



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

Case # 2013.093

Intake #: [REDACTED]		Investigation #: [REDACTED]		Date of Referral: 11/10/2013	
Type: (Please check one) <input checked="" type="checkbox"/> DEATH		<input type="checkbox"/> NEAR DEATH		Date of Death/Near Death: 09/30/2013	
Child's Name: [REDACTED]		DOB: [REDACTED]		Person ID: [REDACTED]	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race/Ethnicity: W		County/Region: [REDACTED]	
Parents' Names: Mother: [REDACTED]		Father: [REDACTED]		2/2013 - Deceased	
Alleged Perpetrator's Name: [REDACTED]		Relationship to Victim: 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:		N/A			
Describe (in detail) circumstances surrounding death/near death: Child was found not breathing. Death was initially thought to be SIDS but later discovered mother was on drugs + breast-feeding. (Prescribed + Non-Prescribed drugs)					
If this is a near death certified by a physician, identify physician by name and provide contact information:					
Name of Physician: [REDACTED] (coroner)		Telephone # [REDACTED]			
Street Address: [REDACTED]		City/State/Zip: [REDACTED]			
Describe (in detail) interview with family: TBI and Law Enforcement did interviews 5 weeks ago. Referral was just received					
If child was hospitalized, describe (in detail) DCS involvement during hospitalization: No Hospitalization					
Describe disposition of body (Death):		Autopsy			
Name of Medical Examiner/Coroner: [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: Law enforcement & TBI have been handling the investigation for 5 weeks. They were waiting on Autopsy + bloodwork before making a referral. They were not the referant					
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 involved.					
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): None					

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RDA 2993

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Intake #:		Investigation #:		Date of Referral:	10/1/2013
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

Case # 2013 093

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:	Telephone Number: () -
Case Manager:	Telephone Number:
Team Leader:	Telephone Number:
Team Coordinator:	Telephone Number:

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: Child-Fatality-Notification EI-DCS
within forty-eight (48) hours of notification
Include subject line (in RED): CHILD DEATH [secure email] or
CHILD NEAR DEATH [secure email]



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 11/01/2013 02:30 PM CT
 Track Assigned: Investigation Priority Assigned: 3
 Screened By: [REDACTED]
 Date Screened: 11/01/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 11/04/2013 08:44 AM
 First Team Leader Assigned: [REDACTED] Date/Time 11/04/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 11/04/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Mos (Est)	Abuse 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: TFACTS: No History Found (based on the information provided by the caller)

County: [REDACTED]
 Notification: Letter
 School/ Daycare: N/A
 Native American Descent: No
 Directions: None

Reporters name/relationship [REDACTED]

Reporter states:
 The baby, [REDACTED] (possible last name [REDACTED]) is deceased. The baby was living in the home with his mother, [REDACTED] (possible last name [REDACTED])



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

The mother is currently living at the [REDACTED] in [REDACTED]

The baby was born premature. It is unknown what hospital the baby was born in. When the baby was 6-8 weeks old the mother gave the baby a 30 mg roxicet to make the baby sleep because, according to the mother, the baby was in pain. The mother crumbled the pill up in her fingers to give to the baby. After the pill was given the baby was barely breathing, when the baby gained more consciousness, the mother gave the baby another pill. The mother was crying and said she had wished she had never given the baby the first pill. The baby died the next day or two days later. The mother was seen by the referent giving the baby the pills.

The mother said she was taking the pills while she was pregnant and under a doctors care. The mother said she was taking three pills a day, but the mother was actually taking six a day. The mother was allowed to have three a day and she was buying three more in addition to the ones she was prescribed. The mother said when the infant died the police and a case worker came out and drew blood. The mother stated the autopsy said the baby died from Sudden Infant Death Syndrome. The reporter does not know why drugs werent found in the babys system.

The funeral was 2 weeks ago.

Per SDM: Investigative Track - P1 - Child Death

Override to P3 (no other children reported in the home, child died over 2 weeks ago)

[REDACTED], TC, on 11/1/13 @ 3:50pm

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:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

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: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 7 Mos (Est)

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: 11/01/2013

Assignment Date: 11/04/2013

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			
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/27/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CM [REDACTED] is classifying this case as AUPU. CPIT disagreed with this classification and wanted to classify as unable to complete until the final autopsy report was obtained. This case will be reviewed. CM is closing the case.

D. Case Workers

Case Worker: [REDACTED]

Date: 01/27/2014

Team Leader: [REDACTED]

Date: 01/29/2014

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:

[REDACTED] died on 10/30/13. [REDACTED] Toxicology reports was negative for all drugs.

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

CM [REDACTED] contacted Police Chief [REDACTED] who stated that he got verbal confirmation from TBI and the infant toxicology report was negative for drugs. He stated he contacted the medical examiner and stated that Opiates would have been out of the babys system within 36 hours due to the ½ life.

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

[REDACTED] denied the allegations. [REDACTED] admitted to taking Oxycodone prior to breast feeding the infant. [REDACTED] stated she never advised her doctors that she was taking Oxycodone and that no one told her not to. [REDACTED] denied ever giving [REDACTED] anything other than gas medication (Miralax). [REDACTED] denied Co-Sleeping with



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]

[REDACTED] or that he had excessive items or blankets in his crib. [REDACTED] stated that [REDACTED] was born 2 months early due to her health issues and stayed in [REDACTED] at [REDACTED] in [REDACTED] until 8/18/13.

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

[REDACTED] (possible last name [REDACTED] is deceased. The baby was living in the home with his mother, [REDACTED] (possible last name [REDACTED]. The mother is currently living at the [REDACTED] in [REDACTED]. The baby was born premature. It is unknown what hospital the baby was born in. When the baby was 6-8 weeks old the mother gave the baby a 30 mg roxicet to make the baby sleep because, according to the mother, the baby was in pain. The mother crumbled the pill up in her fingers to give to the baby. After the pill was given the baby was barely breathing, when the baby gained more consciousness, the mother gave the baby another pill. The mother was crying and said she had wished she had never given the baby the first pill. The baby died the next day or two days later. The mother was seen by the referent giving the baby the pills. The mother said she was taking the pills while she was pregnant and under a doctors care. The mother said she was taking three pills a day, but the mother was actually taking six a day. The mother was allowed to have three a day and she was buying three more in addition to the ones she was prescribed. The mother said when the infant died the police and a case worker came out and drew blood. The mother stated the autopsy said the baby died from Sudden Infant Death Syndrome. The reporter does not know why drugs werent found in the babys system. The funeral was 2 weeks ago.

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

CM [REDACTED] was assigned this case on 11/1/13 alleging Abuse Death towards [REDACTED] by his mother [REDACTED]. The infant died on 9/30/13. The preliminary Autopsy report was had no significant injuries seen and the verbal [REDACTED] toxicology reports was negative for any drugs. Mrs. [REDACTED] denied the allegations and deneid that she had given [REDACTED] any drugs other than Miralax. [REDACTED] admitted to taking her deceased husbands Klonopin and being on Oxycodone while breastfeeding. She has a prescription for Oxycodone 30 mg. On 9/13/13 she was counseled by the pediatrician to breastfeed. CM [REDACTED] is classifying this case as AUPU. CPIT disagreed with this classification and wanted to classify as unable to complete until the final autopsy report was obtained. This case will be reviewed. CM is closing the case.

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: 02/22/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/22/2014

Completed date: 02/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2014 10:51 AM Entered By: [REDACTED]

the final autopsy report has been received. Finding of the autopsy was provided to TC [REDACTED] on 2/20/14. TL [REDACTED] provided the autopsy information with RA [REDACTED] in a meeting with her on 2/21/14 .

there will be no change in classification

case is complete, autopsy in the file.

case is being closed



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: 02/21/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/22/2014

Completed date: 02/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2014 10:46 AM Entered By: [REDACTED]

TL [REDACTED] requested that the case be placed back on the agenda so that the regional administrators review could be shared with the team.

Present was TL [REDACTED] District attorney staff, ADA [REDACTED], [REDACTED], CAC staff [REDACTED] and [REDACTED], Juvenile court member [REDACTED], Detectives [REDACTED] and [REDACTED].

RA's review was that the classification would remain unsubstantiated.

Copy of the final autopsy was received and this information was discussed as well.

Autopsy report will be filed in the record.



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:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/22/2014

Completed date: 02/22/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/22/2014 10:48 AM Entered By: [REDACTED]

TL [REDACTED] received a call From Chief [REDACTED] advising that the final autopsy report has been received. Copy can be picked up tomorrow. findings were positional ashyxiation. there was a mention of etyhyl alcohol and that was explained that was not a concern as it was just a trace and they use this to clean the tubes.



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: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/11/2014

Completed date: 02/11/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/11/2014 03:33 PM Entered By: [REDACTED]

staffed case with to [REDACTED] and she advised that the investigation could be closed. autopsy report is still pending



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: 01/30/2014

Contact Method:

Contact Time: 12:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/30/2014

Completed date: 01/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2014 11:58 AM Entered By: [REDACTED]

case reviewed for closure.

classification is approved and notice of classification will be mailed to the judge and district attorney on 2/4/14. CPIT disagreed with classification, RA [REDACTED] has reviewed and agreed with the classification. this review will be shared with cpit at the next meeting on February 21, 2014.

final autopsy report will not be ready for months. TC [REDACTED] will advise if case can be closed prior to report being received.

Narrative Type: Addendum 1 Entry Date/Time: 01/30/2014 12:07 PM Entered By: [REDACTED]

A SDM was not completed on this case. It was discussed and staffed between TL [REDACTED] and CM [REDACTED] this case was received weeks after the child died and at the time of this referral law enforcement had already received lab results reporting the child was negative for drugs. there were no other children in the home. due to no child being in the home at the time of referral, there were no safety issues on that date. However, the referral was on [REDACTED] who did die. The harm factors were reviewed, however abuse death was not appropriate due to the drug testing being negative. due to the child's death, it was not appropriate to mark safe. this was also staffed with TC [REDACTED] and advised her that SDM was not completed due to the above



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: 01/30/2014

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/30/2014

Completed date: 01/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2014 11:52 AM Entered By: [REDACTED]

case staffed with TC [REDACTED] advised that case was submitted and reviewed for closure. She will contact central office and advise that final autopsy is not complete and will not be for months. She will get direction if case can be closed.



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: 01/29/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/29/2014

Completed date: 01/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/29/2014 09:51 AM Entered By: [REDACTED]

Case was reviewed as there was not a consensus as to classification when reviewed by CPIT.

I reviewed this case. It seems the mother did not tell the doctors that she was breast feeding and the medications that she was taking. Also, the doctors failed to ask her if she was breastfeeding and what medications she was on. There is no evidence that she gave the baby any pills. I do not see that we can indicate her for abuse. This is a tragic situation on part of the mother and the doctors for not asking or reporting that mother was breast feeding and what medications the mother was taking.

Therefore the classification should be AUPU



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: 01/27/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 01/27/2014
 Completed date: 01/27/2014 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2014 09:14 AM Entered By: [REDACTED]

Safety Assessment score:

Initial: Unable to completed. Infant had been deceased for approximately 2 months at the time of report.

Fast Assessment Score: NA

Permanency: [REDACTED] spent 18 days in [REDACTED] then was discharge to his mothers care. [REDACTED] had lived with his mother for 42 days. The father is deceased.

Family Support: [REDACTED] has family support and utilizes her Church.

Well being (of either child or parent/caretaker presenting with concern):

Medical: [REDACTED] reports to medical issue being arthritis, disc disease, and Seizures. She is prescribed Oxycodone.

Mental/Behavioral Health: [REDACTED] has a history of mental health issues with Depression, Anxiety. She is prescribed Prozac and was taking her decess husband's Klonopin.

Substance Abuse: [REDACTED] has a history of substance abuse.

Education: The infant was not in school or daycare.

Development: The infant was born at 32 weeks.

Worker Observation of the child(ren): CM did not observe [REDACTED] or the home.

Ending Summary: CM [REDACTED] was assigned this case on 11/1/13 alleging Abuse Death towards [REDACTED] [REDACTED] by his mother [REDACTED]. The infant died on 9/30/13. The preliminary Autopsy report was had no significant injuries seen and the verbal NMS toxicology reports was negative for any drugs. Mrs. [REDACTED] denied the allegations and denied that she had given [REDACTED] any drugs other than Miralax. [REDACTED] admitted to taking her deceased husband's Klonopin and being on Oxycodone while breastfeeding. She has a prescription for Oxycodone 30 mg. On 9/13/13 she was counseled by the pediatrician to breastfeed. CM [REDACTED] is classifying this case as AUPU. CPIT disagreed with this classification and wanted to classify as unable to complete until the final autopsy report was obtained. This case will be reviewed. CM is closing the case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Case Recording Details

Recording ID: ██████████

Status: Completed

Contact Date: 01/24/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: ██████████

Recorded For:

Location:

Created Date: 01/30/2014

Completed date: 01/30/2014

Completed By: ██████████

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2014 11:09 AM Entered By: ██████████

TL ██████████ and CM ██████████ had staffed this case prior to CPIT. Reviewed all the information. Discussed staffing with TC ██████████ the previous week as all case info and allegations were reviewed and discussed. Decision was made to classify the case as unsubstantiated which was the agreed decision after the review with TC ██████████

CM ██████████ contacted TL ██████████ by phone during CPIT as TL ██████████ had to attend via phone due to a conflict in scheduling. CM ██████████ advised that the team was not agreement to this classification and wanted to classify as UABC and reopen the case after the autopsy results is received. TL ██████████ advised that this was not the classification we had determined, and that she would staff with TC ██████████ and RA ██████████

TL ██████████ contacted RA ██████████ and TC ██████████ and this was restaffed. Both stated that the case classification will be unsubstantiated. cpit members can disagree and RA ██████████ will do a review of the case. TC ██████████ advised that if information is received later that changes the facts or findings of the case, this information can be shared and a different determination be made.

TL ██████████ contacted CPIT back via phone and advised them of the classification decision and that the case will be reviewed by RA ██████████



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:	01/24/2014	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	01/27/2014
Completed date:	01/27/2014	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: 01/27/2014 08:38 AM Entered By: [REDACTED]

CPIT
1/24/14 at 3:00 PM

This case was presented at CPIT. Present were CM [REDACTED] Police Chief [REDACTED], Det. [REDACTED] and [REDACTED] ADA office [REDACTED] and [REDACTED], CAC [REDACTED] and [REDACTED], Juvenile court [REDACTED].

[REDACTED] reported he had received a verbal report regarding the NMS Toxicology on the infant and a liver test had been done to determine drug use. The infant was reported to be negative for all drugs. It was reported that an infant processes drugs faster and that it may not have showed up on the test due to the length of time. Mr. [REDACTED] reported that the mother was sleeping on the couch and the infant was sleeping on a chair.

The team stated that further reports were needed due to not having the following information/documentation Pending Microscopic examination, Pending Neuropathology examination and final Autopsy Report.

Due to the verbal reports and NMS toxicology report being negative TL [REDACTED] on direction of RA [REDACTED] and TC [REDACTED] advised CM to classify tthe allegation Abuse Death towards [REDACTED] by Mother [REDACTED] as AUPU. The team disagreed and wanted it classified as Unable to complete. The case is to be reviewed. DA's office or Chief [REDACTED] will follow-up with TL [REDACTED] once the final Autopsy report is received.



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:	01/23/2014	Contact Method:	Phone Call
Contact Time:	10:15 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/23/2014 10:40 AM Entered By: [REDACTED]

Collateral Contact
1/23/14 at 10:15 AM

CM [REDACTED] contacted the Pediatricians office The Childrens Dr. and spoke with RN [REDACTED] who informed CM that they were unaware that the infant was deceased. She was unable to answer questions regarding Oxycodone and stated that she would have Dr. [REDACTED] contact CM.

Dr. [REDACTED] reports that he had no recollection if Ms. [REDACTED] reported that she was on Oxycodone, Ativan or Klonopin. He reported the both the Ativan and Klonopin are Benzodiazepines. Mr. [REDACTED] stated that he would not recommend that a mother on these drugs breastfeed. He was unsure if Oxycodone would be expressed though the mother milk, but would assume it would be. He stated his reference guide was at his other office.

Dr. [REDACTED] stated they had no knowledge that the infant had passed. He reported that [REDACTED] was at the classic age for SIDS and that [REDACTED] was doing well and healthy the last visit. [REDACTED] did have a hernia that they were going to do surgery on.



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:	01/22/2014	Contact Method:	Correspondence
Contact Time:	03:30 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/23/2014 10:39 AM Entered By: [REDACTED]
 Collateral Contact
 1/22/14 at 3:30 PM

Cm [REDACTED] obtained Pediatric Medical Records on [REDACTED] from The Childrens Dr. [REDACTED]
 [REDACTED] was seen on:

8/19/13 for premature baby follow-up at [REDACTED] Nicu Diagnosis premature infant, maternal drug use and Psychiatric disorder.

8/22/13 [REDACTED] was seen for constipation and Upper repository infection. Hard stools, No bowel movement in 3 days, sleeping more than usual, taking 60 MI by mouth every 3 hours.

Diagnosis: Acute Constipation and Acute Upper Respiratory Infection.

9/3/13 Well Child check. Diagnosis: Routine infant exam, Prematurity, Left Inguinal hernia. Mother was counseled to feel either breast milk or formula, Keep head elevated during feeding, No Co-Sleeping/Safe Sleep, rear facing car seat, and not to give OTC meds unless instructed by Medical Provider. No Smoke exposure.

9/4/13 Office visit for repeat of PKU.



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: 01/22/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/30/2014

Completed date: 01/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2014 11:48 AM Entered By: [REDACTED]

case staffed with TC [REDACTED] in regard to allegations and status of the case. Discussed the allegation of abuse death. TC [REDACTED] inquired if this case would fall under neglect death. [REDACTED] advised that the allegations were dealing with the mother giving the baby crushed up medication or that the mother was breast feeding and on medications herself. Discussed that the mother had followed up with medical appointments for the child and that there was no information that the child was neglected or any issue at the home, where the child died.

the allegation should remain abuse death. Discussed the information obtained from the investigation and that the lab tests on the infant were negative. Law enforcement state that they have no evidence of drugs given to the baby.

Discussed investigative findings and that the case will be classified as unsubstantiated.



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: 01/15/2014 Contact Method: Correspondence
 Contact Time: 03:14 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: [REDACTED] Created Date: 01/23/2014
 Completed date: 01/23/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2014 10:36 AM Entered By: [REDACTED]

Collateral Contact
1/15/14 at 3:14 PM

Reports were obtained from [REDACTED] Police Dept.

The Offense Report: On September 30 2013 Officer [REDACTED] was dispatched to [REDACTED] at 7:41 AM for an infant that was not breathing and turning blue. Present at scene was [REDACTED] and [REDACTED]. Officer [REDACTED] observed the infant to be lying on its back in a back bedroom. The baby had turned blue around the lips. Officer [REDACTED] was advised by [REDACTED] that he infant had been dead for a couple of hours. The infants mother [REDACTED] advised Officer [REDACTED] that she was taking her prescribed Oxycodone, Ativan and had taken some of her late husbands Klonopin and that she was breastfeeding. (Report in Case File)

Hand written notes from Officer [REDACTED] Uses Gas Drops on baby a couple of times a day, Mother admitted to taking late husband Klonopin so she could sleep,. Last time infant awake 3:00 AM. Laid him down after he fed. Multiple health problems, Mother daily meds Ativan, oxycodone, infant last saw Dr. on 9/9 or 9/10/13, cats in house, lived at [REDACTED] since baby was born. (Copy in Case file)

Written Statement from Mother [REDACTED]: I woke up and to check on [REDACTED] I saw he wasnt breathing. I grabbed him up and ran to my moms room. We tried CPR and I called 911. (Statement in Case File)

Permission to Search: Permission was to draw blood. September 30, 2013 at 8:31 AM (Copy in case file)

Preliminary Autopsy Report dated 10/2/13:

Preliminary Findings 1. Pending NMS toxicology, Pending Microscopic examination, Pending Neuropathology examination, No significant injuries were seen. By [REDACTED], MD, FCAP Board Certified Forensic Pathologist/Chief Deputy Medical Examiner for [REDACTED] (Copy in Case File)

Official Alcohol Report from TBI on [REDACTED]: Negative (Copy in Case 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:	01/15/2014	Contact Method:	Phone Call
Contact Time:	02:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/15/2014
Completed date:	01/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency, Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/15/2014 01:47 PM Entered By: [REDACTED]

Collateral Contact
1/15/14 at 2:15 PM

Cm [REDACTED] contacted Police Chief [REDACTED] who reported that he interviewed the Grandmother [REDACTED] and that she reported that the mother brought the baby into her room reporting that he was not breathing. She reported that the baby was blue and that she tried to do CPR but knew he was already deceased. The grandfather [REDACTED] has Alzheimers and could not be interviewed.

Mr. [REDACTED] reported that they drew blood from the mother and it was sent to the crime lab. He reported that it would not be back until June or July. Mr. [REDACTED] stated he would fax the preliminary autopsy report and the police reports. The final autopsy is not available and would not be for approximately the end of March.



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:	01/15/2014	Contact Method:	Correspondence
Contact Time:	01:11 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/15/2014
Completed date:	01/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/15/2014 01:49 PM Entered By: [REDACTED]

Collateral Contact
1/15/14 at 1:11 PM

CM [REDACTED] received the first responder report for 9/30/13. It reports they were dispatched to [REDACTED] [REDACTED] for an unresponsive infant. Contact was made with the mother who was on the phone with dispatch. Infant was found in the bedroom of the residence. The infant's grandmother was attempting to perform CPR. It was determined that the infant was dead on arrival with blood psoos and rigor showing. Many agencies responded to this incident. (Documentation in Case 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:	01/14/2014	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	01/15/2014
Completed date:	01/15/2014	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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/15/2014 03:19 PM Entered By: [REDACTED]

Collateral Contact
1/14/14 at 11:00 AM

CM [REDACTED] interviewed [REDACTED], who reported to being the first responder on the scene. He reported that he lives close and knows the family. Mr. [REDACTED] reported that when he arrived [REDACTED] was on the phone with dispatch and that the infant had been taken to the Maternal Grandmother. The baby was reported to be cold and that Mr. [REDACTED] advised them to stop CPR. Mr. [REDACTED] stated he was not able to determine if Ms. [REDACTED] was under the influence due to the stress of the situation. Mr. [REDACTED] was at the home 5 minutes then, law enforcement, police, fire and ambulance responded to the home. Mr. [REDACTED] reports that he has seen Ms. [REDACTED] under the influence before and is aware that the family had issues with Ms. [REDACTED] leaving the baby with them, drugs and stealing from the grandparents. Mr. [REDACTED] reported the grandparents have medical issues and they were not able to care for the child. Mr. [REDACTED] stated that the grandparents have moved to [REDACTED] [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: 01/06/2014

Contact Method: Correspondence

Contact Time: 12:16 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 01/06/2014

Completed date: 01/06/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/06/2014 03:08 PM Entered By: [REDACTED]

Collateral Contact
1/6/14 at 12:16 PM

Birth Records for [REDACTED] were obtained from [REDACTED]. The baby was delivered due to worsening HELLP Syndrome. HELLP syndrome is a life-threatening liver disorder thought to be a type of severe preeclampsia. The baby was born at 32 weeks born at 3 lbs and 4 oz. The mother was documented to be on Magnesium Sulfate, Prozac, Oxycodone and Ambien. The infant was sent to NICU and had a normal neonatal ultrasound on brain. Chest X-Ray impression: Mild hyper Expanded lungs demonstrating diffuse granular opacities which may represent early change of respiratory distress syndrome. Another X ray was done and it showed improvement.



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: 12/13/2013 Contact Method: Face To Face
 Contact Time: 02:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Family Home Created Date: 12/13/2013
 Completed date: 12/13/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/13/2013 03:45 PM Entered By: [REDACTED]

Alleged Perp/Mother

12/13/13 at 2:00 PM

CM [REDACTED] and [REDACTED] conducted the interview at the [REDACTED]

[REDACTED] stated that her son [REDACTED] was born on [REDACTED] and died on 9/30/13. [REDACTED] stated that on the evening of 09/29/13 she had given [REDACTED] a bath and it was the first time he found his voice, she was very excited about this. [REDACTED] stated that she fed him and put him to sleep in his own crib next to her bed. Another feeding occurred at 3:30 AM from breast and bottle, she changed his diaper, held him for a while and put him back to bed. [REDACTED] stated that [REDACTED] usually feed every 2-3 ½ hours.

[REDACTED] stated she woke up startled at 7:30 AM and checked on him and but he was Blue. She then reports to running and screaming for her mother [REDACTED]. [REDACTED] stated that Mrs. [REDACTED] is an RN and she started to do CPR. [REDACTED] reported that she called 911 and told them to send an ambulance right now. Paramedic [REDACTED] responded, he is reported to be a neighbor and a friend. [REDACTED] stated she was in the hallway praying. Mr. [REDACTED] advised Mrs. [REDACTED] to stop doing CPR and that there was nothing more to do for [REDACTED]. [REDACTED] stated that she went and threw up and past out. She woke on her back.

[REDACTED] stated that police and other people came into the house and were asking her questions. [REDACTED] stated she cant remember who they were or what they asked. [REDACTED] stated she took a Klonopin that was her deceased husband to calm down.

[REDACTED] stated she was prescribed Oxycodone 30mg for back issues and arthritis. She also takes Prozac for depression. She is not currently under the care of a psychiatrist. Prozac was reported to be prescribed by her OB/GYN.

[REDACTED] admitted to taking Oxycodone prior to breast feeding the infant. [REDACTED] stated she never advised her doctors that she was taking Oxycodone and that no one told her not to. [REDACTED] stated that [REDACTED] was seeing Dr. [REDACTED] who is a high risk pediatrician in the same office as her OB Dr. [REDACTED] at [REDACTED] in [REDACTED]. She is unsure if the pediatrician Dr. [REDACTED] knew she was on Oxycodone. She stated she was unsure if any doctor knew she was breastfeeding. [REDACTED] denied ever giving [REDACTED] anything other than gas medication (Miralax) because he had an



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

issue with his formula. [REDACTED] denied ever giving him any pills or anything not prescribed. She asked CM Why would I do that, stating that if he had a fever she would have called the pediatrician. [REDACTED] stated he was too little to give him anything. [REDACTED] became very upset at this point in the interview asking over and over if she had hurt her son. [REDACTED] stated she never even smoked around her son. [REDACTED] denied Co-Sleeping with [REDACTED] or that he had excessive items or blankets in his crib.

[REDACTED] stated that [REDACTED] was born 2 months early due to her health issues and stayed in NICU at [REDACTED] in [REDACTED] until 8/18/13. At the time of discharge he had no issues or diagnosis. [REDACTED] stated he was perfect.

[REDACTED] reported she lived with her mother and step father [REDACTED] and [REDACTED] in [REDACTED] at the time of death. [REDACTED] stated that her husband [REDACTED] passed away a February 2013 due to an aneurism. She stated that she found out she was pregnant 2 months after he died. [REDACTED] stated that [REDACTED] was the last thing from her husband.

[REDACTED] admitted that the day after [REDACTED] was born she put a gun in her mouth and was going to pull the trigger. [REDACTED] is Episcopalian and it is considered a sin to kill yourself. [REDACTED] was scared she would not go to the same place as her husband and son. [REDACTED] stated she thinks about suicide every day but is not actively suicidal. [REDACTED] denied being suicidal, stating she was getting support from her Priest and friends. [REDACTED] stated her mother was not able to help her now because her husband has Alzheimers. CM addressed grief counselling and supplied resources.

[REDACTED] stated she used to be a CNA and took care of babies at [REDACTED]. [REDACTED] stated she was currently living in a hotel waiting on an apartment to open up. She is currently on disability for back issues, depression and epilepsy. [REDACTED] denied being on any seizure medication while [REDACTED] was alive, stating the Dr. had stopped to medication, was waiting to see how she did and that she had not made it back to the neurologist yet.

[REDACTED] admitted to being arrested at Wal-Mart. She stated that she was checking her ATM card and felt funny and had a seizure. [REDACTED] stated she got possession charges due to not having her medication in a bottle. All other charges were dropped.

Observation: The hotel room was clean. [REDACTED] had a baby blanket over the bed and pictures of [REDACTED] on her wall. She still has his blankets and stuffed animals in the room and showed CM pictures and his favorite blanket.

[REDACTED] was very upset at the questioning but was cooperative. She was crying and shaking uncontrollably during the interview. [REDACTED] kept asking the status of the autopsy. CM did not disclose any information regarding the autopsy or the cause of death.

CM observed a Cat in the hotel room. [REDACTED] reported that he was 17 yrs old. CM observed the cat stumbling when walking and it appeared to be sickly.



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:	12/05/2013	Contact Method:	Phone Call
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/23/2014
Completed date:	01/23/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/23/2014 10:56 AM Entered By: [REDACTED]

Collateral Contact
12/5/13 at 3:30 PM

CM [REDACTED] contacted Police Chief [REDACTED] who stated that he got verbal confirmation from TBI and the infant toxicology reports were negative for drugs. He stated he contacted the medical examiner and stated that Opiates would have been out of the baby's system within 36 hours due to the ½ life.

TBI has given clearance for DCS to talk with [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:	11/20/2013	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/23/2014
Completed date:	01/23/2014	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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/23/2014 10:35 AM Entered By: [REDACTED]

Referent
11/20/13 at 4:00 PM

CM [REDACTED] contacted the referent who reported that [REDACTED] came to his hotel room distraught and that [REDACTED] had given the baby 30 mg of Oxycodone. The referent stated that he saw [REDACTED] reach in her purse and pull something small out with her fingers and put it in the babys mouth. He did not report to seeing her crumble the pill but stated that she admitted to giving the baby a pill before she came to his room. It was reported that the infant was very lethargic and non-responsive. He stated that 2 days later the baby passed away. The referent stated that [REDACTED] is very worried about the Autopsy and what will be found.

The referent stated that [REDACTED] is not all there and that she gives pain pills to her cats. He reported that [REDACTED] was still living at the [REDACTED] in [REDACTED]. He reported she gets her pain pills on the 22nd of each month and is out of them in a few days and she drove high with the baby.

The referent states he never called the police because [REDACTED] stated she was taking [REDACTED] to the Doctor.



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: 11/06/2013

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 01/23/2014

Completed date: 01/23/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2014 10:51 AM Entered By: [REDACTED]

Collateral Contact
11/6/13 at 3:45 PM

CM [REDACTED] contacted Police Chief [REDACTED] for the [REDACTED] Police Dept. who reported that he had talked with The TBI and the crime lab regarding the Oxycodone and it was reported that it would have been out of the babys system and that the ½ life of Oxycodone is 6 hours. He reported that The preliminary report that the baby was negative for drugs on the blood work. Chief [REDACTED] stated that per the medial examiner report was not going to come back as Overdose but it would be classified as SIDS.

Chief [REDACTED] stated that even if the mother admits they will have no physical evidence to prove that she gave the baby pills or that Oxycodone or other drugs were in the baby system.

Chief [REDACTED] gave CM the permission to proceeded with contacting the referent, but not to contact the mother until clearance is given from the TBI.



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: 11/06/2013

Contact Method:

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/30/2014

Completed date: 01/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/30/2014 12:12 PM Entered By: [REDACTED]

notice of child fatality was sent to RA [REDACTED] and TC [REDACTED] on 11/4/13
 this was also sent to the notification group for child fatalities

on 11/6/13 it was determined that this went to an old notification email group. it was resent to the correct email group on this date.



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: 11/04/2013

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/04/2013

Completed date: 11/04/2013

Completed By: [REDACTED]

Purpose(s): 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: 11/04/2013 03:54 PM Entered By: [REDACTED]

Notation

11/4/13 at 4:30 PM

CM [REDACTED] completed the Notice of Child Death and it was emailed to TL [REDACTED] TC [REDACTED] and RA [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: 11/04/2013

Contact Method:

Contact Time: 09:05 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/04/2013

Completed date: 11/04/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2013 09:14 AM Entered By: [REDACTED]

TL [REDACTED] advised CM [REDACTED] that the case has been assigned to her. TL [REDACTED] provided family information on maternal and paternal sides as TL [REDACTED] knows both sides of the family. Discussed investigation by [REDACTED] Police and TBI and provided names of the investigative officers. [REDACTED] and chief [REDACTED] are meeting tomorrow on the case. CM [REDACTED] will contact Chief [REDACTED] about next steps



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: 11/04/2013 Contact Method: Correspondence
 Contact Time: 09:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/04/2013
 Completed date: 11/04/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/04/2013 09:00 AM Entered By: [REDACTED]
 Referral faxed to Chief of Police [REDACTED]. Advised him that the case will be assigned to CM [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: 11/01/2013

Contact Method:

Contact Time: 05:10 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/04/2013

Completed date: 11/04/2013

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: 11/04/2013 08:59 AM Entered By: [REDACTED]

contacted RA [REDACTED] and notified her of the fatality report. Advised that the intake had just been received and that it was a p3. Child died several weeks ago and only child in the home. Discussed fatality report and RA [REDACTED] advised to do it on Monday as intake is a P3 and central intake has done their notifications.

Discussion with RA [REDACTED] followed up on by sending email to RA [REDACTED] and TC [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: 11/01/2013

Contact Method: Phone Call

Contact Time: 04:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/04/2013

Completed date: 11/04/2013

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,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: 11/04/2013 08:54 AM Entered By: [REDACTED]

TL [REDACTED] contacted [REDACTED] Chief of Police [REDACTED] in regard to referral on child fatality . TL and Chief [REDACTED] discussed the circumstances around the child's death several weeks ago. Chief [REDACTED] advised that the mother was prescribed some narcotic medication and she was breast feeding the child. the mother also admitted to taking some medication that had been prescribed to her deceased husband. They are awaiting autopsy and blood work results. TBI [REDACTED] is assisting in the investigation.

TL [REDACTED] advised that the referral stated that a man had witnessed the mother giving the child some of the crushed up pills. Chief [REDACTED] stated that this information was not known. Advised Chief [REDACTED] that the referral would be provided to him on Monday. Chief [REDACTED] was notifying the TBI Agent [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: 11/01/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 01/23/2014

Completed date: 01/23/2014

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: 01/23/2014 10:34 AM Entered By: [REDACTED]

Date of Referral: 11/1/13

This case was assigned as an Investigation case to CM [REDACTED] on 11/01/13 at 3:30 PM for [REDACTED] County. All times are recorded in Eastern Standard Time. The response priority was P 1 and the allegation is Abuse Death. The alleged victim is [REDACTED] and the alleged perpetrator is [REDACTED] Mother. Referent was contacted on 11/20/13 by Phone. The Juvenile Judge, [REDACTED], was notified on 12/1/13 by mail. The Assistant District Attorney, was notified by e-mail. Response was not met. The child is deceased.

Family Composition:

Victim[s]: [REDACTED] DOB [REDACTED] DECEASED 9/30/13

Victims Mother: [REDACTED]

Victims Father: [REDACTED] (Deceased)

Other individuals in the household: [REDACTED] and [REDACTED] Maternal Grandparents

Allegations and Presenting Problems [Intake summary]:

[REDACTED] (possible last name [REDACTED] is deceased. The baby was living in the home with his mother, [REDACTED] (possible last name [REDACTED]

The mother is currently living at the [REDACTED]

The baby was born premature. It is unknown what hospital the baby was born in. When the baby was 6-8 weeks old the mother gave the baby a 30 mg roxicet to make the baby sleep because, according to the mother, the baby was in pain. The mother crumbled the pill up in her fingers to give to the baby. After the pill was given the baby was barely breathing, when the baby gained more consciousness, the mother gave the baby another pill. The mother was crying and said she had wished she had never given the baby the first pill. The baby died the next day or two days later. The mother was seen by the referent giving the baby the pills.

The mother said she was taking the pills while she was pregnant and under a doctors care. The mother said she was taking three pills a day, but the mother was actually taking six a day. The mother was allowed to have three a day and



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

she was buying three more in addition to the ones she was prescribed. The mother said when the infant died the police and a case worker came out and drew blood. The mother stated the autopsy said the baby died from Sudden Infant Death Syndrome. The reporter does not know why drugs werent found in the babys system.

The funeral was 2 weeks ago.

CPS/DCS History:

CM [REDACTED] checked history on 11/2/13 and the family does not have history with the Department.

Criminal Background Checks: [REDACTED] County 11/01/2013-SCHEDULE II DRUG VIOLATIONS 11/29 SUSP ON T/S PAY FINES AND COSTS , Public Intoxication ([REDACTED]) and UNLAWFUL DRUG PARAPHERNALIA ([REDACTED]) 11/29/13 Copy of Newspaper article on arrest of PI and Paraphernalia in case file

Family Story:

On 12/13/13 at 2:00 PM CM [REDACTED] explained MRS and gave a pamphlet to the family, the Clients Rights Handbook to include the Parents Bill of Rights and HIPPA and provided the family with copies of each and kept copies of signature pages for the HIPPA 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. The notification of equal access to programs and services and grievance procedures acknowledgement was also signed and dated. CM obtained demographic information and completed the pictorial tool. CM obtained all appropriate releases of information at that 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:	Created In Error
Contact Date:	01/15/2013	Contact Method:	Phone Call
Contact Time:	02:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/15/2014
Completed date:	01/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/15/2014 01:45 PM Entered By: [REDACTED]

Collateral Contact
1/15/14 at 2:15 PM

CM [REDACTED] contacted Police Chief [REDACTED], who reported that he interviewed the Grandmother [REDACTED] and that she reported that the mother brought the baby into her room screaming that he was not breathing. She reported that the baby was blue and that she tried to do CPR but knew he was already deceased. The grandfather [REDACTED] has Alzheimers and could not be interviewed.

Mr. [REDACTED] reported that they drew blood from the mother and it was sent to the crime lab. He reported that it would not be back until June or July. Mr. [REDACTED] stated he would fax the preliminary autopsy report and the police reports. The final autopsy is not available and would not be for approximately the end of March.

Narrative Type: Created In Error Entry Date/Time: 01/15/2014 01:47 PM Entered By: [REDACTED]

CM [REDACTED] entered the wrong year in TFACTS



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:	Created In Error
Contact Date:	01/06/2013	Contact Method:	Correspondence
Contact Time:	12:16 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/06/2014
Completed date:	01/06/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/06/2014 03:01 PM Entered By: [REDACTED]

Collateral Contact
1/6/13 at 12:16 PM

Birth Records for [REDACTED] were obtained from [REDACTED] Hospital. The baby was delivered [REDACTED] due to worsening HELLP Syndrome. HELLP syndrome is a life-threatening liver disorder thought to be a type of severe preeclampsia. The baby was born at 32 weeks born at 3 lbs and 4 oz. The mother was documented to be on Magnesium Sulfate, Prozac, Oxycodone and Ambien. The infant was sent to NICU and had a normal neonatal ultrasound on brain. Chest X-Ray impression: Mild hyper Expanded lungs demonstrating diffuse granular opacities which may represent early change of respiratory distress syndrome. Another X ray was done and it showed improvement. (Medical Records in Case File)

Narrative Type: Created In Error Entry Date/Time: 01/06/2014 03:07 PM Entered By: [REDACTED]

CM entered the wrong date into TFACTS should be 2014 not 2013