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

Intake

Intake ID: [redacted]

Intake Taken By: Web Service

Intake Date/Time: 07/27/2023 12:46 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 3

Screened By: [redacted]

Date Screened: 07/27/2023

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 07/27/2023 03:32 PM

First Team Leader Assigned: [redacted] Date/Time 07/27/2023 12:00 AM

First Case Manager [redacted] Date/Time 07/27/2023 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted] Unknown	11 Mos	Drug Exposed Child	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: Web Referral

Notification: E-mail

Narrative: Family Case IDs: [redacted] / [redacted]

Open Court Custody/Services: No

Web Based referral entered verbatim

Referent:
Interpreter needed: No
Type of Interpreter:

Victim:
Interpreter needed: No
Type of Interpreter:
First Name: Baby boy

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: Unknown
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: unknown
Type of Interpreter:
First Name: [redacted]
Middle 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:

Other Person:
Interpreter needed: No
Type of Interpreter:
First Name: [redacted]
Last Name: [redacted]
Deceased: No
Date of Death: none
Describe the Other:
Native American Descent: 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?:
Baby boy [redacted] is neonate who was transferred from [redacted] hospital with right sided congenital diaphragmatic hernia diagnosed postnatally. He was born full term at 39 weeks gestation via

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

spontaneous vaginal delivery. He was initially crying, however around 1 minute of life became apneic and limp thus NICU team was called then transferred to [redacted]
Child has been admitted to our PICU since 7/19/23. Today, this SW received records and report from [redacted] SW stating that mother had limited prenatal care and her initial UDS was positive for THC. The Umbilical Cord results are positive for THC and cocaine.

When did the abuse or neglect occur?:
.

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:
unknown if drug use caused these issues at this time.

Does the child need medical care? Has the child received medical care? If so, where?:
Yes, child needs surgery for hernia. Also, concerns for child's neurological functioning due to prolonged resuscitation efforts at outside hospital and initial concern for fixed and dilated pupils.

Describe in detail how the child has been affected or harmed by the abuse or neglect.:
unknown if drug use caused these issues at this time.

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 tell?:
no

What do the child¿s parents/caregivers say about the abuse/neglect?:
I have not personally spoken with family at this time regarding u-cord results. Child is currently in surgery for hernia. [redacted], [redacted], will be primary SW for this family as I only cover PICU on Thursdays.

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

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?:
yes

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

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

Per SDM: INV / P2; override to P3 due to no immediate concern for safety. [redacted], CM2. 7-27-2023 @ 2:41PM.----------[redacted] CM3 7/27/2023 @2:50PM.

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

Participant(s)

Name: [redacted]

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

SSN: | Race: | Age: 21 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
Tennessee Child Abuse Hotline Summary

Name: [redacted] Unknown

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

SSN: | Race: | Age: 11 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: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: 20 Yrs

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

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:	2023-11-07 07:40:00.0	Contact Method:	
Contact Time:	07:40 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/07/2023
Completed date:	11/07/2023	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: 11/07/2023 06:47 AM Entered By: [redacted]

Case has been submitted for review and closure.

Case has been reviewed and is approved for closure.

The infant was born premature and had some medical issues. Child was also drug exposed. The parents are young and this is their first child. They did not cooperate in the investigation and refused to meet with the casemanager. Case was reviewed with legal and no legal intervention was advised.

Notice of classification will be sent to the Judge and DA per local protocols.
Mother is substantiated for drug exposed child.

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:	2023-11-07 07:30:00.0	Contact Method:	
Contact Time:	07:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/07/2023
Completed date:	11/07/2023	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/07/2023 06:44 AM Entered By: [redacted]

On March 7, 2023, the Department of Children Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] The alleged perpetrators identified in the case are mother, [redacted] and Father, [redacted] This case was assigned to Case Manager (CM) [redacted] by Team Leader (TL) [redacted] Case Manager (CM) [redacted] assisted in the investigation. This case was worked in conjunction with [redacted] Police Department ([redacted]PD) officer [redacted]
The allegation of Drug Exposed Child was later added to this case for [redacted] and his surviving siblings who were also added to the case as victims. Their names are [redacted] (13 years old), [redacted] (9 years old), [redacted] (7 years old), [redacted] (3 years old), and [redacted] (2 years old).
[redacted] lived with his birth parents, [redacted] and [redacted] along with his siblings, [redacted] (9), [redacted] (7), [redacted] (3), and [redacted] (2). [redacted] (13) was residing with his maternal grandfather [redacted] in another county. [redacted] (15) was living with his mother, [redacted]
On March 7, 2023, law enforcement was dispatched to [redacted]. [redacted] TN [redacted] due to Cardiopulmonary Resuscitation (CPR) being administered on [redacted] The mother [redacted] reported she went to bed on 03/06/2023 and when she woke up on 03/07/2023 [redacted] was cold and not responsive. There were concerns that [redacted] died from co-sleeping and that an adult rolled over on him. Concerns were also noted that the home was unkept with food and clothes scattered everywhere with 6 to 7 people living in the home.
On March 7, 2023, [redacted] was interviewed at the family home. [redacted] reported she went to bed at 09:00 PM with her daughter [redacted] She reported when she woke up this morning [redacted] was cold and unresponsive. Mr. and Mrs. [redacted] reported their phones were dead, so they went and got help from the lady they rent from, Ms. [redacted] Ms. [redacted] drove [redacted] to [redacted] refused to submit to a drug screen.
On March 7, 2023, [redacted] was interviewed at the family home. He stated that he, [redacted] and [redacted] stayed up late to watch wrestling and cleaning shoes before they all went to bed. Mr. [redacted] Mrs. [redacted] and [redacted] were all sleeping on a queen size bed in Mr. and Mrs. [redacted] bedroom. Mr.

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

[redacted] reported he and [redacted] were eating gushers in the bedroom before going to bed. During the night he could see [redacted] was choking and he got him to spit up a gusher paper that [redacted] had put in his mouth. Mr. [redacted] stated that he smokes THC three times a week and he also refused to do a drug screen. He stated he last used marijuana on March 5, 2023.

On April 19, 2023, Detective [redacted] reported that [redacted] preliminary autopsy findings had been returned and noted that the cause of death was from methamphetamine toxicity. CM [redacted] contacted Mr. and Mrs. [redacted] at their residence and requested a drug screen due to the results of the preliminary autopsy. [redacted] urine drug test was positive for amphetamine, methamphetamine, ecstasy, alcohol, and THC. Mr. [redacted] admitted to drinking a beer that day and admitted to smoking THC that he bought off the street and didnt know if it was laced with anything. [redacted] submitted to a urine drug test and was negative for all substances. She reported that she had no knowledge of Mr. [redacted] ever smoking in the house or around the children. The department implemented an Immediate Protection Agreement (IPA) noting that [redacted] would not stay in the residence with the family. A hair follicle test would be completed on all the remaining children in the home.
On May 24, 2023, the results of the hair follicle drug screen for [redacted] and [redacted] were received. [redacted] was positive for Amphetamine, and Methamphetamine. [redacted] was positive for Amphetamine and Methamphetamine. [redacted] was positive for Amphetamines, methamphetamine, cocaine, and benzoylecgonine.
On 05/27/2023, the results of the hair follicle drug screen for [redacted] were received and positive for amphetamine and methamphetamine. Additionally, hair follicle results for [redacted] were received and positive for Amphetamine and Methamphetamine.

On March 7, 2023, an autopsy was completed on ACV [redacted] by [redacted], M.D., [redacted] County Medical Examiner, [redacted] TN. The autopsy listed the cause of death to be methamphetamine toxicity and the manner of death was an accident. The report also listed the injury description as took methamphetamine and contributory factor as respiratory bronchiolitis/smoke exposure.
On August 16, 2023, the case was presented to [redacted] County Child Protective Investigation Team (CPIT) with allegations of Abuse Death for [redacted] and Drug Exposed Child for the surviving siblings [redacted] Present at CPIT was CM [redacted] Team Leader [redacted] Assistant District Attorney [redacted], Juvenile Court [redacted] and CAC representative [redacted]. The team was in agreement that there was a preponderance of evidence to support the allegation of Abuse Death. The team was also in agreement that there was a preponderance of evidence to support the allegation of Drug Exposed Child.

Per DCS Policy 14, Work Aid 1, Section G:
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 legal custodian/caretaker failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.
Per DCS police 14, Work Aide 1, Section B:
Drug Exposed Child is defined as:
Severe forms of this allegation include but is not limited to: The manufacturing of methamphetamine where children are present, or in close proximity; Infants born with a diagnosis of Fetal Alcohol Spectrum Disorder (FASD); Infants born with a diagnosis of Neo-Natal Abstinence Syndrome (NAS) where the diagnosis is not based on the mothers prescribed and appropriately followed Medication-Assisted Treatment; Knowingly or with gross negligence allowing a child under eight (8) years of age to ingest an illegal substance or a controlled substance

Tennessee Department of Children's Services

Case Recording Summary

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

that results in the child testing positive on a drug screen, except as legally prescribed to the child; and/or Knowingly allowing a child to be within a structure where a Schedule I controlled substance under TCA 39-17-406, cocaine, methamphetamine and/or fentanyl are present and accessible by the child.

During the course of the investigation [redacted] and [redacted] were placed with [redacted] and [redacted], grandparents. However, due to the inability of the family to continue to care for the children, the children were bench ordered into DCS custody on September 29, 2023.
There is a preponderance of evidence to support the allegation of Abuse Death to [redacted] by alleged perpetrators [redacted] and [redacted]
There is a preponderance of evidence to support the allegation of Drug Exposed Child to [redacted] by alleged perpetrators, [redacted] and [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:	2023-10-08 21:00:00.0	Contact Method:	
Contact Time:	09:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/04/2023
Completed date:	11/04/2023	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: 11/04/2023 12:00 PM Entered By: [redacted]

Case reviewed.

Closing Summary has been submitted for review. Case submitted to Executive Director [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:	2023-09-26 10:00:00.0	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/08/2023
Completed date:	10/08/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/08/2023 12:18 AM Entered By: [redacted]

CM [redacted] has been working on completing the case for closure

The case has rolled overdue. CM will be working on the closing summary and case will be presented for review for 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:	2023-09-15 11:00:00.0	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/08/2023
Completed date:	10/08/2023	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: 10/08/2023 12:16 AM Entered By: [redacted]

CM [redacted] has submitted case for review

CM needs to add some additional documentation on attempts to contact and meet with the family and will mark her closing summary in error.

CM will notify TC when documentation is added and case is ready 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:	Created In Error
Contact Date:	2023-08-30 17:00:00.0	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/30/2023
Completed date:	08/30/2023	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: 08/30/2023 04:15 PM Entered By: [redacted]

Closing Summary:

On 07/27/23 DCS received a referral with allegations of DEC. The victim was [redacted] Jr. and the perpetrator was [redacted] The case will be closed as ASPS. An allegation of Abuse Death was added and classified as AUPU.

The Initial Safety Assessment was completed on 08/03/23 and rated Immediate Intervention Not Recommended

FAST was completed on 08/10/23 and scored No Need/Risk

Drug Exposed Child is defined as: a person, under the age of 18 who:
a): Has been exposed to or is at risk of exposure to a drug or chemical substance (including but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamine, heroin, inhalants) that could adversely affect the childs physical, mental or emotional functioning; or
b): Has a parent/caregiver that uses drugs or chemical substances that impacts or is at risk of impacting their ability to adequately care for the child.

Narrative Type: Created In Error Entry Date/Time: 09/25/2023 07:58 AM Entered By: [redacted]

Needs to be replaced with the Child Death Summary

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:	2023-08-24 14:00:00.0	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/25/2023
Completed date:	09/25/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2023 08:51 AM Entered By: [redacted]

CPSI [redacted] spoke with Attorney [redacted] and Attorney [redacted] CPSI was advised that there was no legal action that could be taken at this time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-24 13:30:00.0	Contact Method:	Phone Call
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/24/2023
Completed date:	08/24/2023	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2023 01:12 PM Entered By: [redacted]

CPSI [redacted] received another call from Ms. [redacted] mother, she did not give her name, and Ms. [redacted] was conferenced in. Ms. [redacted] mother stated that CPSI should not be reaching out to Mr. [redacted] as "anyone can say they are the father." CPSI [redacted] explained that there were official records that state Mr. [redacted] is on the birth certificate. Ms. [redacted] mother stated that he did not sign the birth certificate. CPSI [redacted] apologized for the confusion. Ms. [redacted] mother stated that the hospital violated Ms. [redacted] rights because they did not ask for the drug screen, they completed one without asking. CPSI stated she understood Ms. [redacted] and her mother were upset and was just trying to communicate about the allegations that existed before ACV [redacted] passed away. Ms. [redacted] mother stated they knew their rights and wanted no further contact with CPSI. CPSI stated they had the right to do that and she would pass along the information to her supervisor. Ms. [redacted] mother thanked CPSI and then ended the call.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-24 12:30:00.0	Contact Method:	Phone Call
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/24/2023
Completed date:	08/24/2023	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2023 11:39 AM Entered By: [redacted]

CPSI [redacted] received a call from [redacted] mother who did not state her name. Ms. [redacted] mother stated that she knew her rights and would not allow CPSI to come to her house or speak to Ms. [redacted] Ms. [redacted] mother stated that since baby [redacted] had passed away there was nothing to speak about and there should be no case. CPSI [redacted] attempted to explain that the case was open and would need to speak with Ms. [redacted] Ms. [redacted] mother stated she would not allow her to.

Ms. [redacted] texted CPSI. CPSI requested to meet at Ms. [redacted] house to speak with them about the case so CPSI could work towards closing the case. Ms. [redacted] stated that CPSI should not be speaking to anyone about the case since "baby [redacted] is no longer here". CPSI informed Ms. [redacted] that Mr. [redacted] is the father and has the right to know about the case. Ms. [redacted] did not respond.

Mr. [redacted] then also texted CPSI to inform her that he will no longer be talking to CPSI.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-24 12:15:00.0	Contact Method:	
Contact Time:	12:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/24/2023
Completed date:	08/24/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2023 11:34 AM Entered By: [redacted]

CPSI [redacted] spoke with Mr. [redacted] mother, Ms. [redacted] who stated that she did not mind for CPSI to come to her house at [redacted] to speak to Mr. [redacted] CPSI thanked her for speaking with her.

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:	2023-08-24 12:00:00.0	Contact Method:	Phone Call
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/24/2023
Completed date:	08/24/2023	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2023 11:33 AM Entered By: [redacted]

CPSI [redacted] spoke with Mr. [redacted] Mr. [redacted] asked who DCS was. CPSI [redacted] explained the department and Mr. [redacted] stated he needed to call his girlfriend, [redacted] and then hung 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:	2023-08-24 11:45:00.0	Contact Method:	Attempted Phone Call
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/24/2023
Completed date:	08/24/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2023 10:51 AM Entered By: [redacted]

CPSI [redacted] attempted to contact father [redacted] CPSI [redacted] left a voicemail.

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:	2023-08-24 11:35:00.0	Contact Method:	Attempted Phone Call
Contact Time:	11:35 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/24/2023
Completed date:	08/24/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2023 10:53 AM Entered By: [redacted]

CPSI [redacted] attempted to contact [redacted], ACV Grandmother, at [redacted]. CPSI left a voicemail for 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:	2023-08-18 10:00:00.0	Contact Method:	Attempted Phone Call
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/24/2023
Completed date:	08/24/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/24/2023 10:50 AM Entered By: [redacted]

CPSI [redacted] attempted to reach out to Ms. [redacted] to try and set up a home visit as the address given she no longer lives at. CPSI has attempted 2 addresses.

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:	2023-08-16 11:30:00.0	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/16/2023
Completed date:	08/16/2023	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: 08/16/2023 10:48 AM Entered By: [redacted]

CPSI [redacted] met with the CPIT Team, DA [redacted] Director [redacted] Detective [redacted] Interviewer [redacted] and TL/TC [redacted] This case will be classified as ASPS.

Narrative Type: Addendum 1 Entry Date/Time: 10/03/2023 09:43 AM Entered By: [redacted]

CPSI [redacted] met with the CPIT Team, DA [redacted] Director [redacted] Detective [redacted] Interviewer [redacted] and TL/TC [redacted] This case with allegations of DEC will be classified as ASPS due to the ACV having a positive cord for cocaine and THC.

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:	2023-08-16 10:00:00.0	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/03/2023
Completed date:	10/03/2023	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: 10/03/2023 09:49 AM Entered By: [redacted]

CPSI [redacted] met with the CPIT Team, DA [redacted] Director [redacted] Detective [redacted] Interviewer [redacted] and TL/TC [redacted] The team agreed to classify the allegations of Abuse Death as AUPU due to the ACV passing away due to medical complications.

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:	2023-08-15 15:30:00.0	Contact Method:	Attempted Face To Face
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	08/15/2023
Completed date:	08/15/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/15/2023 03:16 PM Entered By: [redacted]

CPSI [redacted] worked with Ms. [redacted] to schedule a visit for today at 3:30 PM. CPSI [redacted] attempted to reach out to Ms. [redacted] to let her know what time CPSI would arrive. Ms. [redacted] asked CPSI to meet in [redacted] CPSI explained that a home visit was necessary. CPSI did not hear back from 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:	2023-08-14 10:00:00.0	Contact Method:	Attempted Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	08/15/2023
Completed date:	08/15/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/15/2023 03:14 PM Entered By: [redacted]

CPSI [redacted] arrived to the home for a scheduled meeting. CPSI [redacted] knocked three separate times and no one answered the door. CPSI [redacted] attempted to call Ms. [redacted] but did not receive an answer. CPSI will continue to reach out.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-11 10:00:00.0	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/12/2023
Completed date:	08/12/2023	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: 08/12/2023 10:53 AM Entered By: [redacted]

Case staffed with CM [redacted]

The case came with allegations of drug exposure to the newborn. Child had medical condition--- right sided congenital diaphragmatic hernia diagnosed postnatally.

After this case was received, the child passed away. CM will be following up with the parents and addressing substance abuse, any other needs and providing resources for grief counseling.

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:	2023-08-11 10:00:00.0	Contact Method:	Attempted Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	10/02/2023
Completed date:	10/02/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2023 08:07 AM Entered By: [redacted]

CPSI [redacted] arrived to Mr. [redacted] residence as that is the only address the hospit6al had on file. CPSI [redacted] knocked 3 separate times and no one answered the door. CPSI [redacted] called Ms. [redacted] and scheduled a visit for 8/14 at 10 am at a different address.

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:	2023-08-09 10:00:00.0	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/28/2023
Completed date:	08/28/2023	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: 08/28/2023 09:40 AM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with the following staff: Case Manager (CM) [redacted] Team Leader (TL) [redacted], Team Coordinator (TC) [redacted] CPS Director (CPSD) [redacted], and Director of Critical Incident Support (DCIS) [redacted].

The CPS investigation was assigned on 7/27/23 initially concerning allegations of Drug Exposed Child for ACV [redacted]. (19 days). [redacted] was born on [redacted] at 39 weeks with congenital diaphragmatic hernia requiring management of respiratory failure and pulmonary hypertension. [redacted] cord was positive for THC and cocaine. [redacted] was without oxygen for a full minute at birth and was admitted to the PICU at [redacted]. His health continued to decline, and [redacted] passed away on 8/7/23, at which time the death was reported to the Hotline and allegations of Abuse Deaths were added to the open investigation. The family, consisting of birth mother [redacted] birth father [redacted] resides in [redacted] County. The parents have no other children.

CM has been unable to have in-depth interviews with the parents to date as the death was occurring at time of initial contact. CM plans to complete interview with the parents at their home, discuss social history, and offer services around any need identified. Hospital SW reported the mother did not want to discuss positive drug screen around the father while at the hospital.

Next Steps:
-- CM will request ACVs birth and hospital records. Records will be reviewed and uploaded to TFACTS
-- CM will complete interviews and home visit with parents to offer services if needed, and discuss social history to include mental health, domestic violence, and prenatal care.
-- CM will request drugs screen from parents.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Tennessee Department of Children's Services

Case Recording Summary

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

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

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:	2023-08-08 08:00:00.0	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/25/2023
Completed date:	09/25/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2023 08:00 AM Entered By: [redacted]

CPSI [redacted] was notified that ACV [redacted] passed away at 08/07/23 at 15:49 PM by SW [redacted] at [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-07 11:00:00.0	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/02/2023
Completed date:	10/02/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2023 08:02 AM Entered By: [redacted]

CPSI [redacted] arrived to [redacted] in an attempt to see ACV [redacted] and interview parents, [redacted] and [redacted] Hospital staff stated that CPSI could not see ACV [redacted] or meet with the parents as ACV [redacted] was actively passing away. CPSI stated she understood and left 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:	2023-08-05 20:00:00.0	Contact Method:	
Contact Time:	08:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/05/2023
Completed date:	08/05/2023	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: 08/05/2023 07:48 PM Entered By: [redacted]

Initial FAST submitted for review and approval. FAST scored immediate intervention not recommended/no need/risk

CPSI [redacted] received this case for DEC with the AP being mother [redacted] and the ACV being [redacted] It is alleged that Ms. [redacted] exposed ACV to drugs as the cord at birth tested positive for cocaine and THC. The ACV coded at birth and has several medical conditions due to the. CPSI has been attempting to make contact with the parents at the hospital so this is based off the referral and conversation with medical staff. CPSI will update with a FAST after meeting with parents. ACV is safe at the hospital at this time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-03 12:15:00.0	Contact Method:	Attempted Face To Face
Contact Time:	12:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	09/25/2023
Completed date:	09/25/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2023 08:03 AM Entered By: [redacted]

CPSI [redacted] reached out to SW Wilson to see if the parents were at the hospital and if not, notify CPSI when they arrived.

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:	2023-08-02 10:00:00.0	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/25/2023
Completed date:	09/25/2023	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2023 08:47 AM Entered By: [redacted]

Investigation # [redacted]

This case was assigned as a severe Investigation case to Child Protective Services Investigator (CPSI) [redacted] on 07/28/23 for [redacted] County. All times are recorded in [redacted]. The response priority was P3 and the allegations are DEC . The alleged victim is [redacted] and the alleged perpetrator is [redacted] [Mother]. Referent was contacted on 07/31/23 by phone and did not want notification. CPIT was convened per local protocol. The District Attorneys Office and Juvenile Judge was notified per local protocol. Response was met on 07/31/23 at 12:30 PM.

Household Composition:

CHILD: [redacted]
DOB: [redacted]

PARENT: [redacted]
DOB: [redacted]
CELL PHONE: [redacted]

PARENT: [redacted]
DOB: [redacted]

DCS history:
CPSI [redacted] reviewed case history of the family on 07/31/23 . There is no DCS history.

CPSI [redacted] reviewed local criminal history and internet registries to include the Felony Offender Registry,

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

TN Sex Offender Registry, Drug Abuse Registry and the National Sex Offender Registry. The sex offender registries were run on every adult involved with the children. There is history.

[redacted]	7/10/2003	[redacted]	POSSESSING A FIREARM WITH INTENT TO GO ARMED
[redacted]	7/10/2003	[redacted]	ASSAULT ON FIRST RESPONDER
[redacted]	7/10/2003	[redacted]	RETALIATION AGAINST JUDGE, JUROR, OFFICER
[redacted]	7/10/2003	[redacted]	RESISTING ARREST OR OBSTRUCTION OF LEGAL PROCESS
[redacted]	7/10/2003	[redacted]	DISORDERLY CONDUCT

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:	2023-08-02 08:33:00.0	Contact Method:	Attempted Face To Face
Contact Time:	08:33 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	09/25/2023
Completed date:	09/25/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2023 08:02 AM Entered By: [redacted]

CPSI [redacted] reached out to SW [redacted] to see if the parents were at the hospital and if not, notify CPSI when they arrived.

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:	2023-07-31 12:30:00.0	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/31/2023
Completed date:	07/31/2023	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: 07/31/2023 12:58 PM Entered By: [redacted]

Date and Time: 07/31/23 12:30 PM
Contact: Face to face
Person to be interviewed: ACV[redacted]

CPSI [redacted] observed ACV [redacted] in the hospital. CPSI observed ACV [redacted] to be hooked up to multiple machines and monitors. CPSI also observed ACV [redacted] to have an estimated 5 inch scar on his belly from the hernia removal. CPSI [redacted] spoke to ACV [redacted] nurse [redacted] who stated that ACV [redacted] was doing well on the monitors but has limited brain function and will have a limited quality of life. Nurse [redacted] stated that the parents will visit with ACV [redacted] for a few seconds and then sleep. Nurse [redacted] also stated that she does not believe the parents understand the gravity of the situation. Nurse [redacted] stated the next surgeries will be the GI tube and the trach but stated she is unsure when those will happen. CPSI thanked her for speaking with her.

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:	2023-07-28 10:45:00.0	Contact Method:	Phone Call
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/28/2023
Completed date:	07/28/2023	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: 07/28/2023 09:57 AM Entered By: [redacted]

CPSI [redacted] spoke with the referent via phone call. No additional details were provided.

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:	2023-07-28 09:00:00.0	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/05/2023
Completed date:	08/05/2023	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: 08/05/2023 07:52 PM Entered By: [redacted]

New case assignment to CM [redacted]

Referral states that Baby boy [redacted] is neonate who was transferred from [redacted] hospital with right sided congenital diaphragmatic hernia diagnosed postnatally. He was born full term at 39 weeks gestation via spontaneous vaginal delivery. He was initially crying, however around 1 minute of life became apneic and limp thus NICU team was called then transferred to [redacted]
Child has been admitted to PICU since 7/19/23. mother had limited prenatal care and her initial UDS was positive for THC. The Umbilical Cord results are positive for THC and cocaine.

Child needs surgery for hernia. Also, concerns for child's neurological functioning due to prolonged resuscitation efforts at outside hospital and initial concern for fixed and dilated pupils.

Case will be reviewed with CM after response is made on the case.

Department of Children's Services

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

A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 07/27/2023

Assignment Date: 09/17/2023

Street Adress:

City/State/Zip:

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]	Drug Exposed Child	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes / No	[redacted] / 08/17/2023
2	[redacted]	[redacted]	Abuse Death	Perpetrator, Unknown		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes / No	[redacted] / 08/17/2023

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CPSI [redacted] received this case for DEC due to ACV [redacted] Jr's cord testing positive for cocaine and THC. The AP is mother, [redacted] ACV [redacted] was born with a hernia that affected his heart and lungs. When ACV [redacted] was born he coded and doctors were unable to find an airway which caused the lack of oxygen to the brain and resulted in a severe brain injury. ACV [redacted] had to undergo surgery to remove the hernia, but had limited brain function. ACV [redacted] passed away on 8/07/23 at 15:49 PM due to medical reasons. This allegation will be classified as ASPS due to the positive umbilical cord. The allegation of Abuse Death will be classified as AUPU due to the ACV passing away to medical reasons.

D. Case Workers

Case Worker: [redacted] Date: 08/17/2023

Team Leader: [redacted] Date: 08/17/2023

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:

CPSI [redacted] observed ACV [redacted] in the hospital. CPSI observed ACV [redacted] to be hooked up to multiple machines and monitors. CPSI also observed ACV [redacted] to have an estimated 5 inch scar on his belly from the hernia removal.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion 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]

CPSI [redacted] spoke to ACV [redacted] nurse [redacted] who stated that ACV [redacted] was doing well on the monitors but has limited brain function and will have a limited quality of life. Nurse [redacted] stated that the parents will visit with ACV [redacted] for a few seconds and then sleep. Nurse [redacted] also stated that she does not believe the parents understand the gravity of the situation. Nurse [redacted] stated the next surgeries will be the GI tube and the trach but stated she is unsure when those will happen. CPSI thanked her for speaking with her.

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

CPSI [redacted] made multiple attempts to interview both mother, [redacted] and father, [redacted] Both parents refused to speak with CPSI [redacted] so an interview was unable to be completed.

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

CPSI [redacted] spoke with Social Worker [redacted]. SW [redacted] stated there is a chance that ACV [redacted] will not survive some of the procedures that he will be scheduled for. SW states ACV is very sick and had a hernia that needed repaired. SW stated that he went through the surgery well but recovery is really difficult. SW states he is not eligible for normally needed ECHMO due to the brain injury he endured during birth. SW states that the ACV will need long term care even after discharge. SW states that they are not considering discharge at this time. SW states they have not been able to talk to the mother about the positive umbilical cord for cocaine at this time. SW states that mother has not appeared under the influence at this time and has been observed to be appropriate. SW states the grandparents are supportive and have been to the hospital. SW states with the ACV has been diagnosed HIE (brain injury) and would likely require around the clock care. SW states that if parents were to proceed with trach surgery and the extensive training it requires, parents would need to be appropriate caregivers.

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

ACV [redacted] had a positive cord stat for cocaine and THC.

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: 08/03/2023**
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** [redacted]
Event Start Date: 11/07/2023	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 08/05/2023	**Approver:** [redacted]

PARTICIPANTS

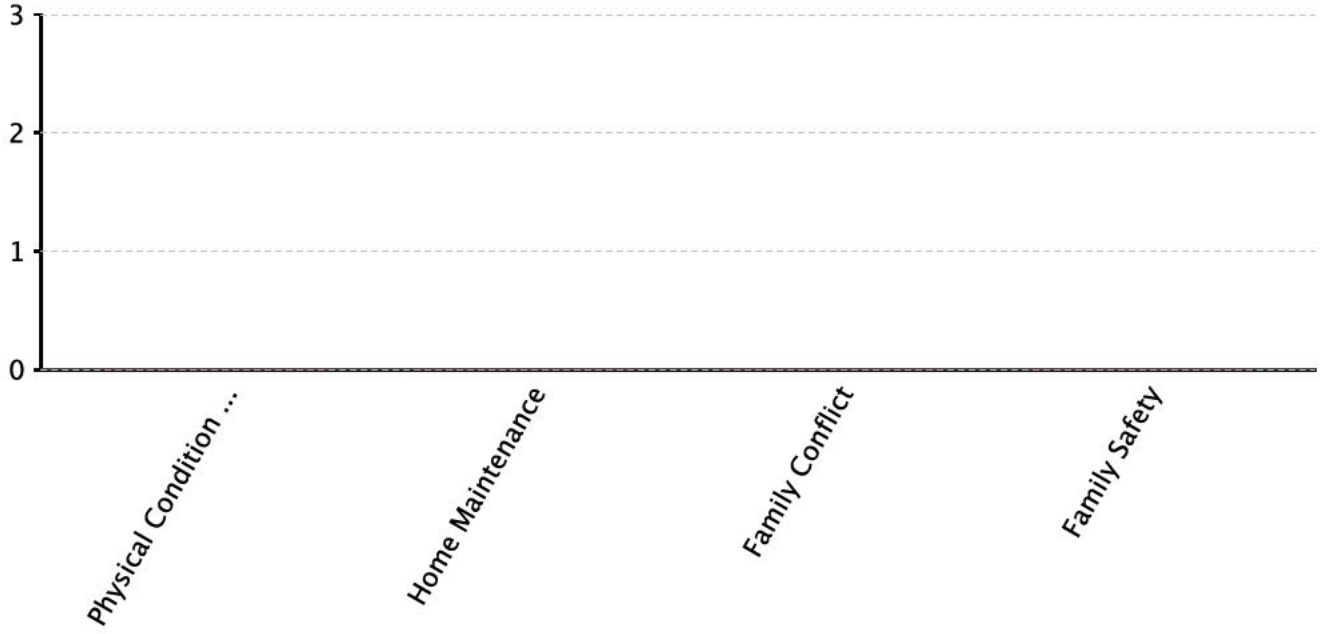
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (AP)	20 Yrs	Primary Caregiver	F	[redacted]	N/A	N/A
[redacted] (ACV)	Deceased	Youth	M	[redacted]	N/A	
[redacted]	20 Yrs	Caregiver	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 08/03/2023
Assessment Type: SAFETY	**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).

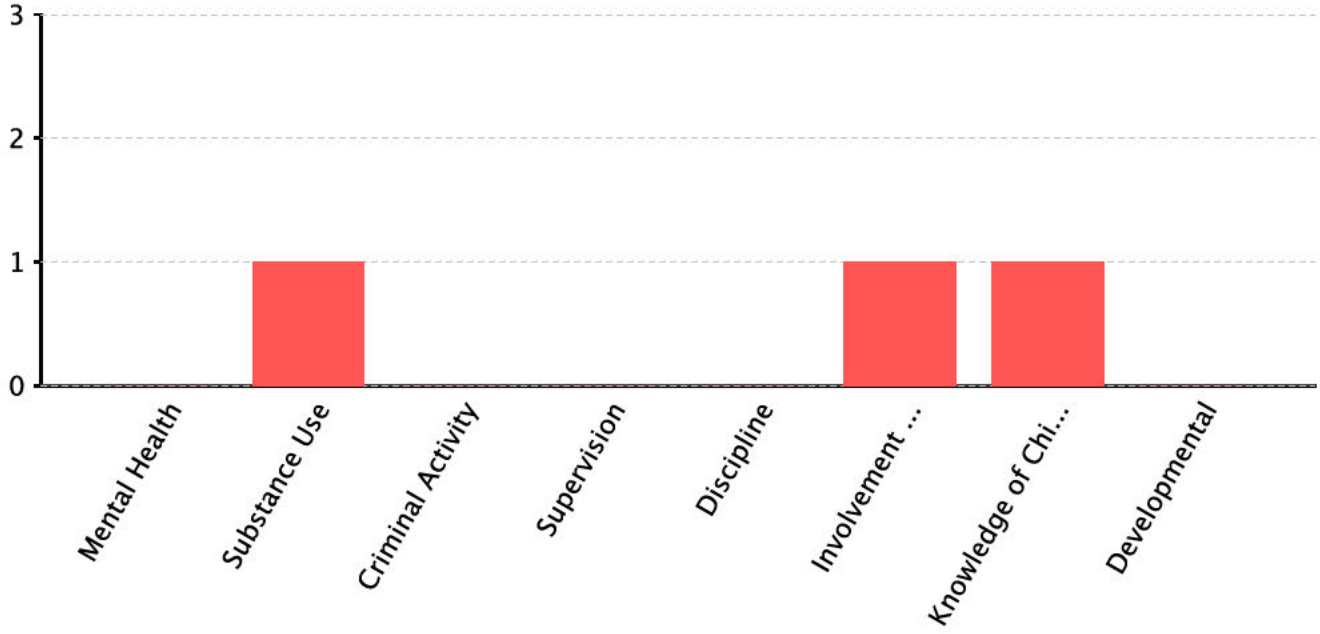


Item	Score	Justification/Narrative
Physical Condition of Home	0	CPSI has not been out to the home yet as it is unclear where the parents primarily reside at this time.
Home Maintenance	0	CPSI has not been out to the home yet as it is unclear where the parents primarily reside at this time.
Family Conflict	0	Based on the referral and nurses at the hospital, no conflict has been reported.
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 08/03/2023
Assessment Type: SAFETY	**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] [redacted]	Person ID: [redacted]	Role Primary Caregiver

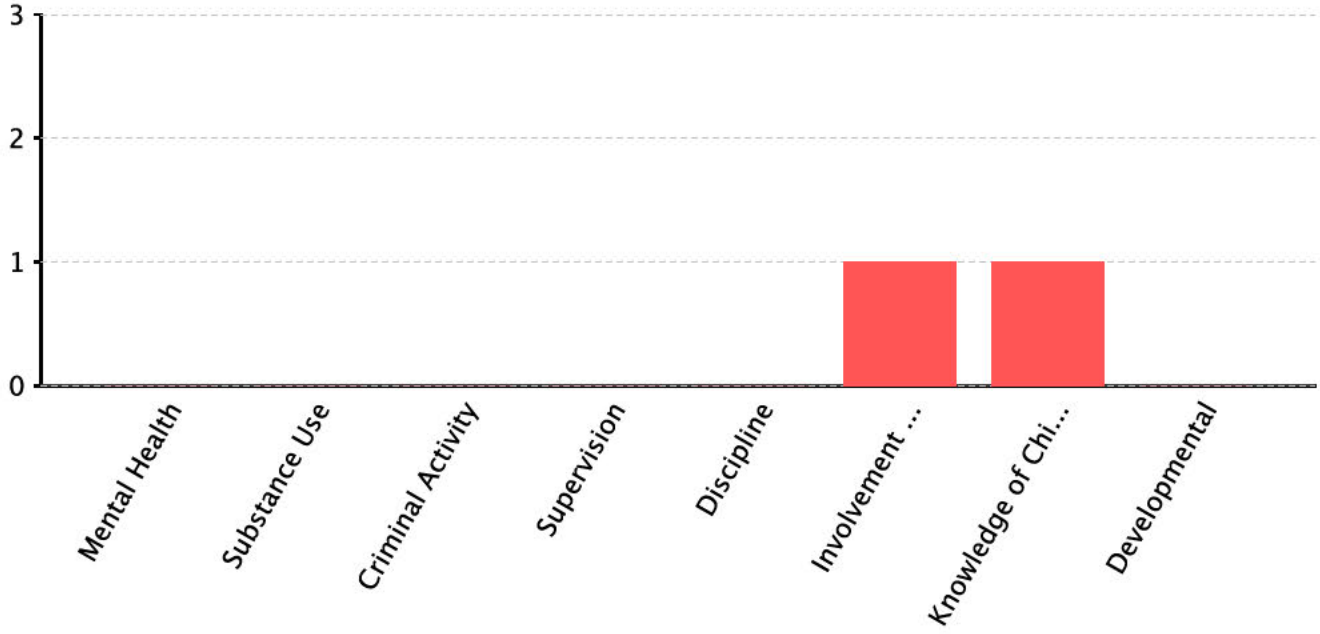


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	1	Based on the results of the umbilical cord that tested positive for THC and cocaine.
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	1	The ACV is currently in the hospital being monitored by hospital staff. Hospital staff shared concerns over the family understanding how much care ACV will need once home.
Knowledge of Child and Family Needs	1	The ACV is currently in the hospital being monitored by hospital staff. Hospital staff shared concerns over the family understanding how much care ACV will need once home.
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 08/03/2023
Assessment Type: SAFETY	**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] [redacted]	Person ID: [redacted]	Role: Caregiver

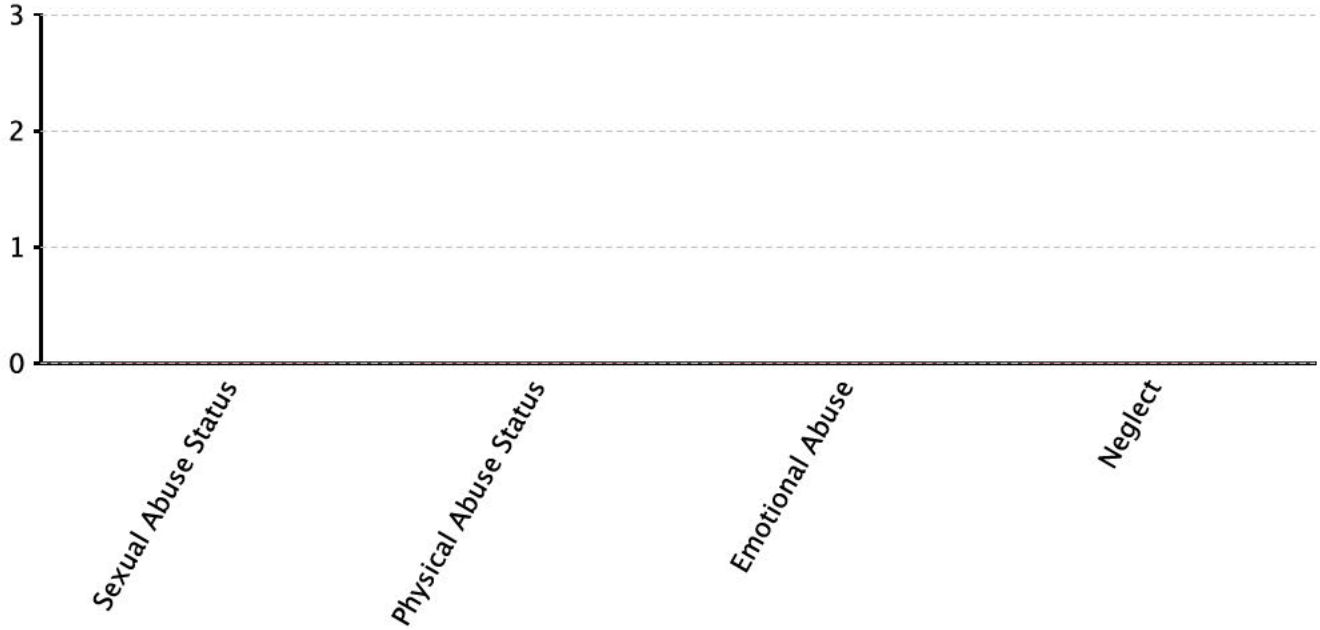


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	1	The ACV is currently in the hospital being monitored by hospital staff. Hospital staff shared concerns over the family understanding how much care ACV will need once home.
Knowledge of Child and Family Needs	1	The ACV is currently in the hospital being monitored by hospital staff. Hospital staff shared concerns over the family understanding how much care ACV will need once home.
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 08/03/2023
Assessment Type: SAFETY	**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	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 08/10/2023**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** Hospital
Risk Level: No Need/Risk	
Event Start Date: 11/07/2023	**Last Assessed Date:** 08/03/2023
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 08/11/2023	**Approver:** [redacted]

PARTICIPANTS

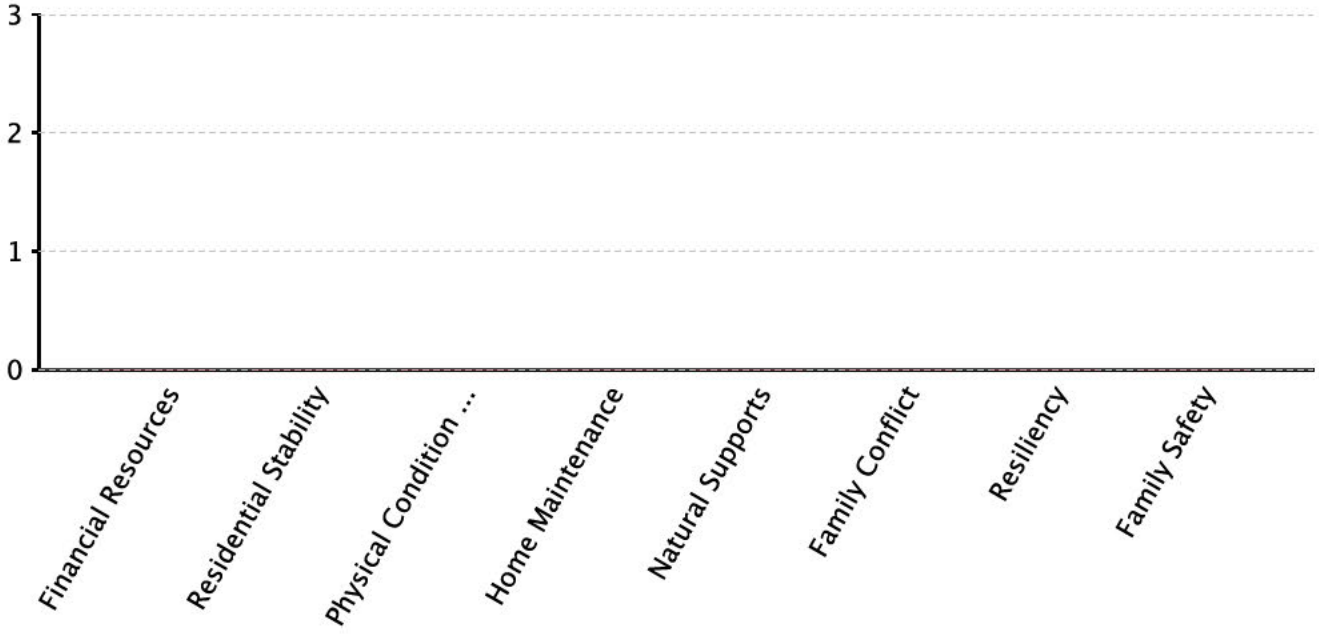
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (AP)	20 Yrs	Primary Caregiver	F	[redacted]	N/A	N/A
[redacted] (ACV)	Deceased	Youth	M	[redacted]	0	Low
[redacted]	20 Yrs	Caregiver	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
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).

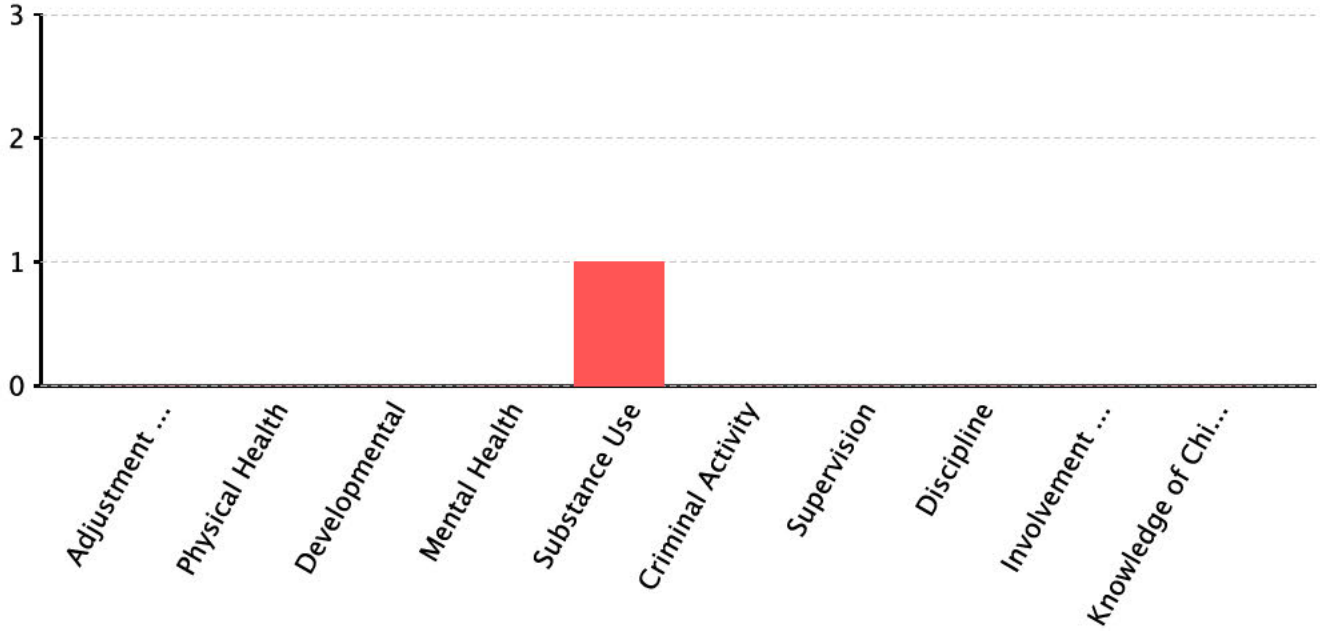


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	ACV's parents live with maternal grandmother
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	It was reported by hospital staff that the parents had family support while the ACV was in the hospital.
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:** 08/10/2023
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	1	Based on the results of the umbilical cord that tested positive for THC and cocaine.
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	The ACV is currently in the hospital being monitored by hospital staff. Hospital staff shared concerns over the family understanding how much care ACV will need once home. Update 08/10/23 ACV passed away on 08/03/23

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

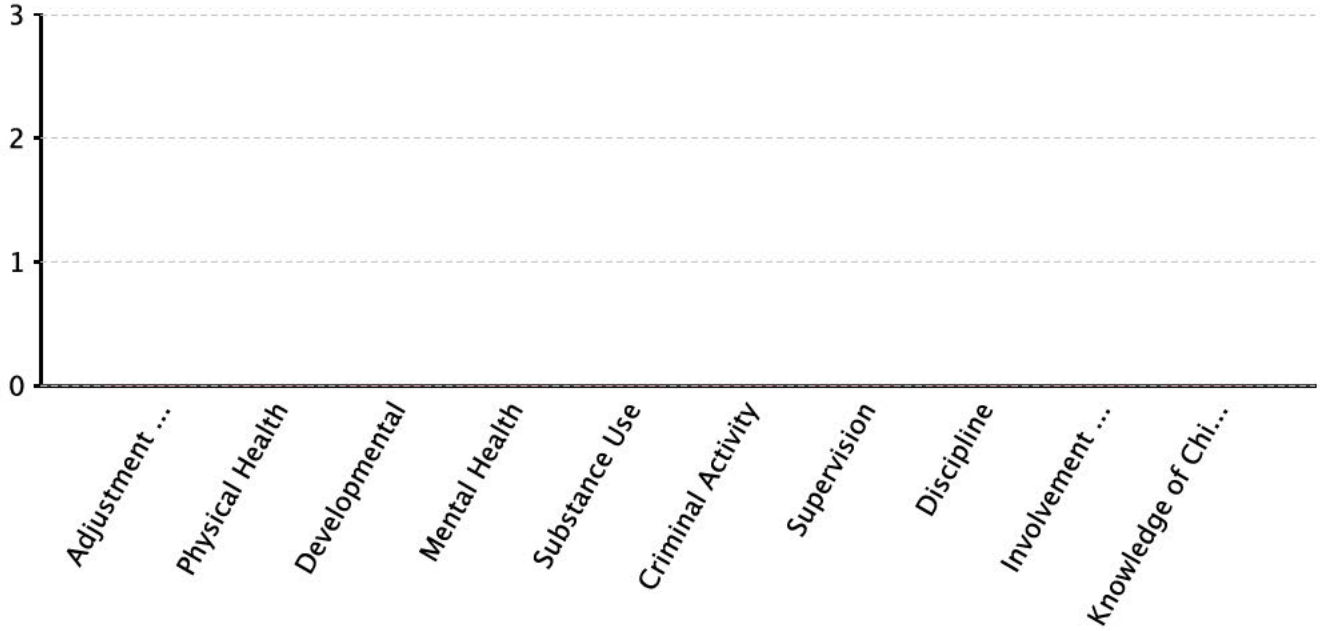
Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Knowledge of Child and Family Needs	0	The ACV is currently in the hospital being monitored by hospital staff. Hospital staff shared concerns over the family understanding how much care ACV will need once home. Update 08/10/23 ACV passed away on 08/03/23

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
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: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	The ACV is currently in the hospital being monitored by hospital staff. Hospital staff shared concerns over the family understanding how much care ACV will need once home. Update08/09/23: As of 08/03/23 the ACV has passed away.

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

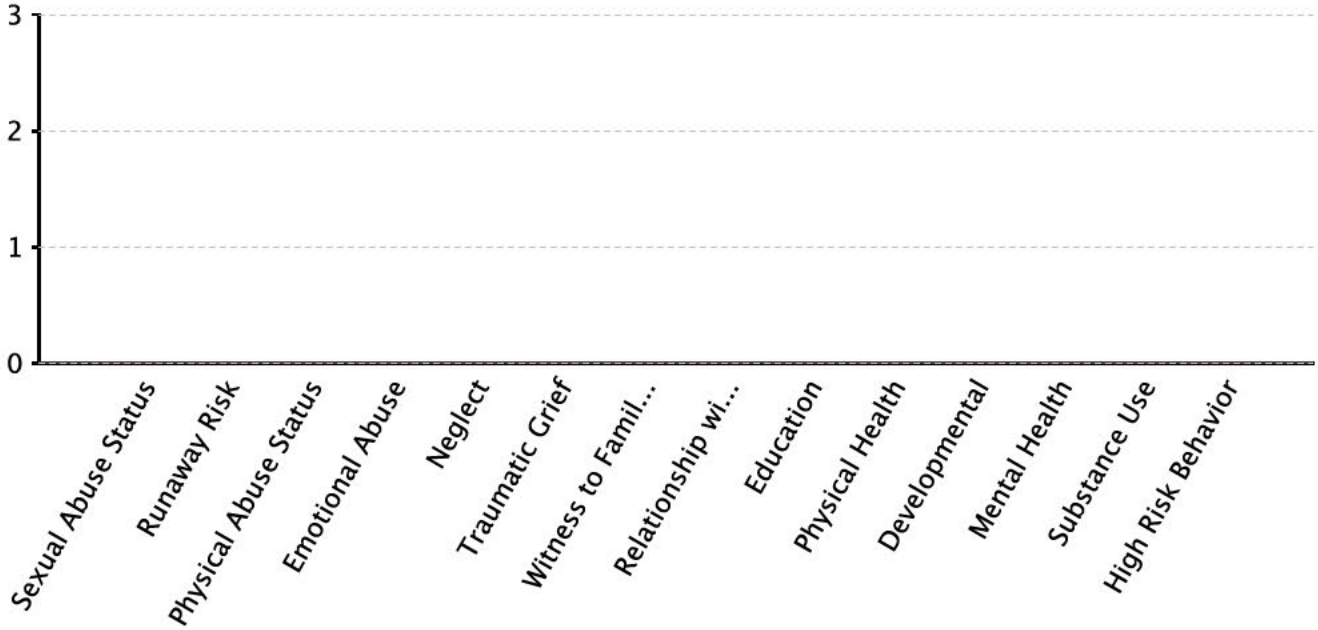
Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Knowledge of Child and Family Needs	0	The ACV is currently in the hospital being monitored by hospital staff. Hospital staff shared concerns over the family understanding how much care ACV will need once home. Update08/09/23: As of 08/03/23 the ACV has passed away.

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
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	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	0	
Physical Health	0	
Developmental	0	ACV passed away on 08/03/23

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	