



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 02/07/2013 12:17 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/07/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/07/2013 02:17 PM
First Team Leader Assigned: [REDACTED] Date/Time 02/07/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 02/07/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Drug Exposed Infant	No	[REDACTED]	Birth Mother
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter

Narrative: TFACTS History: Based on the information given, no history found. Case Manager could not confirm history because the referent did not have a DOB on the mother.

County: [REDACTED]
Notification: Letter
School/ Daycare: Not Given
Native American Descent: No
Directions: Not Given

Reporters name/relationship: [REDACTED]

Reporter states: On 1-29-2013, [REDACTED] gave birth to [REDACTED] in the back of an ambulance. The ambulance was in route to [REDACTED] Hospital.



**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

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: 0 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

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: 21 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

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: 02/07/2013

Assignment Date: 02/07/2013

Street Address: [REDACTED]

City/State/Zip: [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]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED]
					[REDACTED]			03/22/2013
2	[REDACTED]	[REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED]	Allegation Indicated / Perpetrator Indicated	No	[REDACTED]
					[REDACTED]			03/22/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being closed as AIPI for drug exposed infant due to the positive drug screen on both the mother (oxycodone) and child (opiates). However, the allegation of neglect death is being unfounded. Medical findings disclosed that the cause of death was complications with gastroschisis.

D. Case Workers

Case Worker: [REDACTED]

Date: 03/22/2013

Team Leader: [REDACTED]

Date: 03/25/2013

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:

The ACV, [REDACTED] was not seen by the CM due to being buried prior to the DCS being notified about the situation. [REDACTED] is a two year old white female who presented without any immediate harm factors on 02/07/2013, 02/08/2013, 03/15/2013, 04/18/2013. The acv could not communicate with the CM.

Mr. [REDACTED] family home was free of any environmental concerns.

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] RN, stated : Mother's lack of prenatal follow-up and her continued use of oxycodone definitely complicated this child's medical conditions. Using oxycodone for prolonged periods or in high doses at term can greatly compromise the child's health. Oxycodone's side effects include respiratory depression and respiratory paralysis (decreased or stoppage of breathing). His abdominal condition became very grave after his



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

Case Name : ██████████

Investigation ID: ██████████

birth. He was bleeding in his stomach and Dr. ██████████ reported that his small bowel was non-functioning/non usable. All of these conditions impacted this child's health. I do not feel that I am an expert on this topic, so I do recommend that if you haven't already done so that you speak with Dr. ██████████ (forensic doctor) at ██████████ who often conducts death reviews.

Dr. ██████████ (forensic doctor) advised the CM that while mother's drug use and lack of prenatal care was a concern, the death was caused by complications with gastroshisis not drug use.

Mr. ██████████ disclosed that he was aware of the mother taking a hydrocodone and giving her a benzo at the time fo the funeral.

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

Reported that she did smoke marijuana before she found out she was pregnant and this was after her father past away, and when she found out she was pregnant she stopped smoking marijuana. She seen Dr. ██████████ for her OBGYN needs in ██████████ TN and after approximately 14 or 16 weeks she was told that the baby may birth defects from blood test and she was transferred to ██████████ for high rick OBGYN needs. The mother stated that she was in pain and she took half of a Hydrocodone that she got from a friend. The mother reports that she was prescribed pain medication that she was given after giving birth, and she had this filled at Walgreens in ██████████ TN. The mother reports that the father of 2 year old, the mother, and father have a private parenting plan and the father sees the child every other week. The mother reported that the child would be going to her fathers house this Saturday. The mother reported that she and father of the baby live together, and he has been having a hard time with the death of the baby. The mother admitted to taking a nerve pill after the death of the child

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

██████████ gave birth to ██████████ in the back of an ambulance. The ambulance was in route to ██████████ Hospital.

██████████ was born with Gastroschisis (which means the babys intestines were on the outside of his body). Most children can survive with this condition but some cases are fatal.

On 2-1-2013, ██████████ passed away. The child tested positive for opiates on a urine drug screen. There was no meconium done on the baby. Ms. ██████████ was positive for oxycodone. It is unknown if Ms. ██████████ had a prescription for the drugs.

There are concerns because Ms. ██████████ has another child that may or may not be in her care. The referent is concerned for the safety of this child.

██████████ was original at ██████████ Hospital but was immediately transported to ██████████ Hospital. The child had a surgical procedure at ██████████ Hospital. Because hospital staff was focused on the Gastroschisis, a report was never made to the Department of Childrens Services regarding the drug exposure.

On 2-1-2013, ██████████ body was transported to ██████████ Funeral Home in ██████████ County. There was no autopsy ordered.

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

A positive urine drug screen at the time of birth for opiates (acv) and oxycodone (Ms. ██████████ Ms. ██████████ admitted to taking a 1/2 a hydro (no RX) prior to giving birth.

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 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/08/2013

Contact Method: Phone Call

Contact Time: 12:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/08/2013

Completed date: 05/08/2013

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: 05/08/2013 12:59 PM Entered By: [REDACTED]

CM contacted [REDACTED] with [REDACTED] Health . [REDACTED] advised the CM that the mother had informed him of the death of the infant, that she had tested positive for oxy, taken a zanex. [REDACTED] also advised the courts do recognize their "consultation" as assessments.



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: 04/18/2013

Contact Method:

Contact Time: 04:12 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

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: 04/18/2013 03:16 PM Entered By: [REDACTED]

Case was received for Neglect death and DEI allegations. Mother was positive for Opiates and Oxy. Th [REDACTED] so positive. The medical records indicate that the death was the result of gastroschisis. CPIT staffed this case and agreed to indicate for DEI but unfound on the neglect death as we have no evidence that the death was directly related to the drug use. The mother child in the home was placed with the bio-father. A safety plan was filed with the court and [REDACTED] is to have only supervised contact

Child is currently safe with the father. Case Is being closed.



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: 04/18/2013

Contact Method:

Contact Time: 02:14 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

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: 04/18/2013 01:15 PM Entered By: [REDACTED]

04/18/2013 Case Closure: Case Manager (CM) [REDACTED] has completed the 740, safety assessment, FAST, and FAA and all other investigative tasks. The allegations of Drug Exposed Infant, is being indicated and the case is being closed. CM found evidence that indicated the allegation such as a positive drug screen at the time of birth for the acv, perpetrator admitted to drug use during prenatal care. Letter A was mailed on 04/18/2013 to the perpetrator. A court report was also submitted to [REDACTED] County Juvenile Court.



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: 04/18/2013

Contact Method: Face To Face

Contact Time: 10:14 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/18/2013 01:13 PM Entered By: [REDACTED]

[REDACTED] was seen on this date and time at the DCS office by CM [REDACTED] CM [REDACTED] advised CM [REDACTED] that the ACV appeared healthy and without any immediate harm factors.



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: 04/18/2013

Contact Method: Face To Face

Contact Time: 09:10 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview, Collateral Contact, Notation, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/18/2013 01:09 PM Entered By: [REDACTED]

A FSTM was held on this date and time at the DCS office in [REDACTED] TN. GAL [REDACTED] CM [REDACTED] Mr. [REDACTED] were all present. Ms. [REDACTED] was present via the phone. CM explained that his case was being closed out but the court order was to remain in effect. CM explained that he has yet to receive the documentation from the mother. GAL [REDACTED] expressed his dissatisfaction with the [REDACTED] results and asked the mother to provide more information. Copy of the meeting is contained in the case file.



**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: 04/16/2013

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/17/2013

Completed date: 04/17/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/17/2013 06:54 PM Entered By: [REDACTED]

CM was contacted by [REDACTED] the biological mother. CM explained the outcome of CPIT to the mother and disclosed that she will be indicated for drug exposed infant. CM also explained her right to appeal. CM advised the mother that a meeting was going to be held on 04/18/2013 at the the DCS office . Ms. [REDACTED] disclosed that she was currently not in the state of TN. CM advised the mother that she could participate via the phone or contact her attorney to come also. Ms. [REDACTED] asked if she would get her child back if the CM closed his case. CM stated no and that court was still pending. CM advised also that he could not predict the future about what the judge would do.



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: 04/10/2013

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2013

Completed date: 04/17/2013

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: 04/17/2013 06:35 PM Entered By: [REDACTED]

A closing FSTM was set for 04/18/2013 CM was able to reach the biological father and GAL [REDACTED] CM was unable to reach the biological mother.



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: 03/28/2013

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2013

Completed date: 04/17/2013

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: 04/17/2013 06:29 PM Entered By: [REDACTED]

CM [REDACTED] attempted to transfer the case to FSS due the mother not providing documentation of completed tasks. Furthermore, the mother and paramour have yet to supply a negative drug screen to the CM. It was decided that do the child being safe with her biological father a simply FSTM could be set and the case could be closed.



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: 03/26/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2013

Completed date: 04/01/2013

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: 04/01/2013 12:27 PM Entered By: [REDACTED]

On 03/26/2013 Child Protective Investigative Team (CPIT), present for the meeting were Case Manager (CM) [REDACTED] with [REDACTED] Child Advocacy Center, [REDACTED] Assistant District Attorney (ADA), [REDACTED] County Sheriffs Detective [REDACTED] TL [REDACTED] TL [REDACTED] and TC [REDACTED]. The team agreed that this case could be unfounded.



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: 03/21/2013

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2013

Completed date: 04/01/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2013 12:30 PM Entered By: [REDACTED]

CM was able to make contact with Dr. [REDACTED] of [REDACTED] CM had provided Dr. [REDACTED] with the medical records following a discussion with RN [REDACTED] CM was advised by Dr. [REDACTED] that the drug use was not a contributing factor in the death of the child.



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: 03/15/2013

Contact Method: Face To Face

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/01/2013

Completed date: 04/01/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2013 12:40 PM Entered By: [REDACTED]

The ACV was seen on this date and time by CM [REDACTED] for CM [REDACTED]. No concerns were noted. The father stated everything was going will.



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: 03/14/2013 Contact Method: Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/15/2013
 Completed date: 04/01/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/19/2013 02:31 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] arrived at the DCS office as requested by the CM. A random drug screen was administered to both parties. [REDACTED] tested positive for oxycodone and did not provide an RX. Mr. [REDACTED] was positive for opiate and oxycodone. Mr. [REDACTED] advised the CM that he was not on any medication and was disputing the results. CM explained that he could go down to mobile diagnostics and they would screen him there or he could come back tomorrow.

CM spoke with [REDACTED] in the break room at DCS [REDACTED] County. [REDACTED] also disputed the results and the CM advised her of the same options as Mr. [REDACTED]. CM explain that if she was not truthful he could not help her. [REDACTED] disclosed that she had given Mr. [REDACTED] a pill for some pain. [REDACTED] asked the CM if he believed she had caused the death of her child. CM stated that he could not answer that question. Ms. [REDACTED] advised the CM that she had completed everything the CM had requested (CM still is missing a certificate of completion for the required classes). CM again the advised Ms. [REDACTED] that he was willing to read a documentation she was will to bring him. CM advised that CPIT was at the end of the month and still needed the documentation of her classes. Ms. [REDACTED] advised that she was having difficulties obtaining the certificate do to personal issues with the teacher of the class.



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:	03/07/2013	Contact Method:	Correspondence
Contact Time:	08:31 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/01/2013
Completed date:	04/01/2013	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: 04/01/2013 12:31 PM Entered By: [REDACTED]

CM recieved the following Email from [REDACTED] CPNP:

I have reviewed these records. Mother's lack of prenatal follow-up and her continued use of oxycodone definitely complicated this child's medical conditions. Using oxycodone for prolonged periods or in high doses at term can greatly compromise the child's health. Oxycodone's side effects include respiratory depression and respiratory paralysis (decreased or stoppage of breathing). His abdominal condition became very grave after his birth. He was bleeding in his stomach and Dr. [REDACTED] reported that his small bowel was non-functioning/non usable. All of these conditions impacted this child's health. I do not feel that I am an expert on this topic, so I do recommend that if you haven't already done so that you speak with Dr. [REDACTED] (forensic doctor) at [REDACTED] who often conducts death reviews. Her cell number is [REDACTED]

CM did provide Dr. [REDACTED] a copy of the medical records for her review.



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:	03/06/2013	Contact Method:	Phone Call
Contact Time:	10:18 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/15/2013
Completed date:	03/15/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/15/2013 07:59 AM Entered By: [REDACTED]

CM made contact with [REDACTED], the biological father of the acv. CM stated that he had a messages asking that he call him. [REDACTED] stated that he was having a hard time with mother. CM asked what he meant by a hard time. Mr. [REDACTED] disclosed that the mother, [REDACTED] had become upset at her paramour at the last meeting and that he had explained to her that she did not need to come around if she was going to be arguing. CM explained that was alright. However, Mr. [REDACTED] stated that [REDACTED] became verbal with his mother and that again he thought it was not right for his daughter to see that. CM explained that mom has to have visitation but it does not have to be at the house and it is at his discretion. Mr. [REDACTED] stated that he was leaning to allowing DCS to dicate the visitation. CM explained was his choice but it would be possible that DCS would have to fill something in court. CM stated that he would talk to the mother. Mr. [REDACTED] stated that he was willing to try allowing visitation at a neutral area.



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: 02/25/2013

Contact Method:

Contact Time: 02:24 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/25/2013

Completed date: 02/25/2013

Completed By: [REDACTED]

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: 02/25/2013 01:32 PM Entered By: [REDACTED]

Case was received on 2/7/13 for allegations of Neglect death and DEI. AP is [REDACTED]. The ACV [REDACTED] was another child [REDACTED]. DCS intervened and placed child in the care and control of the father [REDACTED]. Safety plan was filled. Court hearing was on 2/20/13. [REDACTED] will remain in father's care and mother will be supervised. CPIT will staff case on 3/26/13.

Current issues are that there is no meconium completed. Baby was buried and no autopsy was not completed. Baby was diagnosed with Gastritis and this was believed to be the cause of the death. Mom tested positive during prenatal care for THC, Oxy and Opiates. Mom's UDS at birth was positive for Oxy. Baby UDS at birth was positive for Opiates.

At this time there is not enough evidence to suggest that death was the result of the drug use. Indication for the DEI is appropriate.



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:	02/22/2013	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/14/2013
Completed date:	03/15/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/15/2013 07:41 AM Entered By: [REDACTED]

CM received a phone call from [REDACTED] Ms. [REDACTED] stated that she was calling to find out how long she would have to be enrolled in grief counseling because it was costing her \$20.00 a session. CM advised that was not his call to make but rather the individual running the session. Ms. [REDACTED] became upset and stated that she did not understand why she had to do all this when drug use had not to the death of her child. CM explained that he had never stated that it had but their was a safety concern due to her testing positive on a random drug screen and the fact that her baby had tested positive at the time of the birth for opiates. Ms. [REDACTED] advised the CM that she had signed notes from medical personnel stating that she had not led to the death of her child and that she simply wanted her other child back by Easter. CM explained that he did not no if that was possible do to the court date being in May. CM explained that he did not have the power to change court dates and that in order to do that if possible, she would need to speak with her attorney. CM state that he would take any information she wished to supply to him. Ms. [REDACTED] stated that she was having problems she her child. CM explained that he would talk with her ex-husband about that but the order had to be followed. Ms. [REDACTED] stated that she understood and hung up the phone.



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: 02/20/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 03/14/2013

Completed date: 03/14/2013

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2013 04:08 PM Entered By: [REDACTED]

A Preliminary hearing was conducted on this date and time. The mother waived this hearing. Furthermore all contact between the mother and the child or between [REDACTED] and the child shall be strictly supervised by the father or a responsible adult designated by the father. The father or a designated responsible adult must be present during all visitations and the mother shall not be allowed to operate a motor vehicle in which the child is a passenger. The same order applies to the paramour. Mother and paramour shall not spend the night with the child. Mother and paramour sill submit to random drug screens and pill counts, undergo A/D assessments and grief counseling.

A copy of the order is contained in the case file.

Narrative Type: Addendum 1 Entry Date/Time: 03/14/2013 04:10 PM Entered By: [REDACTED]

CM was contacted by the Nursing staff at [REDACTED] were [REDACTED] recieved her medical care. The Nurse advised the CM that the mother had tested positive for THC, opiates, and oxycodone in August of 2012. The child was born on 01/29/2013. This document is a prenatal form.



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: 02/11/2013

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/14/2013

Completed date: 03/14/2013

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: 03/14/2013 04:00 PM Entered By: [REDACTED]

CM received a confidential fax from [REDACTED] Health services regarding [REDACTED] and [REDACTED] recommended alcohol and drug education for both individuals . Furthermore CM also received a letter from [REDACTED] Counseling Service stating that Ms. [REDACTED] had attended one session focusing on grief.



**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: 02/08/2013 Contact Method: Face To Face
 Contact Time: 05:30 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/08/2013
 Completed date: 02/11/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Other Child Living in the Home
 Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/08/2013 10:14 AM Entered By: [REDACTED]

CM spoke with [REDACTED] in the small conference room at DCS [REDACTED]. CM explained again to Ms. [REDACTED] that at the time of birth of her late son, she had tested positive for Oxycodone, while her son had tested positive for opiates. Ms. [REDACTED] disclosed that on 01/27/2013 she had taken 1/2 of a hydrocodone do to pain she was having. Furthermore, that she had smoke THC following the death of her late father, but had stopped once she found out she was pregnant with [REDACTED]. CM asked Ms. [REDACTED] who had given her the hydrocodone. She stated a friend and would divulge a name. Ms. [REDACTED] became upset and asked CM [REDACTED] if he belived that one pill had caused her son's condition or his death. CM explain that he did not think that but he was no qualified to make those suggustions. Ms. [REDACTED] stated that she had a past RX for hydrocodone do to having gallstone during her last pregnancy with her other child. CM asked Ms. [REDACTED] what her daughter's name was. Ms. [REDACTED] stated that she was with her grandmother and that if the CM needed she could be brought to the office. CM stated that he did need to lay eyes on her daughter. CM asked MS. [REDACTED] where her son was laid to rest. Ms. [REDACTED] stated at cemetery at [REDACTED] chapel. CM explained asked the mother if she would submitted to a random drug screen and a pill count. Ms. [REDACTED] tested positive for Oxycodone/opiates (RX was provided) and benzos. Mother admitted to taking a zanex prior to the acutal burial of her son. CM did conduct a pill count on the mother and CM reports that the mother has a prescription for Hydrocodone 5 mg that was filled 2/2/13 to be taken 1 tablet every 4 to 6 hours and was filled with 30 pills with 7 pills left this a accurate pill count, she is also prescribed Ibuprofen 800 mg that was filled on 2/2/13 with 60 pills to be taken 1 tablet every 6 hours and she has 51 pills left this is an accurate pill count. CM [REDACTED] and CM [REDACTED] attempted to interview the child [REDACTED] and the child would not answer CMs questions. Ms. [REDACTED] asked the CM if he wanted to see the pictures of her child at [REDACTED]. CM viewed the pictures presented to him. These pictures showed [REDACTED] at [REDACTED] undergoing treatment for the gastroschisis. Ms. [REDACTED] became up set at this point and the CM asked if she would like to take a break. Ms. [REDACTED] agreed.

Narrative Type: Addendum 1 Entry Date/Time: 02/11/2013 10:43 AM Entered By: [REDACTED]

02/07/2013 was date F2F 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: Completed

Contact Date: 02/08/2013

Contact Method: Phone Call

Contact Time: 04:38 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/08/2013

Completed date: 02/08/2013

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: 02/08/2013 09:10 AM Entered By: [REDACTED]

CM made contact with the biological mother, [REDACTED] and explained that CM was with the Department of Children's services and that he needed to speak with her about her recently deceased son, [REDACTED] Ms. [REDACTED] questioned CM [REDACTED] to why DCS would be involved with her when she had buried her son. CM explained that a referral was received that stated that she had tested positive for oxycodone at the time of giving birth. Ms. [REDACTED] stated that she had never tested positive for any drugs at the time of the birth, no one from the hospital told her that she failed a drug screen, and stated that she has had only one positive drug screen and that was for THC and approximately 8 months ago. The mother reported that her primary OBGYN was Dr. [REDACTED] in [REDACTED] County and she was transferred to Dr. [REDACTED] she believed, at [REDACTED] for high risk OBGYN. CM explained while that could be the case, he needed to speak with her in person about the issue at hand. Ms. [REDACTED] agreed to meet the CM at the [REDACTED] County DCS office at 5:30 p.m.

Narrative Type: Addendum 1 Entry Date/Time: 02/11/2013 10:42 AM Entered By: [REDACTED]

date was 02/07/2013



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: 02/08/2013

Contact Method: Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/08/2013

Completed date: 02/08/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/08/2013 08:58 AM Entered By: [REDACTED]

CM [REDACTED] and CM [REDACTED] arrived at the family home located at [REDACTED]. Upon arrival CM [REDACTED] attempted to make contact with the alleged. However, no one appeared at the entrance to the family home. CM [REDACTED] walked around the family home and observed a two car garage and one car is in the garage. There was baby clothing in the back seat, and the CM did look through the window and observed toys that a small child would play with. CM did staff the case with TL [REDACTED] who advised the CM to contact [REDACTED] in order obtain contact information for the mother.

CM contacted [REDACTED] of [REDACTED] explained that on 01-29-2013 [REDACTED] was born to [REDACTED]. At the time of birth [REDACTED] tested positive for opiates on a urine drug screen, while the mother had tested positive for oxycodone. [REDACTED] also advised that [REDACTED] had passed away following complication with Gastroschisis. Furthermore, that do to the concerns by the hospital staff, a report was never made to DCS regarding the drug exposure. [REDACTED] agreed to send the CM the medical file on [REDACTED]. [REDACTED] provided the CM with a number the following number [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 02/11/2013 10:42 AM Entered By: [REDACTED]

The date was 02/11/2013 not 02/08/2013



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: 02/08/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/11/2013

Completed date: 02/11/2013

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: 02/11/2013 10:51 AM Entered By: [REDACTED]

CM filed the petition with the Juvenile court of [REDACTED] County on this date and time.



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: 02/08/2013

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/11/2013

Completed date: 02/11/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2013 10:57 AM Entered By: [REDACTED]

CM was contacted by [REDACTED] and explained that she and [REDACTED] both had appointments for their A & D assessments at [REDACTED] and an appointment at 10:30 am at [REDACTED] for counseling over the death of [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/07/2013

Contact Method:

Contact Time: 09:34 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/11/2013

Completed date: 02/11/2013

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: 02/11/2013 10:49 AM Entered By: [REDACTED]

The fatality report for one [REDACTED] born 01/29/2013 and a copy of the IPA were sent to the required individuals. A copy of the report is contained in the case file.



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: 02/07/2013 Contact Method: Face To Face
 Contact Time: 08:40 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/11/2013
 Completed date: 02/11/2013 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)**

[REDACTED]; [REDACTED]; [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/11/2013 10:46 AM Entered By: [REDACTED]

An IPA was completed on this date and time at DCS [REDACTED]. The IPA read as follows: The mother and Mr. [REDACTED] will have an Alcohol and Drug Assessment and follow the recommendations of the assessment, the mother and Mr. [REDACTED] will have mental health assessment/grief counseling. The mother and Mr. [REDACTED] will have random drug screens/pill counts. The mother and Mr. [REDACTED] will contact CM [REDACTED] at [REDACTED] with updates to their plan, on Mondays and Fridays.

The mother and Mr. [REDACTED] will have supervised visits only with the child [REDACTED] with no overnight visits

All parties signed the agreement.



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: 02/07/2013

Contact Method: Face To Face

Contact Time: 07:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/11/2013

Completed date: 02/11/2013

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: 02/11/2013 10:41 AM Entered By: [REDACTED]

CM spoke with Mr. [REDACTED] the birth father of [REDACTED] in the large conference room at DCS [REDACTED]. Mr. [REDACTED] explained that he was aware of the recent passing of the newborn. CM explained that due to some concerns that were present, the department was restricting the mother's contact with [REDACTED]. CM explained that it was his understanding that they had a private parenting plan that provided the parents with 50/50 parenting. Mr. [REDACTED] stated that it was and provided the CM with a copy of the plan. CM asked if Mr. [REDACTED] would submit to a random drug screen. Mr. [REDACTED] stated yes and was in screened by CM [REDACTED]. Mr. [REDACTED] was negative for any testable substance.



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: 02/07/2013

Contact Method: Face To Face

Contact Time: 06:25 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/11/2013

Completed date: 02/11/2013

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: 02/11/2013 10:33 AM Entered By: [REDACTED]

Mr. [REDACTED] stated that the mother had taken one half of a Hydrocodone Sunday 1/27/13 due to being in pain. Mr. [REDACTED] stated that he and mother smoked marijuana prior to finding out about the pregnancy and they have not used until birth. The father reported that the day the child was buried he took an Oxycodone that he got off the street, and the same day he took a Xanax due to being upset and in pain from losing the child. The father reported that he went to drug rehab for methadone at [REDACTED] 30 day program in 2007, and did NA/AA meeting in [REDACTED] for two years, and he was on Soboxon until July 2012. The father appears to be very upset and he appears to be taking the death of the child very hard. The father did take a drug screen and tested positive for Opiates, Oxycodone, and Benzodiazepines.



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:	02/07/2013	Contact Method:	
Contact Time:	04:40 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/07/2013
Completed date:	02/07/2013	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: 02/07/2013 03:44 PM Entered By: [REDACTED]

On 2/7/2013 at approximately 4:25 p.m. Case Manager (CM) [REDACTED] called and staffed with case from the field with Team Leader (TL) [REDACTED] by phone. CM stated that he and CM [REDACTED] had went to the home and no one was at the home at this time. CM reported that there is two car garage and one car is in the garage and it has baby clothing in the back seat, and CM did look through the window and CM did see toys that a small child would play with. TL did provide CM with a phone number that was given in the referral for mother it being [REDACTED] CM did call back a few minutes later and reported that there was no answer on the number that CM had been provided and CM did leave a voice mail for them to call CM back. TL did ask for CM to contact the referent and attempt to obtain other phone numbers for the mother or father.

Narrative Type: Addendum 2 Entry Date/Time: 02/07/2013 08:00 PM Entered By: [REDACTED]

The mother did report to the [REDACTED] County DCS office at 5:30 p.m. and she was interviewed by CM [REDACTED] and CM [REDACTED] CM [REDACTED] did staff this case with TL [REDACTED] at approximately 6:20 p.m. the mother reported that she did smoke marijuana before she found out she was pregnant and this was after her father past away, and when she found out she was pregnant she stopped smoking marijuana. She seen Dr. [REDACTED] for her OBGYN needs in [REDACTED] TN and after approximately 14 or 16 weeks she was told that the baby may birth defects from blood test and she was transferred to [REDACTED] for high rick OBGYN needs. The mother stated that she was in pain and she took half of a Hydrocodone that she got from a friend. The mother stated that she will take a drug screen. The mother reports that she was prescribed pain medication that she was given after giving birth, and she had this filled at Walgreens in [REDACTED] TN. The mother reports that the father of 2 year old, the mother and father have a private parenting plan and the father sees the child every other week. The mother reported that the child will be going to her fathers house this Saturday. The mother reported that she and father of the baby live together, and he has been having a hard time with the death of the baby. CM [REDACTED] will be interview the father of the baby, and will ask the father to take a drug screen. The family did bring the 2 year old to the DCS office and CM will attempt to interview the child.

CM [REDACTED] did staff this case with TL [REDACTED] at approximately 6:40 p.m. CM [REDACTED] stated that he had interviewed the father and he stated that the mother had taken one half of a Hydrocodone Sunday 1/27/13 due to the mother being in pain. CM stated that he and mother smoked marijuana prior to finding out about the pregnancy and they have not used until birth. The father reported that the day the child was buried he took an Oxycodone that he got off the street, and the same day he took a Xanax due to being upset and in pain from losing the child. The father reported that he went to drug rehab for methadone at [REDACTED] 30 day program in 2007, and did NA/AA meeting in [REDACTED] for two years, and he was on Soboxon until July 2012. The father appears to be very upset and he appears to be taking the death of the child very hard.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The father did take a drug screen and tested positive for Opiates, Oxycodone, and Benzodiazepines.

At approximately 7:14 p.m. CM [REDACTED] reported that the mother had taken a drug screen and was positive for Oxycodone, Opiates, and Benzodiazepines. The mother admitted to taking a nerve pill after the death of the child. CM reported that he has attempted to contact [REDACTED] the father of 2 year old [REDACTED] DOB [REDACTED] and the phone is going straight to voice mail, CM [REDACTED] did leave a message for him to call CM back. CM reports that the mother stated that she does not feel that the father has a drug history, but she thinks his girlfriend [REDACTED] may have CPS history, TL [REDACTED] did run the name [REDACTED] and this cannot be done without a DOB or SS# due to high volume of names that came up. The mother also reported that two other adults living in the fathers home may have criminal history their names are [REDACTED] and [REDACTED] CM [REDACTED] did conduct a pill count on the mother and CM reports that the mother has a prescription for Hydrocodone 5 mg that was filled 2/2/13 to be taken 1 tablet every 4 to 6 hours and was filled with 30 pills with 7 pills left this a accurate pill count, she is also prescribed Ibuprofen 800 mg that was filled on 2/2/13 with 60 pills to be taken 1 tablet every 6 hours and she has 51 pills left this is an accurate pill count. CM reported that the father did call him back and he is currently on his way to the [REDACTED] County DCS office. CM [REDACTED] and CM [REDACTED] attempted to interview the child [REDACTED] and the child would not answer CMs questions.

At approximately 7:50 p.m. CM [REDACTED] reported that he father [REDACTED] did come to the DCS office and submitted to a drug screen and was negative for all drugs. The father reports that there is a parenting plan in place and he gets the child every other week, and will be providing CM with a copy of the parenting plan.

At approximately 7:55 p.m. TL [REDACTED] did staff this case with TC [REDACTED] and it was determined that a plan will be put into place, the mother and Mr. [REDACTED] will have supervised visits only with the child [REDACTED] with no overnight visits, the mother and her boyfriend will have supervised visits only with no overnight visits. The mother and her boyfriend will have an Alcohol and Drug Assessment and follow the recommendations of the assessment, the mother and her boyfriend will have mental health/grief counseling. The mother and her boyfriend will have random drug screens/pill counts. This plan was approved by TC [REDACTED] and DCS Legal [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 02/07/2013 04:31 PM Entered By: [REDACTED]

On 2/7/13 at approximately 4:55 p.m. CM [REDACTED] stated that he made contact with the mother, and the mother stated that she never tested positive for any drugs at the time of the birth and no one from the hospital told her that she failed a drug screen and she stated that she has had only one positive drug screen and that was for THC and approximately 8 months ago. The mother reported that her primary OBGYN was Dr. [REDACTED] in [REDACTED] County and she was transferred to Dr. [REDACTED] at [REDACTED] for high risk OBGYN. CM has talked with the mother and she was at dinner and she is going to meet CM at the [REDACTED] County DCS office at 5:30 p.m.

CM reported that he had talked to a social worker at [REDACTED] Hospital and the child was born with its intestines exposed and some of the bawls had died and the child was put on life support and the child was taken off life support. The hospital stated that they did not find out about the drug issues until Tuesday 2/6/13 and that is why a referral was not called in sooner. The hospital is going to send the medical records for the baby to CM via fax.

CM reports that he has talked with Detective [REDACTED] and Detective [REDACTED] is going to talk with the district attorneys office and the baby body may have to be exhumed if there is drug use by the mother and no autopsy was performed. Detective [REDACTED] is going to check on this and see if it is wrote into law and the body may or may not have to be exhumed.



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:	02/07/2013	Contact Method:	
Contact Time:	03:35 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/07/2013
Completed date:	02/07/2013	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: 02/07/2013 02:39 PM Entered By: [REDACTED]

On February 7, 2013 at 1:17 PM EST, a referral was called into Central Intake. The referral was screened into [REDACTED] County as P1 with the allegations of Drug Exposed Infant (DEI) and Neglect Death (NGD). The alleged child victim is [REDACTED] newborn who passed away on 2/1/13. The alleged perpetrator is the birth mother [REDACTED]. Response is due on February 8, 2013 by 1:17 PM EST. The case is assigned to CM [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met. A follow up phone call will be made and documented with the referent within 15 working days of referral per policy.

A preliminary TFACTS search was completed by Supervision; no history was found on the child due to the child being a new born, TL did conduct a TFACTS history search and no screen out referrals were called in prior to this referral. The mother has DCS history as a child.

The mother also has a child named [REDACTED] (Last name unknown at this time); this information was obtained from obituaries for the child [REDACTED].

CM [REDACTED] has convened the Child Protective Investigative Team (CPIT) and CM [REDACTED] has talked with [REDACTED] County Sheriffs Detective [REDACTED]. Detective [REDACTED] will be working with CM [REDACTED] on this case.

The fatality report will follow after more information is obtained.

CM will need to ensure the case is staffed from the field and the parents are contacted per policy timelines. CM will need to ensure all MRS policies and procedures are being followed including the face to face contacts, collateral contacts, Family Functional Assessments and team meetings. All dictation must be entered per regional policy. CM needs to ensure that all paperwork reviewed with the family is documented in case recordings and that Safety Assessments, Noncustodial Permanency Plans, Immediate Protection Agreements and/or background checks are submitted timely and per policy to supervision.



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:	02/07/2013	Contact Method:	Correspondence
Contact Time:	03:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/08/2013
Completed date:	02/08/2013	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: 02/08/2013 08:47 AM Entered By: [REDACTED]

Case Manager (CM) [REDACTED] did convene the Child Protective Investigative Team (CPIT) on February 07, 2012. This CM did fax a copy of the CPS Intake to the District Attorney's Office, [REDACTED] County Sheriffs Department, and to [REDACTED] Child Advocacy Center. CM [REDACTED] did contact [REDACTED] County Sheriff's Department Detective [REDACTED] by phone. CM explained that a neglect death had been received by the department, however, the infant had passed on 01-29-2013 and buried on 02-01-2013. Furthermore, CM explained that no meconium had been conducted by [REDACTED] or [REDACTED] Det. [REDACTED] advised that she was unsure if anything could be done on her end, but advised that there is a statute that may lead to the baby be exhumed.

CM stated that he would keep LEA informed of the situation.



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: 02/07/2013

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/08/2013

Completed date: 02/08/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/08/2013 03:19 PM Entered By: [REDACTED]

Response on ACV [REDACTED] is not able to be met do to the ACV untimely death on 02-01-2013.



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: 02/07/2013 Contact Method:
 Contact Time: 01:17 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/17/2013
 Completed date: 04/17/2013 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: 04/17/2013 06:12 PM Entered By: [REDACTED]

Family Name:

Family Composition:

Name:	DOB	SS#	Race
[REDACTED]	[REDACTED]	[REDACTED]	W
[REDACTED]	[REDACTED]	[REDACTED]	W
[REDACTED]	[REDACTED]	[REDACTED]	W
[REDACTED]	[REDACTED]	[REDACTED]	W

Address [REDACTED] and [REDACTED]

Phone [REDACTED]

Schools Attended: N/A

Primary Care Physicians: [REDACTED]

Other Care Providers:

Referral and Date: 02/07/2013

On 1-29-2013, [REDACTED] gave birth to [REDACTED] in the back of an ambulance. The ambulance was in route to [REDACTED] Hospital.

[REDACTED] was born with Gastroschisis (which means the baby's intestines were on the outside of his body). Most children can survive with this condition but some cases are fatal.

On 2-1-2013, [REDACTED] passed away. The child tested positive for opiates on a urine drug screen. There was no meconium done on the baby. Ms. [REDACTED] was positive for oxycodone. It is unknown if Ms. [REDACTED] had a prescription for the drugs.

There are concerns because Ms. [REDACTED] has another child that may or may not be in her care. The referent is concerned for the safety of this child.

[REDACTED] was original at [REDACTED] Hospital but was immediately transported to [REDACTED] Hospital. The child had a surgical procedure at [REDACTED] Hospital. Because hospital staff was focused on the Gastroschisis, a report was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

never made to the Department of Children's Services regarding the drug exposure.

On 2-1-2013, [REDACTED] body was transported to [REDACTED] Funeral Home in [REDACTED] County. There was no autopsy ordered.

This case came to the attention of the Department on 02/07/2013 and was assigned to CM [REDACTED] on 02/07/2013 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff).

03/18/2013 TFACTS History Search:
 Open Court Custody/FSS/FCIP No
 Closed Court Custody No
 Open CPS - No

Indicated No
 Fatality No
 Screened out 0

03/08/2013 Background Check: A request was submitted to General Sessions Court regarding a background check on the family.

04/17/2013 Tennessee Bureau of Investigation Sex Offender Registry search: CM searched the database and found no record. A copy of such finding is contained within the hard file.

04/17/2013 Tennessee Bureau of Investigation Meth Offender Registry search: CM searched the database and found no record. A copy of such finding is contained within the hard file.

04/17/2013 Tennessee Felony Offender search: CM searched the database and found no record. A copy of such finding is contained within the hard file.

02/11/2013 SDM: The SDM, Safety Assessment was completed on this date and notes no immediate harm factors at this time. The child appears not safe.

04/17/2013 SDM: The SDM, Safety Assessment was completed on this date and notes no immediate harm factors at this time. The child appears safe.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 2/7/13 12:17 PM

Date of Assessment: 2/11/13 12:00 AM

Assessment Type: Initial Closing Other

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.



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.



Tennessee Department of Children's Services

SDM™ Safety Assessment

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: _____