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

**Intake**

Intake ID: [redacted]

Intake Taken By: Web Service

Intake Date/Time: 04/07/2022 01:13 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 2

Screened By: [redacted]

Date Screened: 04/07/2022

**Investigation**

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 04/07/2022 02:47 PM

First Team Leader Assigned: [redacted] Date/Time 04/07/2022 12:00 AM

First Case Manager [redacted] Date/Time 04/07/2022 12:00 AM

**Allegations**

| Alleged Victim | Age | Allegation | Severe ? / CSEM ? | Alleged Perpetrator | Relationship to Alleged Victim |
|---|---|---|---|---|---|
| [redacted] | 1 Yr 4 Mos | Drug Exposed Child | No | [redacted] | Birth Mother |

**Referent(s)**

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

Referent Address: [redacted], Tennessee [redacted]

Referent Phone Number: [redacted]

Type of Contact: Web Referral

Notification: None

Narrative: Reporter's name/relationship: [redacted]; Social Services Personnel

Reporter states:

**This information was reported via web referral. The information is pasted verbatim below**

Referent:
Interpreter needed: unknown
Type of Interpreter:

Victim:
Interpreter needed: No
Type of Interpreter:
First Name: [redacted]

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

Last Name: [redacted]
Deceased: No
Date of Death: none
Describe the Victim:
Native American Descent: No
Contact: [redacted]
Contact Address [redacted], TN, [redacted]
Directions:
School Name:
School Grade:
School Address:
School Contact:
Day Care Name:
Day Care Address:
Day Care Contact:

Perpetrator:
Interpreter needed: No
Type of Interpreter:
First Name: [redacted]
Last Name: [redacted]
Deceased: No
Date of Death: none
Describe the Perpetrator:
Native American Descent: No
Does the alleged perpetrator currently have access to the victims(s)?: Yes
Does the alleged perpetrator have a criminal record?: Unknown
Does the alleged perpetrator have prior involvement with DCS?: Unknown
Contact: [redacted]
Contact Address [redacted], TN, [redacted]
Directions:
Employer Name:
Employer Address:
Employer Contact:

Incident County: [redacted]
Describe in detail what has happened to the child. What is the abuse or neglect?:
Substance exposed newborn. Mother with UDS at time of delivery positive for methamphetamine/Amphetamine. Baby was urgently transferred to [redacted] Hospital NICU after delivery for medical reasons. Umbilical cord drug screen is pending.

When did the abuse or neglect occur?:
Prenatal

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:
Baby with multiple congenital anomalies. Mother with no prenatal care during the pregnancy

Does the child need medical care? Has the child received medical care? If so, where?:
Baby is in the NICU at [redacted] for extensive respiratory care and surgery

Describe in detail how the child has been affected or harmed by the abuse or neglect.:
Substance exposed newborn

Are there any concerns for Domestic Violence in the home that pose a danger to the child¿s safety? If yes, please describe your concerns.:

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

no

Has the child made a disclosure of the abuse or neglect? If yes, what did the child disclose? Who did the child tell?:
n/a

What do the child¿s parents/caregivers say about the abuse/neglect?:
Mother states she was taking Adderall during the pregnancy that she obtained from friend. Mom reports she works third shift at a gas station and has a hard time staying awake. Mom take Adderall to help her stay alert at work over night. Mom reports that she is not a "heavy drug user" but did use some substances before she realized she was pregnant. Did not disclose which substances. Mom also currently homeless.

Is anyone in the home protective of this child? If yes, who?:
unknown

When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?:
Baby is in NICU at [redacted] Mother is in the hospital at [redacted] [redacted]

Does the child have any special needs or disabilities? Please describe.:
unknown

Are there any concerns for the safety of a Department of Children¿s Services Case Manager responding to the child¿s home?:
no

**End of web referral**

CM Note: Severe will not be added at this time as it is unclear if the substances related to the medical concerns for the newborn.

Per SDM: INV P2. [redacted] CM3, 04/07/2022 at 2:32 PM [redacted]

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

**Participant(s)**

**Name:** [redacted]

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: White | Age: 1 Yr 4 Mos

Address: [redacted], Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: White | Age: 40 Yrs

Address: [redacted], Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [redacted]

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

# Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-11-16 14:43:00.0 | Contact Method: | |
| Contact Time: | 02:43 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 11/16/2022 |
| Completed date: | 11/16/2022 | 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)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/16/2022 02:52 PM Entered By: [redacted]

Administrative Review:

This case has been reviewed and approved for closure by Executive Director [redacted].

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-11-15 04:53:00.0 | Contact Method: | |
| Contact Time: | 04:53 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 11/15/2022 |
| Completed date: | 11/16/2022 | Completed By: | [redacted] |

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/15/2022 08:52 AM Entered By: [redacted]

[redacted] Closing Summary :

On [redacted], the Department of Childrens Services (DCS) received a referral for allegation of Drug Exposed Child and later added Abuse Death regarding Alleged Child Victim (ACV) [redacted] (age 0 days old). The alleged perpetrator (AP) was birth mother (BM) [redacted] This investigation was assigned to Child Protective Services Case Manager, [redacted] This case was not work Metro Police Department.

[redacted] (1 day old) was a newborn born at [redacted] hospital.

On April 7, 2022, The department received a referral stating [redacted] was transferred to [redacted] Hospital NICU after delivery for medical reasons and his mother had tested positive for illegal drugs.

On April 8, 2022, CM [redacted] spoke with [redacted], [redacted] Social Worker and she stated that the child [redacted] was transferred and is at [redacted] in critical condition, born pre-term at 33-34 weeks, and his mother did not receive pre-natal care.

On April 8, 2022, CM [redacted] interviewed the birth mother, Ms. [redacted] Ms. [redacted] admitted she had taken a pill she bought from someone last week that was not prescribed to her. Ms. [redacted] admitted to using Meth 1-2 times a week throughout her pregnancy with [redacted] and did not find out she was pregnant until a previous overdose.

On April 26, 2022, [redacted] passed away, the medical examiner declined to conduct autopsy on the child.

Medical records reflect that Aideb was premature and had various medical issues including: Multicystic Dysplastic Kidney, Prematurity, Very low birth weight, newborn affected by IUGR, Respiratory distress syndrome in newborn, Congenital diaphragmatic hernia, Newborn feeding problems, need for observation and evaluation

**Tennessee Department of Children's Services**

**Case Recording Summary**

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

of newborn for sepsis, in utero drug exposure, in utero tobacco exposure, Hepatitis B virus serologic status unknown, immature retina, neonatal anemia, at risk for osteopenia, followed by palliative care service.

On September 28, 2022, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Due to no autopsy being completed, it was determined that the cause of death was due to medical conditions. It was also determined that the child was drug exposed and the birth mother had been using substances. The team agreed that there was a preponderance of evidence to support the allegation of Drug Exposed Child. There was no evidence to support the allegations of Abuse Death.

Per DCS Policy Work Aid 1: Drug Exposed Child pertains to a person under the age of 18 who: has been exposed to or experiencing withdrawal from use, sale, or manufacture of a drug or chemical substance (including, but not limited to alcohol such as a diagnosis of Fetal Alcohol Syndrome, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamines, heroin, inhalants) that could adversely affect the childs physical, mental, or emotional functioning as a result of the actions or behaviors of the parent/caregiver; or has a parent/caregiver that uses drugs or chemical substances that impacts their ability to adequately care for the child; or has a parent/caregiver that has current addiction issues that could adversely affect the childs physical, mental, or emotional functioning.

Child Death is defined as: a)Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

During the investigation, DCS offered the [redacted] family grief counselling and support, and A&D services.

There is a preponderance of evidence to support the allegation of Drug Exposed Child. This case has been classified as Allegation Substantiated/Perpetrator Substantiated for the allegation of Drug Exposed Child. The allegation of Abuse Death has been classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated of [redacted] by Ms. [redacted]

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-10-26 15:06:00.0 | Contact Method: | |
| Contact Time: | 03:06 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 10/26/2022 |
| Completed date: | 11/03/2022 | 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: 10/26/2022 03:11 PM Entered By: [redacted]

TL [redacted] has reviewed this case for closure and submitting to TC [redacted] for review.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-10-26 11:00:00.0 | Contact Method: | Face To Face |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/26/2022 |
| Completed date: | 10/26/2022 | 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: 10/26/2022 09:51 AM Entered By: [redacted]

CPIT was conveyed. They agreed on classification of ASPS or DEC and AUPU for child death.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-28 11:00:00.0 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 10/26/2022 |
| Completed date: | 10/26/2022 | 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: 10/26/2022 09:50 AM Entered By: [redacted]

CPIT was conveyed. They agreed on classification of ASPS or DEC and AUPU for child death.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-22 15:18:00.0 | Contact Method: | |
| Contact Time: | 03:18 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 09/22/2022 |
| Completed date: | 09/22/2022 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/22/2022 03:19 PM Entered By: [redacted]

Case is being reviewed and prepared for CPIT and closure.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-08-11 15:00:00.0 | Contact Method: | Face To Face |
| Contact Time: | 03:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/23/2022 |
| Completed date: | 08/23/2022 | Completed By: | [redacted] |

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

Contact Type(s): Medical Exam,Notation

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/23/2022 10:35 AM Entered By: [redacted]

The Medical Examiners office has informed NO AUTOPSY was ordered/completed for this ACV.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-07-14 13:02:00.0 | Contact Method: | |
| Contact Time: | 01:02 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 07/14/2022 |
| Completed date: | 07/14/2022 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/14/2022 01:03 PM Entered By: [redacted]

CPIT convened 7/6/22.
The case is pending the autopsy.

# Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-07-06 08:00:00.0 | Contact Method: | Face To Face |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Other Community Site | Created Date: | 07/07/2022 |
| Completed date: | 07/07/2022 | 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)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/07/2022 12:56 PM Entered By: [redacted]

CPIT convened:

DCS follow-up

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-07-05 13:59:00.0 | Contact Method: | |
| Contact Time: | 01:59 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 07/05/2022 |
| Completed date: | 07/05/2022 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/05/2022 02:08 PM Entered By: [redacted]

Additional allegation of abuse death (Date of Death: 4/26/22) was added to the case to reflect the allegation. The information provided regarding the death is as follow:

"The following report was originally taken on 4/7/2022 and assigned as an Investigation P2 to [redacted] County. The open case for this incident is INV [redacted] Per additional information, this child victim is now deceased as a result of the incident involved in the open case. The following information was provided by [redacted] on 4/28/2022 at 1:47 PM:

Previous referral was received at the date of birth. Child passed away 4/26/22 after mother made decision to cut all machines off.

A new intake for the Child Death has not been created at this time due to the current open case. The active CM will add the Child Death allegations to his/her current open case and proceed forward with the Child Death investigation."

With the addition of the abuse allegation, the case will be convened with CPIT.

Additional information provided to CM [redacted] regarding the case: Father is [redacted] He reportedly had no knowledge of the AP's recent drug use.
AP: [redacted] has a 24 year old daughter, [redacted] who resides in another state. No other children were reported.

The case will continue to be staffed monthly as the case is awaiting autopsy.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-06-23 17:43:00.0 | Contact Method: | |
| Contact Time: | 05:43 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 06/23/2022 |
| Completed date: | 06/23/2022 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/23/2022 05:45 PM Entered By: [redacted]

Administrative review:

DCS received a referral on 4/7/22 for allegations of drug exposed child. The child is [redacted] (AKA [redacted] The AP is [redacted] mother. The mother reported that she used methamphetamines 1-2 times a week during her pregnancy. The child was born at [redacted] and was transferred to [redacted] Children's Hospital immediately. The child was transferred to the NICU at the hospital. Medical records reflect that the infant was premature and had various medical issues including: Multicystic Dysplastic Kidney, Prematurity, Very low birth weight, newborn affected by IUGR, Respiratory distress syndrome in newborn, Congenital diaphragmatic hernia, Newborn feeding problems, need for observation and evaluation of newborn for sepsis, in utero drug exposure, in utero tobacco exposure, Hepatitis B virus serologic status unknown, immature retina, neonatal anemia, at risk for osteopenia, followed by palliative care service. The records reflect that the child was baptized on 4/26 at the request of the father and after the baptism, the child was extubated to room air at 19/48. The fellow MD declared cardiac death at 20:16 while in the father's arms.

The Child's date of death is 4/26/22 at 20:16pm.

On 4/28/22 the following notification was sent regarding the abuse death notification:

The following report was originally taken on 4/7/2022 and assigned as an Investigation P2 to [redacted] County. The open case for this incident is INV [redacted] Per additional information, this child victim is now deceased as a result of the incident involved in the open case. The following information was provided by [redacted] on 4/28/2022 at 1:47 PM:

Previous referral was received at the date of birth. Child passed away 4/26/22 after mother made decision to cut all machines off.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

A new intake for the Child Death has not been created at this time due to the current open case. The active CM will add the Child Death allegations to his/her current open case and proceed forward with the Child Death investigation.

There are no other known children to Ms. [redacted] (mother).

The case is awaiting autopsy.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-04-18 11:00:00.0 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 04/18/2022 |
| Completed date: | 04/18/2022 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/18/2022 03:34 PM Entered By: [redacted]

ACV medical records are in documents. ACV has still not urine yet and will receive dialysis to see if it could help him urine

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-04-08 12:30:00.0 | Contact Method: | Face To Face |
| Contact Time: | 12:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Hospital | Created Date: | 04/18/2022 |
| Completed date: | 04/18/2022 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview | | |
| Contact Sub Type: | | | |

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/18/2022 03:30 PM Entered By: [redacted]

CPS [redacted] arrived at [redacted] Hospital. BM [redacted] was in RM. [redacted] BM stated that she took a street pill last week and she thought it was an Adderall one day before child was born but it was not. BM stated that through her whole pregnancy she would use METH 1-2times a week. BM stated that she last used METH last week. BM stated that she did not receive any prenatal care because no-one would get her in. BM stated that she has SIGNA INSURANCE. BM stated that her plan is to get into a treatment program and find stabled housing. BM stated that she found out she was pregnant months ago when she overdosed and taken to the hospital. BM does not know how far along she was, she guess 8 months.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-04-08 11:00:00.0 | Contact Method: | Face To Face |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Hospital | Created Date: | 04/18/2022 |
| Completed date: | 04/18/2022 | 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: 04/18/2022 03:17 PM Entered By: [redacted]

CPS [redacted] arrived at [redacted] Children's Hospital. CM observed ACV [redacted] in the NICU. Child has undeveloped lungs, child has air pockets in his chest, child is not producing urine, child has dysmorphic symptoms, child has a cyst in his liver and the child is in critical condition.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-04-07 15:00:00.0 | Contact Method: | Phone Call |
| Contact Time: | 03:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 04/08/2022 |
| Completed date: | 04/08/2022 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Referent Interview | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/08/2022 02:55 AM Entered By: [redacted]

CPS [redacted] spoke with the referent over the phone at 3PM. Referent stated that the BM [redacted] is currently at [redacted] in RM [redacted] and the child [redacted] is at [redacted] in critical condition. Referent stated that the BM had the child pre-term at 33-34 weeks. The child medical condition has something to do with his stomach being in his chest. The BM did not receive prenatal care while she was pregnant with the child, the referent stated that she said it as because she didn't know she was pregnant until she was 5 months. The BF is currently at the hospital with the BM, referent does not know his name. BM cellphone number is [redacted], she lives at [redacted]. BM tested positive for METH and AMP through a urine drug screen at the hospital.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-04-07 14:32:00.0 | Contact Method: | |
| Contact Time: | 02:32 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 07/05/2022 |
| Completed date: | 07/05/2022 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Case Summary | | |
| Contact Sub Type: | Opening | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/05/2022 02:23 PM Entered By: [redacted]

Child Protective Services Case Manager [redacted] was assigned this case alleging Drug Exposed Child against [redacted] (AKA: [redacted] by Alleged Perpetrator (AP) Birth Mother [redacted] The case was assigned as a P2 response and the allegations were non-severe with the response being due by 4/11/22.

Referral Summary:
Describe in detail what has happened to the child. What is the abuse or neglect?:
Substance exposed newborn. Mother with UDS at time of delivery positive for methamphetamine/Amphetamine. Baby was urgently transferred to [redacted] Hospital NICU after delivery for medical reasons. Umbilical cord drug screen is pending.

When did the abuse or neglect occur?:
Prenatal

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:
Baby with multiple congenital anomalies. Mother with no prenatal care during the pregnancy

Does the child need medical care? Has the child received medical care? If so, where?:
Baby is in the NICU at [redacted] for extensive respiratory care and surgery

Describe in detail how the child has been affected or harmed by the abuse or neglect.:
Substance exposed newborn

Are there any concerns for Domestic Violence in the home that pose a danger to the child¿s safety? If yes, please describe your concerns.:
no

Has the child made a disclosure of the abuse or neglect? If yes, what did the child disclose? Who did the child

**Tennessee Department of Children's Services**

**Case Recording Summary**

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

tell?:
n/a

What do the child¿s parents/caregivers say about the abuse/neglect?:
Mother states she was taking Adderall during the pregnancy that she obtained from friend. Mom reports she works third shift at a gas station and has a hard time staying awake. Mom take Adderall to help her stay alert at work over night. Mom reports that she is not a "heavy drug user" but did use some substances before she realized she was pregnant. Did not disclose which substances. Mom also currently homeless.

Is anyone in the home protective of this child? If yes, who?:
unknown

When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?:
Baby is in NICU at [redacted] Mother is in the hospital at [redacted]

Does the child have any special needs or disabilities? Please describe.:
unknown

Are there any concerns for the safety of a Department of Childrens Services Case Manager responding to the childs home?:
No

A TFACTS History search was completed and there is no previous history regarding [redacted] (ACV). There is one previous case against the AP, [redacted] regarding allegations of Psychological Harm against her nephew and the case was classified as no services needed.

At the time of the referral, the infant was born to [redacted] (AP) as the household.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-04-07 14:00:00.0 | Contact Method: | |
| Contact Time: | 02:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 04/14/2022 |
| Completed date: | 04/14/2022 | 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: 04/14/2022 01:10 PM Entered By: [redacted]

TL [redacted] reviewed case that CM [redacted] just received. CM [redacted] will continue to maintain contact with Social Worker at [redacted] to ensure that she is able to obtain documentation surrounding the birth of child as well as the cord results. CM [redacted] will complete AP interview.

Action Steps - continue to assess case, complete necessary assessments

Department of Children's Services

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

## A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 04/07/2022

Assignment Date: 11/09/2022

Street Adress: [redacted],

City/State/Zip: [redacted] Tennessee [redacted]

## B. Allegation

| # | Children's Name | DOB | Specific Allegation for Each Child | Alleged Perpetrator's Name | DOB | Classification | Severe Abuse / CSEM | Classified By / Classified Date |
|---|---|---|---|---|---|---|---|---|
| 1 | [redacted] | [redacted] | Abuse Death | [redacted] | [redacted] 12:00 AM | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [redacted] / 08/26/2022 |
| 2 | [redacted] | [redacted] | Drug Exposed Child | [redacted] | [redacted] 12:00 AM | Allegation Substantiated / Perpetrator Substantiated | No | [redacted] / 04/18/2022 |

## C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case has been assessed and will be closed as ASPS for Drug Exposed Child and AUPU for Child Death.

## D. Case Workers

Case Worker: [redacted]

Date: 08/26/2022

Team Leader: [redacted]

Date: 08/26/2022

## 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:**

CPS [redacted] arrived at [redacted] Children's Hospital. CM observed ACV [redacted] in the NICU. Child has undeveloped lungs, child has air pockets in his chest, child is not producing urine, child has dysmorphic symptoms, child has a cyst in his liver and the child is in critical condition. Child passed away April 26, 2022, at 20:16PM at [redacted] Hospital.

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

Autopsy was not conducted.

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

Department of Children's Services

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

**Case Name :** [redacted] **Investigation ID:** [redacted]

BM stated that she took a street pill last week and she thought it was an Adderall one day before child was born but it was not. BM stated that through her whole pregnancy she would use METH 1-2times a week. BM stated that she last used METH last week. BM stated that she did not receive any prenatal care because no-one would get her in. BM stated that she has SIGNA INSURANCE. BM stated that her plan is to get into a treatment program and find stabled housing. BM stated that she found out she was pregnant months ago when she overdosed and taken to the hospital. BM does not know how far along she was, she guesses 8 months. BM was offered A&D services and grief counseling.

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

There was no witnesses.

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

This case has been assessed and will be closed as ASPS for Drug Exposed Child and AUPU for Child Death due to BM admitting to substance use but the substance uses not being determined as the cause of the child death. The child passed away 4/26/22, no autopsy was performed. Cause of death was medical conditions.

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

**Tennessee Department of Children's Services**

**FAST 2.0 Assessment Summary Report**

| **Event Type: CPS Case** | **Assessment Date: 04/07/2022** |
|---|---|
| **Assessment Type: FAST** | **CPS Case ID:** [redacted] |

## OVERVIEW

| | |
|---|---|
| **Safety Level:** Immediate Intervention Not Recommended | **Assessed at Location:** Hospital |
| **Risk Level:** Moderate Need/Risk | |
| **Event Start Date:** 11/16/2022 | **Last Assessed Date:** |
| **Assessment Status:** Approved | **Assessor:** [redacted] |
| **Date Approved:** 11/03/2022 | **Approver:** [redacted] |

## PARTICIPANTS

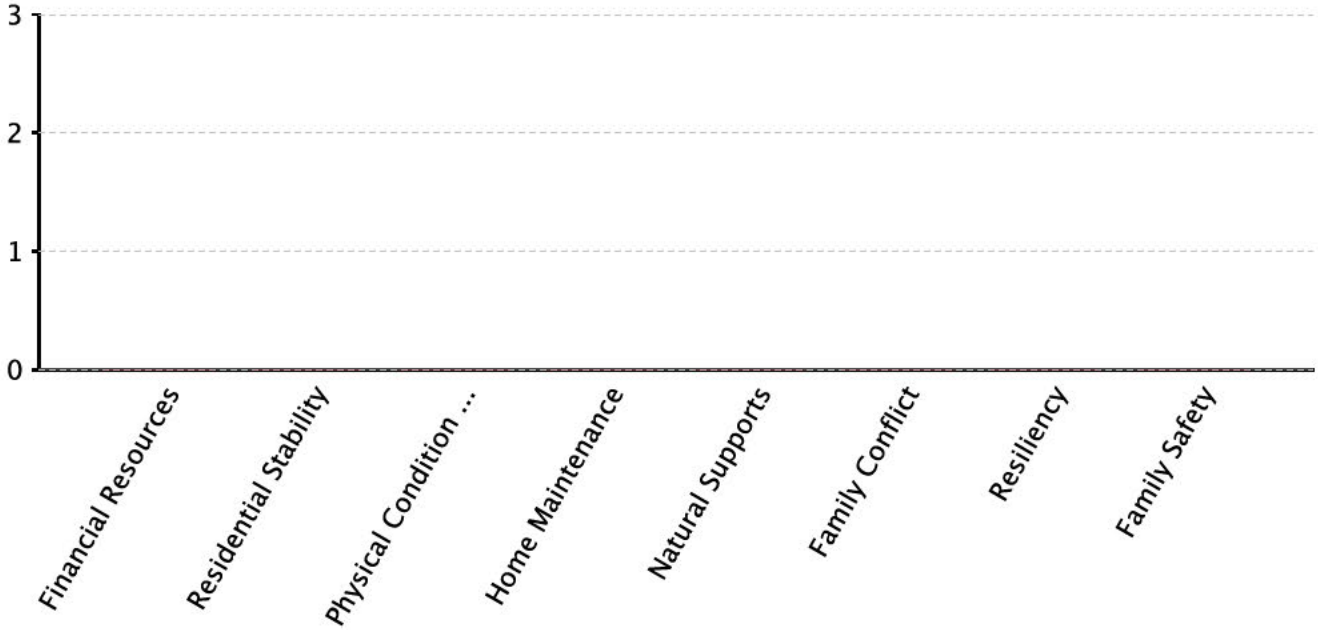
| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
|---|---|---|---|---|---|---|
| [redacted] (AP) | 38 Yrs | Primary Caregiver | F | [redacted] | N/A | N/A |
| [redacted] (ACV) | Deceased | Youth | M | [redacted] | 1 | Low |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 04/07/2022 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

### THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).

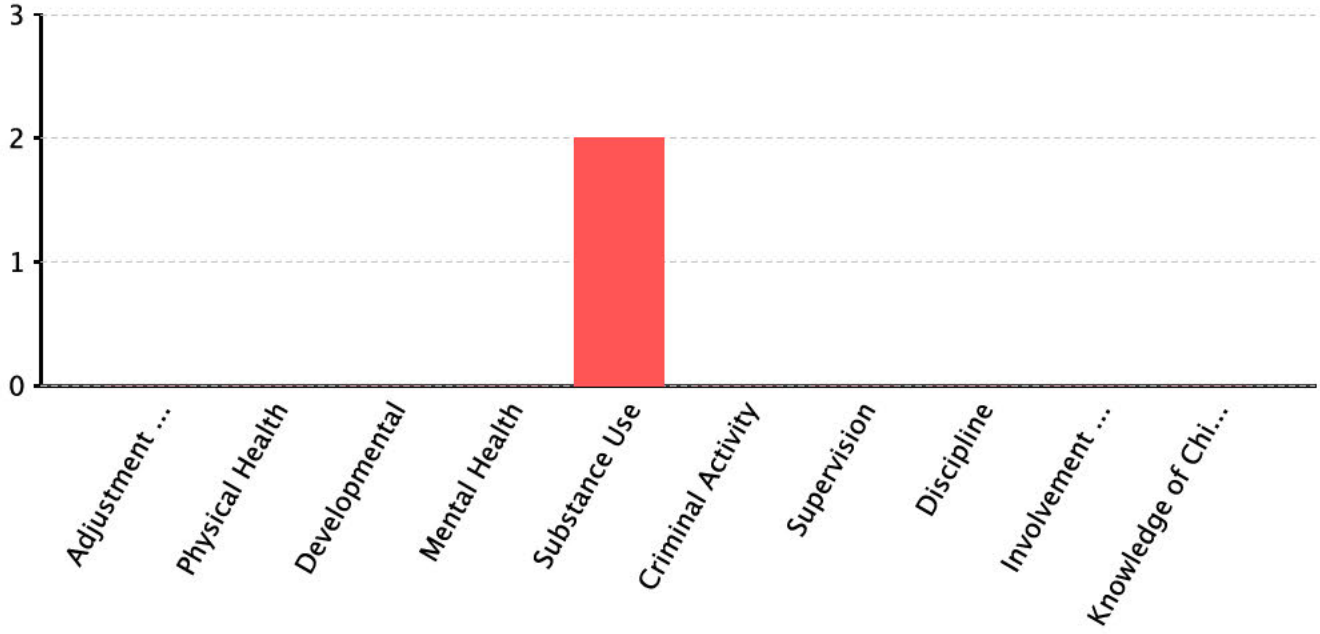



| Item | Score | Justification/Narrative |
|---|---|---|
| Financial Resources | 0 | |
| Residential Stability | 0 | |
| Physical Condition of Home | 0 | |
| Home Maintenance | 0 | |
| Natural Supports | 0 | |
| Family Conflict | 0 | |
| Resiliency | 0 | |
| Family Safety | 0 | |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 04/07/2022 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| CAREGIVERS | | |
|---|---|---|
| Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section. | | |
| Participant: [redacted] | Person ID: [redacted] | Role Primary Caregiver |

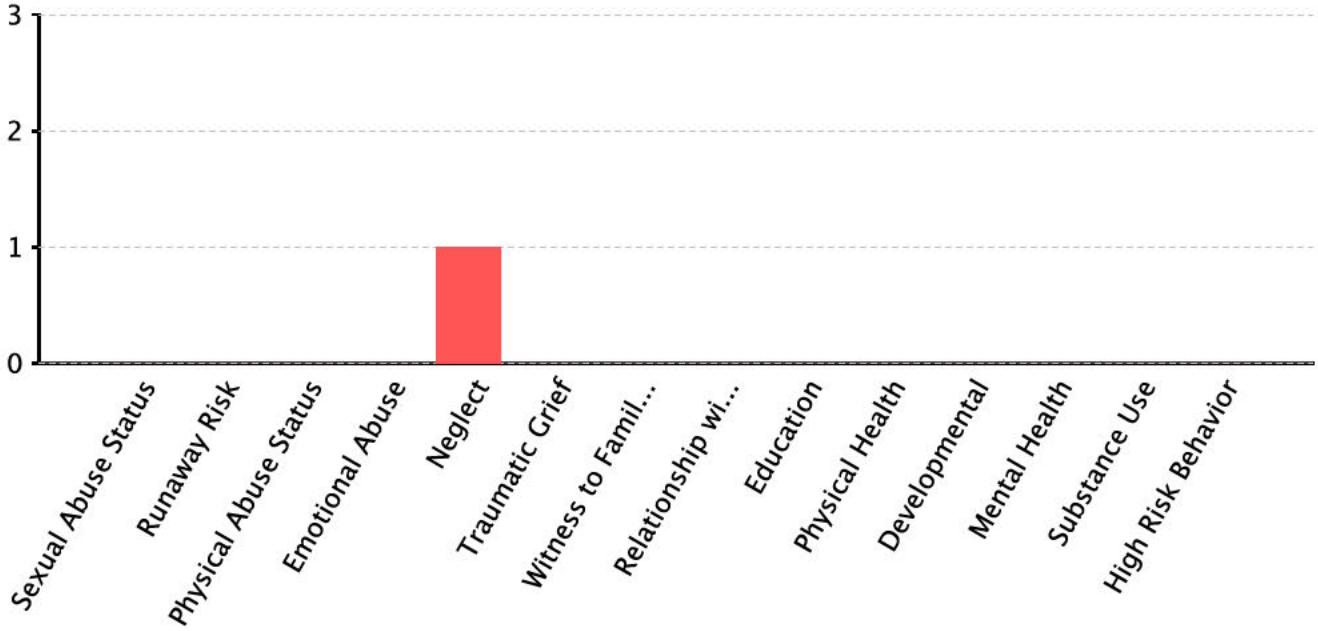



| Item | Score | Justification/Narrative |
|---|---|---|
| Adjustment to Traumatic Experiences | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |
| Mental Health | 0 | |
| Substance Use | 2 | History |
| Criminal Activity | 0 | |
| Supervision | 0 | |
| Discipline | 0 | |
| Involvement in Caregiving Functions | 0 | |
| Knowledge of Child and Family Needs | 0 | |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 04/07/2022 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| YOUTH | | |
|---|---|---|
| This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years. | | |
| Participant: [redacted] | Person ID: [redacted] | Age:Deceased |




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 1 | BM did not get prenatal care |
| Traumatic Grief | 0 | |
| Witness to Family, School or Community Violence | 0 | |
| Relationship with Primary Caregiver | 0 | |
| Education | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |

## Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 04/07/2022 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| | | |
|---|---|---|
| Mental Health | 0 | |
| Substance Use | 0 | |
| High Risk Behavior | 0 | |