



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 08/09/2015 06:18 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/09/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/10/2015 07:12 AM
 First Team Leader Assigned: [REDACTED] Date/Time 08/10/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/10/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED] Unknown	8 Mos	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: *****THE CHILD IS NOT IN DCS CUSTODY*****

TFACTS: Yes

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No
 Substantiated No
 Death No
 Screened out No



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

History (not listed above): Yes, Begin Date:11-01-2006/ ASMT/ [REDACTED] DEC, Substantial Risk Physical Injury/
Perpetrator: [REDACTED] [REDACTED] Classification: Assessment/ End Date: 01-19-2007
County: [REDACTED]
Notification: E-mail
School/ Daycare: None
Native American Descent: None reported
Directions/Address: [REDACTED] (Contact number: [REDACTED])

Reporter's name/relationship: [REDACTED] | [REDACTED] [REDACTED]

Reporter states: Unknown Infant female was born today to [REDACTED] (Mother/35 [REDACTED]) .

Law enforcement was called to [REDACTED] Hospital at 5:53 p.m. today. The medical staff reported that [REDACTED] came into the hospital today for abdominal pain, and she was reported to be 31 weeks pregnant. [REDACTED] made the comment to an Unknown Nurse that she "must have partied too hard last night." When [REDACTED] was examined by the medical staff, they reported that her placenta was separating from her uterus, but the Reporter did not know what this meant. It is unknown if [REDACTED] labor was induced, but she gave birth to an infant female child today. The Infant was born with a heartbeat, but immediately went into respiratory distress. The respiratory distress then turned into cardiac arrest and the Infant passed away; and was pronounced deceased by the attending physician, [REDACTED]. The time of death is unknown at this time.

[REDACTED] was given a blood test today and she tested positive for marijuana and methamphetamines. It is unknown if [REDACTED] admitted to using the drugs. It is unknown if the infant tested positive for drugs. The infant's body is being taken to [REDACTED] for an autopsy and the preliminary results could possibly come in tomorrow, [REDACTED] 15. Law Enforcement have not made contact with [REDACTED] at this time but the medical examiner, [REDACTED] reported that she did not appear to be upset about the loss of her baby. [REDACTED] reported that [REDACTED] did not want to hold the child after it was born like most mothers do. [REDACTED] was reportedly planning on giving the baby up for adoption when it was born. It is reported that [REDACTED] has given birth to six children, however their whereabouts are unknown at this time. It was reported that [REDACTED] has lost a child in the past, however the cause of death is unknown. It is believed that [REDACTED] has a 16-year-old child in her custody, but their name and information is unknown at the time of the report.

Special Needs or Disabilities: Unknown
Child's current location/is the child safe at this time: Unknown
Perpetrator's location at this time: Unknown
Any other safety concerns for the children or worker who may respond: Unknown
Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1-[REDACTED] CM 3 @ 7:59pm on 9-9-15

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	08-09-15 08:14:13 PM	08:14:13 PM [REDACTED]	08-09-15 08:15:06 PM	[REDACTED]	Received
	08-09-15 08:14:13 PM	---		Voicemail	
	08-09-15 08:14:15 PM	---			
Email Sent					

Notified the [REDACTED] group and the [REDACTED] Administrator, [REDACTED] via email.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 35 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 8 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] **Date of Birth:** [REDACTED] **Partipant ID:** [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]
 Referral Date: 08/09/2015
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/12/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case was assigned as an Investigation case to INV. [REDACTED] on 08/09/2015. All times are recorded in [REDACTED]. The response priority was P1 and the allegations were ABD. The alleged victim was unknown, unknown and the alleged perpetrator was [REDACTED]. Based on the information gathered, this case will be classified as substantiated. [REDACTED] stated that she had possibly smoked a marijuana cigarette or "joint" with methamphetamine in it. [REDACTED] was positive for methamphetamines and THC at the time of birth. The child victim; [REDACTED] was also positive for [REDACTED] at birth. [REDACTED] was pronounced deceased shortly after being born. An autopsy was performed on this child and the cause of death was listed as prematurity due to placental abruption due to poly substance abuse by the mother; manner as Homicide.

D. Case Workers

Case Worker: [REDACTED] Date: 11/12/2015
 Team Leader: [REDACTED] Date: 11/13/2015

E. Investigation Summary

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

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

Investigator [REDACTED] viewed the ACV [REDACTED] a [REDACTED] on this date. When the ACV was viewed he was already deceased and placed in the nursery.

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

Investigator made contact with [REDACTED] (RN [REDACTED]). [REDACTED] showed the Investigator the urine screen for [REDACTED] which was positive for cannabis, methamphetamine and amphetamines. [REDACTED]



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

Case Name : ██████████

Investigation ID: ██████████

reported that ██████████ had a C section and had recently gotten out of surgery for the C section. ██████████ reported no other concerns at this time.

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

Investigator made contact with ██████████ on ██████████ at ██████████ ██████████ had just been brought out of surgery related to the C section that she had earlier. Investigator asked ██████████ if she was able to speak to the Investigator. ██████████ reported that she had been given morphine but was able to talk to the Investigator. The Investigator offered to come back at another time and ██████████ stated that she wanted to speak to the Investigator. ██████████ reported that she does not use methamphetamine. ██████████ reported that she smoked marijuana weekly/daily throughout her pregnancy. ██████████ reported that she had made the decision to give the subject child up for adoption and within the last week of her pregnancy her doctor told her that she needed to clean her system out since she was consistently testing positive for marijuana on drug screens. ██████████ reported that she has anxiety and smokes approx \$40 worth of marijuana per week. ██████████ reported that she purchases marijuana from her 15 year old child's father; ██████████ ██████████ reported that ██████████ brought her marijuana on Thursday 08/06/2015. ██████████ reported that she usually buys a "sack" from ██████████ and this time ██████████ had a pre rolled joint. ██████████ reported that she thought this was strange and she thought ██████████ was acting slightly strange. ██████████ reported that ██████████ seemed like he really wanted her to smoke the joint with him which is unusual because they don't normally smoke together. ██████████ reported that she asked ██████████ if this marijuana was the "fire" because she knew that the "fire" which was called "train wreck" was making people cough a lot and she did not want it to induce labor. ██████████ reported that she asked ██████████ for the "schwag" marijuana instead. ██████████ reported that she did smoke the marijuana joint with ██████████ and started to cough a lot. ██████████ reported that she didn't feel relaxed like she normally does and she felt more anxious. ██████████ reported that nothing happened after she smoked this joint in terms of her pregnancy however on ██████████ ██████████ she felt abdominal pain and went to ██████████ ██████████ denied any methamphetamine usage.

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

Investigator made contact with ██████████ and ██████████ (MGM and MGF) on ██████████ at approx 10:30PM. ██████████ reported that ██████████ (OIC) has been living with her since he was born. ██████████ reported that she did not have any drug concerns at this time. ██████████ reported that ██████████ was residing with them towards the very end of her pregnancy (on and off) but was living in an apartment for most of the pregnancy. ██████████ reported that the adoptive parents of the deceased child had paid for an apartment for ██████████ ██████████ reported that ██████████ does have contact with ██████████ but ██████████ resides in their home. ██████████ reported that they do not have custody of ██████████ ██████████ reported that they had never filed for custody because they had never seen a need to file. ██████████ and ██████████ reported that they had never witnessed ██████████ use drugs. ██████████ reported that ██████████ (father of ██████████) was not involved. ██████████ reported that he does have rare contact with ██████████ however he doesn't normally see him. ██████████ reported that ██████████ does not pay child support or help them with ██████████ financially. ██████████ denied any drug concerns however throughout the investigation it should be noted that ██████████ made it clear that she did not want her parents to know anything about the Investigation. In addition, when filing court documents, the Investigator also found a petition filed in 2006 by the grandparents that stated that the mother has alcohol and drug abuse issues.

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

An IPA was completed to continue placement of ██████████ with his grandparents; ██████████ and ██████████. The IPA also stated that all contact between ██████████ and ██████████ would be supervised. All parties agreed to and signed the IPA on 10/11/2015.

Documents were filed in ██████████ County Court on 08/14/2015 to transfer custody of ██████████ to ██████████ and ██████████. On 08/20/2015 custody of ██████████ was transferred to ██████████ and ██████████. Although the family agreed to the transfer of custody the Investigator was met with a lot of push back in regards to obtaining signatures on releases and other documents.



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]

Autopsy results were received on 10/27/2015 and stated the cause of death for [REDACTED] was

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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/09/2015	Contact Method:	Correspondence
Contact Time:	10:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/09/2015
Completed date:	12/09/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notification of Classification		
Contact Sub Type:	Letter A - Notice of Indication to Perpetrator		

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2015 09:40 AM Entered By: [REDACTED]

The Substantiated Perpetrator Letter A and attachment was completed and due process is initiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/09/2015	Contact Method:	
Contact Time:	10:37 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/09/2015
Completed date:	12/09/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2015 09:39 AM Entered By: [REDACTED]
 Deputy Director of Investigations, [REDACTED] has read and approved case for closure.

Notification of classification will be mailed to Judge [REDACTED] District Attorney [REDACTED] and Regional DCS Attorney [REDACTED] on 1/4/15 per local protocol.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/29/2015 Contact Method:
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/30/2015
 Completed date: 11/30/2015 Completed By: [REDACTED]
 Purpose(s): Permanency
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/30/2015 10:03 AM Entered By: [REDACTED]
 Investigator received a phone call from Detective [REDACTED] (PD) on 11/29/2015. Detective [REDACTED] reported that he will be charging [REDACTED] (AP/mother) with aggravated assault in relation to the death of [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/12/2015	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/12/2015
Completed date:	11/12/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/12/2015 04:14 PM Entered By: [REDACTED]

This case was presented to the [REDACTED] County CPIT team on 11/12/2015. It was agreed upon that this case would be closed as substantiated. It was agreed upon that due to the autopsy findings and the positive drugs screens for methamphetamines on both [REDACTED] and the ACV that this case met criteria to be classified as substantiated.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/12/2015	Contact Method:
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/29/2015
Completed date: 11/12/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original Entry Date/Time: 10/29/2015 09:27 AM Entered By: [REDACTED]

The Department of Children Services (DCS) Investigation [REDACTED] received a referral on 10/09/2015 with an allegation of Child Neglect Death regarding a non-custodial child [REDACTED]. [REDACTED] was born on [REDACTED] at [REDACTED] Hospital. [REDACTED] (mother) came into [REDACTED] on this date with abdominal pain and vaginal bleeding. On this date [REDACTED] gave birth to [REDACTED]. [REDACTED] was born in respiratory distress which turned into cardiac arrest. [REDACTED] was pronounced deceased on this same date after attempts to revive him were futile. [REDACTED] other child; [REDACTED] is a 15 year old male. Custody of [REDACTED] was transferred to [REDACTED] and [REDACTED]; maternal grandmother and grandfather on 08/20/2015.

On [REDACTED] [REDACTED] came into [REDACTED] complaining of abdominal pain and vaginal bleeding. [REDACTED] was given a drug screen upon admission that was positive for methamphetamine and THC. [REDACTED] was born 31 weeks old via cesarean section. At the time of delivery there was a placental abruption. The subject child; [REDACTED] was pronounced dead on [REDACTED] at 13:41 after efforts to revive him were not successful. [REDACTED] was born in cardiac arrest

The investigation into this incident was conducted by the [REDACTED] Police Departments, Detective [REDACTED] DCS Lead Investigator, [REDACTED] and Child Protective Services (CPS) Investigator, [REDACTED]

The alleged perpetrator was listed as [REDACTED] (mother). This family, including the mother was extremely uncooperative with this investigation. Maternal grandparents; [REDACTED] and [REDACTED] continued to refer the investigator and law enforcement to their attorney. Other parties that were interviewed included [REDACTED] (maternal grandmother), [REDACTED] hospital staff [REDACTED] and [REDACTED] other child). [REDACTED] obtained legal counsel and refused interviews by Detective [REDACTED] Investigator [REDACTED] made contact with [REDACTED] on [REDACTED] 2015 at [REDACTED] Hospital. [REDACTED] reported that she had just been brought out of surgery related to the C section that she had earlier. Investigator asked [REDACTED] if she was able to speak to the Investigator. [REDACTED] reported that she had been given morphine but was able to talk to the Investigator. The Investigator offered to come back at another time and [REDACTED] stated that she wanted to speak to the Investigator. [REDACTED] reported that she does not use methamphetamine. [REDACTED] reported that she smoked marijuana weekly/daily throughout her pregnancy. [REDACTED] reported that she had made the decision to give the subject child up for adoption and within the last week of her pregnancy her doctor told her that she needed to clean her system out since she was consistently testing positive for marijuana on drug screens. [REDACTED] reported that she has anxiety and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

smokes approximately \$40 worth of marijuana per week. [REDACTED] reported that she purchases marijuana from her 15 year old child's father; [REDACTED] reported that [REDACTED] brought her marijuana on Thursday 08/06/2015. [REDACTED] reported that she usually buys a "sack" of marijuana from [REDACTED] reported that on this occasion [REDACTED] had a pre rolled "joint". [REDACTED] reported that she thought this was strange and she thought [REDACTED] was acting slightly strange. [REDACTED] reported that [REDACTED] seemed like he really wanted her to smoke the joint with him which is unusual because they don't normally smoke together. [REDACTED] reported that she asked [REDACTED] if this marijuana was the "fire" because she knew that the "fire" which was called "train wreck" was making people cough a lot and she did not want it to induce labor. [REDACTED] reported that she asked [REDACTED] for the "schwag" marijuana instead. [REDACTED] reported that she did smoke the marijuana joint with [REDACTED] and started to cough a lot. [REDACTED] reported that she didn't feel relaxed like she normally does and she felt more anxious. [REDACTED] reported that nothing happened after she smoked this joint in terms of her pregnancy however on 08/09/2015 she felt abdominal pain and went to [REDACTED] Hospital. [REDACTED] denied any methamphetamine usage. [REDACTED] reported that her 15 year old child is residing with his maternal grandparents in [REDACTED] [REDACTED] continued to state that all of the nurses were looking at her like she is a "junkie".

The report to DCS listed the alleged perpetrator of Child Neglect Death as Unknown. Interviews were conducted with family members and other collaterals.

DCS Policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse or neglect resulting from the parent or caretaker's failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe child abuse.
3. Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

The case was presented to the [REDACTED] County Child Protective Investigation Team (CPIT) on 11/12/2015. Team members were in agreement that there was sufficient evidence to substantiate the allegation of Child Neglect Death. The child was positive for methamphetamine and the mother was also positive for methamphetamine and THC. The cause of death listed on the child's autopsy was listed as prematurity due to placental abruption due to poly substance abuse by the mother; manner as Homicide. No criminal charges will be filed on this case due to the nature of the drug exposure in utero.

[REDACTED] was born on [REDACTED] and coded as deceased on [REDACTED]. At the time of delivery there was severe placental abruption. [REDACTED] blood was tested for drugs and was positive for amphetamines, methamphetamines and caffeine. At the time of birth [REDACTED] had respiratory issues and was not able to be resuscitated. There is a preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and classified as Allegation Substantiated Perpetrator Substantiated for the allegation of Child Neglect Death.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/03/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/12/2015
Completed date:	11/12/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/12/2015 04:35 PM Entered By: [REDACTED]

Investigator made contact with Detective [REDACTED] on this date. Detective [REDACTED] reported that the District Attorney had discussed this case thoroughly and was not going to filing any criminal charges against [REDACTED]. Detective [REDACTED] reported that due to the child being exposed in utero to methamphetamine, the law that is currently in place would not cover prosecution of this case.

Narrative Type: Addendum 1 Entry Date/Time: 11/13/2015 10:55 AM Entered By: [REDACTED]

Investigator also received medical records on this date from [REDACTED] Hospital. These records are in the hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/02/2015	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Detention/Jail	Created Date:	11/07/2015
Completed date:	11/07/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/07/2015 09:38 AM Entered By: [REDACTED]

Investigator attempted contact with [REDACTED] (father of [REDACTED]) on 11/2/2015 at the [REDACTED] County Jail. Investigator had received notification that [REDACTED] had been booked into the [REDACTED] County Jail over the weekend. Investigator made contact with the shift supervisor who notified her that [REDACTED] had been released from jail over the weekend. Investigator unable to make contact on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/29/2015 Contact Method:
 Contact Time: 11:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/29/2015
 Completed date: 10/29/2015 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2015 12:43 PM Entered By: [REDACTED]

Investigator made contact with Detective [REDACTED] (PD) on 10/29/2015 via phone. Detective [REDACTED] reported that he had spoke with the DA regarding this case and that no charges would be pursued and that the case would be closed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/28/2015	Contact Method:	Phone Call
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/28/2015
Completed date:	10/28/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2015 11:39 AM Entered By: [REDACTED]

Investigator made contact with [REDACTED] (mother/AP) on this date. Investigator was attempting to obtain an updated address for [REDACTED]. [REDACTED] answered her phone and was extremely uncooperative. [REDACTED] argued that she didn't understand why the case was still opened. [REDACTED] refused to give an updated address stating that it was wasn't any of DCS's business. [REDACTED] stated that she was not homeless. [REDACTED] stated that any letters could be sent to her mother's address. [REDACTED] denied that she was residing at this address. [REDACTED] stated that the Investigator could contact her family court attorney for more information. It should be noted that [REDACTED] was the family court attorney for [REDACTED] and [REDACTED] (MGM and MGP) but not [REDACTED]. Investigator then asked if [REDACTED] had an updated address for her, and [REDACTED] reported that he did not.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 10/27/2015 Contact Method:
Contact Time: 03:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 10/28/2015
Completed date: 10/28/2015 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2015 11:36 AM Entered By: [REDACTED]

Investigator received autopsy results on 10/27/2015. Cause of Death was listed as Prematurity due to placental abruption due to poly substance abuse by mother, manner as Homicide.
This case was staffed with LI [REDACTED] on this date .

Investigator also made contact with Detective ([REDACTED] [REDACTED]) on this date. Detective [REDACTED] reported that he is currently waiting on final approval from the DA's office to pursue an indictment in this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/09/2015	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/12/2015
Completed date:	10/12/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/12/2015 12:38 PM Entered By: [REDACTED]

Investigator made contact with Detective [REDACTED] on this date via phone. Detective [REDACTED] reported that the autopsy results were not back yet and would most likely take several more months for return.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 09/03/2015 Contact Method: Face To Face
Contact Time: 09:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Court Created Date: 09/03/2015
Completed date: 09/03/2015 Completed By: [REDACTED]
Purpose(s): Permanency
Contact Type(s): Court Hearing
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2015 04:24 PM Entered By: [REDACTED]
[REDACTED] (mother/AP), [REDACTED] (MGM), [REDACTED] (PGM) were present in [REDACTED] County Court on 9/3/2015 for a transfer of custody. On this date custody of [REDACTED] was transferred to [REDACTED] and [REDACTED]. Investigator was not present for this court date due to mandatory training. Investigator has not had cooperation from this family. The family only agreed to cooperate with the transfer of custody after attorney [REDACTED] notified them that it was in their best interest to cooperate with the court hearing. [REDACTED] is facing criminal charges and has therefore refused to cooperate with the DCS Investigation.

Narrative Type: Addendum 1 Entry Date/Time: 10/29/2015 09:40 AM Entered By: [REDACTED]
It should also be noted that [REDACTED] will not return the Investigators phone calls and the Investigator has been able to only make minimal contact with her. Investigator was unable to get DCS paperwork signed by family members.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 08/20/2015 Contact Method:
 Contact Time: 02:42 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/20/2015
 Completed date: 09/20/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/20/2015 01:42 PM Entered By: [REDACTED]
 LI [REDACTED] held case conference with Inv [REDACTED] on 8/20/15.

Strength: Mother has a 15yo son that has been living with the maternal grandparents since birth. They are protective of the child.

Concerns: The mother has a history of drug usage. She admitted while in the hospital that she had did meth. However, once she had sobered up and out of the hospital, she is now denying admitting to it, and that the drug test that was performed is in correct. An IPA was done to ensure that the 15yo would stay with the grandparents, and that an official transfer of custody would be given to them.

Next Steps: Court



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/20/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Court Created Date: 08/26/2015
 Completed date: 08/26/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Court Hearing
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/26/2015 03:32 PM Entered By: [REDACTED]

Investigator was present in [REDACTED] County Court on 08/20/2015 regarding an ex parte order that was filed by DCS requesting to transfer custody of [REDACTED] to [REDACTED] and [REDACTED] (MGM-MGP). No parties were present as service had not been completed on [REDACTED] and [REDACTED] (father).

Narrative Type: Addendum 1 Entry Date/Time: 10/29/2015 09:38 AM Entered By: [REDACTED]

It should be noted that there was a petition from August 2006 in [REDACTED] court file. This petition was filed by [REDACTED] and [REDACTED] who were seeking custody of [REDACTED] due to concerns about drug use and alcohol use on part of [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/17/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	10/29/2015
Completed date:	10/29/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/29/2015 09:45 AM Entered By: [REDACTED]
 Investigator attempted to serve [REDACTED] (father of [REDACTED]) on this date. There was no response at the door. There did not appear to be anyone home at this time. Investigator was unable to make contact.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/17/2015 Contact Method:
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: [REDACTED] Created Date: 08/26/2015
 Completed date: 09/03/2015 Completed By: [REDACTED]
 Purpose(s): Permanency
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2015 03:29 PM Entered By: [REDACTED]
 Investigator attempted to serve [REDACTED] and [REDACTED] and [REDACTED] on 08/17/2015. Investigator made contact with [REDACTED] who reported that she had obtained counsel for this case. [REDACTED] notified the Investigator that she would need to contact their counsel; [REDACTED]

DCS Counsel [REDACTED] did make contact with [REDACTED] who reported that he had not been hired by the [REDACTED] but was just helping them. [REDACTED] notified that he would tell the family to attend court and ensure that [REDACTED] was served. It was determined that this case would most likely be continued in court in order to give time to get service on all parties. [REDACTED] did report that [REDACTED] has a drug history and that he attends church with the family. [REDACTED] reported that he had agreed to help the family.

Narrative Type: Addendum 1 Entry Date/Time: 10/29/2015 09:46 AM Entered By: [REDACTED]
 It should be noted that the Investigator returned to [REDACTED] home on this date and did leave a copy of the court paperwork with her.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/11/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 08/12/2015
Completed date: 08/26/2015	Completed By: [REDACTED]
Purpose(s): Permanency	
Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/12/2015 08:52 AM Entered By: [REDACTED]

Investigator made contact with [REDACTED] (mother/AP) at [REDACTED] on 08/11/2015. Also present was [REDACTED] (MGM). Investigator had received information that [REDACTED] had just been released from the hospital which is why the Investigator immediately went to the family home to make contact with [REDACTED]. [REDACTED] did not want the Investigator to tell [REDACTED] any details about the case. [REDACTED] became mad stating that she didn't understand why [REDACTED] needed to know anything. Investigator explained to [REDACTED] that due to the severity of the case that court documents would be filed and [REDACTED] would be seeing all of the content as it related to [REDACTED] and therefore needed to be aware of the concerns. Investigator explained the allegations to both [REDACTED] and [REDACTED]. [REDACTED] became increasingly upset and stated that her doctor had told her that all the drug screens were clear. Investigator notified [REDACTED] there were positive drug screens. Investigator notified [REDACTED] that there were going to be precautions put in place to address the drug concerns and other concerns with her. [REDACTED] seemed shocked and stated that they would do what they needed to do to comply with DCS. [REDACTED] had previously stated that she wasn't aware of any drug issues however when this disclosure of drug use came out [REDACTED] seemed shocked to hear that [REDACTED] had been using drugs. At the same time [REDACTED] appeared concerned and stated that they would ensure that contact between [REDACTED] and [REDACTED] was supervised.

Investigator staffed this case with LI [REDACTED] and DCS legal.

An IPA was completed to continue placement of [REDACTED] with his grandparents. The IPA also stated that all contact between [REDACTED] and [REDACTED] would be supervised. All parties agreed to and signed the IPA on this date.

Documents were filed in [REDACTED] County Court on 08/14/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/10/2015 Contact Method: Phone Call
 Contact Time: 09:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/12/2015
 Completed date: 08/12/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 08:46 AM Entered By: [REDACTED]

Investigator made contact with Detective [REDACTED] ([REDACTED] Police Department) on 08/10/2015 via phone. Detective [REDACTED] reported that he was awaiting preliminary autopsy results. Detective [REDACTED] reported that he was going to obtain a written statement from the mother this week and would make contact with the Investigator when he went to the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/10/2015	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/12/2015
Completed date:	08/12/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 08:44 AM Entered By: [REDACTED]

Investigator made contact with [REDACTED] (M.E.) on 08/10/2015 via phone. [REDACTED] reported that she was out on a call but was able to talk the Investigator briefly about the case. [REDACTED] reported that the subject child had a pulse at birth. [REDACTED] reported that the subject child was in respiratory distress but did take several breaths prior to needing reviving. [REDACTED] reported that she would be able to give the Investigator more information after the preliminary autopsy was completed.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 08/09/2015	Contact Method: Face To Face
Contact Time: 10:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 08/11/2015
Completed date: 09/09/2015	Completed By: System Completed
Purpose(s): Permanency	
Contact Type(s): Collateral Contact, Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/12/2015 08:39 AM Entered By: [REDACTED]

Investigator made contact with [REDACTED] and [REDACTED] (MGM and MGF) on 08/09/2015 at approx 10:30PM. [REDACTED] reported that [REDACTED] (OIC) has been living with her since he was born. [REDACTED] reported that she did not have any drug concerns at this time. [REDACTED] reported that [REDACTED] was residing with them towards the very end of her pregnancy (on and off) but was living in an apartment for most of the pregnancy. [REDACTED] reported that the adoptive parents of the deceased child had paid for an apartment for [REDACTED]. [REDACTED] reported that [REDACTED] does have contact with [REDACTED] but [REDACTED] resides in their home. [REDACTED] reported that they do not have custody of [REDACTED]. [REDACTED] reported that they had never filed for custody because they had never seen a need to file. [REDACTED] and [REDACTED] reported that they had never witnessed [REDACTED] use drugs. [REDACTED] reported that [REDACTED] (father of [REDACTED]) was not involved. [REDACTED] reported that he does have rare contact with [REDACTED] however he doesn't normally see him. [REDACTED] reported that [REDACTED] does not pay child support or help them with [REDACTED] financially. Investigator completed TFACTS checks on [REDACTED] and [REDACTED] - There was no history for either parent. At this time [REDACTED] was still in the hospital with no discharge date. Investigator staffed this case with LI [REDACTED]. It was determined that there was no need for an IPA on this date but an IPA would be completed prior to the mother being released from the hospital.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: System Completed
Contact Date: 08/09/2015	Contact Method: Face To Face
Contact Time: 09:30 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Hospital	Created Date: 08/11/2015
Completed date: 09/09/2015	Completed By: System Completed
Purpose(s): Safety - Child/Community	
Contact Type(s): Alleged Perpetrator Interview, Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 08/11/2015 10:12 AM Entered By: [REDACTED]

Investigator made contact with [REDACTED] (RN [REDACTED]). [REDACTED] showed the Investigator the urine screen for [REDACTED] which was positive for cannabis, methamphetamine and amphetamines. [REDACTED] reported that [REDACTED] had a C section and had recently gotten out of surgery for the C section. [REDACTED] reported no other concerns at this time.

Investigator made contact with [REDACTED] on [REDACTED] 2015 at [REDACTED] hospital. [REDACTED] had just been brought out of surgery related to the C section that she had earlier. Investigator asked [REDACTED] if she was able to speak to the Investigator. [REDACTED] reported that she had been given morphine but was able to talk to the Investigator. The Investigator offered to come back at another time and [REDACTED] stated that she wanted to speak to the Investigator. [REDACTED] reported that she does not use methamphetamine. [REDACTED] reported that she smoked marijuana weekly/daily throughout her pregnancy. [REDACTED] reported that she had made the decision to give the subject child up for adoption and within the last week of her pregnancy her doctor told her that she needed to clean her system out since she was consistently testing positive for marijuana on drug screens. [REDACTED] reported that she has anxiety and smokes approx \$40 worth of marijuana per week. [REDACTED] reported that she purchases marijuana from her 15 year old child's father; [REDACTED] reported that [REDACTED] brought her marijuana on Thursday 08/06/2015. [REDACTED] reported that she usually buys a "sac" from [REDACTED] and this time [REDACTED] had a pre rolled joint. [REDACTED] reported that she thought this was strange and she thought [REDACTED] was acting slightly strange. [REDACTED] reported that [REDACTED] seemed like he really wanted her to smoke the joint with him which is unusual because they don't normally smoke together. [REDACTED] reported that she asked [REDACTED] if this marijuana was the "fire" because she knew that the "fire" which was called "train wreck" was making people cough a lot and she did not want it to induce labor. [REDACTED] reported that she asked [REDACTED] for the "schwag" marijuana instead. [REDACTED] reported that she did smoke the marijuana joint with [REDACTED] and started to cough a lot. [REDACTED] reported that she didn't feel relaxed like she normally does and she felt more anxious. [REDACTED] reported that nothing happened after she smoked this joint in terms of her pregnancy however on [REDACTED] she felt abdominal pain and went to [REDACTED] [REDACTED] denied any methamphetamine usage. [REDACTED] reported that her 15 year old child is residing with his maternal grandparents in [REDACTED] [REDACTED] continued to state that all of the nurses were looking at her like she is a "junkie".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/09/2015 Contact Method: Phone Call
 Contact Time: 09:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/11/2015
 Completed date: 08/11/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/11/2015 10:14 AM Entered By: [REDACTED]
 CPIT was convened on this date by making contact with [REDACTED] Police Department. It was reported that Detective [REDACTED] was assigned the case and that he would not be assisting tonight but would be making contact with the mother in the morning. Referral was faxed to [REDACTED] PD, CAC and DA on 08/11/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/09/2015 Contact Method: Face To Face
 Contact Time: 05:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 08/31/2015
 Completed date: 08/31/2015 Completed By: [REDACTED]
 Purpose(s): Permanency
 Contact Type(s): ACV Interview/Observation, Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2015 02:28 PM Entered By: [REDACTED]

Investigator [REDACTED] viewed the ACV [REDACTED] at [REDACTED] on this date. When the ACV was viewed he was already deceased and placed in the nursery.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/09/2015	Contact Method:	Phone Call
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/11/2015
Completed date:	08/12/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 08:26 AM Entered By: [REDACTED]

Investigator made contact with referent on [REDACTED] [REDACTED] [REDACTED]. Referent reported that they had no new information to add and that they only were given the information that was in the report. Referent did report that a detective had been contacted and would not be coming out on this date but would be making contact with the family tomorrow.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
Case Status: Close

Case Name: [REDACTED]
Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 08/09/2015 Contact Method:
Contact Time: 08:30 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 08/11/2015
Completed date: 08/12/2015 Completed By: [REDACTED]
Purpose(s): 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: 08/11/2015 10:15 AM Entered By: [REDACTED]

CASE NAME: [REDACTED]
INTAKE NUMBER: [REDACTED]
INTAKE DATE & TIME: 08/09/2015 06:18PM

This case was assigned as an Investigation case to INV. [REDACTED] on 08/09/2015. All times are recorded in [REDACTED]. The response priority was P1 and the allegations were ABD. The alleged victim was unknown, unknown and the alleged perpetrator was [REDACTED]. The District Attorney's office is notified of all severe abuse cases per local protocol. Upon classification the District Attorney is notified at the Child Protective Investigative Team (CPIT) monthly meeting. Juvenile Court judges are notified of all referrals per local protocol. Notice of classification is submitted to the Juvenile Court Judge per local protocol via the 740.

DEMOGRAPHICS:

CHILD: [REDACTED]
DOB: [REDACTED]
SSN: [REDACTED]
ADDRESS: [REDACTED]

PARENT: [REDACTED]
DOB: [REDACTED]
SSN: [REDACTED]
ADDRESS: [REDACTED]

Allegations and Presenting Problems:

Referral States the Following: Law enforcement was called to [REDACTED] Hospital at 5:53 p.m. today. The medical staff reported that [REDACTED] came into the hospital today for abdominal pain, and she was reported to be 31 weeks pregnant. [REDACTED] made the comment to an Unknown Nurse that she "must have partied too hard last night." When [REDACTED] was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

examined by the medical staff, they reported that her placenta was separating from her uterus, but the Reporter did not know what this meant. It is unknown if [REDACTED] labor was induced, but she gave birth to an infant female child today. The Infant was born with a heartbeat, but immediately went into respiratory distress. The respiratory distress then turned into cardiac arrest and the Infant passed away; and was pronounced deceased by the attending physician, [REDACTED]. The time of death is unknown at this time.

[REDACTED] was given a blood test today and she tested positive for marijuana and methamphetamines. It is unknown if [REDACTED] admitted to using the drugs. It is unknown if the infant tested positive for drugs. The infant's body is being taken to [REDACTED] for an autopsy and the preliminary results could possibly come in tomorrow, [REDACTED]. Law Enforcement have not made contact with [REDACTED] at this time but the medical examiner, [REDACTED] reported that she did not appear to be upset about the loss of her baby. [REDACTED] reported that [REDACTED] did not want to hold the child after it was born like most mothers do. [REDACTED] was reportedly planning on giving the baby up for adoption when it was born. It is reported that [REDACTED] has given birth to six children, however their whereabouts are unknown at this time. It was reported that [REDACTED] has lost a child in the past, however the cause of death is unknown. It is believed that [REDACTED] has a 16-year-old child in her custody, but their name and information is unknown at the time of the report.

Narrative Type: Addendum 1 Entry Date/Time: 12/09/2015 09:02 AM Entered By: [REDACTED]

TFACTS history was reviewed: There was one prior case on 11/01/2006. DEC and SSI - NSN
 An updated FAST and SAFETY were completed for this family.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 8/9/15 6:18 PM Date of Assessment: 8/9/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 2

Section 1: Immediate Harm Factors

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

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

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: _____