. The purpose of the meeting today at 1:00 PM is for the doctor to explain everything, answer questions and to make a long term plan which does not include removing the ventilator at this time. It is possible he could be discharged home with total care with home health, hospital bed etc.



**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: 07/17/2014 Contact Method: Face To Face  
 Contact Time: 04:15 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/18/2014  
 Completed date: 07/18/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Other Child Living in the Home Interview/Observation,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/18/2014 08:01 AM Entered By: [REDACTED]  
 07/17/2014 around 4:15 PM CPSI arrived at [REDACTED], introduced self, provided ID and was invited inside by [REDACTED] who rents the home with her husband [REDACTED]. CPSI met Ms. [REDACTED] and expressed sincere apologies for the visit. Ms. [REDACTED] stated they have been expecting it and was very cooperative.

CPSI determined the following household composition:

[REDACTED] (not [REDACTED] as reported by hospital) DOB: [REDACTED] ACV  
 [REDACTED] (married but has not changed name on SS card) DOB [REDACTED] mother and AP

The above reside in the home with Ms. [REDACTED] sister and family:

Ms. [REDACTED] advised [REDACTED] is not out of the woods and probably won't make it. CPSI voiced how difficult this must be. She was tearful at times but able to communicate. [REDACTED] can breathe but requires the ventilator due to having lots of secretions and not being able to get them out. He may not have a gag reflex. He is diagnosed with Clonus which affects his brain response. (information will be verified by request of medical records)

(Per internet check: clonus /clonus/ (klo'nus)

1. alternate involuntary muscular contraction and relaxation in rapid succession.
2. a continuous rhythmic reflex tremor initiated by the spinal cord below an area of spinal cord injury, set in motion by reflex testing.clon'ic)

Dr. [REDACTED] and Mr. [REDACTED] are primary treatment physicians at the hospital. She plans to utilize [REDACTED] Pediatrics upon discharge. She also stated both sides of [REDACTED] family have seizures.



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Dr. [REDACTED] and Dr. [REDACTED] were her OB/GYN physicians. She went to a doctor's visit and they were planning to admit her to start labor the next day. Upon listening for almost half hour, they only heard minimal activity of [REDACTED]. She was immediately admitted to the hospital and a C section was performed. She voiced still having pain and burning in the incision site. She reported being on several pain medications in the hospital including fentanyl, dilaudid and Percocet. She was diagnosed with Percocet 5mg # 20 to take one every four hours. She was discharged Sunday 07/13 and ran out today.

Ms. [REDACTED] stated she is prescribed Subutex 8mg two per day which is prescribed by Dr. [REDACTED] with [REDACTED] Clinic in [REDACTED]. She took her last one today and will get a refill tomorrow. She agreed to bring the prescription to the meeting tomorrow at the hospital which has been changed to 1:00 PM due to Mr. [REDACTED] having to work at [REDACTED] tomorrow at 3:00 PM.

Ms. [REDACTED] stated she abused non-prescribed opiates for 8 years and that her ex-husband (who committed suicide recently) and friends provided them to her. She admitted not having pain or a need for them but that she liked the way they made her feel. When she realized she was pregnant, she began the Subutex program.

All the stressors she has experiences were mentioned including being divorced, suicide of her ex-husband, addiction, not having her own home, limited income and especially the health and prognosis of her son. CPSI asked about counseling and she stated that both she and her husband could benefit. She has TN Care but he has no insurance.

CPSI asked about a UDS and Ms. [REDACTED] agreed to take one but said she would be positive for THC as she was so upset she smoked one joint upon discharge from the hospital. She also admitted to smoking THC when she began the Subutex clinic but stopped. Ms. [REDACTED] signed the consent to submit to a UDS. The UDS was positive for Subutex and THC only. Form placed in case file.

CPSI explained due process and provided copies of MRS pamphlet, DCS Privacy Practices/HIPPA information, Client's Rights Handbook and Notification of Equal Access to Programs, Services, and Grievance Procedures. Each document was explained and client acknowledgement forms were signed. PARENT denied that anyone in the home is members of a Native American tribe and signed the Veto Verification. All forms are placed in the case file. Photo was not taken as there was no camera available.

CPSI reviewed the following safe sleep information:

1. Safe Sleep with Your Baby Brochure
2. What does a Safe Sleep Environment Look Like
3. Infant Face Sheet
4. Child Passenger Safety Sheet
5. When Should your Child get a Checkup?
6. Be Alert Indicators (Birth-5 years old)

Ms. [REDACTED] stated the hospital has already discussed safe sleep. She personally knows someone in [REDACTED] who was sleeping with their baby, rolled over and killed the child. She has a pack and play as well as a baby bed but neither is set up at this time. CPSI advised these will be viewed at a later date when they are set up before release from the hospital.

CPSI met briefly alone with [REDACTED] who showed CPSI two cats they are "cat sitting" for a friend saying one is mean and the other is good. She graduated from kindergarten at [REDACTED] this year and "got a dozen roses.that is 12they were pink". She is excited about the baby living with them. She is happy and no one scares her. Her wish is to have more "beanie boos" (Ty stuffed animals). [REDACTED] is getting ready to start school. He wasn't very talkative and played mostly in his room and ate potato chips. He stated everything is "good". [REDACTED] is 3 and showed CPSI two of nana's dogs which he was playing with. He asked CPSI if CPSI is going to take him to kiddie jail. CPSI explained role of safety and he was fine. (This might be why [REDACTED] didn't talk much as [REDACTED] told them they must be good "when the lady comes or she will take you to kiddie jail". Ms. [REDACTED] admitted saying this and laughed. CPSI again explained the role of safety to the children and CPSI doesn't take any child to jail.

Ms. [REDACTED] stated she is a stay at home mother and plans to assist, support and be available for her sister and husband. She has no concerns for illegal drug use and would definitely tell is she is concerned and would take appropriate



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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action as safety of her children is the primary focus. She is taking them to the hospital as they don't have reliable transportation to get to [REDACTED]

The home is a large residence in a very nice section of [REDACTED]. No safety concerns were noted. Ms. [REDACTED] stated she has "everything I need for [REDACTED] and more thanks to my family .

Ms. [REDACTED] agreed to provide prescriptions at the meeting tomorrow. CPSI advised to contact with questions or concerns.



**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:	07/17/2014	Contact Method:	Phone Call
Contact Time:	03:55 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/18/2014
Completed date:	07/18/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/18/2014 06:37 AM      Entered By: [REDACTED]

07/17/2014 around 3:55 PM CPSI received a call from Ms. [REDACTED] advising she is home now and CPSI may visit.



**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: 07/17/2014

Contact Method: Correspondence

Contact Time: 02:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 02:13 PM Entered By: [REDACTED]

07/17/2014 around 2:50 PM CPSI sent Ms. [REDACTED] a text requesting contact and received a return text she will call soon as she gets to her mother's as her phone is out of minutes.



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: 07/17/2014

Contact Method: Correspondence

Contact Time: 12:55 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

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: 07/17/2014 01:09 PM    Entered By: [REDACTED]

History:  
None found on infant, mother or father

Referral was placed in the designated location for clerical to submit to [REDACTED] County Juvenile Court on this date.

CPSI was unable to complete Confidential Notification Letter for Reporter due to lack of referent information.

Narrative Type: Addendum 1    Entry Date/Time: 07/17/2014 01:12 PM    Entered By: [REDACTED]

This was actually completed 07/16/14 instead of 07/17/14 as documented above



**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: 07/17/2014 Contact Method: Attempted Face To Face  
 Contact Time: 10:50 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 07/17/2014  
 Completed date: 07/17/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 01:50 PM Entered By: [REDACTED]

07/17/2014 around 10:50 AM CPSI made an unannounced visit to [REDACTED] maternal grandmother answered the door. CPSI introduced self, provided ID and asked for Ms. [REDACTED]. Ms. [REDACTED] stated they are in route to the hospital and that Ms. [REDACTED] was expecting CPS. Ms. [REDACTED] was tearful at times saying "it don't look like he's gonna make it". CPSI explained role is to assess safety which includes verifying prescriptions and compliance and to assist with services for [REDACTED]. Ms. [REDACTED] voiced fear of removal and CPSI explained removal is a last resort and if Ms. [REDACTED] is cooperative and has not intentionally harmed [REDACTED] removal is not a consideration at this time. CPSI provided card and Ms. [REDACTED] agreed to have Ms. [REDACTED] contact CPSI. Ms. [REDACTED] number is [REDACTED]. She is out of minutes but can receive texts.



**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: 07/17/2014 Contact Method:  
Contact Time: 10:30 AM Contact Duration: Less than 15  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 08/01/2014  
Completed date: 08/01/2014 Completed By: [REDACTED]  
Purpose(s): Service Planning  
Contact Type(s): Administrative Review  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/01/2014 12:29 PM Entered By: [REDACTED]

Admin Review/case staffing with IC [REDACTED] and a staffing with CPSI [REDACTED]

Intake ID [REDACTED]  
Investigation ID [REDACTED]  
DEI allegations

[REDACTED] ACV  
Parents names: [REDACTED] the mother  
[REDACTED] the father

The mother is reportedly prescribed Subutex. During the third trimester the Oxygen Supply was cut off, this was reported that it could be a side effect of the Subutex. The ACV has brain damage and seizures. CPSI [REDACTED] met response at [REDACTED] Hospital today and it was reported by the medical professionals that the ACV is not expected to survive. The ACV is on a ventilator. The ACV was also diagnosed with NAS on 7-12-14. CPSI [REDACTED] attempted a home visit but the parents had left to go to the hospital. CPSI has left contact information for the parents. CPSI [REDACTED] notified LI [REDACTED] regarding the information obtained at the hospital. LI [REDACTED] called and staffed the case with IC [REDACTED]. It was decided to call the hotline and get the preliminary near death added to the referral. LI [REDACTED] called the hotline and the PND was added.

LI [REDACTED] discussed the preliminary near death with CPSI [REDACTED] and will send out the Near Death Notification within 24 hours. CPIT was convened with LE yesterday. CPSI will meet with the parents and completed all required Investigative tasks. The parents have no other children.



**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:	07/17/2014	Contact Method:	
Contact Time:	10:10 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/17/2014
Completed date:	07/17/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/17/2014 01:44 PM      Entered By: [REDACTED]

07/17/2014 around 10:10 AM CPSI phoned LI [REDACTED] and advised of above and that CPSI is in route to parents' home. CPSI will request releases to verify prescription medication and compliance with Subutex clinic and prenatal care and to obtain medical records on [REDACTED] CPSI will request to view current medication in addition to discussing referral and routine paperwork.



**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: 07/17/2014 Contact Method: Face To Face  
 Contact Time: 09:45 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 07/17/2014  
 Completed date: 07/17/2014 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****Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 07/17/2014 01:38 PM Entered By: [REDACTED]

07/17/2014 around 9:45 AM CPSI arrived at [REDACTED] Hospital and phoned Ms. [REDACTED] who met CPSI in the lobby. CPSI spoke with [REDACTED] RN (collateral) charge nurse of the infant named [REDACTED] who gave the current diagnosis. When asked to explain, she advised [REDACTED] was deprived of oxygen during the 3rd trimester of pregnancy which has resulted in significant brain damage and he is not expected to survive. He is currently on a ventilator and taking phenobarbital for seizures as well as on two antibiotics. There are no other treatments available at this time. His parents were informed yesterday who "left the hospital in tears". RN advised they have visited and are appropriate. Mother reportedly was on a low dose of Subutex and the blood cord was only positive for Subutex. CPSI requested copy of the cord results and after a lengthy absence [REDACTED] advised the information is not available and she was given this information on report as [REDACTED] (birth hospital) reportedly advised them. He weighted 6lbs 4 oz. at birth and was 19 inches long. He was reportedly a full term infant.

CPSI observed [REDACTED] to be lying on his back and was jittery and had tremors almost continuously. He had several devices connected to his body. [REDACTED] stated his is normal for him. CPSI provided card and requested contact as needed.

CPSI assessed immediate safety of child(ren) and identified no immediate harm factors based on observation and infant is currently hospitalized.



**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:	07/17/2014	Contact Method:	Phone Call
Contact Time:	09:20 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/17/2014
Completed date:	07/17/2014	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: 07/17/2014 01:26 PM      Entered By: [REDACTED]  
 07/17/2014 around 9:20 AM CPSI received a call from [REDACTED] (collateral [REDACTED] advising she is the case manager for baby [REDACTED] at [REDACTED] Hospital. There is a family meeting scheduled to tomorrow at 2:00 PM and CPSI was invited to attend a family meeting tomorrow at 2:00 PM. Ms. [REDACTED] agreed to meet CPSI in the front lobby at the hospital and escort to the NICU.



**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:	07/16/2014	Contact Method:	Attempted Phone Call
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/17/2014
Completed date:	07/17/2014	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)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/17/2014 01:13 PM      Entered By: [REDACTED]  
 07/16/2014 around 3:00 PM CPSI phoned referent and left message of case assignment.



**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: 07/16/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/17/2014

Completed date: 07/17/2014

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: 07/17/2014 01:10 PM Entered By: [REDACTED]

07/17/2014 CPSI convened CPIT by speaking with Sgt. [REDACTED] EPD, and [REDACTED] ADA at DCS prior to CPIT meeting. CPSI provided referral to the Children's Advocacy Center, Assistant District Attorney and the law enforcement agency in person.



**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: 07/16/2014

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

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: 07/17/2014 01:07 PM Entered By: [REDACTED]

Date referral received and assigned: 07/16/14

Allegations: DEI

Response Priority: 2

Reporter states: Unknown male (5 days) lives with his parents, [REDACTED] and [REDACTED]

The newest address listed under unknown baby, older address is listed under [REDACTED] The baby was born at [REDACTED] in [REDACTED]

The baby was transferred from [REDACTED] to [REDACTED] on 7-12-2014. The baby was transferred for seizures and neonatal encephalopathy, which means the baby had his oxygen cut off before birth. He has serious brain issues. He is back on the ventilator today and is on seizure medication. The baby is very sick.

[REDACTED] has been on Subutex (8 mg BID). It is believed that [REDACTED] had some marijuana use before taking this. [REDACTED] urine drug screen is not in the file. There are no available drug screens on either [REDACTED] or the baby at this time from [REDACTED] or from anything conducted at [REDACTED] It is believed that there is a meconium drug screen that was ordered a couple of days ago. The results are not yet in.

The Subutex use could possibly cause this problem with the baby. In the file, the baby was an 8 on the NAS scoring system from today. The baby has been 8's and 9's through 7-14-2014. The baby came in on 7-12-2014 and was diagnosed with NAS upon admission.

It is unknown how long the baby will be in the hospital. The hospital has to get the seizures under control, has to get him off of the ventilator, and has to give him proper care. Yesterday, the baby had ten seizures.

As of 7-13-2014, the hospital said no contact for parents (perhaps for the day). [REDACTED] and [REDACTED] talked to the doctor on 7-12-2014. However, it is unknown if the parents have been in contact with the child since that time.

It is believed that this is [REDACTED] only child. The case manager wishes to be contacted in regards to this matter.



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

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Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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No other information is known at this time.

Special Needs or Disabilities: Nothing other than discussed.  
Child's current location/is the child safe at this time: At hospital  
Perpetrator's location at this time: Unknown.  
Any other safety concerns for the child(ren) or worker who may respond: None reported.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]
County: [Redacted]
Date of Referral: 7/16/14 8:31 AM
Assessment Type: Initial

TN DCS Intake ID #: [Redacted]
Worker: [Redacted]
Date of Assessment: 7/17/14 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.



Tennessee Department of Children's Services

SDM™ Safety Assessment

- 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: \_\_\_\_\_