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

Intake

Intake ID: [redacted]

Intake Taken By: Web Service

Intake Date/Time: 09/09/2024 01:32 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 2

Screened By: [redacted]

Date Screened: 09/09/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 09/09/2024 03:39 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 09/09/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 09/09/2024 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted] Unknown	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]

Referent Phone Number: [redacted]

Type of Contact: Web Referral

Notification: E-mail

Narrative: Recent Screen Out: [redacted]

Referent:
Interpreter needed: unknown
Type of Interpreter:

Victim:
Interpreter needed: unknown
Type of Interpreter:
First Name: Baby Girl [redacted]
Last Name: [redacted]
Deceased: No
Date of Death: none

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

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: No
Type of Interpreter:
First Name: [redacted]
Last Name: [redacted]
Deceased: No
Date of Death: none
Describe the Perpetrator:
Native American Descent: Unknown
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: unknown
Type of Interpreter:
First Name: [redacted]
Last Name: [redacted]
Deceased: unknown
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?:
[redacted] Hospital Social Worker, [redacted] made a report to DCS due to in utero substance exposure (opiates, THC and cocaine).
Report ID #
[redacted]

[redacted] left the hospital AMA today. Her baby remains in the NICU due to prematurity (23 weeks gestational age).

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

When did the abuse or neglect occur?:
Mom admitted to using drugs 5 days prior to delivery

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:
TBD

Does the child need medical care? Has the child received medical care? If so, where?:
Yes, baby is receiving care in the NICU

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

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.:
Unknown

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

What do the child¿s parents/caregivers say about the abuse/neglect?:
I did not have an opportunity to meet with [redacted] she left AMA this morning.
I also have been unable to reach her by phone

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?:
Parents have 24/7 access to baby in the NICU

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

Are there any concerns for the safety of a Department of Children¿s Services Case Manager responding to the child¿s home?:
Please contact NICU Social Worker, [redacted] at [redacted] if a worker is planning to come to the NICU

Thank you

Screener Notation: Mother has current drug usage concerns for Fentanyl, Cocaine, and THC per current intake and prior two screen outs. Unknown if positive drugs screens at delivery. Mother admits to drug use within days of premature labor/delivery.

INV Track - P2
[redacted], CAH Director, on 9/9/24 @ 2:22pm

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

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

SSN: | Race: | Age:

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:	2025-08-05 10:57:00	Contact Method:	
Contact Time:	10:57 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/05/2025	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: 08/04/2025 01:11 PM Entered By: [redacted]

On September 9, 2024, the Department of Childrens Services (DCS) received a referral for an allegation of Drug Exposed Child regarding Alleged Child Victim (ACV) [redacted] The Alleged Perpetrator (AP) was identified as the birth mother, Ms. [redacted] The allegation of Abuse Death was added against the mother. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] by Team Leader (TL) [redacted] This case was worked in conjunction with the [redacted] Police Department Special Victims Unit, Detective [redacted] and Sergeant [redacted] newborn, has been in the care of [redacted] Neonatal Intensive Care Unit (NICU) since birth. The child was in the custody of the mother, [redacted] The punitive father was Mr. [redacted] remained in the NICU due to prematurity at 23 weeks' gestation and concerns of the mothers substance abuse, including fentanyl, cocaine, and THC. Mother left the hospital against medical advice.
On September 9, 2024, CM [redacted] received and reviewed drug screen results for [redacted] The drug screen showed a presumptive positive result for Cocaine. The meconium was not collected before death, as the child did not pass meconium while at the hospital.

On September 10, 2024, CM [redacted] spoke with Nurse [redacted] (last name unknown), at [redacted] Childrens Hospital NICU. Nurse stated that [redacted] had two brain bleeds that were present on scans. Nurse stated that the hospital classified the childs condition as preliminary near-death. Nurses advised that the child was stable at the time but advised that she was not in good condition to live. Nurse advised that there was a possibility that the premature labor was from Ms. [redacted] prenatal substance use of cocaine, Ms. [redacted] cervical incompetency, Ms. [redacted] lack of consistent prenatal care, or Ms. [redacted] lack of following the doctors orders of bedrest at [redacted] and [redacted] Hospitals prior to the birth of the child. Case Manager [redacted] was advised that due to Ms. [redacted] pregnancy complications, there was no way to differentiate the cause of the premature birth of the child.

On September 12, 2024, CM [redacted] and Detective [redacted] spoke with Ms. [redacted] at the family home. Ms. [redacted] advised that Mr. [redacted] was currently using illegal substances and was using them with Ms. [redacted] Ms. [redacted] stated that she had diagnosed physical health conditions that caused previous miscarriages. Ms. [redacted] stated that she was

Tennessee Department of Children's Services

Case Recording Summary

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

diagnosed with cervical incompetency and advised that [redacted] just fell out. Ms. [redacted] stated that she was using substances even after she had knowledge of being pregnant with [redacted] Ms. [redacted] waived her right to provide a urine specimen for drug screening however signed admittance of cocaine use on September 5, 2024. Ms. [redacted] stated that she did not care and that it did not matter what other substances she may have used.

On September 30, 2024, Ms. [redacted] was present at [redacted] Childrens Hospital and gave permission to cease all life-sustaining measures for [redacted] Dr. [redacted] pronounced [redacted] deceased at 12:44am on September 30. 2024.

During the investigation, the Department put an Immediate Protection Agreement in place restricting Ms. [redacted] and Mr. [redacted] to supervised contact and no overnight stays with [redacted] The Department performed an Expedited Non-Custodial Placement with the paternal grandmother. A permanency plan was developed with Ms. [redacted] outlining services to address illegal substance use.

On September 30, 2024 at 10:30 AM, an autopsy was completed on [redacted] by Dr. [redacted] Medical Examiner, [redacted] TN. Autopsy stated, The cause of death is complications of prematurity due to acute chorioamnionitis. A contributory factor is maternal drug use. The manner of death is natural. CM [redacted] received the autopsy results on 3/19/2025.

On March 26, 2025, this case was presented to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were Case Manager [redacted] Team Leader [redacted] Sergent [redacted] Special Victims Unit Detective [redacted] Child Advocacy Center Director [redacted] Juvenile Court Officer [redacted] and the Assistant District Attorney. The team agreed that there was a preponderance of evidence to support the substantiation of Drug Exposed Child and there was a preponderance of evidence that supports the substantiation of the Abuse Death. The Alleged Perpetrator for both substantiations was listed as the birth mother, Ms. [redacted]

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 Policy 14, Work Aid 1, Section B, Drug Exposed Child is defined as:
A person, under the age of 18 who: 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 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.

This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Drug Exposed Child and Allegation Substantiated, Perpetrator Substantiated for the Abuse Death of [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:	2025-08-04 08:00:00	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/04/2025	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2025 01:02 PM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2025-07-30 15:15:00	Contact Method:	
Contact Time:	03:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/30/2025
Completed date:	07/30/2025	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: 07/30/2025 03:20 PM Entered By: [redacted]

This case was approved for closure by Executive Director [redacted] on 7/30/2025.
On September 30, 2024, at 10:30 AM, an autopsy was completed on [redacted] by Dr. [redacted] Medical Examiner, [redacted] TN. Autopsy stated, The cause of death is complications of prematurity due to acute chorioamnionitis. A contributory factor is maternal drug use. The manner of death is natural. CM [redacted] received the autopsy results on 3/19/2025.
Next Steps: Prepare for case 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:	2025-07-01 08:00:00	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/04/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2025 01:01 PM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2025-06-30 10:10:00	Contact Method:	
Contact Time:	10:10 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/07/2025
Completed date:	08/07/2025	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: 08/07/2025 04:07 PM Entered By: [redacted]

Case came in for allegations of Drug exposed child. Child is deceased. The death summary was submitted to TC [redacted] The case was non-suited in court and there are no criminal charges being pressed at this time. The case will be presented to CPIT pending the autopsy report being obtained.

On September 30, 2024, at 10:30 AM, an autopsy was completed on [redacted] by Dr. [redacted] Medical Examiner, [redacted] TN. Autopsy stated, The cause of death is complications of prematurity due to acute chorioamnionitis. A contributory factor is maternal drug use. The manner of death is natural. CM [redacted] received the autopsy results on 3/19/2025.

Classification- Case was presented to CPIT and classified as ASPS for

The allegation of drug exposed child involving Ms. [redacted] was classified as ASPS due to the mother testing positive for multiple substances upon the childs delivery as well as the admittance of cocaine use to CM.

CM has received medical records, submit death summary.

Case will be prepped for closure once death summary is approved.

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:	2025-06-02 08:00:00	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/04/2025
Completed date:	06/04/2025	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2025 10:36 PM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2025-05-01 08:00:00	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/04/2025
Completed date:	06/04/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2025 10:35 PM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2025-04-28 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/28/2025
Completed date:	04/30/2025	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: 04/28/2025 10:00 AM Entered By: [redacted]

Case came in for allegations of Drug exposed child. Child is deceased. The autopsy has still not been released. The death summary was submitted to TC [redacted] The case was non-suited in court and there are no criminal charges being pressed at this time. The case will be presented to CPIT pending the autopsy report being obtained.

Classification- The allegation of abuse death involving Ms. [redacted] is still unable to be classified until being presented to CPIT pending autopsy results.

The allegation of drug exposed child involving Ms. [redacted] was classified as ASPS due to the mother testing positive for multiple substances upon the childs delivery as well as the admittance of cocaine use to CM.

Case was presented to CPIT and classified as ASPS for

Next Steps-

Child unable to be seenexempt from monthly F2F

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:	2025-04-01 08:00:00	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/04/2025
Completed date:	06/04/2025	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2025 10:34 PM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2025-03-31 22:37:00	Contact Method:	
Contact Time:	10:37 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/31/2025
Completed date:	03/31/2025	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: 03/31/2025 10:38 PM Entered By: [redacted]

CM [redacted] received a call from [redacted] Childrens Hospital regarding the ACV, [redacted] CM [redacted] was notified by the attending doctor that the child was pronounced deceased at 12:44 am [redacted] at [redacted] Childrens Hospital in the Neonatal Intensive Care Unit.

CM [redacted] was notified that the childs body will be released to the Medical Examiners office for an autopsy and they would be contacting CM [redacted] soon to obtain information regarding the child.

RD gave permission to Nonsuit the [redacted] case as the was declared deceased.

Autopsy was received by the Department.

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:	2025-03-26 09:00:00	Contact Method:	Video Conference
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/17/2025
Completed date:	07/17/2025	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: 07/17/2025 12:35 PM Entered By: [redacted]

On March 26, 2025, this case was presented to the [redacted] County Child Protective Investigative Team (CPIT).

Those in attendance were Case Manager [redacted] Team Leader [redacted] Sergeant [redacted] Special Victims Unit Detective [redacted] Child Advocacy Center Director [redacted] Juvenile Court Officer [redacted] and the Assistant District Attorney. The team agreed that there was a preponderance of evidence to support the substantiation of Drug Exposed Child, and there was a preponderance of evidence that supports the substantiation of the Abuse Death.

All members agreed verbally to the substantiation as noted on the CPIT Form (CS-0561).

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:	2025-03-01 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/01/2025
Completed date:	03/01/2025	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/01/2025 07:41 PM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2025-02-28 10:09:00	Contact Method:	
Contact Time:	10:09 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/28/2025
Completed date:	02/28/2025	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: 02/28/2025 05:42 PM Entered By: [redacted]

CM [redacted] received a call from [redacted] Childrens Hospital regarding the ACV, [redacted] CM [redacted] was notified by the attending doctor that the child was pronounced deceased at 12:44 am [redacted] at [redacted] Childrens Hospital in the Neonatal Intensive Care Unit.

CM [redacted] was notified that the childs body will be released to the Medical Examiners office for an autopsy and they would be contacting CM [redacted] soon to obtain information regarding the child.

RD gave permission to Nonsuit the [redacted] case as the was declared deceased.
Case will be closed once the autopsy comes back.

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:	2025-02-21 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/01/2025
Completed date:	03/01/2025	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: 03/01/2025 07:43 PM Entered By: [redacted]

At the CPIT meeting this day, CM [redacted] was advised this day by [redacted] Police Department SVU Sergent [redacted] that the case had been transferred to the [redacted] Police Department Homicide Unit.

The assigned Detective was not named 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:	2025-02-05 13:47:00	Contact Method:	Face To Face
Contact Time:	01:47 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/05/2025
Completed date:	02/05/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2025 01:47 PM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2025-01-31 23:45:00	Contact Method:	
Contact Time:	11:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/31/2025
Completed date:	01/31/2025	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: 01/31/2025 11:45 PM Entered By: [redacted]

CM [redacted] received a call from [redacted] Childrens Hospital regarding the ACV, [redacted] CM [redacted] was notified by the attending doctor that the child was pronounced deceased at 12:44 am [redacted] at [redacted] Childrens Hospital in the Neonatal Intensive Care Unit.

CM [redacted] was notified that the childs body will be released to the Medical Examiners office for an autopsy and they would be contacting CM [redacted] soon to obtain information regarding the child.

RD gave permission to Nonsuit the [redacted] case as the was declared deceased.
Case will be closed once the autopsy comes back.

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:	2025-01-09 10:37:00	Contact Method:	Face To Face
Contact Time:	10:37 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/09/2025
Completed date:	01/09/2025	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2025 10:37 AM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2024-12-14 22:09:00	Contact Method:	
Contact Time:	10:09 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/14/2024
Completed date:	12/14/2024	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: 12/14/2024 10:09 PM Entered By: [redacted]

CM [redacted] received a call from [redacted] Childrens Hospital regarding the ACV, [redacted] CM [redacted] was notified by the attending doctor that the child was pronounced deceased at 12:44 am [redacted] at [redacted] Childrens Hospital in the Neonatal Intensive Care Unit.

CM [redacted] was notified that the childs body will be released to the Medical Examiners office for an autopsy and they would be contacting CM [redacted] soon to obtain information regarding the child.

RD gave permission to Nonsuit the [redacted] case as the was declared deceased.
Case will be closed once the autopsy comes back.

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:	2024-12-02 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/02/2024
Completed date:	12/02/2024	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/02/2024 09:47 AM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2024-11-30 23:22:00	Contact Method:	
Contact Time:	11:22 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	11/30/2024
Completed date:	11/30/2024	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: 11/30/2024 11:23 PM Entered By: [redacted]

CM [redacted] received a call from [redacted] Childrens Hospital regarding the ACV, [redacted] CM [redacted] was notified by the attending doctor that the child was pronounced deceased at 12:44 am [redacted] at [redacted] Childrens Hospital in the Neonatal Intensive Care Unit.

CM [redacted] was notified that the childs body will be released to the Medical Examiners office for an autopsy and they would be contacting CM [redacted] soon to obtain information regarding the child.

RD gave permission to Nonsuit the [redacted] case as the was declared deceased.
Case will be closed once the autopsy comes back.

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:	2024-11-01 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	11/08/2024
Completed date:	11/08/2024	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/08/2024 11:23 AM Entered By: [redacted]

Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased 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:	2024-10-03 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/21/2024
Completed date:	10/21/2024	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: 10/21/2024 08:15 AM Entered By: [redacted]

The 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 in TFACTS on 9/9/24 initially concerning allegations of Drug Exposed Child for ACV [redacted] (newborn). [redacted] passed away on 9/30/24 at which time the allegation of Abuse Death was added to the open investigation. It was reported the birth mother [redacted] and putative birth father [redacted] reside in [redacted] County.

[redacted] was born on [redacted] at 23 weeks gestation, weighing less than one pound, and testing positive for cocaine on a urine drug screen. She was transferred to [redacted] Childrens Hospital for specialized care and remained in the NICU until her death on 9/30/24. The mother tested positive for THC, opiates, and cocaine at time of delivery and disclosed last use [cocaine] as approximately 5 days to 1 week prior to delivery. Additionally, it was reported the mother was diagnosed with cervical incompetency and had also been diagnosed with this in the past during a previous pregnancy during one of four miscarriages. The mother left the hospital against medical advice and was difficult to maintain contact with in the days that [redacted] survived but continued to decline. [redacted] condition included brain bleeds, hole in heart and stomach, and bacterial infection. She required artificial oxygen at 100% and fentanyl drip. [redacted] was safety placed with the paternal grandmother [redacted] although she remained in the hospital. The mother was still required to make medical decisions and engaged in some contact with DCS but refused a drug screen. The mother again admitted to cocaine use and use throughout pregnancy. She made the decision to end life support and denied the need for any services. The mother reported minimal prenatal care beginning at 13 weeks gestation. The putative father was in inpatient rehab from which he checked himself out of at time of delivery. The rehab requires 30 days after voluntary checkout to be able to reenter the program. Neither the mother or putative father have other children. ME office has requested DCS records regarding death investigation.

Next Steps:

Tennessee Department of Children's Services

Case Recording Summary

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

-- CM has requested all ACVs medical records and will review and upload to TFACTS once received.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- Team will confer with Legal regarding provision of records to ME office.
-- CM will request any child welfare records available from KY where mother once resided.
-- 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.

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:	2024-10-01 08:00:00	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/07/2024
Completed date:	10/14/2024	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/14/2024 08:21 AM Entered By: [redacted]

Per CPS Protocol, Case Manager does not have to perform monthly face-to-face visits with this victim due to the child being deceased.

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:	2024-09-30 11:07:00	Contact Method:	
Contact Time:	11:07 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/30/2024
Completed date:	09/30/2024	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: 09/30/2024 07:47 PM Entered By: [redacted]

CM [redacted] received a call from [redacted]. Childrens Hospital regarding the ACV, [redacted] CM [redacted] was notified by the attending doctor that the child was pronounced deceased at 12:44 am [redacted] at [redacted]. Childrens Hospital in the Neonatal Intensive Care Unit.

CM [redacted] was notified that the childs body will be released to the Medical Examiners office for an autopsy and they would be contacting CM [redacted] soon to obtain information regarding the child.

RD gave permission to Nonsuit the [redacted] case as the was declared deceased.

Court was set for October 7, 2024 at 09:00 am. Ms. [redacted] has no other children.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-30 01:26:00	Contact Method:	
Contact Time:	01:26 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/30/2024
Completed date:	09/30/2024	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: 09/30/2024 02:22 AM Entered By: [redacted]

CM [redacted] contacted the Tennessee Child Abuse Hotline in regard to notifying of the ACVs passing.

The intake number is # [redacted] and will be assigned to [redacted] County CPIT.

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:	2024-09-30 01:19:00	Contact Method:	
Contact Time:	01:19 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/30/2024
Completed date:	10/03/2024	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: 09/30/2024 02:20 AM Entered By: [redacted]

CM [redacted] received a call from [redacted] Childrens Hospital regarding the ACV, [redacted] CM [redacted] was notified by the attending doctor that the child was pronounced deceased on September 30, 2024 at 12:44 am [redacted] at [redacted] Childrens Hospital in the Neonatal Intensive Care Unit. Ms. [redacted] gave permission to cease all life-sustaining measures for the child on this day. The announcing doctor was [redacted] DO.

CM [redacted] was notified that the childs body will be released to the Medical Examiners office for an autopsy and they would be contacting CM [redacted] soon to obtain information regarding the 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:	2024-09-17 15:18:00	Contact Method:	
Contact Time:	03:18 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/18/2024
Completed date:	09/18/2024	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: 09/18/2024 03:16 PM Entered By: [redacted]

CM [redacted] spoke with [redacted] NICU Social Worker, [redacted] SW [redacted] inquired about if there was any movement as to who the child would be released to when ready. CM [redacted] advised that an IPA was signed and that the child will be placed with the punitive paternal grandmother and her paramour. CM [redacted] advised that the birth mother is still the person who would need to make all medical decisions for the child and advised that after the case is presented in court and custody changes that Ms. [redacted] would be able to help with medical decisions but as long as the mother has parental rights, she is the primary person to make these decisions. CM [redacted] inquired about if the child had passed meconium in which SW [redacted] advised that she had not. CM [redacted] advised that she would follow up with [redacted] to see if cord blood was collected for the child. CM [redacted] thanked SW [redacted] and the call was ended.

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:	2024-09-16 12:00:00	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	09/18/2024
Completed date:	09/18/2024	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: 09/18/2024 03:15 PM Entered By: [redacted]

CM [redacted] and CM [redacted] arrived at the safety placement home. CM [redacted] and CM [redacted] were welcomed into the home by Ms. [redacted] and Mr. [redacted] CM [redacted] began the meeting my performing the home walkthrough. CM [redacted] observed that the home had running water, electricity, and ample food. CM [redacted] observed that there was currently no crib or packnplay and advised that CM [redacted] would need to come back to the home to perform a walkthrough and see the Safe Sleep space for the child prior to the child being discharged from [redacted] Ms. [redacted] advised that she understood. CM [redacted] completed the remaining questions on the Expedited Placement Summary with Ms. [redacted] and Mr. [redacted] All other IPA forms were completed at this time. Mr. [redacted] and Ms. [redacted] signed the IPA in agreement and CM [redacted] explained all the terms of the IPA.

Due to the allegations being DEC for the child. UDS were performed on the adults and the results were negative for all substances.

CM [redacted] explained the process and the procedures for courts and IPAs. Ms. [redacted] and Mr. [redacted] advised that they understood. CM [redacted] thanked the parties for allowing them into the home and CMs left the residence.

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:	2024-09-16 09:07:00	Contact Method:	
Contact Time:	09:07 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/30/2024
Completed date:	09/30/2024	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: 09/30/2024 07:43 PM Entered By: [redacted]

Case was staffed with TL [redacted] by CM [redacted]
Case came in as P2 for allegations of Drug exposed infant. ACV is [redacted] (0, newborn). APs is bio mom, [redacted] Bio dad is [redacted] It was reported that there are no other children living in the home.

Response was met at NICU at [redacted] Childrens Hospital, [redacted] TN. CM was not able to interview the child due to the age. CM observed the infant was in the NICU at [redacted] Childrens Hospital. CM observed child to be placed in a closed environment with many medical attachments present on her body. CM photographed the child due to her condition and being extremely premature.

CM spoke with NICU Nurse and NICU Doctor. CM was advised that infant currently has two brain bleeds that were present on scans earlier this morning. CM was advised that the hospital classifies this childs condition as preliminary near death. CM was advised that the child was currently stable but advised that she was not in good condition. CM was advised that the currently prognosis of the infant was unavailable and possible recovery for the child could not be said. CM inquired about possible causes for the premature birth. CM was advised that there is a possibility that it was from the mothers use of cocaine, the mothers cervical incompetency, the mothers lack of consistent prenatal care, or the mothers lack of following doctors orders of bedrest at [redacted] and [redacted] Hospitals. CM was advised that due to the mothers complications, there is no way to differentiate the cause of the premature birth of the child. CM was informed that childs meconium could not be collected due to the infant being only 23 weeks old. CM was informed that the infant will be in the hospital for a long period of time.
CM was informed that bio dad had limited visits and mom has not been visiting or answering the phone. CM called mom who stated she will be visiting the child at the hospital.

Updates:
CM made a home visit and engaged with Ms. [redacted] Mom stated she is currently unemployed. Mom stated she is not married to bio dad, [redacted] Mom stated she lives in the home of dads parents. Mom reported she has history of Substance abuse and the last time she used was on 9/7/2024. Mom reported she went to rehab in the past but relapsed.

Tennessee Department of Children's Services

Case Recording Summary

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

Mom reported child was born 23 weeks gestation.
Mom reported she was diagnosed with cervical incompetence. Mom reported she was using substances even after she had knowledge of being pregnant. Mom refused to consent to drug screen. Mom stated she did not care and that it did not matter what other substances she may have used. CM inquired about possible safety placements for the baby after her discharge from the NICU. Mom provided a few names which also included paternal grandmother, [redacted]
Case was staffed the case with TL [redacted] TC [redacted] and DCS Legal Attorney [redacted].

An IPA (immediate protection agreement) needed to be completed and the children needed to be safety placed due to the mothers admission of cocaine use within the last seven days, as well as the childs positive urine drug screen at the hospital for cocaine.
Mom advised that she understood the terms of the IPA and signed in agreeance.

Next step:
File legal petition in Court.
Complete 16.20 packet, home walk through and background check.

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:	2024-09-13 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/18/2024
Completed date:	09/18/2024	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: 09/18/2024 03:11 PM Entered By: [redacted]

Code X was ran on the adults in the home. The results are as follows:

[redacted] Charged with Disorderly Conduct

[redacted] No Results found.

Fingerprints will need to be completed on the above parties.

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:	2024-09-13 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/18/2024
Completed date:	09/18/2024	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: 09/18/2024 03:09 PM Entered By: [redacted]

CM [redacted] contacted Ms. [redacted] and advised that she would like to explore Ms. [redacted] as a placement option. Ms. [redacted] advised that she obtained permission from her boyfriend to be used as placement as well since she is currently residing at his home. CM [redacted] advised that she needed identification information for all adults in the home and inquired about if there were other children in the home in which Ms. [redacted] advised that Mr. [redacted] has custody of his five-year-od grandson, [redacted] CM [redacted] inquired about if the ACV would have her own room in which Ms. [redacted] advised that she would. CM [redacted] asked the questions pertaining to the Expedited Placement summary and was provided answers to all questions. CM [redacted] and Ms. [redacted] set an appointment time for the home walkthrough and to sign paperwqork for Monday September 16, 2024 and 12:00pm. CM [redacted] thanked Ms. [redacted] and the call was ended.

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:	2024-09-13 09:00:00	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/18/2024
Completed date:	09/18/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2024 03:08 PM Entered By: [redacted]

CM [redacted] contacted Ms. [redacted] and advised that her first two placement options were unable to be used. The first due to being out of the State of Tennessee and the second due to personal reason that she would need to speak with Mr. Wilridge about. CM [redacted] advised that she would like permission to explore Ms. [redacted] last IPA placement option. Ms. [redacted] became upset and began cussing at CM [redacted] and then advised CM [redacted] to look into Ms. [redacted] as placement and immediately ended the call. CM [redacted] attempted to contact Ms. [redacted] back and received no response.

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:	2024-09-12 16:09:00	Contact Method:	
Contact Time:	04:09 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/30/2024
Completed date:	09/30/2024	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: 09/30/2024 07:20 PM Entered By: [redacted]

Case was staffed with TL [redacted] by CM [redacted]

Case came in as P2 for allegations of Drug exposed infant. ACV is [redacted] (0, newborn). APs is bio mom, [redacted] Bio dad is [redacted] It was reported that there are no other children living in the home.

Referral states:
Report came in due to in utero substance exposure (opiates, THC, and cocaine).
Bio mom, [redacted] left the hospital AMA today. Her baby remains in the NICU due to prematurity (23 weeks gestational age). Mom admitted to using drugs 5 days prior to delivery.

HOUSEHOLD COMPOSITION
The ACV(s) primary household is comprised of the following individuals:
CHILD: [redacted]
PARENT: [redacted]
PARENT: [redacted]

FAST Assessment Results:
Safety Result: Immediate Intervention Recommended:
Risk Result: High Need/Risk

Response was met at NICU at [redacted] Childrens Hospital, [redacted] TN. CM was not able to interview the child due to the age. CM observed the infant was in the NICU at [redacted] Childrens Hospital. CM observed child to be placed in a closed environment with many medical attachments present on her body. CM photographed the child due to her condition and being extremely premature.

CM spoke with NICU Nurse and NICU Doctor. CM was advised that infant currently has two brain bleeds that were present

Tennessee Department of Children's Services

Case Recording Summary

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

on scans earlier this morning. CM was advised that the hospital classifies this childs condition as preliminary near death. CM was advised that the child was currently stable but advised that she was not in good condition. CM was advised that the currently prognosis of the infant was unavailable and possible recovery for the child could not be said. CM inquired about possible causes for the premature birth. CM was advised that there is a possibility that it was from the mothers use of cocaine, the mothers cervical incompetency, the mothers lack of consistent prenatal care, or the mothers lack of following doctors orders of bedrest at [redacted] and [redacted] Hospitals. CM was advised that due to the mothers complications, there is no way to differentiate the cause of the premature birth of the child. CM was informed that childs meconium could not be collected due to the infant being only 23 weeks old. CM was informed that the infant will be in the hospital for a long period of time.
CM was informed that bio dad had limited visits and mom has not been visiting or answering the phone. CM called mom who stated she will be visiting the child at the hospital.

Next step:
Interview mom and dad.
Complete home visit
IPA needs to be put in place.

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:	2024-09-12 16:00:00	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/18/2024
Completed date:	09/18/2024	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: 09/18/2024 03:07 PM Entered By: [redacted]

CM [redacted] spoke with [redacted] about being used as a possible placement for the child. Mr. [redacted] advised that he would not be willing to be used as a placement at this time due to being unable to financially provide for the child. Mr. [redacted] stated that he may be interested at a later time to obtain custody of the child after he gets his finances in order. CM [redacted] explained the process of what Mr. [redacted] would need to do in order for that to happen and advised that there is no guarantee that he would then be able to obtain full custody. Mr. [redacted] advised that he understood. CM [redacted] thanked Mr. [redacted] and the call was ended.

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:	2024-09-12 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	09/18/2024
Completed date:	09/18/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2024 11:37 AM Entered By: [redacted]

CM [redacted] explained MRS, the Clients Rights Handbook to include the Parents Bill of Rights and HIPAA and provided the family with copies of each and kept copies of signature pages for the HIPAA and Clients Rights Handbook. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. CM obtained demographic information and completed the pictorial tool. CM obtained all appropriate releases of information at that time.

Present at this visit were the following individuals: CM [redacted] CM [redacted] and SVU Detective [redacted] Upon arrival to the home, the maternal grandfather was outside of the home, Mr. [redacted] Mr. [redacted] stated that CM [redacted] was at his home yesterday and advised that he did not appreciate CM [redacted] coming. CM [redacted] advised that she was there to speak with Ms. [redacted] and not him. Mr. [redacted] went into the to retrieve Ms. [redacted] Upon Mr. [redacted] going into the home, CM [redacted] observed the home to appear clean from the front door. CM [redacted] observed a smell that is consistent with the smell of THC. CM [redacted] was not welcomed in the home, CM [redacted] met with Ms. [redacted] at her home on the front porch. CM [redacted] obtained global assessment information. Ms. [redacted] stated that her and Mr. [redacted] are not married. Ms. [redacted] stated that they have been dating for six years. Ms. [redacted] stated that she has lived at her residence for over 10 years. Ms. [redacted] stated that the home is three bedrooms and two bathrooms. Ms. [redacted] stated that she is currently not employed. Ms. [redacted] stated that she was working before she got pregnant and advised that she is not currently receiving any government assistance. Ms. [redacted] stated that she has a WIC appointment coming up. Ms. [redacted] stated that she has a criminal history for petty theft in [redacted] County. Ms. [redacted] stated that there is no history of Domestic Violence in the home. Ms. [redacted] stated that there is no history of domestic assault. Ms. [redacted] stated that there was history of substance use with her last use being a week on September 7, 2024. Ms. [redacted] stated that her drug of choice was cocaine. Ms. [redacted] stated that she is aware that it is illegal. Ms. [redacted] denied the use of any other substances to CM [redacted] Ms. [redacted] stated that her mother passed away in January and advised that she has been using for since 2017. Ms. [redacted] stated that she was prescribed oxycodone and Xanax for an incident that happened and advised these are the substances she believes that led to her substance abuse concerns. Ms. [redacted] stated that she has received substance abuse treatment for this previously and advised that this was through Good Samaritan. Ms. [redacted] stated that she graduated high school and advised that this is her highest level of education. Ms. [redacted] stated that stated that she

Tennessee Department of Children's Services

Case Recording Summary

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

understood proper physical discipline techniques and advised that she will deny the use of any corporal punishment when the child becomes of appropriate age. Ms. [redacted] stated that she has no behavioral health or mental health diagnoses.

Ms. [redacted] stated that she received prenatal care at [redacted] Health. Ms. [redacted] stated that she found out that she was pregnant at 13 weeks. Ms. [redacted] stated that she was using prior to finding out that she was pregnant. Ms. [redacted] stated that [redacted] was less than a pound when she was born and was born at 23 weeks gestation. Ms. [redacted] stated that the child does not current have an assigned pediatrician. CM [redacted] advised Ms. [redacted] of possible pediatricians in the [redacted] Area. Ms. [redacted] stated that she has been [redacted] to see [redacted] two days ago. Ms. [redacted] stated that she is going to try to go see her today. Ms. [redacted] stated that she has a physical health conditions that cause previous miscarriage prior to [redacted] birth. Ms. [redacted] stated that she was diagnosed with cervical incompetency and advised that [redacted] just fell out. Ms. [redacted] stated that she was using substances even after she had knowledge of being pregnant. CM [redacted] requested Ms. [redacted] perform a urine drug screen, but Ms. [redacted] denied. Ms. [redacted] signed the admittance portion of the drug screen form with the admission of cocaine use on September 5, 2024. Ms. [redacted] stated that she did not care and that it did not matter what other substances she may have used. CM [redacted] inquired about possible safety placements for [redacted] after her discharge from the NICU. Ms. [redacted] gave the following possible safety placement options:

[redacted], KY [redacted]; Previous Paramour of Maternal Brothercannot use this placement due to being out of TN

[redacted] and Maternal Cousin

[redacted] Last ResortPaternal GrandmotherDoes not want to use if someone else can be approved.

Ms. [redacted] stated that she plans on attending a new rehab and advised that she would like to know the process. CM [redacted] advised that she would have to likely pass a hair follicle test ordered by the courts. CM [redacted] advised that there will be services in place that would need to be completed prior to the return of custody. CM [redacted] explained that the services would be: Alcohol and Drug Assessment and Treatment, Mental Health Assessment and Treatment, Parenting Assessment and Classes, and Anger Management classes.
Ms. [redacted] stated that she understood. CM [redacted] advised the typical timeline for services to be completed. CM [redacted] advised that she would be in contact with Ms. [redacted] when speaking with safety placements and if they will be able to be used. Ms. [redacted] stated that she understood. Ms. [redacted] stated that she had no questions for CM [redacted] at this time.

CM [redacted] called and staffed the case with TL [redacted] TL [redacted] advised that she would staff the case with TC [redacted] and DCS Legal Attorney [redacted]. TL advised the following:

An IPA (immediate protection agreement) needed to be completed and the children needed to be safety placed due to the mothers admission of cocaine use within the last seven days, as well as the childs positive urine drug screen at the hospital for cocaine.

IPA states the following:
Harm Factor: Drug Exposed Child

Plan: The child will be safety placed with one of the above approved adults pending backgrounds and approval from Ms. [redacted] and the Department. Ms. [redacted] and Mr. [redacted] will have supervised visitation with [redacted] by an approved supervisor. There will be no overnight stays with the child at this time.

Tennessee Department of Children's Services

Case Recording Summary

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

IPA was discussed and approved by DCS Legal and DCS Team Coordinator [redacted] and TL [redacted]

Ms. [redacted] advised that she understood the terms of the IPA and signed in agreeance. CM [redacted] advised that she would be in touch with Ms. [redacted] through the IPA process. CM [redacted] advised that she would be drafting and NCPP and would bring it back for Ms. [redacted] to review and sign with a copy of the IPA for Ms. [redacted] to keep. Ms. [redacted] advised that she understood. CM [redacted] thanked Ms. [redacted] for speaking with her this day, and all parties left the residence.

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:	2024-09-10 12:06:00	Contact Method:	Face To Face
Contact Time:	12:06 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	09/18/2024
Completed date:	09/18/2024	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: 09/18/2024 11:30 AM Entered By: [redacted]

CM [redacted] was unable to speak with [redacted] (ACV) concerning the reported allegations due to her age and condition.
Observation:
CM [redacted] observed that [redacted] was in the NICU at [redacted] Childrens Hospital. CM [redacted] observed [redacted] to be placed in a closed environment with many medical attachments present on her body. CM [redacted] photographed the child due to her condition and being extremely premature.

CM [redacted] spoke with NICU Nurse, [redacted] and NICU Doctor this day. CM [redacted] was advised that [redacted] currently has two brain bleeds that were present on scans earlier this morning. CM [redacted] was advised that the hospital classifies this childs condition as preliminary near death. The nurses advised that the child was currently stable, but advised that she was not in good condition to live at this time. CM [redacted] inquired about the likelihood of survival for [redacted] in which CM [redacted] was advised that this information was currently unavailable due to the unknown prognosis and possible recovery for the child. CM [redacted] inquired about possible causes for the premature birth. CM [redacted] was advised that there is a possibility that it was from the mothers use of cocaine, the mothers cervical incompetency, the mothers lack of consistent prenatal care, or the mothers lack of following doctors orders of bedrest at [redacted] and [redacted] Hospitals. CM [redacted] was advised that due to the mothers complications, there is no way to differentiate the cause of the premature birth of the child. CM [redacted] inquired about if meconium or cord blood was sent for testing. CM [redacted] was advised that the child had not passed meconium at this time. CM [redacted] advised that the Department would either need a meconium or cord blood result for classification of the case, the nurses and doctors advised that they understood and advised that they would check on if cord blood was sent. CM [redacted] thanked the nurses and doctors. NICU Nurse [redacted] advised that the mother and father had only been to the hospital twice to see the child since arriving at [redacted] NICU Nurse [redacted] stated they are needing the mother to come to the hospital at this time to make medical decisions for the child and to be updated on the childs condition. CM [redacted] advised that she will attempt to locate the mother to let her know.

CM [redacted] was advised by the hospital that the mother would be on her way and would be at the hospital in 45 minutes.

Tennessee Department of Children's Services

Case Recording Summary

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

CM [redacted] and CM [redacted] waiting at the hospital for an hour before leaving due to Ms. [redacted] not showing up. CM [redacted] requested the nurses and staff contact CM [redacted] if anyone comes to see the child. The nurses agreed and CMs 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:	2024-09-09 15:48:00	Contact Method:	Correspondence
Contact Time:	03:48 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/18/2024
Completed date:	09/18/2024	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: 09/18/2024 11:27 AM Entered By: [redacted]

CPIT was convened on 09/09/2024 by contacting the District Attorneys Office, [redacted] Police Department, and Childrens Advocacy Center. Detective [redacted] was assigned to the case.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-09 08:05:00	Contact Method:	Attempted Phone Call
Contact Time:	08:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/19/2024
Completed date:	12/19/2024	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: 12/19/2024 11:54 AM Entered By: [redacted]

CM [redacted] attempted to contact the referent and let them know that the case had been assigned. CM [redacted] did not receive a response. CM [redacted] left a message for a return 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:	2024-09-09 08:00:00	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/18/2024
Completed date:	09/18/2024	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: 09/18/2024 11:23 AM Entered By: [redacted]

This case was assigned to CM [redacted] on 09/09/2024 All times are recorded in [redacted]. The response priority was P2, and the allegations were Drug Expose Child. The alleged victim was [redacted] and the alleged perpetrators were [redacted] and [redacted] The District Attorneys office is notified of all severe abuse cases per local protocol. Upon classification the District Attorney is notified at the Child Protective Investigative Team (CPIT) monthly meeting. Juvenile Court judges are notified of all referrals per local protocol. Notice of classification is submitted to the Juvenile Court Judge per local protocol via the 740.
DEMOGRAPHICS:

CHILD: [redacted]
DOB: [redacted]
ADDRESS: [redacted] TN [redacted]

PARENT: [redacted]
DOB: [redacted]
SSN: [redacted]
ADDRESS: [redacted] TN [redacted]
CELL PHONE: [redacted]

PARENT: [redacted]
DOB: [redacted]
ADDRESS: [redacted] TN [redacted]

Allegations and Presenting Problems:

Tennessee Department of Children's Services

Case Recording Summary

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

CM [redacted] reviewed the family case history and there was no history between this family and the department.

Criminal Background Check:
CM [redacted] checked the [redacted] County Sheriffs Department inmate roster to complete a local arrest history on [redacted] The following arrest history was found:

Tennessee Felony Offender Database: No records found
Meth Offender Registry: No records found
TN Sex Offender registry: No records found
National Sex Offender registry: No records found
Dept. of Health Vulnerable Persons Check: No records found

Ms. [redacted] has extensive law enforcement history in [redacted] County.

CM [redacted] checked the [redacted] County Sheriffs Department inmate roster to complete a local arrest history on [redacted] The following arrest history was found:

Tennessee Felony Offender Database: Inactive Record FoundCharge not listed
Meth Offender Registry: No records found
TN Sex Offender registry: No records found
National Sex Offender registry: No records found
Dept. of Health Vulnerable Persons Check: No records found

Mr. [redacted] has extensive law enforcement history in [redacted] County.

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: 09/09/2024

Assignment Date: 09/03/2025

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted], 12:00 AM	*Allegation Substantiated / Perpetrator Substantiated	No	[redacted] / 08/07/2025
2	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	*Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 09/03/2025

* = This allegation set has been reclassified.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: On September 9, 2024, the Department of Children's Services (DCS) received a referral for an allegation of Drug Exposed Child regarding Alleged Child Victim (ACV) [redacted] The Alleged Perpetrator (AP) was identified as the birth mother, Ms. [redacted] was located in the NICU due to prematurity at 23 weeks' gestation and concerns of the mother's substance abuse, including fentanyl, cocaine, and THC. The mother waived submitting a drug screen for the Department but admitted to the prenatal use of Cocaine. A presumptive IPA placement was identified for the child upon her release from the NICU. The child remained in the NICU until her death on September 30, 2024, at 12:44 AM [redacted]. Ms. [redacted] did not comply with the Department after the child's passing. The case was presented to CPIT on March 26, 2025, and classified as Allegation Substantiated, Perpetrator Substantiated.

D. Case Workers

Case Worker: [redacted] Date: 11/05/2024

Team Leader: [redacted] Date: 11/06/2024

E. Investigation Summary

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

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

The child was unable to be interviewed verbally due to her age and development. The child is now deceased.

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]

On September 30, 2024 at 10:30 AM, an autopsy was completed on [redacted] by Dr. [redacted] Medical Examiner, [redacted] TN. Autopsy stated, "The cause of death is complications of prematurity due to acute chorioamnionitis. A contributory factor is maternal drug use. The manner of death is natural". CM [redacted] received the autopsy results on 3/19/2025.

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

On September 12, 2024, CM [redacted] and Detective [redacted] spoke with Ms. [redacted] at the family home. Ms. [redacted] advised that Mr. [redacted] was currently using illegal substances and was using them with Ms. [redacted] Ms. [redacted] stated that she had diagnosed physical health conditions that caused previous miscarriages. Ms. [redacted] stated that she was diagnosed with cervical incompetency and advised that [redacted] "just fell out". Ms. [redacted] stated that she was using substances even after she had knowledge of being pregnant with [redacted] Ms. [redacted] waived her right to provide a urine specimen for drug screening however signed admittance of cocaine use on September 5, 2024. Ms. [redacted] stated that she "did not care" and that "it did not matter" what other substances she may have used.

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

During the investigation, the Department put an Immediate Protection Agreement in place restricting Ms. [redacted] and Mr. [redacted] to supervised contact and no overnight stays with [redacted] The Department performed an Expedited Non-Custodial Placement with the paternal grandmother. A permanency plan was developed with Ms. [redacted] outlining services to address illegal substance use.

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

On September 10, 2024, CM [redacted] spoke with Nurse [redacted] at [redacted] Children's Hospital NICU. Nurse stated that [redacted] had two brain bleeds that were present on scans. Nurse stated that the hospital classified the child's condition as preliminary near death. Nurses advised that the child was stable at the time but advised that she was "not in good condition" to live. Nurse advised that there was a possibility that the premature labor was from Ms. [redacted] prenatal substance use of cocaine, Ms. [redacted] cervical incompetency, Ms. [redacted] lack of consistent prenatal care, or Ms. [redacted] lack of following doctor's orders of bedrest at [redacted] and [redacted] Hospitals prior to the birth of the child. Case Manager [redacted] was advised that due to Ms. [redacted] pregnancy complications, there was no way to differentiate the cause of the premature birth of the child.

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: 09/13/2024**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** DCS Office
Risk Level: High Need/Risk	
Event Start Date: 09/04/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 09/13/2024	**Approver:** [redacted]

PARTICIPANTS

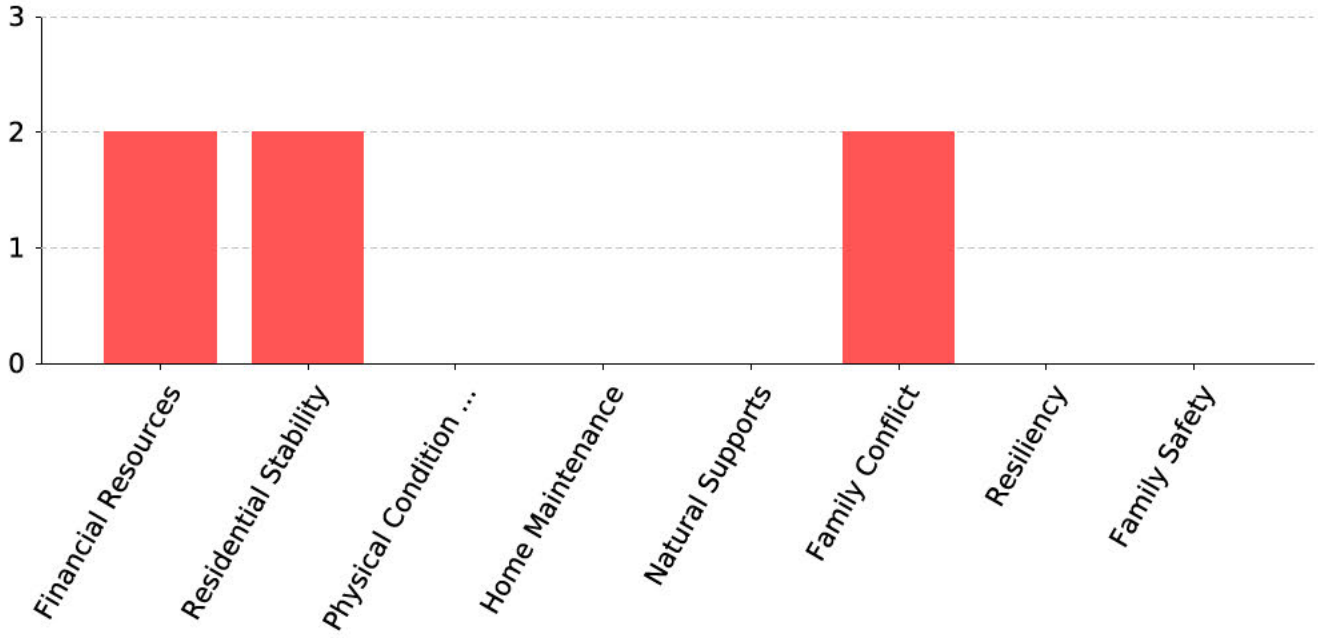
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	F	[redacted]	3	Low
[redacted] (AP)	33 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted]	34 Yrs	Caregiver	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 09/13/2024
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).

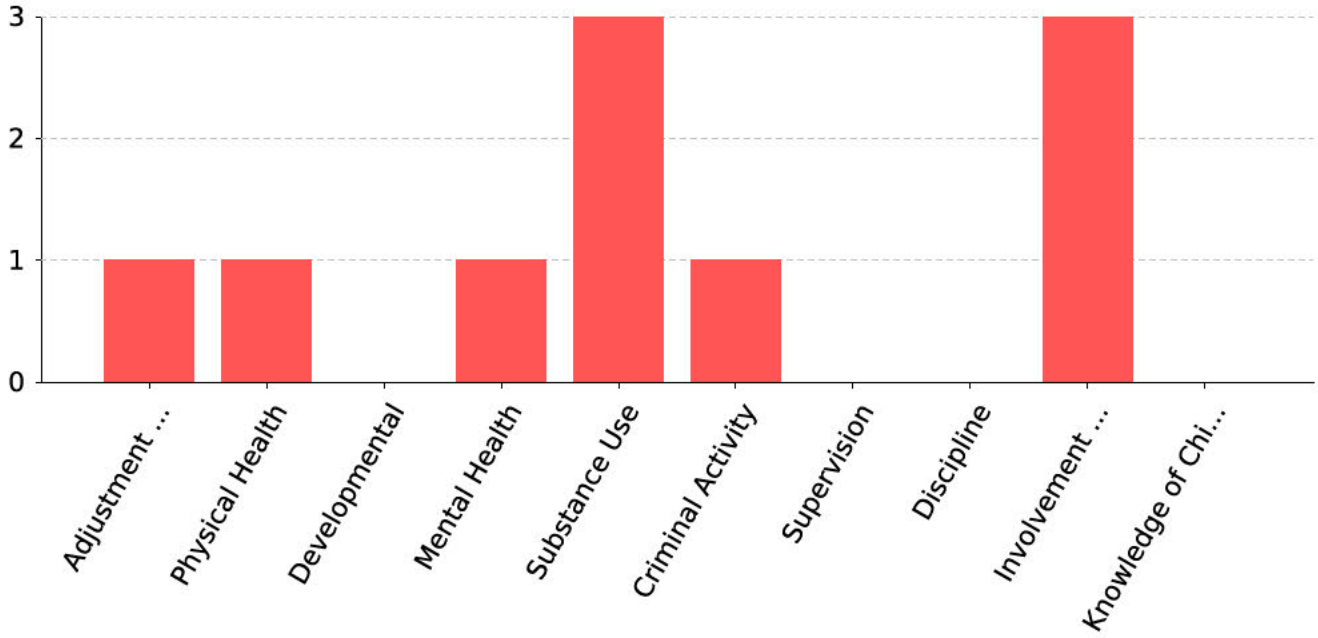


Item	Score	Justification/Narrative
Financial Resources	2	Neither the mother or father are currently employed. Per interview with Ms. [redacted] they receive no government assistance at this time.
Residential Stability	2	The mother currently resides with her father, but was previously residing in a home that she is actively being evicted from.
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	2	The mother, father, and paternal grandmother do not get along. There have been verbal arguments over the phone that CM [redacted] has witnessed.
Resiliency	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 09/13/2024
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	1	The mother advised that she began substance use after her mother's passing.
Physical Health	1	The mother has a history of miscarriages and cervical incompetency.
Developmental	0	
Mental Health	1	The mother advised that she began substance use after her mother's passing. She is currently not in any mental health services.
Substance Use	3	The mother admitted to cocaine use with the last use being 9/5/2024. The mother admitted to cocaine, fentanyl, opiate, and THC at the hospital upon delivery. The mother denied a UDS by DCS but was positive for the following substances upon UDS at the hospital: Cocaine, Opiates
Criminal Activity	1	The mother has criminal history.
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	3	The mother does not answer the phone for the hospital and has seen the child since birth three times. The hospital has sought assistance from CM [redacted] to locate the mother to make medical decisions.

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

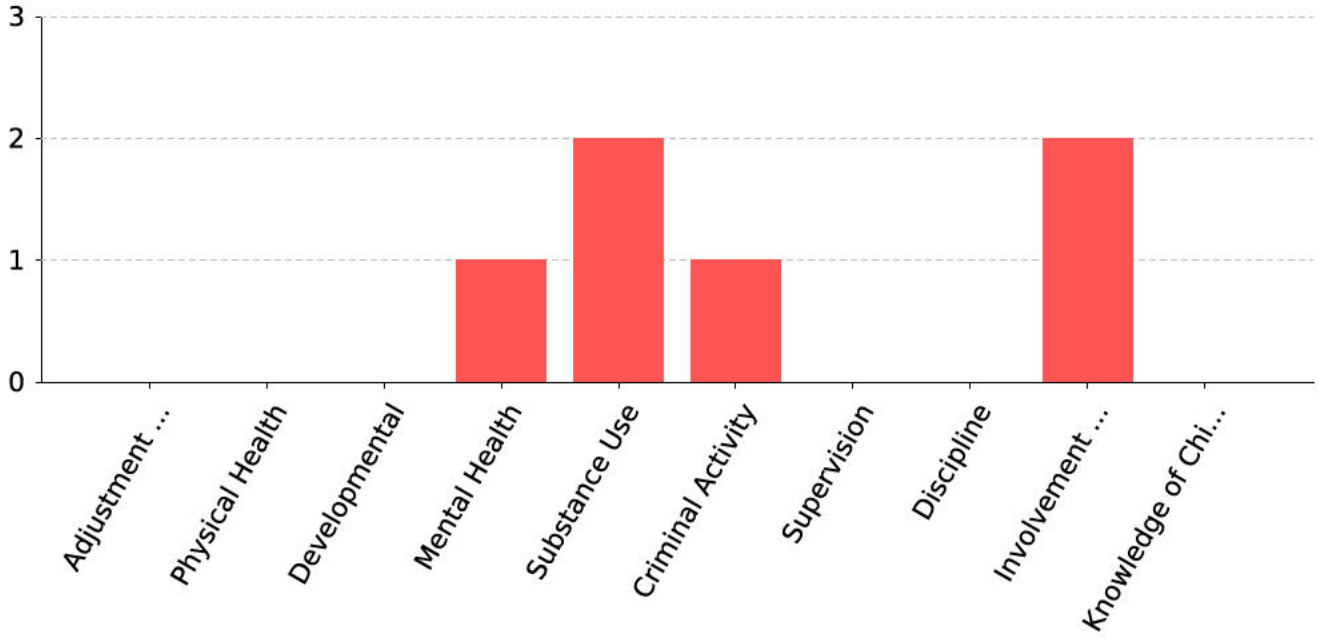
Event Type: CPS Case	**Assessment Date:** 09/13/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

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:** 09/13/2024
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	1	The father has extensive history of substance use.
Substance Use	2	Contact with the father has not been made at this time. He has been unable to locate. Per paternal grandmother, the father was at rehab for cocaine, fentanyl, and opiate use. The father checked himself out of rehab upon the birth of ACV. The father will be unable to return to rehab for a minimum of 30 days.
Criminal Activity	1	The father has a criminal history.
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	2	The father has been to see the child twice since birth at the hospital.

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

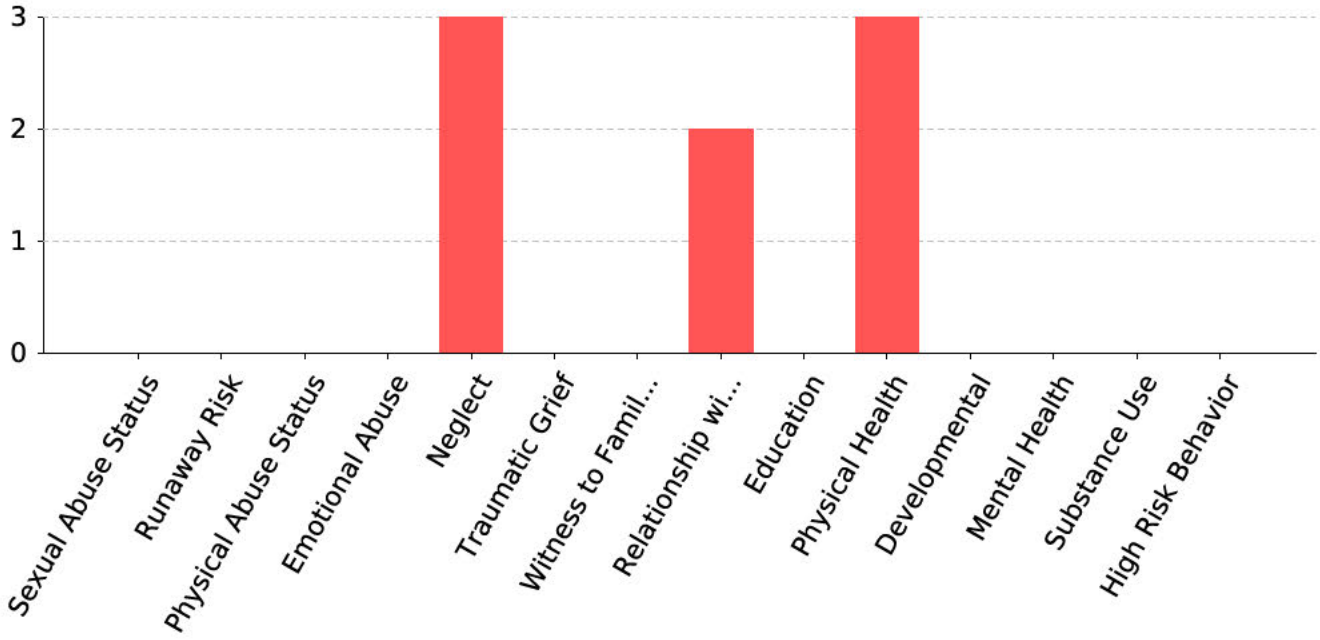
Event Type: CPS Case	**Assessment Date:** 09/13/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

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:** 09/13/2024
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] (CSEM)	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	The child is currently in the hospital due to premature birth. The mother and father are inconsistent with visiting the child and often are not there to make immediate medical decisions for the child. The child has a positive urine drug screen for Cocaine upon birth. Awaiting for confirmation testing of either meconium or cord blood.
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	2	The child is currently in the hospital due to premature birth and in the NICU. The mother and father are inconsistent with visiting the child and often are not there to make immediate medical decisions for the child.

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

Event Type: CPS Case	**Assessment Date:** 09/13/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

Education	NA	
Physical Health	3	The child was born at 23 weeks gestation weight 450 grams. The child will remain in the NICU for an unknown amount of time. Per the hospital, the child will have significant impairment and possible disabilities due to her condition.
Developmental	0	
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	