Case # 2014.025

Tennessee Department of Children's Services

Notice of Child Death/Near Death

Intake #:	[redacted]	**Investigation #:**	[redacted]	**Date of Referral:**	02/20/2014
Type: ***(Please check one)***	☒ **DEATH**	☐ **NEAR DEATH**	**Date of Death/Near Death:**	02/19/2014	
Child's Name:	[redacted]	**DOB:**	[redacted]	**Person ID:**	[redacted]
Gender:	☒ **Male** ☐ **Female**	**Race/Ethnicity:**	White (Non Hispanic)	**County/Region:**	[redacted]
Parents' Names:	**Mother:** [redacted]		**Father:** [redacted]		
Alleged Perpetrator's Name:	[redacted]		**Relationship to Victim:**	mother	
Child in custody at time of incident?	☒ **No**	☐ **Yes**	**Adjudication:**		
If child is in DCS custody, list placement type and name:					

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

[redacted] was born at 33 weeks gestation and weighed 2.83 lbs via c-section on [redacted] at 11:19 AM at [redacted] Medical Center. The admission note states that neonatology was requested at delivery and was present for delivery. [redacted] was transported to [redacted] Hospital Neonatal Intensive Care Unit for management of respiratory distress, prematurity, hydrocephaly and rule-out congenital infection. The admission note also states that the mother's pregnancy, labor and delivery were complicated by fetal hydrocephalus, bipolar disorder, growth retardation, chronic dyspnea, gestational diabetes, congenital heart disease, breech presentation, smoking, vitamin D deficiency, positive drugs screen for THC and Benzodiazepines and advanced maternal age. [redacted] was diagnosed upon admission with Hyperbilirubinemia and was treated with phototherapy. [redacted] was initially receiving High Flow Nasal Cannula for respiratory distress, but had to be intubated due to apnea and worsening respitory distress.

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:

The mother is currently in critical care at [redacted] the Cardiac Unit due to heart complications after birth. CPSI has not yet been able to interview her due to her medical state.

The father is reportedly in a Veteran Affairs rehabilitation center in [redacted]

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

The Department was not involved during the child's hospitalization.

Describe disposition of body *(Death)*:	The body was not observed.			
Name of Medical Examiner/Coroner:	Dr. [redacted]	**Was autopsy requested?**	☐ **No**	☒ **Yes**
Did CPS open an investigation on this Death/Near Death?	☐ **No**	☒ **Yes**		
Was there DCS involvement at the time of Death/Near Death?	☒ **No**	☐ **Yes**		
Type:		**Case #:**		

Describe law enforcement or court involvement, if applicable:

[redacted] Police Department will also be completing an investigation regarding the death of this child.

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)*:

There are no other children in the family.

Case #2014-025

Intake #:	[redacted]	Investigation #:	[redacted]	Date of Referral:	02/20/2014

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
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
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?	☒ No	☐ 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 TFACTS Incident Report or if TFACTS is inoperable, DCS Form *CS-0496, Serious Incident Report* to this notice.	☐ No	☐ Yes

Email to: [redacted]

within forty-eight (48) hours of notification

Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]

Case # 2014.025

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 02/20/2014 09:04 AM CT

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 02/20/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 02/20/2014 11:41 AM

First Team Leader Assigned: [redacted] Date/Time 02/20/2014 12:00 AM

First Case Manager [redacted] Date/Time 02/20/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[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: None

Narrative: TFACTS: No History Found (based on the demographics provided)

County: [redacted]
Notification: None
School/ Daycare: None
Native American Descent: None
Directions: None

Reporters name/relationship: [redacted]

Reporter states:
[redacted] (DOB [redacted]) was born to [redacted] The birth father is [redacted]

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

[redacted] passed away last night sometime around midnight. [redacted] was born premature at 33 weeks gestation. [redacted] had hydrocephalus and was having seizures. [redacted] had CMV (cytomegalovirus) which is a very bad virus. [redacted] was also a drug exposed infant. The mother was positive during pregnancy for marijuana and benzodiazepines. The mother was positive for marijuana, oxycodone, and amphetamines upon delivery. [redacted] drug screen is currently pending.

The mother had cardiac issues after delivery and the mother was transported to the cardiac unit. The mother is currently on the step down unit. The father left yesterday to go to a VA[redacted] ehabilitation facility in [redacted] The father was not at the hospital when the baby passed away. The mother has no other children. [redacted] was the mothers first child. It is unknown if the father has any other children.

[redacted] will be picked up by a funeral home. It is unknown if an autopsy will be done. The death summary is not available at this time.

[redacted] is asking for a phone call from DCS at [redacted] as soon as possible.

Special Needs or Disabilities: None
Childs current location/is the child safe at this time: Deceased
Perpetrators location at this time: [redacted]
Any other safety concerns for the child(ren) or worker who may respond: None

Child Death - Investigative Track - P1
[redacted] TC, on 2/20/14 @ 9:52am

Notified Child Death/Child Near Death Notification Group via Email:
[redacted]

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

Participant(s)

Name: [redacted]

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

SSN: | Race: | 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:

Name: [redacted]

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

SSN: | Race: | Age: 39 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Male

Date of Birth:

Partipant ID: [redacted]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Case # 2014.025

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: 02/20/2014

Assignment Date: 02/20/2014

Street Adress: [redacted]

City/State/Zip: [redacted]

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Neglect Death	[redacted]	[redacted]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] 04/28/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegations Unsubstantiated. Perpetrator Unsubstantiated.

D. Case Workers

Case Worker: [redacted]

Date: 04/28/2014

Team Leader: [redacted]

Date: 05/01/2014

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:

The child was taken to the morgue prior to CPSI's arrival and was not able to be seen.

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

CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is Unsubstantiated.
Dr. [redacted] County Medical Examiner, reviewed the child's medical records and determined the mother's drug use had nothing to do with the child's death.

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation 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 : [redacted] **Investigation ID:** [redacted]

The social worker for the mother at [redacted] was interviewed on 02/20/2014 and advised the mother was not stable and was in a hypertensive state. She was in critical care and discharge was not known.
Mmedical documentation that indicates the mother was 39 years old at the time of the birth and the child was born at 33 weeks gestation. The child was due to be born April 6th. The child was born via c-section. There were many health complications with this pregnancy and birth that caused it to be high risk.

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

[redacted] social worker with [redacted] Hosptial was interviewed and she advised that [redacted] had been born prematurely at 33 weeks on [redacted] and had passed away around midnight of 02/19/2014. [redacted] advised that the family had no other children that she was aware of. The mother was positive during pregnancy for THC and Benzodiazapines and was positive at delivery for amphetamines, THC and benzodiazapines. The father went to a rehab facility in [redacted] the day prior. The mother is reported to be diagnosed as bipolar. [redacted] reported that the drugs in the childs system did not cause the child to die and that in a child born prior to 35 weeks they are unable to show the child actually experienced withdrawal symptoms that may be observed if born drug exposed.
The mother was taken after delivery to be observed for cardiac issues and remained on that floor at the time of the childs passing, however she was allowed to be brought over to [redacted] Hospital to see her child prior to her agreeing to allow medical staff to remove the life support being given to the child.

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

Closing Summary: This case came to the attention of the Department on 02/20/14 with allegations of neglect death for [redacted] The alleged perpetrator is the birth mother, [redacted] Upon further investigation it was determined that there is a lack of evidence to support the allegation. The medical examiner, [redacted] reviewed the child's medical records and determined the mother's drug use did not cause the child's death. This case is closed as Allegations Unsubstantiated. Perpetrator Unsubstantiated.

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] [redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	07/02/2014	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/02/2014
Completed date:	07/02/2014	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: 07/02/2014 12:03 PM Entered By: [redacted]

This case was reviewed and approved for closure by [redacted] Deputy Director of Investigations.

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:	06/05/2014	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/19/2014
Completed date:	06/19/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/19/2014 02:34 PM Entered By: [redacted]

CPSI [redacted] met with DCS legal counsel [redacted] regarding this case and if a severe abuse finding should be sought by the Department. CPSI provided case information and [redacted] looked through the medical records. [redacted] advised that since the child is deceased and the mother has no other children, severe abuse will not be sought at this time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/28/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/28/2014
Completed date:	04/28/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/28/2014 12:32 PM Entered By: [redacted]

Closing Summary: This case came to the attention of the Department on 02/20/14 with allegations of neglect death for [redacted] The alleged perpetrator is the birth mother, [redacted] Upon further investigation it was determined that there is a lack of evidence to support the allegation. The medical examiner, Dr. [redacted] reviewed the child's medical records and determined the mother's drug use did not cause the child's death. This case is closed as Allegations Unsubstantiated. Perpetrator Unsubstantiated.
740: A copy of the Classification and Summary will be submitted to [redacted] for review. Upon approval, a copy is then sent by [redacted] to the Juvenile Court Judge.

CPSI [redacted] searched the following databases for [redacted] and [redacted] Tennessee Meth Offender Registry, Tennessee Felony Offender Information, the National Sex Offender Search and Tennessee Family and Child Tracking System (TFACTS). No records were found. 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] [redacted]
Case Status:	Close	Organization:	[redacted]

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/23/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/28/2014
Completed date:	04/28/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/28/2014 12:30 PM Entered By: [redacted]

CPIT Classification Meeting: This case was presented to Child Protective Investigative Team for classification. It was determined that the case is Unsubstantiated.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	04/08/2014	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	04/08/2014
Completed date:	04/08/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2014 01:27 PM Entered By: [redacted]

CPSI [redacted] attempted to meet with Ms. [redacted] at her home. There was no answer.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/28/2014	Contact Method:	Attempted Face To Face
Contact Time:	10:30 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	04/23/2014
Completed date:	04/23/2014	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] [redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/23/2014 06:34 AM Entered By: [redacted]

CPSI [redacted] traveled to the family home in attempt to make contact with the mother. There was no answer, despite multiple attempts knocking. CPSI left a card with contact information.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/24/2014	Contact Method:	Face To Face
Contact Time:	04:02 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2014
Completed date:	04/23/2014	Completed By:	[redacted]
Purpose(s):	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: 04/23/2014 06:24 AM Entered By: [redacted]

CPSI [redacted] was informed by Inv. [redacted] that an autopsy was not requested after the Medical Examiner, Dr. [redacted] reviewed the child's medical records and determined the mother's drug use had nothing to do with the child's 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:	02/20/2014	Contact Method:	Face To Face
Contact Time:	11:53 AM	Contact Duration:	Less than 03 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	04/23/2014
Completed date:	04/23/2014	Completed By:	[redacted]

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

Contact Type(s): Collateral Contact,Initial ACV Face To Face,Medical Exam,Referent Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/23/2014 06:19 AM Entered By: [redacted]

2/20/2014
11:53 TC to referent. CPSI left a message
11:54 TC to [redacted] CPSI left a message.
11:55 TC to Dr. [redacted] CPSI spoke with Dr. [redacted] , forensic pediatrician, who was not aware of the childs death and was unable to advise on the situation. She did advise a possible location and was able to point CPIS and Inv. [redacted] in the correct direction.
12:30 PM
CPSI [redacted] and Inv. [redacted] went to [redacted] Hospital to investigate the fatality of [redacted]
CPSI [redacted] and Inv [redacted] were instructed that [redacted] would have been on the third floor in the Neonatal Intensive Care Unit.
CPSI and Inv. [redacted] met with [redacted] social worker for the child. She advised that [redacted] had been born prematurely at 33 weeks on DATE and had passed away around midnight. [redacted] advised that the family had no other children that she was aware of. The mother was positive during pregnancy for THC and Benzodiazapines and was positive at delivery for amphetamines, THC and benzodiazapines. The father went to a rehab facility in [redacted] the day prior. The mother is reported to be diagnosed as bipolar. [redacted] reported that the drugs in the childs system did not cause the child to die and that in a child born prior to 35 weeks they are unable to show the child actually experienced withdrawal symptoms that may be observed if born drug exposed.
The mother was taken after delivery to be observed for cardiac issues and remained on that floor at the time of the childs passing, however she was allowed to be brought over to [redacted] Hospital to see her child prior to her agreeing to allow medical staff to remove the life support being given to the child.
2:23 PM CPSI [redacted] was able to speak with the social worker for the mother at [redacted] [redacted] who advised the mother was not stable and was in a hypertensive state. She was in critical care and discharge was not known.
CPSI was able to obtain medical documentation that indicated the mother was 39 years old at the time of the birth and the child was born at 33 weeks gestation. The child was due to be born April 6th. The child was born via c-section. There were many health complications with this pregnancy and birth that caused it to be high risk.
The father was searched in the TFACTS database and no history was found. Inv. [redacted] searched for the fathers criminal history and no results were found.

Tennessee Department of Children's Services

Case Recording Summary

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

The mother had waived an autopsy being done. Inv. [redacted] contacted the medical examiner and explained the situation and the Medical examiner then determined an autopsy would be done. The child had been taken to the morgue and was not able to be seen.

CPSI [redacted] spoke with Lead Investigator [redacted] regarding the mother's current health condition and it was determined that it was not appropriate to interview her at this time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/20/2014	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2014
Completed date:	04/23/2014	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/23/2014 06:29 AM Entered By: [redacted]

CPIT: Child Protective Investigation Team was convened with [redacted] PD Investigator [redacted] It was determined that more information would be obtained at [redacted] Hospital.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	02/20/2014	Contact Method:	
Contact Time:	09:04 AM	Contact Duration:	Less than 05
Entered By:	[redacted] [redacted]	Recorded For:	
Location:		Created Date:	04/28/2014
Completed date:	04/28/2014	Completed By:	[redacted] [redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/28/2014 12:47 PM Entered By: [redacted] [redacted]

02/20/2014 9:04 AM This case came to the attention of the Department on 02/20/2014 and was assigned to CPSI [redacted] on 02/20/2014 as a P1. Referent notification was made by mail on the date of assignment. A copy of such notification is contained within the file. Severe Abuse Notification is made to the District Attorneys Office by DCS secretarial staff. A copy of such notification is contained within the file. Notification is made monthly to the Juvenile Court Judge (by DCS secretarial staff) as requested per Juvenile Court Judge [redacted]

TFacts history check has been completed.

A letter was sent to the referent notifying them of the investigation.

REFERRAL AND REFERENT:

Reporter states:
[redacted] [redacted] (DOB [redacted] was born to [redacted] [redacted] The birth father is [redacted] [redacted]

[redacted] passed away last night sometime around midnight. [redacted] was born premature at 33 weeks gestation. [redacted] had hydrocephalus and was having seizures. [redacted] had CMV (cytomegalovirus) which is a very bad virus. [redacted] was also a drug exposed infant. The mother was positive during pregnancy for marijuana and benzodiazepines. The mother was positive for marijuana, oxycodone, and amphetamines upon delivery. [redacted] drug screen is currently pending.

The mother had cardiac issues after delivery and the mother was transported to the cardiac unit. The mother is currently on the step down unit. The father left yesterday to go to a VA rehabilitation facility in [redacted] The father was not at the hospital when the baby passed away. The mother has no other children. [redacted] was the mothers first child. It is unknown if the father has any other children.

[redacted] will be picked up by a funeral home. It is unknown if an autopsy will be done. The death summary is not available at this time.