



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 01/15/2013 12:58 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 01/15/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 01/15/2013 01:55 PM  
First Team Leader Assigned: [REDACTED] Date/Time 01/15/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 01/15/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED], Unknown	0 Yrs	Drug Exposed Infant	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:

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: No

Prior INV/ASMT of Neglect: 1

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: letter

School/ Daycare: N/A

Native American Descent: unknown

Directions:



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

NOTE: All address information is located under the oldest child victim's name.

Reporters name/relationship: [REDACTED]

Reporter states:

[REDACTED] spouse is incarcerated, and the father of the baby is not known. The baby ([REDACTED]) is in NICU. [REDACTED] reports some non-prescribed hydrocodone use. She said she used on 4 occasions during pregnancy. [REDACTED] also admitted to marijuana use. However, mother has had 2 negative drug screens: one on 11/8/12 and on 1/13/13. Unknown where the hydrocodone came from. Infant did not receive a drug screen.

The baby is in NICU for multi cystic dysplastic kidney disease and numerous anomalies. [REDACTED] received prenatal care. It is unable to determine if the baby's conditions are a direct result of the drug use. The baby is not expected to survive. No expected discharge date from NICU. [REDACTED] is being discharged at this time. Reporter requests follow up with mother at home.

[REDACTED] has a history of depression and is receiving treatment for the condition. She has not been made aware of this referral being made. Mother has even travelled out of state to receive prenatal treatment.

Per SDM: Investigative Track Priority 1

[REDACTED] CM3.

County Notified at 1:35pm CST on 1/15/13.

Child Fatalities Group ([REDACTED])

Chid-Fatality-Notification group, [REDACTED]

[REDACTED] notified at 1:36pm on 1/15/13.



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 5 Yrs

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:**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 27 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED], Unknown

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** 0 Yrs

**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:** Unknown Participant [REDACTED]

**Gender:** Male

**Date of Birth:**

**Participant 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:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 0 Yrs

**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:**



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

A. Investigation

Case Name: [Redacted]
Referral Date: 01/15/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 01/15/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB, SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB, SSN, Classification, Severe Abuse, Classified By, Classified Date. Row 1: 1, [Redacted], [Redacted], [Redacted], Drug Exposed Infant, [Redacted], [Redacted], [Redacted], Allegation Unfounded / Perpetrator Unfounded, Yes, [Redacted], 02/12/2013

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: Based on the fact that the mother had two negative drug screens before the infant was born, based on medical staff statements, and based on the recommendation of CPIT, CPSI [Redacted] didn't find enough evidence to support the allegation.

D. Case Workers

Case Worker: [Redacted] Date: 02/12/2013
Team Leader: [Redacted] Date: 02/12/2013

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:

On 1/15/13 CPSI [Redacted] conducted a face to face on 2-day old infant [Redacted] in the NICU at [Redacted] CPSI [Redacted] was emotionally stricken by the appearance of the infant. [Redacted] as the mother has named him as [Redacted] CPSI [Redacted] was informed by RN [Redacted] that the hospital doesnt know the sex of the child as the infant has no label folds and no penis, but possibly a scrotal sac, wont know the sex of the baby for a least 24-hours after the baby has passed. [Redacted] has club feet, a large abdomen area, a flat face, no lungs, kidney disease, and a imperforated anus meaning that he has no butt hole. CPSI [Redacted] was allowed to take photographs of the infant. [Redacted] is currently on life support at this time. RN [Redacted] informed CPSI [Redacted] that a program with the hospital called [Redacted] is photographing the child for the family. CPSI [Redacted] asked RN [Redacted] what [Redacted] weighed at birth and she informed CPSI [Redacted] that when the infant was born that his bladder had 500 ccs of urine due to the infant not having an outlet while in utero. CPSI [Redacted] asked RN [Redacted] about an autopsy and she informed CPSI [Redacted] that the mother didnt want an autopsy. CPSI [Redacted] informed her that I would need to call the district attorney as he requested one. CPSI [Redacted] asked how to determine whether or not the infant may or may not have drugs in his system. RN [Redacted] stated that due to the infant not having an anus that a me conium sample couldnt be collected but if an autopsy were to be performed that there could possibly be stool in the bowel. She stated another way would be an umbilical cord sampling which is very expensive and the hospital doesnt perform that test but they have already trimmed the cord so that wouldnt be an option. CPSI [Redacted] was informed that the infant was born at 31 weeks



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

Case Name : ██████████

Investigation ID: ██████████

gestation. CPSI ██████ asked about the child's heart and CPSI was informed by RN ██████ that the structure of the heart appeared to be normal and in tact but they won't know more until a PDA is performed. ██████ didn't appear to be in pain but comfortable.

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

On 1/15/13 CPSI ██████ talked to Dr. ██████ Neonatal physician at ██████ on this date regarding ██████. Dr. ██████ informed CPSI ██████ that the infant was born with a "genetic disorder". He stated that the infant's lungs didn't develop because the baby didn't output urine while in utero. He stated that babies "breathe their pee" which helps to develop their lungs. He stated that the mother stopped having fluid output herself 14 weeks ago. CPSI ██████ asked Dr. ██████ if the mother's drug use could have caused the abnormalities and he said "no". He said that the mother did go to a hospital in ██████ to receive help but there was nothing they could do. He said that the mother went to ██████ Medical Center in ██████ and they couldn't do anything and referred the mother to ██████ and she also attended ██████ in ██████. He stated it will take two to three weeks to complete the genetics testing that will be performed by Dr. ██████ at ██████ Hospital. Dr. ██████ informed CPSI ██████ that I could contact ██████ within 48-hours to get his discharge summary. CPSI ██████ asked Dr. ██████ if in his professional opinion that the mother was mentally stable enough to care for her 4-year old son. Dr. ██████ stated that while at ██████ she has been prescribed Zoloft as she has been diagnosed as Clinically Depressed. Dr. ██████ stated that the mother has been prepared for the possibility that the infant wouldn't survive. He stated that the mother's husband is in prison in ██████ and she appears to have a weak support system. He stated that as far as her being able to care for her son the mother speaks of him appropriately and seems to be an appropriate mother.

On 2/8/13 CPSI ██████ presented the case regarding ██████ with the allegation of Drug Exposed Infant against his mother, ██████ to CPIT at the District Attorney's Office in ██████ on this date. People present were ADA ██████, YSO ██████, TL ██████, TC ██████, CAC Forensic Interviewer, ██████, CAC ██████, CAC Therapist, ██████, Det. ██████, Det. ██████, Det. ██████ and Det. ██████. After presenting the case it was determined that based on the Dr. ██████ statement that the infant was born with a genetic disorder, that the mother's limited drug use could have caused the abnormalities, based on the fact that the mother had two negative drug screens prior to birth and at birth, the team agreed with unfounding the allegation, closing the case with non-custodial services in that the mother would continue attending counseling and seek grief counseling for her 4-year old son, ██████ if the mother's therapist recommends it.

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

On 1/15/13 CPSI ██████ talked to the mother, ██████. CPSI ██████ asked Mrs. ██████ if she has ever been diagnosed with any mental health disorders and she said that she has been diagnosed as clinically depressed. Mrs. ██████ said that she knew that she would have a hard time with ██████ as she has been preparing herself for what is happening since she was 14 weeks. Mrs. ██████ said that she has already scheduled an appointment for counseling at ██████ Mental Health in ██████ for 1/25/13 at 3:00 pm. She said that ██████ started her on Zoloft yesterday and she will continue taking her medication. CPSI ██████ told her that it was important that she continue taking it and she assured CPSI ██████ that she would. CPSI ██████ also explained to Mrs. ██████ that I could help with setting up counseling for her son, ██████ and she said that she may want to do that. She said that ██████ is excited about his baby brother and she hasn't told him anything yet. CPSI ██████ asked Mrs. ██████ who was taking care of ██████ and she said that he has been staying with her parents, ██████ and ██████ but he is at the hospital now. CPSI ██████ asked Mrs. ██████ about her drug use during the pregnancy. Mrs. ██████ stated that she took Hydrocodone four to five times during the pregnancy and didn't have a prescription. She said that she last took a Hydrocodone two weeks before delivery. She said that she got the Hydrocodone from her neighbor. CPSI ██████ asked Mrs. ██████ why she took the Hydrocodone and she said "for pain". She said that she was out of her Tramadol which she does have a prescription for. Mrs. ██████ said that she was told by ██████ doctor that if any pain medication had to be taken to a pregnancy that Hydrocodone was the "safest to take". She said that she also smoked marijuana six times during the pregnancy and the last time was over a



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

Case Name : ██████████

Investigation ID: ██████████

month ago. She said "I freaked out because I didn't want to do harm to my baby". She said that she went to a clinic in ██████████ in hopes of getting help with ██████████ medical problems and they were unable to help her. CPSI ██████████ asked Mrs. ██████████ why she takes Tramadol and she said "it helps with my restless leg syndrome". CPSI ██████████ asked Mrs. ██████████ if she ever used the drugs in front of ██████████ and she said "no".

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

On 1/15/13 On 1/15/13 CPSI ██████████ called and talked to ██████████ social worker at ██████████ regarding ██████████ and her newborn child. SW ██████████ informed CPSI ██████████ that the reason the referral was made was that she felt that the 4-year old sibling, name unknown needed to be checked on. She stated that the newborn is currently on life support and will not survive and that the mother has decided to withdraw life support. CPSI ██████████ mentioned to SW ██████████ that the referral came in as a Drug Exposed Infant and SW ██████████ stated that the mother had a negative drug screen on 11/8/12 and was negative again on 1/13/13 when the baby was born. SW ██████████ stated that the mother, ██████████ admitted to her that she took Hydrocodone on four different occasions during the pregnancy and didnt have a prescription. SW ██████████ stated that the mother admitted to smoking marijuana occasionally during the pregnancy. CPSI ██████████ asked SW ██████████ when the mother last stated that she used either Hydrocodone or smoked marijuana. SW ██████████ stated that the mother didnt specify. CPSI ██████████ asked if urine or me conium was collected from the baby and she said there wasnt due to the health condition of the baby. CPSI ██████████ asked SW ██████████ what the baby has been diagnosed with and SW ██████████ stated that the baby has multi cystic dysplastic kidney disease and numerous anomalies and that the baby was in the NICU. SW ██████████ stated that the babys lungs werent developed and was born with a kidney disease. CPSI ██████████ asked SW ██████████ if the mothers drug use caused the health problems with the baby and she stated that Dr. ██████████ is saying no but that it is a genetic disorder. SW ██████████ stated that the mother didnt name a father of the baby but stated that her spouse is incarcerated. She stated that the mother hasnt left the hospital and is grieving.

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

At the closing of this case all interviews have been completed and all dictation has been entered. CPSI ██████████ received a referral on 1/15/13 with an allegation of Drug Exposed Infant against the mother, ██████████ on her newborn, ██████████. The infant, ██████████ was born with what Dr. ██████████ called a genetic disorder with several abnormalities. ██████████ was born premature at 31 weeks gestation. While pregnant the mother, ██████████ found out at 14-weeks that the baby suffered from Anhydramnios. ██████████ was born with severe pulmonary hypoplasia, bladder outlet obstruction, multicystic kidneys, Oligouria, Anuria, and Renal dysfunction, possible anal atresia, dysmorphic features of the face and contractures of hands and feet, Hyaline membrane disease, Respiratory distress syndrome, Pneumothorax (bilateral), Hypotension, Hyponatremia, Hyperkalemia, Coagulopathy, and Sepsis. The mother reported taking non-prescribed Hydrocodone on four or five different times during the pregnancy and also smoking THC three or four times during the pregnancy. The mother had two negative drug screens on 11/8/12 and on 1/13/13. The mother was prescribed Tramadol for pain and is now on Zoloft 50 mgs a day to assist her with depression. ██████████ prescribed the mother, ██████████ Zoloft. Dr. ██████████ informed CPSI ██████████ that the mother's limited drug use or any drug use wouldn't have caused the infant's health problems and abnormalities. An autopsy wasn't performed at the mother's request due to the condition her child was born with. There was no way to obtain a urine sample or meconium sample from the infant. Based on lack of evidence and the recommendation of CPIT, CPSI ██████████ was unable to find enough evidence to support the allegation. The mother was proactive and had already scheduled mental health/grief counseling as she had been prepared at 14 weeks that her child wouldn't survive. The mother is currently attending counseling at ██████████ Mental Health in ██████████ and taking Zoloft as prescribed. The legal father of the child is incarcerated in Federal Prison in ██████████ for possession of Child Pornography. The mother has another child, ██████████ who didn't disclose any abuse or neglect by his mother. The mother does have family support. CPSI ██████████ recommended to the mother that ██████████ attend grief counseling which the mother was open to but asked to allow her therapist to make that decision. During this case CPSI ██████████ assisted in getting a casket for ██████████ donated to help the family with funeral expenses. The case has been staffed with TL ██████████ prior to closure. The case has been presented to CPIT. The initial and closing



**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]

safety assessments have been completed.

**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: 02/13/2013

Contact Method:

Contact Time: 05:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/13/2013

Completed date: 02/13/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/13/2013 04:35 PM      Entered By: [REDACTED]

This case has been reviewed and approved for closure. Notice of the classification decision to the [REDACTED] County Juvenile Court Judge will be provided by TL [REDACTED]. Notification of the classification to the district attorney will be provided by TL [REDACTED] when applicable. All the appropriate paperwork has been reviewed and signed if applicable by TL [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: 02/12/2013 Contact Method:  
 Contact Time: 03:26 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 02/12/2013  
 Completed date: 02/12/2013 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: 02/12/2013 02:39 PM Entered By: [REDACTED]

At the closing of this case all interviews have been completed and all dictation has been entered. CPSI [REDACTED] received a referral on 1/15/13 with an allegation of Drug Exposed Infant against the mother, [REDACTED] on her newborn, [REDACTED]. The infant, [REDACTED] was born with what Dr. [REDACTED] called a genetic disorder with several abnormalities. [REDACTED] was born premature at 31 weeks gestation. While pregnant the mother, [REDACTED] found out at 14-weeks that the baby suffered from Anhydramnios. [REDACTED] was born with severe pulmonary hypoplasia, bladder outlet obstruction, multicystic kidneys, Oligouria, Anuria, and Renal dysfunction, possible anal atresia, dysmorphic features of the face and contractures of hands and feet, Hyaline membrane disease, Respiratory distress syndrome, Pneumothorax (bilateral), Hypotension, Hyponatremia, Hyperkalemia, Coagulopathy, and Sepsis. The mother reported taking non-prescribed Hydrocodone on four or five different times during the pregnancy and also smoking THC three or four times during the pregnancy. The mother had two negative drug screens on 11/8/12 and on 1/13/13. The mother was prescribed Tramadol for pain and is now on Zoloft 50 mgs a day to assist her with depression. [REDACTED] prescribed the mother, [REDACTED] Zoloft. Dr. [REDACTED] informed CPSI [REDACTED] that the mother's limited drug use or any drug use wouldn't have caused the infant's health problems and abnormalities. An autopsy wasn't performed at the mother's request due to the condition her child was born with. There was no way to obtain a urine sample or meconium sample from the infant. Based on lack of evidence and the recommendation of CPIT, CPSI [REDACTED] was unable to find enough evidence to support the allegation. The mother was proactive and had already scheduled mental health/grief counseling as she had been prepared at 14 weeks that her child wouldn't survive. The mother is currently attending counseling at [REDACTED] Mental Health in [REDACTED] and taking Zoloft as prescribed. The legal father of the child is incarcerated in Federal Prison in [REDACTED] for possession of Child Pornography. The mother has another child, [REDACTED] who didn't disclose any abuse or neglect by his mother. The mother does have family support. CPSI [REDACTED] recommended to the mother that [REDACTED] attend grief counseling which the mother was open to but asked to allow her therapist to make that decision. During this case CPSI [REDACTED] assisted in getting a casket for [REDACTED] donated to help the family with funeral expenses. The case has been staffed with TL [REDACTED] prior to closure. The case has been presented to CPIT. The initial and closing safety assessments have been completed. The referent has been notified. Medical Records have been requested, received, and are in the file. All appropriate forms have been discussed, signed, and are in the file (HIPPA, Native American Veto, Notification of Equal Access, Releases of Information, and Client Right Handbook). Background, SSMS, and Internet Checks have been completed. The genogram has been initiated. The 740 has been completed and a copy will be given to the supervisor for closure. A copy of the 740 will also be submitted to juvenile court per their request.



**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: 02/08/2013 Contact Method: Correspondence  
 Contact Time: 10:00 AM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 02/12/2013  
 Completed date: 02/12/2013 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: 02/12/2013 01:44 PM Entered By: [REDACTED]

CPSI [REDACTED] presented the case regarding [REDACTED] with the allegation of Drug Exposed Infant against his mother, [REDACTED] to CPIT at the District Attorney's Office in [REDACTED] on this date. People present were ADA [REDACTED] YSO [REDACTED] TL [REDACTED], TC [REDACTED] CAC Forensic Interviewer, [REDACTED] CAC [REDACTED] CAC Therapist, [REDACTED] Det. [REDACTED], Det. [REDACTED], Det. [REDACTED] and Det. [REDACTED]. After presenting the case it was determined that based on the Dr. [REDACTED] statement that the infant was born with a genetic disorder, that the mother's limited drug use could have caused the abnormalities, based on the fact that the mother had two negative drug screens prior to birth and at birth, the team agreed with unbounding the allegation, closing the case with non-custodial services in that the mother would continue attending counseling and seek grief counseling for her 4-year old son, [REDACTED] if the mother's therapist recommends it. CPSI [REDACTED] informed the team that I had requested records from [REDACTED] Hospital in [REDACTED] regarding an appointment that the mother attended which was to see a specialist about her infant's possible abnormalities and that [REDACTED] Hospital there wanted 50.00 for medical records and the team agreed that those records wouldn't be necessary and would possibly be included in other records obtained on the mother and child.



**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: 02/08/2013 Contact Method: Face To Face  
 Contact Time: 09:28 AM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 02/12/2013  
 Completed date: 02/12/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/12/2013 01:33 PM Entered By: [REDACTED]

CPSI [REDACTED] conducted a home visit at the home of [REDACTED] on this date located at [REDACTED]. Upon arrival Ms. [REDACTED] and a man identified as a friend, [REDACTED] were playing cards in the living room. CPSI [REDACTED] introduced myself to Mr. [REDACTED]. CPSI [REDACTED] explained to Ms. [REDACTED] that I did talk to [REDACTED] this week at school and she said that he came home and told her. CPSI [REDACTED] asked Ms. [REDACTED] how she was doing and she said "good days and bad days". Ms. [REDACTED] showed CPSI [REDACTED] a photograph book that the hospital made for her with [REDACTED] her baby that passed away. She said that [REDACTED] actually was holding [REDACTED] when [REDACTED] took his last breath. CPSI [REDACTED] asked Ms. [REDACTED] how she thought [REDACTED] was doing with his losing his brother. She said that he does talk about it sometimes and she just lets him talk. She said that she doesn't interrupt him and lets him say whatever he wants to say. CPSI [REDACTED] explained to Ms. [REDACTED] the comment he made to me about when everyone dies he will be alone and she said that he has said something like that to her and she said that he made a comment one day that he doesn't know where he will stay when his papaw dies. She said that [REDACTED] is very close to her father, [REDACTED]. CPSI [REDACTED] asked Ms. [REDACTED] if she was still going to [REDACTED] and she said that [REDACTED] actually called and rescheduled her initial appointment from 1/25/13 to 2/6/13. She said that she just went yesterday for the first time to do her intake paperwork and she goes back on 2/13/13 for her medication, and the following Wednesday she will see the therapist. CPSI [REDACTED] asked Ms. [REDACTED] if she was still taking Zoloft and she said taht she is still taking 50 mgs a day. CPSI [REDACTED] explained to Ms. [REDACTED] that it was important that she attend all of her appointments at [REDACTED] and continue taking her medication as prescribed. She said that she would. CPSI [REDACTED] asked about [REDACTED] seeing someone and she said that she wanted to wait and talk to her therapist to see what she recommended. She said that if her therapist says that [REDACTED] needs to begin counseling then she will set that up at [REDACTED]. CPSI [REDACTED] asked Ms. [REDACTED] if [REDACTED] takes any medications and she said that he is supposed to be on allergy medicine but the doctor hasn't been able to find one that works for him. She said that all of the allergy medicine that they have tried, [REDACTED] has had a reaction. CPSI [REDACTED] asked Ms. [REDACTED] about her housing situation and she said that she will have to pay 51.00 towards next months rent. CPSI [REDACTED] told her that DCS may be able to help her with that. She said that she wants to move to a different house. CPSI [REDACTED] told her that she could put her application in at the [REDACTED] on Wednesday and turn it in to [REDACTED] and I would try and help her get moved up the list. She said that if she moves from her current place that she will stay with her parents until she gets a place to stay.

CPSI [REDACTED] talked to [REDACTED] who is a friend of Ms. [REDACTED]. Mr. [REDACTED] stated that he and his girlfriend, [REDACTED] had been staying with [REDACTED]. He said that [REDACTED] was arrested for shoplifting and is still in jai. He said that he has their



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

---

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

---

daughter, [REDACTED]. He said that he basically stays with [REDACTED] so that he can keep an eye on his daughter. He said that [REDACTED] used to be on drugs but as long as he is with her she stays clean and he just has to make sure that [REDACTED] is taking care of their daughter. CPSI [REDACTED] advised Mr. [REDACTED] that he could always attempt to get custody and he said that he isn't in a position to do that as he isn't working, clearly he doesn't have a home, and he knows he can take care of her but knows that a judge probably wouldn't take him seriously. He said that he is currently looking for employment. CPSI [REDACTED] asked Mr. [REDACTED] where he takes his daughter to the doctor and he said that right now they take her to the [REDACTED] Health Department and all of her shots are up to date. [REDACTED] was sleeping at the time CPSI [REDACTED] was in the home. Both [REDACTED] and [REDACTED] stated that if [REDACTED] appears to be under the influence they don't allow her in the house or around the children.

CPSI [REDACTED] informed Ms. [REDACTED] that the DCS case would be closed and if she needed anything to call. CPSI [REDACTED] thanked Ms. [REDACTED] for her cooperation during the investigation. Ms. [REDACTED] thanked CPSI [REDACTED] for working with her.



**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: 02/05/2013

Contact Method: Attempted Face To Face

Contact Time: 10:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2013 01:02 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with the mother, [REDACTED] at her home located at [REDACTED] on this date. No one appeared to be home.



**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: 02/05/2013

Contact Method: Face To Face

Contact Time: 09:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/12/2013 01:01 PM Entered By: [REDACTED]

CPSI [REDACTED] talked to the brother of [REDACTED] 4-year old [REDACTED] at [REDACTED] Headstart at [REDACTED] in [REDACTED] TN on this date. CPSI [REDACTED] introduced myself again to [REDACTED] and asked if he remembered CPSI [REDACTED] and he said "yes, from the hospital". CPSI [REDACTED] asked [REDACTED] if he likes school and he said "yes". CPSI [REDACTED] asked [REDACTED] who he lives with and he said "I live with my mommy". He followed that statement up by saying "when everybody dies, I'll just be alone". CPSI [REDACTED] asked [REDACTED] why he said that and he said "cuz people die". CPSI [REDACTED] told [REDACTED] that people do die but that doesn't mean that he will be alone. CPSI [REDACTED] asked [REDACTED] if he has brothers or sisters and he said "no, just me". He said that he has a brother, [REDACTED] that has a little kid named [REDACTED] and him and her live with them because they don't have a house. [REDACTED] said "that's sad that they don't have a house". CPSI [REDACTED] told him that it was sad and it was nice for him and his mom to allow them to stay with them and have a place to sleep. [REDACTED] then said "I had a baby brother but he died, he passed away because he was sick when he got out of mommy's belly". CPSI [REDACTED] asked [REDACTED] if that made him sad and he said "one tear came down this side of my face (pointed to the right eye)". CPSI [REDACTED] asked [REDACTED] how his mom was doing and he said "she is doing a little bit better, I keep giving her hugs". CPSI [REDACTED] told [REDACTED] to keep giving his mom hugs and he said "I will". CPSI [REDACTED] asked [REDACTED] he stays with anyone else other than his mom and he said that he stays with his papaw [REDACTED] and his mamaw [REDACTED] sometimes. CPSI [REDACTED] asked [REDACTED] what he does for fun at home with his mom and he said "we play games, cards, and blow bubbles outside when it's warm outside". CPSI [REDACTED] asked [REDACTED] if his mom takes medicine and he said that she takes "sickness medicine". He described the medicine as smelling like chocolate. CPSI [REDACTED] asked [REDACTED] if he feels safe at home and he said "yes". [REDACTED] appeared to be clean and healthy and had no visible marks or bruises. CPSI [REDACTED] took a picture of [REDACTED] for the [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: 01/29/2013

Contact Method: Attempted Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/12/2013 01:07 PM      Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with [REDACTED] at headstart on this date but CPSI [REDACTED] was informed that his mother called and reported that he woke up with a sore throat this morning and wouldn't be at school.



**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: 01/28/2013

Contact Method: Attempted Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 02/12/2013

Completed date: 02/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/12/2013 01:05 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with [REDACTED] [REDACTED] brother, [REDACTED] at [REDACTED] Headstart at [REDACTED] in [REDACTED] on this date. CPSI [REDACTED] was informed by the director, [REDACTED] that [REDACTED] was absent today. She reported that his mother is involved and that [REDACTED] is always at school unless he is sick. She reported having no concerns with [REDACTED] or his mom. She stated that if the parents didn't look at the calendar right that they wouldn't have sent their kids today due to being out of school on [REDACTED] for snow they attend on Mondays. She said that they are typically not in session on Mondays.



**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: 01/17/2013 Contact Method:  
 Contact Time: 01:55 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/23/2013  
 Completed date: 01/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/23/2013 03:28 PM Entered By: [REDACTED]

1:55 pm ET

CPSI [REDACTED] contacted Det [REDACTED] with the [REDACTED] County Sheriff's Department to complete a local background check on [REDACTED]. Det. [REDACTED] informed CPSI [REDACTED] that Mr. [REDACTED] has no record in [REDACTED] County.

CPSI [REDACTED] completed local background checks on the mother, [REDACTED] and the putative father, [REDACTED] on this date. Mrs. [REDACTED] had no local criminal background. Mr. [REDACTED] had the previous charges: 8/20/12-Driving on Suspended License and 10/29/12-Driving on a Suspended License and No Proof of Insurance.

1:58 pm ET

CPSI [REDACTED] contacted US Attorney, [REDACTED] on this date regarding previous charges on [REDACTED]. Mr. [REDACTED] emailed CPSI [REDACTED] a copy of Mr. [REDACTED] Plea Agreement and Sentencing Information. Mr. [REDACTED] was sentenced to 78-months in Federal Prison after pleading guilty to Possession of Child Pornography.

CPSI [REDACTED] completed SSMS and Internet Checks (National Sex Offender and Tennessee Abuse Registries) Checks on [REDACTED], [REDACTED], and [REDACTED]. None of the individuals had any records on the checks completed. A copy of all checks completed are in the 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: 01/17/2013 Contact Method:  
 Contact Time: 12:44 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/23/2013  
 Completed date: 01/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/23/2013 03:08 PM Entered By: [REDACTED]

CPSI [REDACTED] faxed releases on the mother [REDACTED] and the infant, [REDACTED] requesting medical records from [REDACTED] and [REDACTED] on this date.



**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: 01/16/2013 Contact Method: Phone Call  
 Contact Time: 09:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/23/2013  
 Completed date: 01/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2013 03:16 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted the mother [REDACTED] on this date and expressed my condolences to her over the loss of her child, [REDACTED]. CPSI [REDACTED] explained to Mrs. [REDACTED] that instead of DCS assisting with payment of a casket would she be ok with CPSI [REDACTED] calling one of the local funeral homes to see if they would be willing to donate a casket for [REDACTED] and she said that would be fine.

CPSI [REDACTED] contacted Funeral Director of [REDACTED] Funeral Home in [REDACTED] whom CPSI [REDACTED] knows. CPSI [REDACTED] explained to Mr. [REDACTED] the financial situation that the family was in and asked if he and the funeral home would be willing to donate a casket for the child and Mr. [REDACTED] graciously agreed to do this. CPSI [REDACTED] thanked him and let him know the mother's name and he stated that all she had to do was come by and see him.

CPSI [REDACTED] called Mrs. [REDACTED] back and informed her that [REDACTED] Funeral Home would donate a casket and she said that she just found out that [REDACTED] Funeral Home may also be donating a casket. CPSI [REDACTED] told her that was fine but if she wasn't going to need the casket from [REDACTED] to let CPSI [REDACTED] know so that I could call and let [REDACTED] know. CPSI [REDACTED] told her that if I didn't hear from her that I would assume that she will go to [REDACTED] for the casket and she said that she would take care of it. She informed CPSI [REDACTED] that the funeral services were scheduled for Friday. CPSI [REDACTED] told Mrs. [REDACTED] if she needed anything to let me know.



**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: 01/16/2013

Contact Method:

Contact Time: 08:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2013

Completed date: 01/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2013 03:10 PM Entered By: [REDACTED]

CPSI [REDACTED] talked with TL [REDACTED] on this date and informed her that [REDACTED] had left me a message on my cell during the night to inform CPSI [REDACTED] that [REDACTED] did pass away at 8:50 pm ET on 1/15/13. TL [REDACTED] did send the Fatality Report to the appropriate personnel for CPSI [REDACTED] on this date. A copy of the Fatality Report is in the file and has been scanned into 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: Completed  
 Contact Date: 01/15/2013 Contact Method: Phone Call  
 Contact Time: 05:35 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 01/23/2013  
 Completed date: 01/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/23/2013 07:17 AM Entered By: [REDACTED]

5:35 pm

CPSI [REDACTED] convened CPIT with Det. [REDACTED] with the [REDACTED] Police Department on this date. CPSI [REDACTED] explained the child's health problems to Det. [REDACTED] and the mother's admission to using Hydrocodone and THC occasionally during the pregnancy. CPSI [REDACTED] informed Det. [REDACTED] that the doctor is saying that the drug use didn't cause the child's health problems. Det. [REDACTED] asked CPSI [REDACTED] to contact the district attorney to see if they want to request an autopsy. Det. [REDACTED] asked CPSI [REDACTED] to contact him if there are issues that arise.

5:50 pm

CPSI [REDACTED] did convene CPIT and talk with both Assistant District Attorney, [REDACTED] and [REDACTED] regarding the [REDACTED] infant. Both stated that an autopsy needed to be performed and to contact them after talking with the doctor.

7:05 pm

CPSI [REDACTED] talked to ADA [REDACTED] regarding the autopsy on [REDACTED]. CPSI [REDACTED] explained to ADA [REDACTED] the child's medical condition and that after talking with the doctor it isn't believed that the mother's drug use caused the child's abnormalities. ADA [REDACTED] informed CPSI [REDACTED] to "let this one go" to the medical issue and possible genetic disorder. He stated that no autopsy would be necessary.



**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: 01/15/2013 Contact Method: Face To Face  
 Contact Time: 04:45 PM Contact Duration: More than 5 Hours  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 01/17/2013  
 Completed date: 01/23/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview,Referent Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/17/2013 07:07 AM Entered By: [REDACTED]  
 1/15/13

CPSI [REDACTED] called and talked to [REDACTED] social worker at [REDACTED] regarding [REDACTED] and her newborn child. SW [REDACTED] informed CPSI [REDACTED] that the reason the referral was made was that she felt that the 4-year old sibling, name unknown needed to be checked on. She stated that the newborn is currently on life support and will not survive and that the mother has decided to withdraw life support. CPSI [REDACTED] mentioned to SW [REDACTED] that the referral came in as a Drug Exposed Infant and SW [REDACTED] stated that the mother had a negative drug screen on 11/8/12 and was negative again on 1/13/13 when the baby was born. SW [REDACTED] stated that the mother, [REDACTED] admitted to her that she took Hydrocodone on four different occasions during the pregnancy and didnt have a prescription. SW [REDACTED] stated that the mother admitted to smoking marijuana occasionally during the pregnancy. CPSI [REDACTED] asked SW [REDACTED] when the mother last stated that she used either Hydrocodone or smoked marijuana. SW [REDACTED] stated that the mother didnt specify. CPSI [REDACTED] asked if urine or me conium was collected from the baby and she said there wasnt due to the health condition of the baby. CPSI [REDACTED] asked SW [REDACTED] what the baby has been diagnosed with and SW [REDACTED] stated that the baby has multi cystic dysplastic kidney disease and numerous anomalies and that the baby was in the NICU. SW [REDACTED] stated that the babys lungs werent developed and was born with a kidney disease. CPSI [REDACTED] asked SW [REDACTED] if the mothers drug use caused the health problems with the baby and she stated that Dr. [REDACTED] is saying no but that it is a genetic disorder. SW [REDACTED] stated that the mother didnt name a father of the baby but stated that her spouse is incarcerated. She stated that the mother hasnt left the hospital and is grieving. CPSI [REDACTED] informed SW [REDACTED] that I would be coming to the hospital to see the infant and SW [REDACTED] stated I feel that is very inappropriate due to the situation. CPSI [REDACTED] explained to SW [REDACTED] that once the referral is made that DCS has a response time that has to be met and she is telling CPSI [REDACTED] that the baby could pass at any time. CPSI [REDACTED] explained to SW [REDACTED] that I would talk with my supervisor and see if DCS could wait and interview the mother due to the nature of the situation. SW [REDACTED] stated that she just believed that the mother shouldnt be taken away from the infants bedside to be interviewed.

CPSI [REDACTED] contacted TL [REDACTED] to staff the case. CPSI gave TL [REDACTED] the information that I obtained from SW



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] and explained that SW [REDACTED] stated that she along with hospital staff would feel it to be inappropriate for DCS to come to the hospital and taking time from the mother and infant. TL [REDACTED] consulted with TC [REDACTED] and determined that CPSI [REDACTED] would conduct a face to face on the infant child and introduce myself to the mother and attempt to get a release signed so that medical records could be obtained and then inform the mother that I would contact her sometime next week. CPSI [REDACTED] asked TL [REDACTED] if I could send CPSA [REDACTED] to the residence to attempt to locate the 4-year old sibling and he said that would be fine.

CPSA [REDACTED] attempted to make contact with 4-year old [REDACTED] at [REDACTED] on this date at 5:05 pm ET. CPSA [REDACTED] informed CPSI [REDACTED] that no one was home. CPSI [REDACTED] thanked CPSA [REDACTED] for her assistance.

CPSI [REDACTED] called SW [REDACTED] back and informed her that I should be at [REDACTED] by 6:30 pm and that I would just need to see the infant, talk to Dr. [REDACTED] if at all possible, introduce myself to the mother, and get a release signed. CPSI [REDACTED] explained to SW [REDACTED] that it was not the departments position to cause anymore grief for the parent but to also be a support for the family during this time. SW [REDACTED] stated that CPSI [REDACTED] would need to talk to the charge nurse, [REDACTED] upon arrival to the NICU and she would assist CPSI [REDACTED].

5:35 pm

CPSI [REDACTED] convened CPIT with Det. [REDACTED] with the [REDACTED] Police Department on this date. CPSI [REDACTED] explained the child's health problems to Det. [REDACTED] and the mother's admission to using Hydrocodone and THC occasionally during the pregnancy. CPSI [REDACTED] informed Det. [REDACTED] that the doctor is saying that the drug use didn't cause the child's health problems. Det. [REDACTED] asked CPSI [REDACTED] to contact the district attorney to see if they want to request an autopsy. Det. [REDACTED] asked CPSI [REDACTED] to contact him if there are issues that arise.

5:50 pm

CPSI [REDACTED] did convene CPIT and talk with both Assistant District Attorney, [REDACTED] and [REDACTED] regarding the [REDACTED] infant. Both stated that an autopsy needed to be performed and to contact them after talking with the doctor.

6:35 pm

CPSI [REDACTED] arrived at [REDACTED] and talked to NICU charge nurse, [REDACTED] RN [REDACTED] took CPSI [REDACTED] to the child's crib in the NICU.

CPSI [REDACTED] conducted a face to face on 2-day old infant, [REDACTED] in the NICU at [REDACTED]. CPSI [REDACTED] was emotionally stricken by the appearance of the infant. [REDACTED] as the mother has named him as CPSI [REDACTED] was informed by RN [REDACTED] that the hospital doesn't know the sex of the child as the infant has no label folds and no penis, but possibly a scrotal sac, won't know the sex of the baby for a least 24-hours after the baby has passed. [REDACTED] has club feet, a large abdomen area, a flat face, no lungs, kidney disease, and a imperforated anus meaning that he has no butt hole. CPSI [REDACTED] was allowed to take photographs of the infant. [REDACTED] is currently on life support at this time. RN [REDACTED] informed CPSI [REDACTED] that a program with the hospital called [REDACTED] is photographing the child for the family. CPSI [REDACTED] asked RN [REDACTED] what [REDACTED] weighed at birth and she informed CPSI [REDACTED] that when the infant was born that his bladder had 500 ccs of urine due to the infant not having an outlet while in utero. CPSI [REDACTED] asked RN [REDACTED] about an autopsy and she informed CPSI [REDACTED] that the mother didn't want an autopsy. CPSI [REDACTED] informed her that I would need to call the district attorney as he requested one. CPSI [REDACTED] asked how to determine whether or not the infant may or may not have drugs in his system. RN [REDACTED] stated that due to the infant not having an anus that a me conium sample couldn't be collected but if an autopsy were to be performed that there could possibly be stool in the bowel. She stated another way would be an umbilical cord sampling which is very expensive and the hospital doesn't perform that test but they have already trimmed the cord so that wouldn't be an option. CPSI [REDACTED] was informed that the infant was born at 31 weeks gestation. CPSI [REDACTED] asked about the child's heart and CPSI was informed by RN [REDACTED] that the structure of the heart appeared to be normal and in fact but they won't know more until a PDA is performed. [REDACTED] didn't appear to be in pain but comfortable.

6:50 pm ET

CPSI [REDACTED] talked to Dr. [REDACTED] Neonatal physician at [REDACTED] in [REDACTED] on this date regarding [REDACTED]. Dr. [REDACTED] informed CPSI [REDACTED] that the infant was born with a "genetic disorder". He stated that the infant's lungs didn't develop because the baby didn't output urine while in utero. He stated that



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

babies "breathe their pee" which helps to develop their lungs. He stated that the mother stopped having fluid output herself 14 weeks ago. CPSI [REDACTED] asked Dr. [REDACTED] if the mother's drug use could have caused the abnormalities and he said "no". He said that the mother did go to a hospital in [REDACTED] to receive help but there was nothing they could do. He said that the mother went to [REDACTED] Medical Center in [REDACTED] and they couldn't do anything and referred the mother to [REDACTED] and she also attended [REDACTED] in [REDACTED]. He stated it will take two to three weeks to complete the genetics testing that will be performed by Dr. [REDACTED] at [REDACTED] Hospital. Dr. [REDACTED] informed CPSI [REDACTED] that I could contact [REDACTED] within 48-hours to get his discharge summary. CPSI [REDACTED] asked Dr. [REDACTED] if in his professional opinion that the mother was mentally stable enough to care for her 4-year old son. Dr. [REDACTED] stated that while at [REDACTED] she has been prescribed Zoloft as she has been diagnosed as Clinically Depressed. Dr. [REDACTED] stated that the mother has been prepared for the possibility that the infant wouldn't survive. He stated that the mother's husband is in prison in [REDACTED] and she appears to have a week support system. He stated that as far as her being able to care for her son the mother speaks of him appropriately and seems to be an appropriate mother. Dr. [REDACTED] stated that the mother decided to withdraw life support within 24-hours. He stated that the mother didn't give a father's name for the newborn. CPSI [REDACTED] thanked Dr. [REDACTED] for his time.

7:05 pm

CPSI [REDACTED] talked to ADA [REDACTED] regarding the autopsy on [REDACTED]. CPSI [REDACTED] explained to ADA [REDACTED] the child's medical condition and that after talking with the doctor it isn't believed that the mother's drug use caused the child's abnormalities. ADA [REDACTED] informed CPSI [REDACTED] to "let this one go" to the medical issue and possible genetic disorder. He stated that no autopsy would be necessary.

7:15 pm ET

CPSI [REDACTED] talked to the mother, [REDACTED] at [REDACTED] on this date. CPSI [REDACTED] introduced myself to the mother, [REDACTED] who informed CPSI [REDACTED] that she goes by [REDACTED]. CPSI [REDACTED] expressed my sincere condolences to the mother and informed her why DCS was involved and that at this point time that I wouldn't be interviewing her or asking a lot of questions, out of respect for what she is going through. Mrs. [REDACTED] stated that she had no problem talking to CPSI [REDACTED] and that she would answer any questions that I had. Mrs. [REDACTED] stated that it would keep her mind off of everything that is going on. CPSI [REDACTED] thanked her but told her that we could wait until one day next week and again she said that she was fine with talking to CPSI [REDACTED]. CPSI [REDACTED] explained the MRS Process with Mrs. [REDACTED] and explained the allegation in the referral. CPSI [REDACTED] discussed the appropriate forms (HIPPA, Native American Veto, Notification of Equal Access, Releases of Information, and Client Right Handbook).

CPSI [REDACTED] asked Mrs. [REDACTED] if she was married and she said that she and her husband [REDACTED] were married on 8/20/07. She said that [REDACTED] is currently at the [REDACTED] Federal Prison in [REDACTED] for having a picture of a teenage girl on his phone three years before they were together. She asked CPSI [REDACTED] not to hold it against her. She said that he has been in prison for the past 4 1/2-years and left when their son, [REDACTED] was a week old. She said that [REDACTED] isn't scheduled to get out of prison until the end of next year. CPSI [REDACTED] asked Mrs. [REDACTED] if she talks to [REDACTED] and she said "only about money issues". CPSI [REDACTED] asked Mrs. [REDACTED] who the father of [REDACTED] is and she said that she is 99% sure that it is [REDACTED]. Mrs. [REDACTED] said that she called him to let him know that the baby was born and what was going on but he told her that he was at the emergency room in [REDACTED] and didn't have time to talk to her. She said that she did call [REDACTED] mother, [REDACTED] to tell her and she appeared to be concerned. She said that she hasn't been involved. Mrs. [REDACTED] said that [REDACTED] has three other children. She said that their names are [REDACTED] and [REDACTED]. She said that the mother of [REDACTED] is [REDACTED]. CPSI [REDACTED] asked Mrs. [REDACTED] if she has ever been diagnosed with any mental health disorders and she said that she has been diagnosed as clinically depressed. Mrs. [REDACTED] said that she knew that she would have a hard time with [REDACTED] as she has been preparing herself for what is happening since she was 14 weeks. Mrs. [REDACTED] said that she has already scheduled an appointment for counseling at [REDACTED] Mental Health in [REDACTED] for 1/25/13 at 3:00 pm. She said that [REDACTED] started her on Zoloft yesterday and she will continue taking her medication. CPSI [REDACTED] told her that it was important that she continue taking it and she assured CPSI [REDACTED] that she would. CPSI [REDACTED] also explained to Mrs. [REDACTED] that I could help with setting up counseling for her son, [REDACTED] and she said that she may want to do that. She said that [REDACTED] is excited about his baby brother and she hasn't told him anything yet. CPSI [REDACTED] asked Mrs. [REDACTED] who was taking care of [REDACTED] and she said that he has been staying with her parents, [REDACTED] and [REDACTED] but he is at the hospital now. CPSI [REDACTED] asked Mrs. [REDACTED] about her drug use during the pregnancy. Mrs. [REDACTED] stated that she took Hydrocodone four to five times during the pregnancy and didn't have a prescription. She said that she last took a



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Hydrocodone two weeks before delivery. She said that she got the Hydrocodone from her neighbor. CPSI [REDACTED] asked Mrs. [REDACTED] why she took the Hydrocodone and she said "for pain". She said that she was out of her Tramadol which she does have a prescription for. Mrs. [REDACTED] said that she was told by [REDACTED] doctor that if any pain medication had to be taken to a pregnancy that Hydrocodone was the "safest to take". She said that she also smoked marijuana six times during the pregnancy and the last time was over a month ago. She said "I freaked out because I didn't want to do harm to my baby". She said that she went to a clinic in [REDACTED] in hopes of getting help with [REDACTED] medical problems and they were unable to help her. CPSI [REDACTED] asked Mrs. [REDACTED] why she takes Tramadol and she said "it helps with my restless leg syndrome". CPSI [REDACTED] asked Mrs. [REDACTED] if she ever used the drugs in front of [REDACTED] and she said "no". CPSI [REDACTED] asked Mrs. [REDACTED] if she had prenatal care and she said that she went to [REDACTED] Medical Center and [REDACTED]. CPSI [REDACTED] asked Mrs. [REDACTED] about her support system and she stated that she has support through her parents, [REDACTED] and [REDACTED] and her sister, [REDACTED]. She said that her friend, [REDACTED] has been a big support for her. She said that [REDACTED] isn't her boyfriend but just a friend and he stayed with her a couple of days before she had [REDACTED]. She said that over the weekend [REDACTED] ex-girlfriend, [REDACTED] was arrested for stealing diapers for their 4-month old baby and now [REDACTED] has his 4-month old daughter. She said that [REDACTED] takes good care of his daughter and has everything he needs. CPSI [REDACTED] asked Mrs. [REDACTED] about housing and she said that she receives Section 8 but her rent is going up and she has to be out by 7/31/13. She said that she is going to be staying with her parents and her sister. She said that she receives 142.00 a month in Families First and 367.00 a month in Food Stamps. CPSI [REDACTED] told Mrs. [REDACTED] that if she would apply with the [REDACTED] Housing Authority that I may be able to help her and she said that she would apply with them either next week or the week after as she and [REDACTED] will have somewhere to stay. CPSI [REDACTED] asked Mrs. [REDACTED] if [REDACTED] attends school and she said that he attends [REDACTED] Headstart at [REDACTED]. CPSI [REDACTED] asked where [REDACTED] receives medical care and she said that he goes to [REDACTED] Medical in [REDACTED] and sees [REDACTED]. She said that all of his shots were up to date as well.

Mrs. [REDACTED] informed CPSI [REDACTED] that [REDACTED] Funeral Home in [REDACTED] have donated their services for [REDACTED] funeral but that she would have to make payments on a casket. CPSI [REDACTED] told Mrs. [REDACTED] that if she would let me know the cost that I would attempt to request funds to help with the casket expense. Mrs. [REDACTED] thanked CPSI [REDACTED]. Mrs. [REDACTED] said that her family isn't 100% happy with her because she made the decision to withdraw life support on [REDACTED] as she appeared to become emotional. CPSI [REDACTED] commended Mrs. [REDACTED] on making a difficult decision but telling her that her maternal instincts kicked in as she knew that her baby would possibly suffer if life was to be prolonged. Mrs. [REDACTED] thanked CPSI [REDACTED] for understanding. CPSI [REDACTED] informed Mrs. [REDACTED] that I would need to conduct a home visit one day next week and that I would need to see her son, [REDACTED]. Mrs. [REDACTED] said that would be fine.

CPSI [REDACTED] did conduct a face to face on 4-year old [REDACTED] at [REDACTED] on this date who was brought to the hospital by his maternal grandparents. Due to the situation CPSI [REDACTED] only introduced myself to [REDACTED] and gave him five. [REDACTED] did appear to be clean and healthy and had no visible marks or bruises. [REDACTED] did appear to be bonded with his grandparents and his mother. CPSI [REDACTED] did observe [REDACTED] to be somewhat hyper but nothing abnormal.

CPSI [REDACTED] told Mrs. [REDACTED] that I would see her next week and if she needed anything to call me.

8:00 pm ET

CPSI [REDACTED] did call TL [REDACTED] back to the staff the case. TL [REDACTED] was in agreement that 4-year old [REDACTED] wasn't in danger and that CPSI [REDACTED] could follow up next week. TL [REDACTED] has consulted with on-call TC [REDACTED]. TL [REDACTED] will enter an administrative review.



**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: 01/15/2013

Contact Method:

Contact Time: 02:55 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/15/2013

Completed date: 01/15/2013

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: 01/15/2013 01:58 PM Entered By: [REDACTED]

On January 15, 2013 at 1:58 PM EST, a referral was called into Central Intake. The referral was screened into [REDACTED] County as P1 with the allegation of Drug Exposed Infant (DEI). The alleged child victim is Unknown. The alleged perpetrator is the birth mother [REDACTED]. Response is due on January 16, 2013 by 1:58 PM EST. The case is assigned to CM [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met. A follow up phone call will be made and documented with the referent within 15 working days of referral per policy.

This is a near fatality and central intake has sent the notification to the child fatalities group.

CM will ensure that the near fatality/fatality report will need to be completed when more information is obtained.

A preliminary TFACTS search was completed by Supervision; The mother has one prior CPS case that was closed on 2/13/12 with the allegations of Lack of Supervision that was classified as No Services Needed with the child victim being [REDACTED] age 4 with a date of birth of [REDACTED].

CM will need to ensure the case is staffed from the field and the parents are contacted per policy timelines. CM will need to ensure all MRS policies and procedures are being followed including the face to face contacts, collateral contacts, Family Functional Assessments and team meetings. All dictation must be entered per regional policy. CM needs to ensure that all paperwork reviewed with the family is documented in case recordings and that Safety Assessments, Noncustodial Permanency Plans, Immediate Protection Agreements and/or background checks are submitted timely and per policy to supervision.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 01/15/2013 Contact Method:  
Contact Time: 12:58 PM Contact Duration: Less than 15  
Entered By: [REDACTED] Recorded For:  
Location: Created Date: 01/23/2013  
Completed date: 01/23/2013 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: 01/23/2013 07:28 AM Entered By: [REDACTED]

On 1/15/13 12:58 pm CST, a referral was assessed and assigned to [REDACTED] County CPS as a P1 Investigation by Central Intake with allegation of Drug Exposed Infant against [REDACTED]. The alleged victim is [REDACTED]. The referral was assigned to CM [REDACTED]. Response is due on 1/16/13 1:58 pm EST. The children are not of Native American descent. The referent was notified. A TFACTS search was completed on this date by CM [REDACTED]. Notification of the case assignment was provided to Juvenile Court by TL [REDACTED].

**TFACTS History:**

2/3/12-Assessment-Lack of Supervision against [REDACTED] on [REDACTED] No Services Needed.

In order to engage the family, this CM explained to them that some concerns had been reported to DCS and that this CM was in the home to discuss these concerns with the family. In addition, I explained to the family the MRS/Investigative process.

All appropriate forms have been discussed, signed, and are in the file (HIPPA, Native American Veto, Notification of Equal Access, Releases of Information, and Client Right Handbook).

**Family Composition:**

[REDACTED]-child/victim

DOB: [REDACTED]  
DOD: 1/15/13

[REDACTED] brother

DOB: [REDACTED]  
SS#: [REDACTED]  
Address [REDACTED]

[REDACTED]-mother of both children

DOB: [REDACTED]  
SS#: [REDACTED]



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Address: [REDACTED]

[REDACTED] biological father of [REDACTED] /legal father of [REDACTED]

DOB: [REDACTED]

SS#: [REDACTED]

Address: Federal Medical Prison in [REDACTED]

[REDACTED] alleged father of [REDACTED]

DOB: [REDACTED]

SS#: [REDACTED]

Address: [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: 01/23/2012

Contact Method: Attempted Face To Face

Contact Time: 01:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 01/23/2013

Completed date: 01/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/23/2013 03:30 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted to make contact with 4-year old [REDACTED] on this date at [REDACTED] Headstart in [REDACTED] on this date. CPSI [REDACTED] was unable to make contact with [REDACTED] as the school was loading the bus. CPSI [REDACTED] was attempting to interview [REDACTED] in an alternate setting other than home.



**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: 01/15/2012

Contact Method:

Contact Time: 10:15 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2013

Completed date: 01/23/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/23/2013 03:02 PM      Entered By: [REDACTED]

CPSI [REDACTED] completed the Near Fatality Report regarding [REDACTED] and emailed to appropriate personnel. A copy of the report is in the file and has been scanned into TFACTS.



Tennessee Department of Children's Services  
**Notice of Child Fatality/Near Fatality**

Investigation #:	[REDACTED]	Date of Notification:	1/15/13	Date of Death/ Incident:	
Type: (Please check one)	<input type="checkbox"/> FATALITY	<input checked="" type="checkbox"/> NEAR FATALITY			
Child Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #:	[REDACTED]
Gender:	Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>	Race/Ethnicity:	White (No	County/Region:	[REDACTED]
Parent's Name(s):	Mother: [REDACTED]	Father:	(legal) [REDACTED]		
Was child in custody at time of incident?	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Adjudication:			
If child is in DCS custody, list placement type and name:	N/A				

Describe (in detail) cause or circumstance regarding the death/injury: CPSI [REDACTED] received a referral on 1/15/13 with an allegation of Drug Exposed Infant against the mother, [REDACTED] on her newborn, [REDACTED]. The mother, [REDACTED] gave birth to [REDACTED] at [REDACTED] Medical Center in [REDACTED]. [REDACTED] was born at 31 weeks gestation and weighed 5 pounds and 8 ounces. The mother disclosed to social worker at [REDACTED] Medical Center, [REDACTED] that she had used Hydrocodone without a prescription four different times during the pregnancy. The mother also admitted to smoking marijuana occasionally during the pregnancy. CPSI [REDACTED] talked to SW [REDACTED] via phone call before arriving at the hospital and SW [REDACTED] informed CPSI [REDACTED] that the concern wasn't with the newborn but with the 4-year old sibling, [REDACTED] due to the mother's disclosure of drug use. SW [REDACTED] verbalized to CPSI [REDACTED] that she didn't feel it appropriate for DCS or CPSI [REDACTED] to come to the hospital on this date (1/15/13) as the newborn [REDACTED] was on life support and the mother was discontinuing life support. SW [REDACTED] informed CPSI [REDACTED] that the infant was born with Cystic Dysplastic Kidney Disease and that the lungs weren't developed and numerous anomalies. SW [REDACTED] stated that after talking with Dr. [REDACTED] it was determined that the mother's drug use wasn't a factor. CPSI [REDACTED] informed that due to response and the seriousness of the situation that CPSI [REDACTED] would have to conduct a face to face on the infant but would be respectful of the situation. CPSI [REDACTED] consulted with TL [REDACTED] and it was determined that CPISA [REDACTED] would attempt to locate the 4-year old at the home address provided on the referral who was supposedly staying with a grandfather. Upon arrival to [REDACTED] Medical Center at 6:30 pm ET, CPSI [REDACTED] talked with charge nurse, [REDACTED] who informed CPSI [REDACTED] that the infant would expire, that the hospital was unsure at the present time whether or not the infant was a male or female as there was no penis, no label folds, but a possible scrotal sac. She stated that they won't know the gender of the child until after the child expires and testing can be performed. RN [REDACTED] stated that upon delivery that the bladder contained 500 cc's of urine as there was no outlet for the urine. RN [REDACTED] stated that the infant also had an imperforate anus meaning he had not "butthole". RN [REDACTED] stated that that the infant has been on life support since birth, that the infant had club feet and hip displasia. RN [REDACTED] stated that the infant's face was "flat". CPSI [REDACTED] asked about the child's heart which according to his RN [REDACTED] appeared to be "of normal structure". CPSI [REDACTED] was informed by the nurses that the child wouldn't survive.

CPSI [REDACTED] talked to Dr. [REDACTED] in the NICU at [REDACTED] Medical Center at approximately 6:50 pm ET on 1/15/13 and he informed CPSI [REDACTED] that the mother, [REDACTED] has known since the 14<sup>th</sup> week that her child suffered from a genetic disorder and would not survive upon delivery. Dr. [REDACTED] stated that an infant uses "it's pee to breathe" therefore the lungs didn't develop. Dr. [REDACTED] stated that the mother, [REDACTED] went to a specialist in [REDACTED] in hopes of finding help but wasn't given hope. Dr. [REDACTED] stated that "the mother's drug use has nothing to do with the abnormalities". Dr. [REDACTED] stated that [REDACTED] with [REDACTED] Hospital in genetics would be performing test on the chromosomes. Dr. [REDACTED] stated that the mother, [REDACTED] is clinically depressed and she started Zoloft while in their care at [REDACTED] Medical Center. Dr. [REDACTED] stated that the mother, [REDACTED] has been appropriate and doesn't feel that she is a danger to herself or her 4-year old child. Dr. [REDACTED] informed CPSI [REDACTED] that I would be able to start obtaining the child's records and his documentation 48-hours after the infant expires.

CPSI [REDACTED] was informed by RN [REDACTED] that the mother doesn't want an autopsy performed on the infant. CPSI [REDACTED] asked if there was any possible way to determine if there were drugs in the child's system and she informed CPSI [REDACTED] that the mother had a negative urine drug screen on 11/8/12 and 1/13/13. She stated that there was no possible way to collect urine or stool for testing. She stated that the only way would have been through an autopsy and/or an umbilical cord sample which is expensive and not a test performed at [REDACTED]. She stated that the cord had already been trimmed so therefore that test couldn't be run either.

Describe (in detail) interview with family: CPSI [redacted] wasn't going to interview the mother out of respect to allow her to spend time with the infant and to grieve but at the mother, [redacted] request to CPSI [redacted] she asked to go ahead and be interviewed as she wasn't with the infant at the time. CPSI [redacted] engaged the mother and expressed my sincere condolences as to what she and her family are going through. Mrs. [redacted] informed CPSI [redacted] that she is currently married to [redacted] who has been incarcerated at the [redacted] Medical Center Prison in [redacted] for possession of Child Porn on his cell phone. She stated that he has been incarcerated for the past 4 1/2-years and is scheduled to be release at the end of this year. She stated that he is the legal father of [redacted] but she is "99% sure that [redacted] is the father of [redacted]". She stated that she had notified him of the birth but he doesn't wish to be involved. The mother [redacted] disclosed that she took four to five Hydrocodones during the pregnancy that she obtained from a neighbor and the last time she took one was about "two weeks ago". She stated that she was in pain and had run out of her prescription for Tramadol. She stated that she smoked marijuana "six times during the pregnancy" and the last time she smoked was "about a month and a half before birth". She stated that "I freaked out because I didn't want to harm my baby". She said that she only took Hydrocodone because she was told that it was "the safest thing to take and it wouldn't hurt the baby". The mother reported that she does have her parents and sister to help her. She said that she is depressed and has already schedule an appointment at [redacted] Health in [redacted] for 1/25/13 at 3:00 pm for counseling. CPSI [redacted] suggest counseling for her son, [redacted] and she agreed that she would want CPSI [redacted] assistance with this when "the time is right". The mother stated that some of her family is upset that she is pulling life support but she has to do what is best for her child. CPSI [redacted] commended her for making a tough decision. Mrs. [redacted] appeared to be appropriate and cooperative with CPSI [redacted]

If child was hospitalized, describe (in detail) DCS involvement during hospitalization: The infant was born at [redacted] Medical Center in [redacted] on 1/13/13.

Describe disposition of body (Fatality): CPSI [redacted] did observe the infant child in the NICU hooked up to life support and did photograph the child and his abnormalities.

Name of Medical Examiner or Coroner: Unknown at this time Was autopsy requested? Yes  No

Did CPS open an investigation on this Fatality/Near Fatality? Open  Closed

Was there an open investigation at the time of Fatality/Near Fatality? Yes  No

If so, describe (in detail) law enforcement or court involvement: CPSI [redacted] convened CPIT with Det. [redacted] with the [redacted] Police Department and also with ADA [redacted] and ADA [redacted]. ADA [redacted] requested an autopsy at the beginning. CPSI [redacted] did contact ADA [redacted] from [redacted] Medical Center and explained the situation and he requested that no autopsy be performed.

Alleged perpetrator and relationship to child: Birth Mother

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

There were no concerns based on medical collateral contacts with Mrs. [redacted] son, [redacted] who is 4-years old. CPSI [redacted] did observe [redacted] at the hospital and he appeared to be clean and healthy and had no visible marks or bruises. He did appear to be bonded with his mother and maternal grandparents. CPSI [redacted] did staff this case with TL [redacted]. It was determined that CPSI [redacted] would follow up with the family and conduct a formal interview with the child at his school next week.

Prior DCS involvement, include dates, findings, and/or adjudications:

2/2/12-Assessment-Lack of Supervision against the

mother. [REDACTED] on [REDACTED], closed by CPSA [REDACTED] as No Services Needed.			
Has there been any media inquiry or is attention expected?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contact Person/Phone Number(s) (include CM, TL, and TC):		[REDACTED]	
ATTACH a copy of the <u>TFACTS Incident Report</u> or Form <u>CS-0496, Serious Incident Report</u> to this notice if TFACTS is inoperable:		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]