



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

Case # 2013.106ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/10/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/10/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	Unknown		
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	No					

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

Reporter states ██████████ is a non-custody child; however, there is an open CPS investigation with the family. ██████████ (one month) was the son of ██████████ (21) and resided in ██████████ with her. ██████████ father is unknown and not involved. It is unknown if there are any other children in the home.

██████████ expired on 10/10/13 at ██████████ Hospital. The cause of death given is Intestinal Ischemia.

██████████ was admitted to ██████████ Medical Center in ██████████ on 10/7/13 and was transferred to ██████████ Hospital on either 10/7/13 or the morning of 10/8/13. ██████████ was in the hospital for Intestinal Ischemia.

██████████ tested positive for amphetamines at ██████████ Medical Center on 10/7/13. When referent spoke to Dr. ██████████ at ██████████ Hospital on 10/8/13, Dr. ██████████ said that they did not have a link between the babys medical problem (Intestinal Ischemia) and amphetamine use.

According to Dr. ██████████ Intestinal Ischemia is caused by a lack of oxygen in the bowels. Dr. ██████████ stated that Intestinal ██████████ could have developed while ██████████ was pregnant or during labor.

DCS ██████████ expired on 10/10/13 at ██████████ Hospital. The cause of death given is Intestinal Ischemia.

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

Name of Physician:	Dr. ██████████	Telephone #	██████████
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

On 10/8/13 CPSI ██████████ and DCS Intern ██████████ met with Ms. ██████████ at ██████████ Hospital. CPSI explained the nature of his visit with her and engaged with Ms. ██████████ about drug use. Ms. ██████████ stated that she is not on medication, but had recently taken diet pills. Ms. ██████████ explained that she discontinued use of the diet pills do to her having trouble producing breast milk. Ms. ██████████ denied any drug use. CPSI engaged with Ms. ██████████ about previous history with the Department. CPSI explained to Ms. ██████████ that the Department had indicated her for "drug exposed child" early this year. Ms. ██████████ stated that she did not recall being involved with the Department. Ms. ██████████ did state that she has used marijuana as a teen.

CPSI engaged with Ms. ██████████ about her pregnancy and ██████████ medical history since birth. Ms. ██████████ reported that her belly was very large during her pregnancy, but was told by her doctor that it was extra excess amniotic fluid. Ms. ██████████ stated that ██████████ was doing just fine at birth, except that he had jaundice, but was cleared to go home. Ms. ██████████ explained that after leaving the hospital, ██████████ again appeared to be yellowing. Ms. ██████████ stated that she had taken ██████████ to ██████████ Clinic on multiple occasions, and an appointment was made for him at ██████████ for next week. Ms. ██████████ reported that this past Sunday, 10/6/13, ██████████ was crying, inconsolable, and would not eat. Ms.

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

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█████ reported that when she took █████ temperature orally, it was 94 degrees. Ms. █████ stated she was very worried and concerned about █████ condition, and took him to the emergency room at █████ █████ Center in █████ █████

CPSI asked Ms. █████ if she would agree to a drug screening and Ms. █████ complied. Ms. █████ tested positive for amphetamines and methamphetamines. CPSI explained to Ms. █████ the results of the drug screening. Ms. █████ was hesitant to confess to drug use. Ms. █████ did state that she did not know that the drugs could transfer through breast feeding. Ms. █████ was sobbing and asked CPSI if she had done this to her baby. CPSI explained that he did not have the answer to that question. Ms. █████ maintained that she has been taking diet pills, and also stated that she had used methamphetamine approximately 6 days ago. Ms. █████ stated that this was the first time she has used since she found out she was pregnant in January of 2013.

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

CPSI █████ and Intern █████ conducted an interview with █████ a R.N., at █████ Hospital, 10/08/13 at 8:00 P.M. █████ was a member of the transport team that transferred █████ from █████ in █████ to █████ Hospital on 10/07/13. █████ stated that Ms. █████ denied any use of amphetamines. █████ stated Ms. █████ mentioned █████ belly had been swollen since birth and she had already taken him to the █████ Clinic three times and also had a scheduled appointment at █████ for next week. █████ said she did verify the appointment was made for █████ █████ stated █████ condition is commonly called dead bowels and is not a result of amphetamine use or negligence.

CPSI █████ and Intern █████ conducted an interview with █████, the █████ social worker on-call, to ask about her engagement with Ms. █████. The interview occurred at █████ Hospital on 10/08/13 at 8:15 P.M. According to Ms. █████ she visited Ms. █████ at 5:00 a.m. on 10/08/13 to provide emotional support because Ms. █████ was crying and upset about the condition of her son, █████ Ms. █████ stated Ms. █████ told her █████ belly had been distended since birth and she had already been to the doctor three times and was supposed to come to █████ next week.

CPSI █████ and Intern █████ conducted an interview with Dr. █████, the doctor working with █████ to learn about █████ condition. The interview occurred at █████ Hospital on 10/08/13 at 8:30 P.M. Dr. █████ informed CPSI █████ and Intern █████ that █████ bowels were "really sick" because he was suffering from intestinal ischemia. Dr. █████ reported that █████ is in stable, but very critical. Dr. █████ explained the illness is caused by lack of oxygen to the bowels and could have occurred in the womb or during labor. However, when asked about if amphetamines contributed any to the illness, Dr. █████ stated she was unaware of any connection, but could consult literature. Dr. █████ stated that in the best case scenario, █████ would be in the hospital for a prolonged stay. Dr. █████ stated that there was also a possible non-displaced skull fracture in a CAT scan from █████. However, the quality of the image was poor and the CAT scan would have to be redone to know for sure. Dr. █████ stated a nurse told her that Ms. █████ said she was in car wreck a couple of weeks ago.

Describe disposition of body (Death):			
Name of Medical Examiner/Coroner:		Was autopsy requested?	
		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Was there DCS involvement at the time of Death/Near Death?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Type:	CPS Drug Exposed Infant	Case #:	█████

Describe law enforcement or court involvement, if applicable:

None

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

There are no other children involved. Ms. █████ has no other children and there are no other children living in the home with her.

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Report: 01/22/13
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Name:	Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
09/28/2007	[REDACTED]		[REDACTED]		FSS Case
03/13/2013	[REDACTED]	DEC	[REDACTED]	[REDACTED]	AIPI
/ /					
/ /					
/ /					
/ /					
/ /					

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: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice. No Yes

Email to: [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: 10/10/2013 08:49 PM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/10/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/11/2013 09:25 AM
First Team Leader Assigned: [REDACTED] Date/Time 10/11/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 10/11/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: The child is not in DCS Custody

TFACTS: History search completed using the information as given by referent. [REDACTED], Participant ID: [REDACTED] There is an open investigation, ID [REDACTED] The case is not established in TFACTS at this time.

Case ID: [REDACTED] | [REDACTED] as ACV)
FSS case for [REDACTED] as a child: closed 9/28/07

Open Court Custody/FSS/FCIP None

Closed Court Custody None



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

Open CPS Yes - 10/7/13, Investigation ID [REDACTED] DEI, CM [REDACTED]

Indicated [REDACTED] 3/4/13 DEC, [REDACTED] [REDACTED] [REDACTED]

Fatality None
Screened out none

History (not listed above): none

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: None
School/ Daycare: none
Native American Descent: Yes
Directions: (If applicable, list specific directions or state none given)

Reporters name/relationship: [REDACTED] / [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Reporter states [REDACTED] is a non-custody child; however, there is an open CPS investigation with the family. [REDACTED] (one month) was the son of [REDACTED] (21) and resided in [REDACTED] with her. [REDACTED] father is unknown and not involved. It is unknown if there are any other children in the home.

[REDACTED] expired on 10/10/13 at [REDACTED] Hospital. The cause of death given is Intestinal Ischemia.

[REDACTED] was admitted to [REDACTED] Center in [REDACTED] on 10/7/13 and was transferred to [REDACTED] Hospital on either 10/7/13 or the morning of 10/8/13. [REDACTED] was in the hospital for Intestinal Ischemia.

[REDACTED] tested positive for amphetamines at [REDACTED] Center on 10/7/13. When referent spoke to Dr. [REDACTED] at [REDACTED] Hospital on 10/8/13, Dr. [REDACTED] said that they did not have a link between the babys medical problem (Intestinal Ischemia) and amphetamine use.

According to Dr. [REDACTED] Intestinal Ischemia is caused by a lack of oxygen in the bowels. Dr. [REDACTED] stated that Intestinal Ischemia could have developed while [REDACTED] was pregnant or during labor.

DCS has an open case in [REDACTED] [REDACTED] [REDACTED] is the case manager assigned to the case. Investigation ID is [REDACTED]

Per SDM: Investigative Track, P1. Infant Fatality: cause of death is reported as Intestinal Ischemia. [REDACTED] CM 3 @ 10:10pm on 10-10-13

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	10-10-13 10:34:36 PM CDT	[REDACTED]	10-10-13 10:35:21 PM CDT	[REDACTED]	+ [REDACTED] Received

Child Death/Child Near Death Notification Group: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



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

Also CC the RA [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 22 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: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** Deceased

Address: [REDACTED]

Deceased Date: 10/10/2013

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:

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:



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: 10/10/2013 Assignment Date: 10/11/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

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], Neglect Death, Unknown Participant, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted], 04/15/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments: This case is being classified as (Allegation Unsubstantiated/Perpetrator Unsubstantiated) due to policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that the neglect death existed and the alleged perpetrator named in the report was not found to be responsible for the reported maltreatment.

D. Case Workers

Case Worker: [Redacted] Date: 04/15/2014
Team Leader: [Redacted] Date: 04/15/2014

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:

CPSI [Redacted] met initial response on 10/8/13 at 8 pm at [Redacted] Hospital. CPSI observed [Redacted] was in critical condition at this time. CPSI was not able to fully observe [Redacted] body due to medical equipment and his current condition.

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

CPSI [Redacted] and Intern [Redacted] conducted an interview with Dr. [Redacted], the doctor working with [Redacted] to learn about [Redacted] condition. The interview occurred at [Redacted] Hospital on 10/08/13 at 8:30 P.M. Dr. [Redacted] informed CPSI [Redacted] and Intern [Redacted] that [Redacted] bowels were really sick because he was suffering from intestinal ischemia. Dr. [Redacted] reported that [Redacted] is in stable, but very critical. Dr. [Redacted] explained the illness is caused by lack of oxygen to the bowels and could have occurred in the womb or during labor. However, when asked about if amphetamines contributed any to the illness, Dr. [Redacted] stated she was



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Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

unaware of any connection, but could consult literature. Dr. [REDACTED] stated that in the best case scenario, [REDACTED] would be in the hospital for a prolonged stay. Dr. [REDACTED] stated that there was also a possible non-displaced skull fracture in a CAT scan from [REDACTED]. However, the quality of the image was poor and the CAT scan would have to be redone to know for sure. Dr. [REDACTED] stated a nurse told her that Ms. [REDACTED] said she was in car wreck a couple of weeks ago.

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

On 10/8/13 CPSI [REDACTED] and DCS Intern [REDACTED] met with Ms. [REDACTED] at [REDACTED] Hospital. CPSI explained the nature of his visit with her and engaged with Ms. [REDACTED] about drug use. Ms. [REDACTED] stated that she is not on medication, but had recently taken diet pills. Ms. [REDACTED] explained that she discontinued use of the diet pills do to her having trouble producing breast milk. Ms. [REDACTED] denied any drug use. CPSI engaged with Ms. [REDACTED] about previous history with the Department. CPSI explained to Ms. [REDACTED] that the Department had indicated her for drug exposed child early this year. Ms. [REDACTED] stated that she did not recall being involved with the Department. Ms. [REDACTED] did state that she has used marijuana as a teen.

CPSI engaged with Ms. [REDACTED] about her pregnancy and [REDACTED] medical history since birth. Ms. [REDACTED] reported that her belly was very large during her pregnancy, but was told by her doctor that it was extra excess amniotic fluid. Ms. [REDACTED] stated that [REDACTED] was doing just fine at birth, except that he had jaundice, but was cleared to go home. Ms. [REDACTED] explained that after leaving the hospital, [REDACTED] again appeared to be yellowing. Ms. [REDACTED] stated that she had taken [REDACTED] to [REDACTED] Clinic on multiple occasions, and an appointment was made for him at [REDACTED] for next week. Ms. [REDACTED] reported that this past Sunday, 10/6/13, [REDACTED] was crying, inconsolable, and would not eat. Ms. [REDACTED] reported that when she took [REDACTED] temperature orally, it was 94 degrees. Ms. [REDACTED] stated she was very worried and concerned about [REDACTED] condition, and took him the emergency room a [REDACTED] Center in [REDACTED].

CPSI asked Ms. [REDACTED] if she would agree to a drug screening and Ms. [REDACTED] complied. Ms. [REDACTED] tested positive for amphetamines and methamphetamines. CPSI explained to Ms. [REDACTED] the results of the drug screening. Ms. [REDACTED] was hesitant to confess to drug use. Ms. [REDACTED] did state that she did not know that the drugs could transfer through breast feeding. Ms. [REDACTED] was sobbing and asked CPSI if she had done this to her baby. CPSI explained that he did not have the answer to that question. Ms. [REDACTED] maintained that she has been taking diet pills, and also stated that she had used methamphetamine approximately 6 days ago. Ms. [REDACTED] stated that this was the first time she has used since she found out she was pregnant in January of 2013.

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

CPSI [REDACTED] and Intern [REDACTED] conducted an interview with [REDACTED] a R.N., at [REDACTED] Hospital, 10/08/13 at 8:00 P.M. [REDACTED] was a member of the transport team that transferred [REDACTED] from [REDACTED] in [REDACTED] TN to [REDACTED] Hospital on 10/07/13. [REDACTED] stated that Ms. [REDACTED] denied any use of amphetamines. [REDACTED] stated Ms. [REDACTED] mentioned [REDACTED] belly had been swollen since birth and she had already taken him to the [REDACTED] Clinic three times and also had a scheduled appointment at [REDACTED] for next week. [REDACTED] said she did verify the appointment was made for [REDACTED]. [REDACTED] stated [REDACTED] condition is commonly called dead bowels and is not a result of amphetamine use or negligence.

CPSI [REDACTED] and Intern [REDACTED] conducted an interview with [REDACTED] the [REDACTED] social worker on-call, to ask about her engagement with Ms. [REDACTED]. The interview occurred at [REDACTED] Hospital on 10/08/13 at 8:15 P.M. According to Ms. [REDACTED] she visited Ms. [REDACTED] at 5:00 a.m. on 10/08/13 to provide emotional support because Ms. [REDACTED] was crying and upset about the condition of her son, [REDACTED]. Ms. [REDACTED] stated Ms. [REDACTED] told her [REDACTED] belly had been distended since birth and she had already been to the doctor three times and was supposed to come to [REDACTED] next week.



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Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

CPSI [REDACTED] received the autopsy report for [REDACTED] in February 2014. The report states that the cause of death is complications of necrotizing enterocolitis. The manner of death is undetermined.

In the summary of the case Dr. [REDACTED] states in my opinion, the best cause of death is complications of necrotizing enterocolitis. Due to the timing of the car accident, it is unclear if it plays any role in development of the intestinal problems. The development of necrotizing enterocolitis in an otherwise normal full term infant is generally in the first couple of days but can occur up to a month, for which this child meets the outer timeframe. The exposure to amphetamines and methamphetamine may, however, come into play and therefore the manner of death is undetermined. Attempts to identify the isomer of methamphetamine was unsuccessful due to insufficient sample. Because of both of these potential initiating factors, the manner of death is undetermined.

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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:	04/15/2014	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/15/2014 05:03 PM Entered By: [REDACTED]

Case Summary
 Date: 4/15/14
 Time:

On 10/10/2013 at 8:49 pm, a P(1) referral was called into Central Intake. The referral was screened into [REDACTED] with allegations of neglect death. The alleged perpetrator is listed as unknown. The alleged victim is [REDACTED]. The referral was assessed and assigned by TL [REDACTED] on 10/10/13 to CPSI [REDACTED]. Response is due 10/11/13 at 8:49 pm CT. According to the referral, Reporter states [REDACTED] is a non-custody child; however, there is an open CPS investigation with the family. [REDACTED] (one month) was the son of [REDACTED] (21) and resided in [REDACTED] with her. [REDACTED] father is unknown and not involved. It is unknown if there are any other children in the home. [REDACTED] expired on 10/10/13 at [REDACTED] Hospital. The cause of death given is Intestinal Ischemia. [REDACTED] was admitted to [REDACTED] Center in [REDACTED] on 10/7/13 and was transferred to [REDACTED] Hospital on either 10/7/13 or the morning of 10/8/13. [REDACTED] was in the hospital for Intestinal Ischemia. [REDACTED] tested positive for amphetamines at [REDACTED] Center on 10/7/13. When referent spoke to Dr. [REDACTED] at [REDACTED] Hospital on 10/8/13, Dr. [REDACTED] said that they did not have a link between the babys medical problem (Intestinal Ischemia) and amphetamine use. According to Dr. [REDACTED] Intestinal Ischemia is caused by a lack of oxygen in the bowels. Dr. [REDACTED] stated that Intestinal Ischemia could have developed while [REDACTED] was pregnant or during labor. DCS has an open case in [REDACTED]. [REDACTED] is the case manager assigned to the case. Investigation ID is [REDACTED]. It is unknown if [REDACTED] is of Native American decent. [REDACTED] Juvenile Court and the DA are notified of referrals and classification per local protocol and policy. The CPSI will contact the referent to seek additional information. The referent letter was mailed per local protocol.

Case History

The following TNKIDS/TFACTS search revealed the following for [REDACTED] HERE:

2/2/13 AS/PS drug exposed child AP [REDACTED] ACV [REDACTED]
 10/8/13 AS/PS drug exposed infant AP [REDACTED] ACV [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Internet Check

The following internet checks were completed on [REDACTED]:

Methamphetamine Offender Registry Clearance. The Internet Website address is:

<http://www.tennesseeanytime.org/methor>

Sexual Offender Registry Clearance. The Website address for a TN search is:

http://www.ticic.state.tn.us/SEX_ofndr/search_short.asp

National Sexual Offender Registry Clearance. The Internet Web site address for a national search is:

<http://www.tennesseeanytime.org/foil/search.jsp>

Abuse Registry Clearance. The website address is:

<http://health.state.tn.us/AbuseRegistry/default.aspx>

Search revealed no results.

Household Composition

The family address is: [REDACTED]

Phone number:
[REDACTED]

Income and Employment

Ms. [REDACTED] is unemployed.

SDM

The initial SDM Safety Assessment was completed on (10/10/13). The Safety assessment score is conditionally safe.

The closing SDM Safety Assessment was completed on (4/15/14). The Safety assessment score is safe.

Classification

This case is being classified as (Allegation Unsubstantiated/Perpetrator Unsubstantiated) due to policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that the neglect death existed and the alleged perpetrator named in the report was not found to be responsible for the reported maltreatment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/15/2014	Contact Method:	Attempted Face To Face
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 03:51 PM Entered By: [REDACTED]

No face to face with [REDACTED] was completed for April due to him being deceased.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/15/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/15/2014
 Completed date: 04/15/2014 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: 04/15/2014 04:32 PM Entered By: [REDACTED]

CPSI [REDACTED] received notification on 4/15/14 from LI [REDACTED] that RID [REDACTED] has completed the case file review for the [REDACTED] case. It was decided that the case would be classified as AU/PU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/31/2014

Contact Method: Attempted Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/03/2014

Completed date: 04/03/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2014 01:08 PM Entered By: [REDACTED]

No face to face with [REDACTED] was completed for March due to him being deceased.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/12/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 03:21 PM Entered By: [REDACTED]

On 3/12/14 the Child Protective Investigation Team (CPIT) met to discuss the [REDACTED] case. CPSI [REDACTED] presented the case to the team and his reasoning for wanting to classify the case as AU / PU. CPSI [REDACTED] stated his discomfort with classifying the case as substantiated due to the fact that the autopsy report stated that the manner of death is undetermined. Although the report did not rule out the possibility methamphetamine use as a contributing factor to the development of necrotizing enterocolitis, it failed to articulate a clear link between the methamphetamine exposure and the development of necrotizing enterocolitis. CPSI [REDACTED] shared that the report also stated that necrotizing enterocolitis also develops in some children between birth and one month old and that [REDACTED] meets the outer time frame for that development. The report also states that [REDACTED] was involved in a car accident and it is unclear to what extent, if any at all, the accident contributed to the onset of necrotizing enterocolitis. Before classifying the case CPSI [REDACTED] staffed the differing opinions of the team members with TL [REDACTED]. After discussing the case with TL [REDACTED] two options were set out: 1.) CPSI [REDACTED] would classify the case as AS / PS and would mark on the CPIT form that he disagreed with the classification decision. 2.) CPSI [REDACTED] would carryover the case to next month in order to staff the case with TC [REDACTED] and the Regional Administrator. CPSI [REDACTED] reintroduced the case to the team members and outlined both options. The team members stated that option one was unprecedented and would not follow through with classifying the case as AS /PS if CPSI [REDACTED] disagreed with the decision. The team would also not allow the case to be carried over due to the fact that no new evidence was going to be presented. CPSI [REDACTED] was left in the position to classify the case as AU / PU, in which team members disagreed and the case will be sent for review. TL [REDACTED] was not notified prior to this decision being made.



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: 02/28/2014

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/13/2014

Completed date: 03/13/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/13/2014 03:11 PM Entered By: [REDACTED]

CPSI [REDACTED] received the autopsy report for [REDACTED] in February 2014. The report states that the cause of death is complications of necrotizing enterocolitis. The manner of death is undetermined.

In the summary of the case Dr. [REDACTED] states in my opinion, the best cause of death is complications of necrotizing enterocolitis. Do to the timing of the car accident, it is unclear if it plays any role in development of the intestinal problems. The development of necrotizing enterocolitis in an otherwise normal full term infant is generally in the first couple of days but can occur up to a month, for which this child meets the outer timeframe. The exposure to amphetamines and methamphetamine may, however, come into play and therefore the manner of death is undetermined. Attempts to identify the isomer of methamphetamine was unsuccessful due to insufficient sample. Because of both of these potential initiating factors, the manner of death is undetermined.

The toxicology states that the urine tested positive for pseudoephedrine, phenylpropanolamine, amphetamine, methamphetamine, and phentermine.

The full report has been placed in section two of the CPS 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: 02/28/2014 Contact Method: Attempted Face To Face
 Contact Time: 08:00 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/02/2014
 Completed date: 03/02/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/02/2014 11:21 AM Entered By: [REDACTED]

A face to face observation was not completed with [REDACTED] for the month of February due to him being deceased.



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:	01/31/2014	Contact Method:	Attempted Phone Call
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 03:54 PM Entered By: [REDACTED]

No face to face with [REDACTED] was completed for January due to him being deceased.



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:	12/31/2013	Contact Method:	Attempted Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 03:55 PM Entered By: [REDACTED]

No face to face with [REDACTED] was completed for December due to him being deceased.



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:	11/29/2013	Contact Method:	Attempted Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 03:57 PM Entered By: [REDACTED]

No face to face with [REDACTED] was completed for November due to him being deceased.



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: 11/15/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/20/2013

Completed date: 11/20/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2013 06:44 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with CPIT partner, Inv. [REDACTED] with the [REDACTED] Office, on 11/15/13 at the [REDACTED] [REDACTED] in regard to the [REDACTED] case. Inv. [REDACTED] stated that she contacted the Medical Examiners office on 11/14/13. It was reported to Inv. [REDACTED] that the suspected skull fracture on [REDACTED] was in fact a natural separation of the bone, and was not a result of trauma. Inv. [REDACTED] stated that the exam/report is not completed and the ME is not at this time able to rule out methamphetamine exposure as a contributing factor in [REDACTED] death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/11/2013 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/20/2013
 Completed date: 11/20/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning, Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2013 05:59 PM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] attempted a face to face contact with [REDACTED] on 10/11/13 at 10 am at the family residence, [REDACTED] Mr. [REDACTED], Ms. [REDACTED] roommate, was home and reported Ms. [REDACTED] was at [REDACTED] Funeral Home with her parents making arrangements for [REDACTED] CPSI [REDACTED] engaged with Mr. [REDACTED] about Ms. [REDACTED] emotional stability and well-being since the death of her son. Mr. [REDACTED] reported Ms. [REDACTED] was grieving, but her family was providing a network of support. Mr. [REDACTED] stated Ms. [REDACTED] family was providing financial support for [REDACTED] funeral expenses. CPSI [REDACTED] left information on grief counseling and support groups offered in the [REDACTED] area and asked Mr. [REDACTED] to give the information to Ms. [REDACTED] CPSI [REDACTED] attached a business card with contact information listed on it.



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: 10/09/2013

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/21/2013

Completed date: 11/21/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/21/2013 07:35 AM Entered By: [REDACTED]

ON 10/9/13 CPSI [REDACTED] staffed the [REDACTED] case with TL [REDACTED] and DCS attorney [REDACTED]. Ms. [REDACTED] concluded that Ms. [REDACTED] posed no immediate safety risk to [REDACTED] while he is admitted to the [REDACTED] at [REDACTED] Hospital. It was agreed that an Immediate Protection Agreement would need to be put in place, and will read as followed:

1. Ms. [REDACTED] will complete a clinical assessment and will follow all recommendations. The clinical assessment will include an Alcohol and Drug assessment, and a parenting component. Ms. [REDACTED] will make full disclosure, sign a release of information, and the counselor/therapist will speak with CPSI [REDACTED] before making recommendations.
2. Ms. [REDACTED] will comply with random drug screenings.
3. Upon [REDACTED] release from the [REDACTED] Ms. [REDACTED] will have supervised contact with [REDACTED] at all times. The supervisor of this visitation will need to be approved through the Department of Childrens Services. Upon release from [REDACTED] Hospital [REDACTED] will be Safety placed with a family friend or relative to be determined. The safety placement will need to be approved through the Department of Childrens Services.



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:	10/08/2013	Contact Method:	Face To Face
Contact Time:	08:30 PM	Contact Duration:	Less than 30
Entered By:	██████████	Recorded For:	
Location:	Hospital	Created Date:	11/20/2013
Completed date:	11/20/2013	Completed By:	██████████
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2013 06:30 PM Entered By: ██████████

CPSI ██████████ and Intern ██████████ conducted an interview with Dr. ██████████, the doctor working with ██████████ to learn about ██████████ condition. The interview occurred at ██████████ on 10/08/13 at 8:30 P.M. Dr. ██████████ informed CPSI ██████████ and Intern ██████████ that ██████████ bowels were really sick because he was suffering from intestinal ischemia. Dr. ██████████ reported that ██████████ is in stable, but very critical. Dr. ██████████ explained the illness is caused by lack of oxygen to the bowels and could have occurred in the womb or during labor. However, when asked about if amphetamines contributed any to the illness, Dr. ██████████ stated she was unaware of any connection, but could consult literature. Dr. ██████████ stated that in the best case scenario, ██████████ would be in the hospital for a prolonged stay. Dr. ██████████ stated that there was also a possible non-displaced skull fracture in a CAT scan from ██████████. However, the quality of the image was poor and the CAT scan would have to be redone to know for sure. Dr. ██████████ stated a nurse told her that Ms. ██████████ said she was in car wreck a couple of weeks ago.



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: 10/08/2013

Contact Method: Face To Face

Contact Time: 08:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/20/2013

Completed date: 11/20/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2013 06:24 PM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] conducted an interview with [REDACTED] the [REDACTED] social worker on-call, to ask about her engagement with Ms. [REDACTED]. The interview occurred at [REDACTED] Hospital on 10/08/13 at 8:15 P.M. According to Ms. [REDACTED] she visited Ms. [REDACTED] at 5:00 a.m. on 10/08/13 to provide emotional support because Ms. [REDACTED] was crying and upset about the condition of her son, [REDACTED]. Ms. [REDACTED] stated Ms. [REDACTED] told her [REDACTED] belly had been distended since birth and she had already been to the doctor three times and was supposed to come to [REDACTED] next week.



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: 10/08/2013 Contact Method: Face To Face
 Contact Time: 08:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 11/20/2013
 Completed date: 11/20/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face, Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2013 06:15 PM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) had a face to face interview to initiate the investigation to insure safety, well-being and permanency.

People present during this visit:

[REDACTED] DOB [REDACTED]
 [REDACTED] DOB [REDACTED]

*Section I: Interview with the child

CPSI [REDACTED] met initial response on 10/8/13 at 8 pm at [REDACTED] Hospital. CPSI observed [REDACTED] was in critical condition at this time. CPSI was not able to fully observe [REDACTED] body due to medical equipment and his current condition.

*Section II: Interview with the mother / guardian

On 10/8/13 CPSI [REDACTED] and DCS Intern [REDACTED] met with Ms. [REDACTED] at [REDACTED] Hospital. CPSI explained the nature of his visit with her and engaged with Ms. [REDACTED] about drug use. Ms. [REDACTED] stated that she is not on medication, but had recently taken diet pills. Ms. [REDACTED] explained that she discontinued use of the diet pills do to her having trouble producing breast milk. Ms. [REDACTED] denied any drug use. CPSI engaged with Ms. [REDACTED] about previous history with the Department. CPSI explained to Ms. [REDACTED] that the Department had indicated her for drug exposed child early this year. Ms. [REDACTED] stated that she did not recall being involved with the Department. Ms. [REDACTED] did state that she has used marijuana as a teen.

CPSI engaged with Ms. [REDACTED] about her pregnancy and [REDACTED] medical history since birth. Ms. [REDACTED] reported that her belly was very large during her pregnancy, but was told by her doctor that it was extra excess amniotic fluid. Ms. [REDACTED] stated that [REDACTED] was doing just fine at birth, except that he had jaundice, but was cleared to go home. Ms. [REDACTED] explained that after leaving the hospital, [REDACTED] again appeared to be yellowing. Ms. [REDACTED] stated that she had taken [REDACTED] to [REDACTED] Clinic on multiple occasions, and an appointment was made for him at [REDACTED] for



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

next week. Ms. [REDACTED] reported that this past Sunday, 10/6/13, [REDACTED] was crying, inconsolable, and would not eat. Ms. [REDACTED] reported that when she took [REDACTED] temperature orally, it was 94 degrees. Ms. [REDACTED] stated she was very worried and concerned about [REDACTED] condition, and took him the emergency room at [REDACTED] Center in [REDACTED]. CPSI asked Ms. [REDACTED] if she would agree to a drug screening and Ms. [REDACTED] complied. Ms. [REDACTED] tested positive for amphetamines and methamphetamines. CPSI explained to Ms. [REDACTED] the results of the drug screening. Ms. [REDACTED] was hesitant to confess to drug use. Ms. [REDACTED] did state that she did not know that the drugs could transfer through breast feeding. Ms. [REDACTED] was sobbing and asked CPSI if she had done this to her baby. CPSI explained that he did not have the answer to that question. Ms. [REDACTED] maintained that she has been taking diet pills, and also stated that she had used methamphetamine approximately 6 days ago. Ms. [REDACTED] stated that this was the first time she has used since she found out she was pregnant in January of 2013.

*Section III: Interview with the father / guardian

N/A

*Section IV: Interview with other household members

N/A

Section V: CPSI observed:

Document:

1. Interactions between mother/father and child: N/A
2. Observation and presentation: N/A
3. Observation of interactions between mother/father and other children in home: N/A
4. Observation of physical environment (inside and outside): N/A

Section VI: Next Steps:

CPSI will staff current circumstances of the case with TL [REDACTED]

*Section VII: NCPP/FSTM (if applicable)

N/A

Strengths:

Needs:

Action Steps:

Decisions:

Section VIII: IPA: note restrictions and visitation plans

N/A (at this time)



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/08/2013

Contact Method: Face To Face

Contact Time: 07:59 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/20/2013

Completed date: 11/20/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/20/2013 06:22 PM Entered By: [REDACTED]

CPSI [REDACTED] and Intern [REDACTED] conducted an interview with [REDACTED] a R.N., at [REDACTED] Hospital, 10/08/13 at 8:00 P.M. [REDACTED] was a member of the transport team that transferred [REDACTED] from [REDACTED] in [REDACTED] TN to [REDACTED] Hospital on 10/07/13. [REDACTED] stated that Ms. [REDACTED] denied any use of amphetamines. [REDACTED] stated Ms. [REDACTED] mentioned [REDACTED] belly had been swollen since birth and she had already taken him to the [REDACTED] Clinic three times and also had a scheduled appointment at [REDACTED] for next week. [REDACTED] said she did verify the appointment was made for [REDACTED]. [REDACTED] stated [REDACTED] condition is commonly called dead bowels and is not a result of amphetamine use or negligence.

Narrative Type: Addendum 1 Entry Date/Time: 11/21/2013 07:42 AM Entered By: [REDACTED]

[REDACTED] a R.N., at [REDACTED] Hospital, also stated that [REDACTED] [REDACTED] will not be receiving any breast milk from his mother. Ms. [REDACTED] [REDACTED] current condition does not allow him to be held for breast feeding at the time, however pumping and providing [REDACTED] with breast milk in not going to be permitted as long as [REDACTED] is hospitalized at [REDACTED] Hospital.