



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2014.020

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/10/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/09/2014		
Child's Name:	Baby Boy ██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father:	██████████			
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Birth Mother			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

On February 9, 2014 a baby boy was born to ██████████ at 8:31 PM at ██████████ Medical Center. The baby was alive for approximately two (2) minutes before dying. His time of death was listed as 8:33 PM February 9, 2014. The child was not considered to be still born. Ms. ██████████ delivered the child at just over 20 weeks. The child was 10 ½ inches long and weighed 14 oz.

Ms. ██████████ tested positive for Oxycodone, Barbiturates and TCA upon admission to the hospital. Ms. ██████████ stated that she was prescribed Oxycodone, Flexeril and Fioricet. Ms. ██████████ also had positive drug screen during her prenatal visits. She was positive for Oxycodone and TCA on 1/22/14 and Barbiturates and Oxycodone on 2/6/14.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████	Telephone #	() -
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

CM ██████████ met with ██████████ at her home to discuss the passing of her baby. Ms. ██████████ stated that her estimated conception date was September 30, 2013 with her due date estimated to be June 23, 2014. Ms. ██████████ stated that she did not discover she was pregnant until November sometime when she went to the local Health Department. Ms. ██████████ was arrested on October 18, 2013 and charged with Simple Possession of a Schedule II drug and Unlawful Possession of Drug Paraphernalia. Ms. ██████████ was on probation at the time. Ms. ██████████ stated that she went to jail in ██████████ County because of that charge. Ms. ██████████ stated that she was in a motel room with people but she was only using her prescription drugs. Ms. ██████████ stated that while in jail she was made to clean and lift heavy mats up onto the top bunks in the cells. Ms. ██████████ stated that she hurt herself and started bleeding while in jail. Ms. ██████████ was released on December 19, 2013 and placed on house arrest. Ms. ██████████ stated that she had an ultrasound at the ██████████ County Hospital and it showed that she had a ruptured placenta. She was due to see her O.B., Dr. ██████████ the following day. Ms. ██████████ stated that Dr. ██████████ did not take the time to see her and felt she did not properly care for her and her child. Ms. ██████████ stated that she then went to another O.B., Dr. ██████████. She stated that he found air pockets in the baby's intestines and other issues with the pregnancy. Ms. ██████████ stated that she was in and out of the hospital with high fevers and an elevated white blood count. Ms. ██████████ stated she continued to bleed and have contractions for weeks before giving birth. Ms. ██████████ stated that Dr. ██████████ tried to keep her from delivering and explained to her that she did not do anything to cause the death of the child. Ms. ██████████ stated that she had an unhealthy pregnancy and feels it was due to the time she spent in jail.

Ms. ██████████ is currently prescribed 15mg Morphine, 30mg Oxycodone, 300mg Neurontin, 10mg Flexeril and Fioricet. All prescriptions were accounted for during the visit. Ms. ██████████ has been receiving these medications from Dr. ██████████ in ██████████ TN. She has been getting the prescriptions filled at ██████████ Pharmacy in ██████████ as well. Ms. ██████████ was prescribed additional Oxycodone, Flexeril and Loratab after discharge from the hospital. Ms. ██████████ had not filled those prescriptions yet. Ms. ██████████ completed a HIPAA form for CM and was fine with DCS getting her medical information. Ms. ██████████ stated that she has not abused her medication and has actually cut back and has not taken as much as prescribed.

A Certificate of Live Birth for the baby boy was completed without a first name.

Ms. [REDACTED] currently resides at [REDACTED]. The physical address is in [REDACTED], TN located in [REDACTED]. She is living with [REDACTED] who maintains that he is a support for Ms. [REDACTED].

Ms. [REDACTED] stated that [REDACTED] was probably the father of the child but that he denied it to her when she told him. Ms. [REDACTED] is currently married to [REDACTED]. She stated that they were married for a week when she made him leave due to physically abusing her daughter. Mr. [REDACTED] is currently in jail in [REDACTED] TN.

CM offered counseling services and additional in-home services to the family. Ms. [REDACTED] denied needing any services at this time.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

Child died in the hospital 2 minutes after birth. Referral was called in the next day.

Describe disposition of body (Death):	New born baby at 20.6 weeks of gestation. Baby only lived for 2 minutes after birth.		
Name of Medical Examiner/Coroner:	Dr. [REDACTED]	Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type:		Case #:	

Describe law enforcement or court involvement, if applicable:

[REDACTED] Sheriff's Department Investigator [REDACTED] is working with DCS.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

No other children in the care of Ms. [REDACTED] and [REDACTED] are with paternal grandmother [REDACTED]. Ms. [REDACTED] does not have visitation with the children. [REDACTED] was placed in State's Custody. Ms. [REDACTED] parental rights were terminated.

Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
03/28/2011	[REDACTED]	DEI	[REDACTED]	[REDACTED]	Services Required
04/13/2010	[REDACTED]	DEI	[REDACTED]	[REDACTED]	No Services
10/09/2008	[REDACTED]	DEC	[REDACTED]	[REDACTED]	ASPS
09/30/2008	[REDACTED]	Environmental Neg	[REDACTED]	[REDACTED]	Services Required
07/30/2008	[REDACTED]	DEC	[REDACTED]	[REDACTED]	Services Recommended and Accepted

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	Case # 2014-020 2/20/14
01/31/2008	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	No Services Needed
/	/				
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person: [REDACTED]			Telephone Number: [REDACTED]		
Case Manager: [REDACTED]			Telephone Number: [REDACTED]		
Team Leader: [REDACTED]			Telephone Number: [REDACTED]		
Team Coordinator: [REDACTED]			Telephone Number: [REDACTED]		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: [REDACTED]</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 02/10/2014 10:55 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/10/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/11/2014 12:31 AM
First Team Leader Assigned: [REDACTED] Date/Time 02/10/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 02/10/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED]	5 Mos	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: The child is not in custody.

TFACTS: Yes

Family Case IDs: [REDACTED] and [REDACTED]

Open Court Custody/FSS/FCIP No

Closed Court Custody Yes

[REDACTED] /6-19-97 to 1-31-02

[REDACTED] /6-19-97 to 8-30-02, [REDACTED] /9-12-01 to 11-17-02

Open CPS - No

Substantiated 10/10/2008/# [REDACTED] DEC/ [REDACTED]



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

Death No

Screened Out: 4

History (not listed above): Yes

03/30/2011/ [REDACTED] DEI/ Services Required

04/15/2010/ [REDACTED] /DEI/No Services Needed

10/02/2008/ [REDACTED] ENN//Services Required

07/31/2008/ [REDACTED] /DEC/Services Recommended and Accepted

02/02/2008/ [REDACTED] /PHA/ No Services Needed

County: [REDACTED] 08/09/1982

Notification: Letter

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporters name/relationship: [REDACTED]

Reporter states: Baby boy [REDACTED] (1 day) was delivered by his Mother, [REDACTED] at [REDACTED] Center. No information is known about the Father of the child. The Mother has three other children unknown, which have been removed from her care. She no longer has contact with these children. The Mother has been discharged from the hospital, and she left the facility an unknown male.

On 02/09/14, the baby was born at [REDACTED] Center. He died two minutes after his birth. The baby is not considered to be a stillborn baby. According to the reporter, the Mother tested positive for Oxycodone, Barbiturates, and a tricyclic anti-depressant. The Mother has questionable prescriptions, which has not been confirmed. The Mother stated she takes Flexeril, Oxycodone, and Fioricet, which have not been confirmed as prescribed. The baby was never tested for drugs. An autopsy has not been requested. The baby has been transferred to [REDACTED] Funeral Home.

Upon admission to the hospital, the Mother stated she was on prescribed medications, but she could not produce any proof of her prescriptions. The Mother has had several similar positive drugs screenings during this pregnancy.

[REDACTED] took the death of this baby well. She was smiling and in good spirits. [REDACTED] was anxious to get outdoors to smoke. She delivered the baby at 20.6 weeks. She was not prepared to care for this baby at home, since the baby came early.

The reporter will be calling the hospital attorney to inform him of this death. It is unknown if the hospital will notify the police. There are no safety concerns for the worker who may respond.

County group emailed.

Screening decision: Investigative Track Priority 1, as the child's body has been sent to a funeral home and no autopsy has been requested at this time. [REDACTED] TL on 2-10-14 @ 12:24 pm

Notified Child Death Group: [REDACTED]

RA [REDACTED] was also copied on the notification email.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED]

Gender: Male

Date of Birth [REDACTED]

Participant ID: [REDACTED]

SSN: Race: White Age: 5 Mos

Address [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED] Investigation ID: [REDACTED]
 Referral Date: 02/10/2014 Assignment Date: 02/10/2014
 Street Address: [REDACTED],
 City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 05/16/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Neglect Death allegations unsubstantiated for Ms. [REDACTED]. On 2/9/14 a baby boy was born to Ms. [REDACTED]. The baby was alive for approximately two (2) minutes before dying. His time of death was listed as 8:33 PM 2/9/14. The child was not considered to be still born. Ms. [REDACTED] delivered the child at just over 20 weeks. Ms. [REDACTED] tested positive for Oxycodone, Barbiturates and TCA upon admission to the hospital. Ms. [REDACTED] has prescriptions for Oxycodone, Flexeril and Fioricet. Ms. [REDACTED] also had positive drug screen during her prenatal visits. Dr. [REDACTED] stated that Ms. [REDACTED] came in to CMC on 2/9/14 with a very preterm pregnancy. She was under 21 weeks gestational age and had been having contractions. Dr. [REDACTED] told CM that Ms. [REDACTED] had been complaining of contractions for the past 2 days. Ms. [REDACTED] delivered a very early non-viable 14 oz. fetus that was breech and was extracted. Dr. [REDACTED] stated that the placenta was fragile and had to be removed fragmentally via surgery.

D. Case Workers

Case Worker: [REDACTED] Date: 05/16/2014
 Team Leader: [REDACTED] Date: 05/19/2014

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:

Child was observed and pictures were taken. The child was deceased when the observation took place. Ms. [REDACTED] home was clean and no safety hazards were observed.

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



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

Case Name : ██████████

Investigation ID: ██████████

Dr. ██████ stated that Ms. ██████ delivered a very early non-viable fetus via vaginal delivery that was breech and was extracted. Dr. ██████ stated that the placenta was fragile and had to be removed fragmentally via surgery. Fetal weight of the baby boy was 14 ounces. He was pronounced dead approximately 2 minutes after delivery.

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

Ms. ██████ stated that she began bleeding while in jail due to heavy lifting. She experience early labor and high fever for a few weeks before delivery. Ms. ██████ has valid prescriptions for the medication she tested positive for.

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

No witnesses to child abuse/neglect.

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

No evidence to support the allegations of abuse/neglect. The allegations of Neglect Death for unknown baby ██████ with alleged perpetrator ██████ were unsubstantiated. CPIT team was in agreement with unsubstantiation of the allegations.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/21/2014

Contact Method:

Contact Time: 04:31 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/21/2014

Completed date: 07/21/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/21/2014 04:33 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED], Deputy Director of Investigations, and [REDACTED], Regional Investigations Director and approved for closure. Juvenile court will be notified according to local protocol. DA has been notified as a participant of CPIT.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 07/21/2014 Contact Method: Correspondence
 Contact Time: 08:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/21/2014
 Completed date: 07/21/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2014 08:05 AM Entered By: [REDACTED]

Autopsy report for baby boy [REDACTED] received. Report uploaded into TFACTS investigation. Cause of death was natural according to the autopsy.

Narrative Type: Addendum 1 Entry Date/Time: 07/21/2014 04:11 PM Entered By: [REDACTED]

Medical records and drug screen for Ms. [REDACTED] uploaded into the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/09/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/10/2014

Completed date: 07/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/10/2014 09:46 AM Entered By: [REDACTED]

CM requested the autopsy report for Baby boy [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/07/2014

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/07/2014

Completed date: 06/07/2014

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: 06/07/2014 03:10 PM Entered By: [REDACTED]

Severe abuse Neglect Death case presented at CPIT today. The allegations of Neglect Death for Unknown Baby [REDACTED] with AP [REDACTED] were Unfounded. Ms. [REDACTED] had prescriptions for what she was positive for at birth. The baby was born prematurely and Ms. [REDACTED] had a ruptured placenta. Dr. [REDACTED] delivered the baby and determined the baby was not a viable fetus due to age. The baby was only alive for 2 minutes.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/30/2014	Contact Method:	Correspondence
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/21/2014
Completed date:	07/21/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2014 08:37 AM Entered By: [REDACTED]

This CM verified the familys history of involvement with DCS through a search of TFACTS On this date the following history was noted: 2008 Assessment-Physical Abuse-No Services Needed. 2008 Assessment-Drug Exposed Child-Services Recommended and Accepted. 2008-Assessment-Environmental Neglect-Services Required. 2008 Investigation-ASPS. 2010 Assessment-Drug Exposed Infant-No Services Needed. 2011 Assessment-Drug Exposed Infant-Services Required.

CM did a search of the Tennessee Bureau Of Investigation sex offender registry (<http://www.ticic.state.tn.us/sorinternet/sosearch.aspx>) as to Mrs. [REDACTED] No record found. A copy of such finding is contained within the hard file.

CM did a search of the Tennessee Bureau of Investigation Meth Offender Registry as to Mrs. [REDACTED] No record found. A copy of such finding is contained within the hard file.

CM did a Tennessee felony offender search for Mrs. [REDACTED] (<https://www.tennesseeanytime.org/foil/search.jsp>) No record found. A copy of such finding is contained within the hard file.

CM did a search on the Tennessee Internet Crime Information Center as to Mrs. [REDACTED] (<http://www.ticic.state.tn.us>) No record found. A copy of such finding is contained within the hard file.

CM did a search on the Tennessee Department of Health: Abuse Registry as to Mrs. [REDACTED] (<https://health.state.tn.us/AbuseRegistry>) No record found. A copy of such finding is contained within the hard file.

CM did a search on the United States Department of Justice National Sex Offender Public website as to Mrs. [REDACTED] (<http://www.nsopw.gov/core/OffenderSearch>) No record found. A copy of such finding is contained within the hard file.

CM did a local background with [REDACTED] Sheriff Department as to Mrs. [REDACTED] A copy of such finding is contained within the hard file.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/05/2014 Contact Method:
 Contact Time: 05:00 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/07/2014
 Completed date: 06/07/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2014 02:26 PM Entered By: [REDACTED]

This case was open due to allegations of Neglect Death with alleged perpetrator [REDACTED].

On February 9, 2014 a baby boy was born to [REDACTED] at 8:31 PM at [REDACTED] Medical Center. The baby was alive for approximately two (2) minutes before dying. His time of death was listed as 8:33 PM February 9, 2014. The child was not considered to be still born. Ms. [REDACTED] delivered the child at just over 20 weeks. The child was 10 ½ inches long and weighed 14 oz. Ms. [REDACTED] tested positive for Oxycodone, Barbiturates and TCA upon admission to the hospital. Ms. [REDACTED] stated that she was prescribed Oxycodone, Flexeril and Fioricet. Ms. [REDACTED] also had positive drug screen during her prenatal visits. She was positive for Oxycodone and TCA on 1/22/14 and Barbiturates and Oxycodone on 2/6/14.

Ms. [REDACTED] is currently prescribed 15mg Morphine, 30mg Oxycodone, 300mg Neurontin, 10mg Flexeril and Fioricet. All prescriptions were accounted for during the visit. Ms. [REDACTED] has been receiving these medications from Dr. [REDACTED] in [REDACTED] TN. She has been getting the prescriptions filled at F.Z. [REDACTED] in [REDACTED] as well. Ms. [REDACTED] was prescribed additional Oxycodone, Flexeril and Loratab after discharge from the hospital.

CM met with Dr. [REDACTED] today concerning Ms. [REDACTED] and her child. Dr. [REDACTED] stated that Ms. [REDACTED] came in to CMC on 2/9/14 with a very preterm pregnancy. She was under 21 weeks gestational age and had been having contractions. Dr. [REDACTED] told CM that Ms. [REDACTED] had been complaining of contractions for the past 2 days. Ms. [REDACTED] delivered a very early non-viable fetus via vaginal delivery. Fetus was breech and was extracted. Dr. [REDACTED] stated that the placenta was fragile and had to be removed fragmentally via surgery.

Fetal weight of the baby boy was 14 ounces. He was pronounced dead approximately 2 minutes after delivery. An autopsy was ordered for the baby.

A copy of the Classification and Summary will be submitted to IL [REDACTED] for review and a copy sent to the Juvenile Court Judge.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/30/2014

Completed date: 03/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/30/2014 08:07 AM Entered By: [REDACTED]

CM met with Dr. [REDACTED] today concerning Ms. [REDACTED] and her child. Dr. [REDACTED] stated that Ms. [REDACTED] came in to CMC on 2/9/14 with a very preterm pregnancy. She was under 21 weeks gestational age and had been having contractions. Dr. [REDACTED] told CM that Ms. [REDACTED] had been complaining of contractions for the past 2 days. Ms. [REDACTED] delivered a very early non-viable fetus via vaginal delivery. Fetus was breech and was extracted. Dr. [REDACTED] stated that the placenta was fragile and had to be removed fragmentally via surgery.

Fetal weight of the baby boy was 14 ounces. He was pronounced dead approximately 2 minutes after delivery.

Dr. [REDACTED] did confirm Ms. [REDACTED] prescription information and positive drug screens for TCA and Oxycodone on 1/22/14 and Barbiturates and Oxycodone on 2/6/14.

Narrative Type: Addendum 1 Entry Date/Time: 07/21/2014 03:41 PM Entered By: [REDACTED]

Ms. [REDACTED] had limited prenatal care due to being in jail. Dr. [REDACTED] stated that she had been sick with fevers before delivering the child. The placenta was ruptured as well. Dr. [REDACTED] did not think the child was viable due to gestational age. He did not have any concerns with drug use by the mother. Dr. [REDACTED] did not request an autopsy at the time of death due to him feeling it was a non-viable fetus.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/11/2014	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	07/21/2014
Completed date:	07/21/2014	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: 07/21/2014 08:41 AM Entered By: [REDACTED]

CM contacted the referent for additional information on this referral. No additional information was provided to CM.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/18/2014

Completed date: 02/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/18/2014 02:24 PM Entered By: [REDACTED]

On February 9, 2014 a baby boy was born to [REDACTED] at 8:31 PM at [REDACTED] Medical Center. The baby was alive for approximately two (2) minutes before dying. His time of death was listed as 8:33 PM February 9, 2014. The child was not considered to be still born. Ms. [REDACTED] delivered the child at just over 20 weeks. The child was 10 ½ inches long and weighed 14 oz.

Ms. [REDACTED] tested positive for Oxycodone, Barbiturates and TCA upon admission to the hospital. Ms. [REDACTED] stated that she was prescribed Oxycodone, Flexeril and Fioricet. Ms. [REDACTED] also had positive drug screen during her prenatal visits. She was positive for Oxycodone and TCA on 1/22/14 and Barbiturates and Oxycodone on 2/6/14.

CM observed the child at [REDACTED] Medical Center. Pictures were taken by Inv. [REDACTED] with the [REDACTED] Sheriff's Dept.

An autopsy was ordered for the baby. Dr. [REDACTED]-ME and [REDACTED]-Coroner were notified.

CM [REDACTED] met with [REDACTED] at her home to discuss the passing of her baby. Ms. [REDACTED] stated that her estimated conception date was September 30, 2013 with her due date estimated to be June 23, 2014. Ms. [REDACTED] stated that she did not discover she was pregnant until November sometime when she went to the local Health Department. Ms. [REDACTED] was arrested on October 18, 2013 and charged with Simple Possession of a Schedule II drug and Unlawful Possession of Drug Paraphernalia. Ms. [REDACTED] was on probation at the time. Ms. [REDACTED] stated that she went to jail in [REDACTED] because of that charge. Ms. [REDACTED] stated that she was in a motel room with people but she was only using her prescription drugs. Ms. [REDACTED] stated that while in jail she was made to clean and lift heavy mats up onto the top bunks in the cells. Ms. [REDACTED] stated that she hurt herself and started bleeding while in jail. Ms. [REDACTED] was released on December 19, 2013 and placed on house arrest. Ms. [REDACTED] stated that she had an ultrasound at the [REDACTED] Hospital and it showed that she had a ruptured placenta. She was due to see her O.B. Dr. [REDACTED] the following day. Ms. [REDACTED] stated that Dr. [REDACTED] did not take the time to see her and felt she did not properly care for her and her child. Ms. [REDACTED] stated that she then went to another O.B., Dr. [REDACTED]. She stated that he found air pockets in the babys intestines and other issues with the pregnancy. Ms. [REDACTED] stated that she was in and out of the hospital with high fevers and an elevated white blood count. Ms. [REDACTED] stated she continued to bleed and have contractions for weeks before giving birth. Ms. [REDACTED] stated that Dr. [REDACTED] tried to keep her from delivering and explained to her that she did not do anything to cause the death of the child. Ms. [REDACTED] stated that she had an



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

unhealthy pregnancy and feels it was due to the time she spent in jail.

Ms. [REDACTED] is currently prescribed 15mg Morphine, 30mg Oxycodone, 300mg Neurontin, 10mg Flexeril and Fioricet. All prescriptions were accounted for during the visit. Ms. [REDACTED] has been receiving these medications from Dr. [REDACTED] in [REDACTED]. She has been getting the prescriptions filled at F.Z. [REDACTED] in [REDACTED] as well. Ms. [REDACTED] was prescribed additional Oxycodone, Flexeril and Loratab after discharge from the hospital. Ms. [REDACTED] had not filled those prescriptions yet. Ms. [REDACTED] completed a HIPAA form for CM and was fine with DCS getting her medical information. Ms. [REDACTED] stated that she has not abused her medication and has actually cut back and has not taken as much as prescribed.

A Certificate of Live Birth for the baby boy was completed without a first name.

Ms. [REDACTED] currently resides at [REDACTED]. The physical address is in [REDACTED], TN located in [REDACTED]. She is living with [REDACTED] who maintains that he is a support for Ms. [REDACTED].

Ms. [REDACTED] stated that [REDACTED] was probably the father of the child but that he denied it to her when she told him. Ms. [REDACTED] is currently married to [REDACTED]. She stated that they were married for a week when she made him leave due to physically abusing her daughter. Mr. [REDACTED] is currently in jail in [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 07/21/2014 03:39 PM Entered By: [REDACTED]

Ms. [REDACTED] does not have custody of the other children. One child [REDACTED] went to foster care in 2011. Her other children, [REDACTED] and [REDACTED] are in the custody of Paternal Grandmother [REDACTED]. CM offered Ms. [REDACTED] services and information on grief counseling and she denied needing anything.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/07/2014

Completed date: 06/07/2014

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2014 03:07 PM Entered By: [REDACTED]

CM [REDACTED] convened CPIT with CCSD Inv. [REDACTED]. Inv. [REDACTED] agreed to assist CM with the severe abuse case for Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/10/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/11/2014

Completed date: 02/11/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2014 12:33 AM Entered By: [REDACTED]

case assigned to CM [REDACTED] with a P1 reponse.
 notice to repoter will be mailed
 notice to the Judge and DA will be made per local protocol
 TL notified IC [REDACTED] of the referral

Reporter states: Baby boy [REDACTED] (1 day) was delivered by his Mother, [REDACTED] at [REDACTED] Medical Center. No information is known about the Father of the child. The Mother has three other children unknown, which have been removed from her care. She no longer has contact with these children. The Mother has been discharged from the hospital, and she left the facility an unknown male.

On 02/09/14, the baby was born at [REDACTED] Medical Center. He died two minutes after his birth. The baby is not considered to be a stillborn baby. According to the reporter, the Mother tested positive for Oxycodone, Barbiturates, and a tricyclic anti-depressant. The Mother has questionable prescriptions, which has not been confirmed. The Mother stated she takes Flexeril, Oxycodone, and Fioricet, which have not been confirmed as prescribed. The baby was never tested for drugs. An autopsy has not been requested. The baby has been transferred to [REDACTED] Funeral Home.

Upon admission to the hospital, the Mother stated she was on prescribed medications, but she could not produce any proof of her prescriptions. The Mother has had several similar positive drugs screenings during this pregnancy.

[REDACTED] took the death of this baby well. She was smiling and in good spirits. [REDACTED] was anxious to get outdoors to smoke. She delivered the baby at 20.6 weeks. She was not prepared to care for this baby at home, since the baby came early.

The reporter will be calling the hospital attorney to inform him of this death. It is unknown if the hospital will notify the police. There are no safety concerns for the worker who may respond.

County group emailed.

Screening decision: Investigative Track Priority 1, as the child's body has been sent to a funeral home and no autopsy has been requested at this time. [REDACTED] TL on 2-10-14 @ 12:24 pm



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Notified Child Death Group: [REDACTED]
RA [REDACTED] was also copied on the notification email.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 2/10/14 10:55 AM

Date of Assessment: 2/12/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____