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

## Intake

Intake ID: [redacted]

Intake Taken By: Web Service

Intake Date/Time: [redacted] 05:31 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 2

Screened By: [redacted]

Date Screened: [redacted]

## Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 09/13/2022 08:13 AM

First Team Leader Assigned: [redacted]

Date/Time 09/13/2022 12:00 AM

First Case Manager [redacted]

Date/Time 09/13/2022 12:00 AM

## Allegations

| Alleged Victim | Age | Allegation | Severe ? / CSEM ? | Alleged Perpetrator | Relationship to Alleged Victim |
|---|---|---|---|---|---|
| [redacted] Unknown | 1 Yr 7 Mos | Drug Exposed Child | No | [redacted] | Birth Mother |

## Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted] Tennessee [redacted]

Referent Phone Number: [redacted]

Type of Contact: Web Referral

Notification:

Narrative: Referent:
Interpreter needed: unknown
Type of Interpreter:

Victim:
Interpreter needed: unknown
Type of Interpreter:
First Name: [redacted]
Last Name: [redacted]
Deceased: unknown
Date of Death: none
Describe the Victim:
Native American Descent: unknown
Contact: [redacted]

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

Contact Address [redacted], TN, [redacted]
Directions:
School Name:
School Grade:
School Address:
School Contact:
Day Care Name:
Day Care Address:
Day Care Contact:

Perpetrator:
Interpreter needed: unknown
Type of Interpreter:
First Name: [redacted]
Middle Name: [redacted]
Last Name: [redacted]
Deceased: unknown
Date of Death: none
Describe the Perpetrator:
Native American Descent: unknown
Does the alleged perpetrator currently have access to the victims(s)?: Yes
Does the alleged perpetrator have a criminal record?: unknown
Does the alleged perpetrator have prior involvement with DCS?: Unknown
Contact: [redacted]
Contact Address [redacted], TN, [redacted]
Directions:
Employer Name:
Employer Address:
Employer Contact:

Incident County: [redacted]
Describe in detail what has happened to the child. What is the abuse or neglect?:
baby boy born on [redacted] was admitted to NeoICU, and then transferred to [redacted] NeoICU. baby's mom's UDS was positive on admission for multiple substances including amphetamines, methamphetamines, benzodiazapines, THC, and THC carboxy. mom's UDS was positive for multiple substances throughout the duration of her pregnancy. mom expected to discharge home to baby today. please follow up to assess as soon as possible.

When did the abuse or neglect occur?:

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:

Does the child need medical care? Has the child received medical care? If so, where?:

Describe in detail how the child has been affected or harmed by the abuse or neglect.:

Are there any concerns for Domestic Violence in the home that pose a danger to the child¿s safety? If yes, please describe your concerns.:

Has the child made a disclosure of the abuse or neglect? If yes, what did the child disclose? Who did the

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

child tell?:

What do the child¿s parents/caregivers say about the abuse/neglect?:

Is anyone in the home protective of this child? If yes, who?:

When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?:

Does the child have any special needs or disabilities? Please describe.:

Are there any concerns for the safety of a Department of Children¿s Services Case Manager responding to the child¿s home?:

INV Track - P2
[redacted], CAH Director, on 9/12/22 @ 5:48pm

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

**Participant(s)**

**Name:** [redacted]

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

SSN: | Race: White | Age: 33 Yrs

Address: [redacted], Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [redacted]

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** [redacted] Unknown

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

SSN: | Race: White | Age: 1 Yr 7 Mos

Address: [redacted], Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-09-28 11:11:00.0 | Contact Method: | |
| Contact Time: | 11:11 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 09/28/2023 |
| Completed date: | 09/28/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/28/2023 11:11 AM Entered By: [redacted]

Team Leader [redacted] reviewed and approved the case for closure due to investigative tasks being completed. The allegation of DEC and Abuse Death is classified as AUPU. This case was approved from closure by [redacted]. There were no other children involved other than the ACV. Autopsy states cause of death due to placenta rupture. All medical records have been uploaded into the electronic file.

# Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-09-19 10:02:00.0 | Contact Method: | |
| Contact Time: | 10:02 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 09/19/2023 |
| Completed date: | 09/27/2023 | Completed By: | [redacted] |

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/19/2023 10:02 AM Entered By: [redacted]

The Department of Childrens services (DCS)received a referral on September 13, 2022, for an allegation of Drug Exposed Child regarding [redacted] The alleged perpetrator (AP) was identified as birth mother, [redacted] passed away due to internal bleeding, low blood pressure and failure to continue to breath on a ventilator, compilations due a premature birth and potentially exposure to methamphetamine used during pregnancy. This investigation was assigned to Child Protective Services Investigator (CPSI) [redacted] by Lead Investigator (LI) [redacted] This case was worked in conjunction with the following [redacted] County Sheriffs Department Investigator; [redacted] had knowledge of her pregnancy with [redacted] in April 2022. [redacted] counted her gestation date, and it was determined that she got pregnant in February 2022. [redacted] was confirmed pregnant in April 2022 at [redacted] Health Services in [redacted] TN. [redacted] was sent to [redacted] to see Dr. [redacted] MD at [redacted] TN. [redacted] was originally diagnosed with diabetes in 2012. [redacted] was high risk due to having diabetes, before pregnancy [redacted] was taking 13cc of Levimir in the morning and at night, before meals [redacted] injected herself with 8 cc of Humalog. In May, June and July of 2022 [redacted] had visits at [redacted] Health Center and Dr. [redacted] on the same day of each month. Dr. [redacted] increased the insulin dose each month of the pregnancy. In July 2022 the dose of Levimir was 16cc twice a day and Humalog 10cc before each meal. On July 5th, 2022, [redacted] fell ill and was nauseated, [redacted] went to [redacted] General Hospital and was diagnosed with Covid. [redacted] was hospitalized for 7 days and struggled to get her Upper Gastrointestinal Track issues resolved. On July 10, 2022, [redacted] was sent home from the hospital, but [redacted] continues to have high sugar levels in her body, and she was not feeling well. On July 23,2022 [redacted] began to have seizures due to a high sugar level in her blood. [redacted] was transported to [redacted] General Hospital in [redacted] TN. [redacted] sugar level was reduced, and [redacted] was sent home from the hospital. On July 23, 2022, [redacted] went to stay at her mothers ([redacted]) home for 3 days. [redacted] lives at [redacted] TN. On July 26th [redacted] returned to [redacted] GH due to complication with her diabetes and pregnancy. [redacted] GH kept [redacted] due to concerns for [redacted] and the pregnancy. [redacted] was diagnosed with Polyhydramnios; amniotic fluid was drained from [redacted] daily. On [redacted],

**Tennessee Department of Children's Services**

**Case Recording Summary**

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

placenta ruptured, which resulted in the emergency c-section birth of [redacted] was transported within an hour of his birth to [redacted] Childrens Hospital to the neonatal unit in [redacted] TN. [redacted] passed away on September 16, 2022, due to unending impediment of his birth at [redacted] Childrens Hospital.
On July 27,2022 [redacted] was admitted into [redacted] General Hospital due to complications during the pregnancy. Ms. [redacted] stayed in the hospital until giving birth to [redacted] on [redacted]. Ms. [redacted] had an emergency c-section due to a ruptured placenta. [redacted] was born at 29 weeks and 4 days gestational period. [redacted] immediately had difficulty breathing and was put on ventilator, and was transported to [redacted] Neonatal Intensive Care Unit in [redacted] TN. [redacted] received further medical attention but ultimately died on September 16, 2022, at 11:47 AM due to his compilations of his premature birth.

On [redacted], [redacted] was admitted to the Neonatal ICU at [redacted] General Hospital due to a premature birth at 29 weeks and 4 days. [redacted] was later transferred to [redacted] Hospital in [redacted] TN. [redacted] was unable to breath on his own and had extensive health problems due to his premature birth. [redacted] urine drug screen was positive on admission to [redacted] General Hospital on July 26, 2022, for multiple substances including amphetamines, methamphetamines, benzodiazepines, THC, and THC carboxy. [redacted] urine drug screen was positive for multiple substances throughout the duration of her pregnancy.
[redacted] was interviewed by CPSI [redacted] on September 13, 2022, at [redacted] General Hospital in her hospital room [redacted] submitted to a urine drug screen and was positive for morphine and oxycodone. [redacted] explained that she used methamphetamine about every two weeks of the pregnancy. [redacted] stated the last time she used methamphetamine was July 1, 2022. [redacted] explained that she has not used methamphetamine while in the hospital and the only drugs in her system are the drugs the hospital gave her.

On September 19, 2022, CPSI [redacted] arrived at [redacted] County Sheriffs Department in [redacted] TN to see [redacted] Mr. [redacted] is the reported the father of [redacted] Mr. [redacted] is in jail for violation of probation. Mr. [redacted] entered jail 9/15/2022 because [redacted] County law enforcement arrested Mr. [redacted] on an outstanding warrant and learned that Mr. [redacted] has resolved the warrant in [redacted] County and sent Mr. [redacted] to [redacted] County Jail on the active warrant in [redacted] County. Mr. [redacted] has been on probation since 2017. Mr. [redacted] was on probation since 2017 for theft of property and possession of burglary tools and driving on a suspended license. Mr. [redacted] probation status was revoked on 9/20/2022 by [redacted] County General Sessions Court. Mr. [redacted] stated that [redacted] and himself lived together at [redacted] in [redacted] TN. Mr. [redacted] stated that he and [redacted] got into a fight and broke up when he found out she was using methamphetamine while pregnant. Mr. [redacted] stated that [redacted] left on two different occasions during the pregnancy for three to four days and when [redacted] would come home Mr. [redacted] could tell by looking, she had used methamphetamine. Mr. [redacted] stated he could no longer put up with it and he and [redacted] would fight. CPSI [redacted] informed Mr. [redacted] that [redacted] [redacted] died on 9/16/2022 at 11:47 at [redacted] Childrens Hospital in [redacted] TN. CPSI [redacted] explained she was very sorry for Mr. [redacted] loss.
On 9/17/2022 an autopsy was completed by [redacted], D.O. [redacted] Regional Forensic Center, [redacted] TN. The autopsy stated, The decedent was a 4-day old male infant born at 29.4 weeks due to uterine rupture. His condition declined after delivery until his death.
Autopsy findings include a male infant with diffuse edema and a patent foramen ovale and pulmonary ductus arteriosus. Liver and kidney lesions are consistent with infarctions. The brain is edematous with findings of anoxia. Medical records indicated the male infant was born at 29.4 weeks at [redacted] medical and transferred to [redacted] Childrens Hospital for management of prematurity, respiratory failure and suspected seizures. Gestation and delivery were complicated by history of

**Tennessee Department of Children's Services**

**Case Recording Summary**

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

maternal diabetes with episodes of diabetic ketoacidosis, maternal hepatitis C, maternal drug screen positive for amphetamines, benzos and cannabinoids, premature prolonged rupture of membranes at 23 weeks. Infant was delivered via stat Cesarean section due to concern for decelerations and uterine rupture. His APGARS were 0, 1, and 3. The infant required chest compressions for about 5 minutes, was intubated and received one dose of epinephrine before return of spontaneous circulation. He was diagnosed with hypoxic ischemic encephalopathy at birth and his condition declined to include multi-organ failure with severe respiratory distress, pulmonary hypertension, acute kidney injury, cardiac failure with persistent refractory hypotension, and disseminated intravascular coagulation. Toxicological studies performed on postmortem iliac blood detected medications given during his hospital stay. Blood taken soon after delivery was provided, however, the quantity was not sufficient for any testing. Death was caused by complications of hypoxic ischemic encephalopathy due to maternal uterine rupture with prematurity contributing. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be natural.

On 6/21/2023 CPSI [redacted] presented the case to [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were; Investigator with the [redacted] County Sheriffs Office, [redacted]. Investigator with the [redacted] County Police Department, [redacted]. [redacted], Assistant District Attorney. [redacted], [redacted] Victim Witness Coordinator for the DA office. [redacted], Nurse Practitioner, [redacted], counselor for the [redacted] Center, [redacted] Campbell, Youth Service Office. The team was in agreement that there is not a preponderance to support the allegation of Abuse Death.

Per DCS Policy Work Aid 1 Section E:

Child Death is defined as:

A) Any child death caused by abuse or neglect.
B) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
C) Any child death caused by abuse or neglect resulting from the parent or caretakes failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

During the course of the investigation, sibling [redacted] has been in the custody of her father [redacted] and adopted by [redacted] s wife [redacted] in April 2021 and has not seen or spoken to her mother [redacted] in two years. Sibling [redacted] passed away shortly after birth on May 6, 2020, [redacted] was born on [redacted], and [redacted] never left [redacted] General Hospital in [redacted] TN. due to complication and preterm labor. [redacted] was encouraged to get grief counseling and [redacted] stated she needed it. [redacted] is receiving medication management from [redacted] Nurse Practitioner at [redacted] in [redacted] TN. is on medication for depression and mood disorder and anxiety. [redacted] stated she knows she needs help is not ready to receive the help.

There is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted]

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-08-15 11:00:00.0 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 09/28/2023 |
| Completed date: | 09/28/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/28/2023 11:08 AM Entered By: [redacted]

Team Leader (TL) [redacted] reviewed this case. Per CM [redacted] the autopsy has been received and CPIT has classified the allegation as AUPU. CM [redacted] will complete tasks outlined by [redacted], TC, to move the case towards permanency.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-07-31 11:00:00.0 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 08/02/2023 |
| Completed date: | 08/02/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/02/2023 12:54 PM Entered By: [redacted]

Team Leader (TL) [redacted] reviewed this case. Per CM [redacted] the autopsy has been received and CPIT has classified the allegation as AUPU. CM [redacted] will complete tasks outlined by [redacted], TC, to move the case towards permanency.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-07-12 11:00:00.0 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/04/2023 |
| Completed date: | 08/04/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/04/2023 11:24 AM Entered By: [redacted]

On 7/12/2023 CM [redacted] received the autopsy on [redacted] and it stated the following:
On 9/17/2022 an autopsy was completed by [redacted], D.O. [redacted] Regional Forensic Center, [redacted] TN. The autopsy stated, The decedent was a 4 day old male infant born at 29.4 weeks due to uterine rupture. His condition declined after delivery until his death. Autopsy findings include a male infant with diffuse edema and a patent foramen ovale and pulmonary ductus arteriosus. Liver and kidney lesions are consistent with infarctions. The brain is edematous with findings of anoxia. Medical records indicated the male infant was born at 29.4 weeks at [redacted] medical and transferred to [redacted] Childrens Hospital for management of prematurity, respiratory failure and suspected seizures. Gestation and delivery was complicated by history of maternal diabetes with episodes of diabetic ketoacidosis, maternal hepatitis C, maternal drug screen positive for amphetamines, benzos and cannabinoids, premature prolonged rupture of membranes at 23 weeks. Infant was delivered via stat Cesarean section due to concern for decelerations and uterine rupture. His APGARS were 0, 1, and 3. The infant required chest compressions for about 5 minutes, was intubated and received one dose of epinephrine before return of spontaneous circulation. He was diagnosed with hypoxic ischemic encephalopathy at birth and his condition declined to include multi-organ failure with severe respiratory distress, pulmonary hypertension, acute kidney injury, cardiac failure with persistent refractory hypotension, and disseminated intravascular coagulation. Toxicological studies performed on postmortem iliac blood detected medications given during his hospital stay. Blood taken soon after delivery was provided, however, the quantity was not sufficient for any testing. Death was caused by complications of hypoxic ischemic encephalopathy due to maternal uterine rupture with prematurity contributing. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be natural.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-06-30 08:00:00.0 | Contact Method: | |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 08/02/2023 |
| Completed date: | 08/02/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/02/2023 12:53 PM Entered By: [redacted]

CPIT was held on 6/21/2023 and the case was classified as there is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted] Cm will work to move this case towards permanency

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-06-21 13:00:00.0 | Contact Method: | Face To Face |
| Contact Time: | 01:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Other Community Site | Created Date: | 07/27/2023 |
| Completed date: | 07/27/2023 | 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: 07/27/2023 01:12 PM Entered By: [redacted]

Upon further investigation it was determined that [redacted] admitted to using meth during the pregnancy. [redacted] completed a urine drug screen on 8/16/2023 and was positive for oxycodone and MOP but [redacted] was receiving the drugs in the hospital. [redacted] did not receive a drug screen in the hospital. A drug screen was completed on [redacted] and he was negative for all drugs.
The case is being classified as allegation unsubstantiated and perpetrator unsubstantiated.
Upon further investigation it was determined by an Autopsy that [redacted] passed a way from natural causes. CPIT was held on 6/21/2023 and the case was classified as there is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted]

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Created In Error |
| Contact Date: | 2023-05-23 11:00:00.0 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/23/2023 |
| Completed date: | 06/24/2023 | Completed By: | TFACTS, Person Merge |

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: 06/23/2023 12:43 PM Entered By: [redacted]

On 9/17/2022 an autopsy was completed by [redacted], D.O. [redacted] Regional Forensic Center, [redacted] TN. The autopsy stated, The decedent was a 4 day old male infant born at 29.4 weeks due to uterine rupture.His condition declined after delivery until his death.
Autopsy findings include a male infant with diffuse edema and a patent foramen ovale
and pulmonary ductus arteriosus. Liver and kidney lesions are consistent with
infarctions. The brain is edematous with findings of anoxia. Medical records indicated the male infant was born at 29.4 weeks at [redacted] medical and transferred to [redacted] Childrens Hospital for management of prematurity, respiratory failure and suspected seizures. Gestation and delivery was complicated by history of maternal diabetes with episodes of diabetic ketoacidosis, maternal hepatitis C, maternal drug screen positive for amphetamines, benzos and cannabinoids, premature prolonged rupture of membranes at 23 weeks. Infant was delivered via stat Cesarean section due to concern for decelerations and uterine rupture. His APGARS were 0, 1, and 3. The infant required chest compressions for about 5 minutes, was intubated and received one dose of epinephrine before return of spontaneous circulation. He was diagnosed with hypoxic ischemic encephalopathy at birth and his condition declined to include multi-organ failure with severe respiratory distress, pulmonary hypertension, acute kidney injury, cardiac failure with persistent refractory hypotension, and disseminated intravascular coagulation. Toxicological studies performed on postmortem iliac blood detected medications given during his hospital stay. Blood taken soon after delivery was provided, however, the quantity was not sufficient for any testing. Death was caused by complications of hypoxic ischemic encephalopathy due to maternal uterine rupture with prematurity contributing. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be natural.

On 6/21/2023 CPSI [redacted] presented the case to [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were; Investigator with the [redacted] County Sheriffs Office, [redacted]. Investigator with the [redacted] County Police Department, [redacted], Assistant District Attorney. [redacted], Victim Witness Coordinator for the DA office. [redacted], Nurse Practitioner, [redacted], counselor for the [redacted] Center, [redacted] Youth Service Office. The team was in

**Tennessee Department of Children's Services**

**Case Recording Summary**

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

agreement that there is not a preponderance to support the allegation of Abuse Death.

Per DCS Policy Work Aid 1 Section E:

Child Death is defined as:

A) Any child death caused by abuse or neglect.
B) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
C) Any child death caused by abuse or neglect resulting from the parent or caretakes failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

During the course of the investigation, sibling [redacted] has been in the custody of her father [redacted] and adopted by [redacted] s wife, [redacted] in April 2021 and has not seen or spoken to her mother [redacted] in two years. Sibling [redacted] passed away shortly after birth on May 6, 2020, [redacted] was born on [redacted], and [redacted] never left [redacted] General Hospital in [redacted] TN. due to complication and preterm labor. [redacted] was encouraged to get grief counseling and [redacted] stated she needed it. [redacted] is receiving medication management from [redacted] Nurse Practitioner at [redacted] in [redacted] TN. is on medication for depression and mood disorder and anxiety. [redacted] stated she knows she needs help is not ready to receive the help.

There is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted]

Narrative Type: Created In Error Entry Date/Time: 07/27/2023 12:44 PM Entered By: [redacted]

New note created.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-05-11 11:00:00.0 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 05/16/2023 |
| Completed date: | 05/16/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/16/2023 02:27 PM Entered By: [redacted]

Case Manager [redacted] will continue to work on the action steps outlined [redacted]
Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-04-17 11:27:00.0 | Contact Method: | |
| Contact Time: | 11:27 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 04/17/2023 |
| Completed date: | 04/17/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2023 11:28 AM Entered By: [redacted]

Case Manager [redacted] will continue to work on the action steps outlined by [redacted]
Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-03-27 08:00:00.0 | Contact Method: | |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 04/17/2023 |
| Completed date: | 04/17/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2023 11:28 AM Entered By: [redacted]

Case Manager [redacted] will continue to work on the action steps outlined by [redacted]
Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-02-28 08:00:00.0 | Contact Method: | |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 03/07/2023 |
| Completed date: | 03/07/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/07/2023 11:22 AM Entered By: [redacted]

Case Manager [redacted] will continue to work on the action steps outlined by [redacted]
Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-01-31 08:00:00.0 | Contact Method: | |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 02/10/2023 |
| Completed date: | 02/10/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/10/2023 10:51 AM Entered By: [redacted]

Case Manager [redacted] will continue to work on the action steps outlined by [redacted]
Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-12-30 09:00:00.0 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 01/06/2023 |
| Completed date: | 01/06/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/06/2023 11:01 AM Entered By: [redacted]

Case Manager [redacted] will continue to work on the action steps outlined by [redacted]
Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-11-28 08:00:00.0 | Contact Method: | |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 01/06/2023 |
| Completed date: | 01/06/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/06/2023 11:01 AM Entered By: [redacted]

Case Manager [redacted] will continue to work on the action steps outlined by [redacted]
Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-10-31 08:00:00.0 | Contact Method: | |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 11/02/2022 |
| Completed date: | 11/02/2022 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/02/2022 11:34 AM Entered By: [redacted]

Case Manager [redacted] will continue to work on the action steps outlined by [redacted]
Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

# Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Created In Error |
| Contact Date: | 2022-09-20 16:00:00.0 | Contact Method: | |
| Contact Time: | 04:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 09/20/2022 |
| Completed date: | 10/21/2022 | Completed By: | TFACTS, Person Merge |

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/20/2022 05:55 PM Entered By: [redacted]

The Department of Childrens services (DCS)received a referral on September 13, 2022, for an allegation of Drug Exposed Child regarding [redacted] The alleged perpetrator (AP) was identified as birth mother, [redacted] passed away due to internal bleeding, low blood pressure and failure to continue to breath on a ventilator, compilations due a premature birth and potentially exposure to methamphetamine used during pregnancy. This investigation was assigned to Child Protective Services Investigator (CPSI) [redacted] by Lead Investigator (LI) [redacted] This case was worked in conjunction with the following [redacted] County Sheriffs Department Investigator; [redacted]

On [redacted] was born at [redacted] General Hospital and was transported to [redacted] Childrens Hospital in [redacted] TN. where [redacted] died on September 16,2022. During [redacted] pregnancy with [redacted] she lived with boyfriend and reported father of [redacted] and [redacted] mother, [redacted]

On [redacted] was admitted to the Neonatal ICU at [redacted] General Hospital due to a premature birth at 29 weeks and 4 days. [redacted] was later transferred to [redacted] Childrens Hospital in [redacted] TN. [redacted] was unable to breath on his own and had extensive health problems due to his premature birth. [redacted] urine drug screen was positive on admission to [redacted] General Hospital on July 26, 2022, for multiple substances including amphetamines, methamphetamines, benzodiazepines, THC, and THC carboxy. [redacted] urine drug screen was positive for multiple substances throughout the duration of her pregnancy.

On July 27,2022 [redacted] was admitted into [redacted] General Hospital due to complications during the pregnancy. Ms. [redacted] stayed in the hospital until giving birth to [redacted] on [redacted]. Ms. [redacted] had an emergency c-section due to a ruptured placenta. [redacted] was born at 29 weeks and 4 days gestational period. [redacted] immediately had difficulty breathing and was put on ventilator, and was transported to [redacted] Neonatal Intensive Care Unit in [redacted] TN. [redacted] received further medical attention but ultimately died on September 16, 2022, at 11:47 AM due to his compilations of his premature birth.

[redacted] had knowledge of her pregnancy with [redacted] in April 2022. [redacted] counted her gestation date, and it was determined that she got pregnant in February 2022. [redacted] was confirmed pregnancy in

## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

April 2022 at [redacted] Health Services in [redacted] TN. [redacted] was sent to [redacted] to see Dr. [redacted] MD at [redacted] in [redacted] TN. [redacted] was originally diagnosed with diabetes in 2012. [redacted] was high risk due to having diabetes, before pregnancy [redacted] was taking 13cc of Levimir in the morning and at night, before meals [redacted] injected herself with 8 cc of Humalog. In May, June and July of 2022 [redacted] had visits at [redacted] Health Center and Dr. [redacted] on the same day of each month. Dr. [redacted] increased the insulin dose each month of the pregnancy. In July 2022 the dose of Levimir was 16cc twice a day and Humalog 10cc before each meal. On July 5th, 2022, [redacted] fell ill and was nauseated, [redacted] went to [redacted] General Hospital and was diagnosed with Covid. [redacted] was hospitalized for 7 days and struggled to get her Upper Gastrointestinal Track issues resolved. On July 10, 2022, [redacted] was sent home from the hospital, but [redacted] continues to have high sugar levels in her body, and she was not feeling well. On July 23,2022 [redacted] began to have seizures due to a high sugar level in her blood. [redacted] was transported to [redacted] General Hospital in [redacted] TN. [redacted] sugar level was reduced, and [redacted] was sent home from the hospital. On July 23, 2022, [redacted] went to stay at her mothers ([redacted]) home for 3 days. [redacted] lives at [redacted] in [redacted] TN. On July 26th [redacted] returned to [redacted] GH due to complication with her diabetes and pregnancy. [redacted] GH kept [redacted] due to concerns for [redacted] and the pregnancy. [redacted] was diagnosed with Polyhydramnios; amniotic fluid was drained from [redacted] daily. On [redacted], [redacted] placenta ruptured, which resulted in the emergency c-section birth of [redacted] was transported within an hour of his birth to [redacted] Childrens Hospital to the neonatal unit in [redacted] TN. [redacted] passed away on September 16, 2022, due to unending impediment of his birth at [redacted] Childrens Hospital.

[redacted] was interviewed by CPSI [redacted] on September 13, 2022, at [redacted] General Hospital in her hospital room [redacted] submitted to a urine drug screen and was positive for morphine and oxycodone. [redacted] explained that she used methamphetamine about every two weeks of the pregnancy. [redacted] stated the last time she used methamphetamine was July 1, 2022. [redacted] explained that she has not used methamphetamine while in the hospital and the only drugs in her system are the drugs the hospital gave her.

[redacted] has given birth three times. At the age of 20 years old, [redacted] gave birth to [redacted] [redacted] on [redacted] at [redacted] General Hospital in [redacted] TN. The father of [redacted] [redacted] was [redacted] [redacted] but the couple were never married. On July 31, 1991, [redacted] General Sessions Court gave full custody of [redacted] [redacted] to her birth father [redacted] [redacted] [redacted] has not seen or heard from [redacted] since that day. [redacted] developed diabetes in November of 2012 after giving birth to [redacted] [redacted] [redacted] only smoked THC during her pregnancy with [redacted] [redacted]

On [redacted], [redacted] gave birth to [redacted] [redacted] The father of [redacted] was [redacted] [redacted] [redacted] was born at 26 weeks gestational period. [redacted] was taken to the Neonatal Unit at [redacted] General Hospital in [redacted] TN. [redacted] dies on May 6, 2020, due to unending impediment of his birth at [redacted] General Hospital in [redacted] TN. [redacted] admits to using methamphetamine once a week while pregnant with [redacted] [redacted] did not receive any prenatal care with [redacted]

On September 19, 2022, CPSI [redacted] arrived at [redacted] County Sheriffs Department in [redacted] TN to see [redacted] [redacted] Mr. [redacted] is the reported the father of [redacted] [redacted] Mr. [redacted] is in jail for violation of probation. Mr. [redacted] entered jail 9/15/2022 because [redacted] County law enforcement arrested Mr. [redacted] on an outstanding warrant and learned that Mr. [redacted] has resolved the warrant in [redacted] County and sent Mr. [redacted] to [redacted] County Jail on the active warrant in [redacted] County. Mr. [redacted] has been on probation since 2017. Mr. [redacted] was on probation since 2017 for theft of property and possession of burglary tools and driving on a suspended license. Mr. [redacted] probation status was revoked on 9/20/2022 by [redacted] County General Sessions Court. Mr. [redacted] stated that [redacted] and himself lived together at [redacted] [redacted] in [redacted] TN. Mr. [redacted] stated that he and [redacted] got into a fight and broke up when he found out she was using methamphetamine while pregnant. Mr. [redacted] stated that [redacted] left on two different occasions during

## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

the pregnancy for three to four days and when [redacted] would come home Mr. [redacted] could tell by looking, she had used methamphetamine. Mr. [redacted] stated he could no longer put up with it and he and [redacted] would fight. CPSI [redacted] informed Mr. [redacted] that [redacted] [redacted] died on 9/16/2022 at 11:47 at [redacted] Childrens Hospital in [redacted] TN. CPSI [redacted] explained she was very sorry for Mr. [redacted] loss.

Narrative Type: Created In Error Entry Date/Time: 07/27/2023 12:43 PM Entered By: [redacted]

New note created.

# Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Created In Error |
| Contact Date: | 2022-09-20 08:30:00.0 | Contact Method: | |
| Contact Time: | 08:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 09/21/2022 |
| Completed date: | 10/21/2022 | Completed By: | TFACTS, Person Merge |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/21/2022 12:34 PM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with Case Manager (CM) [redacted] and Team Leader (TL) [redacted] Also present was Team Coordinator (TC) [redacted], CPS Director (CPSD) [redacted], and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned on 9/13/22 concerning the death of ACV [redacted] (4 days). It was reported [redacted] was born on [redacted] to birth mother [redacted] and remain hospitalized until his death on 9/16/22. The birth father [redacted] has been identified and contacted.

The case initially came in as a P2 for Drug Exposed Child. The mother had been hospitalized since 7/26/22 at General Hospital due to polycystic ovary syndrome. The mothers placenta abrupted and emergency surgery c-section occurred on [redacted] with the baby born at 29 weeks and 4 days gestation. [redacted] was as admitted to NICU, and then transferred to [redacted] NICU within an hour of birth. The mothers UDS was positive on initial admission at General Hospital for multiple substances including amphetamines, methamphetamines, benzodiazepines, THC, and THC carboxy. The mother's UDS was reported to be positive for multiple substances throughout the duration of her pregnancy as well. CM met response at the hospital on 9/14/22 and the mother consented to a urine drug screen and was positive only for the medications that had been given to her at the hospital. An autopsy was not initially requested by medical professionals; however, law enforcement became and involved and then an autopsy was ordered. The mother admitted to using meth every two weeks during the pregnancy. The mother had another child that died in 2020 due to the same circumstances, born at 26 weeks gestation, with the death certificate stating organ failure as cause of death. The mother has another child [11yo/f] that was adopted by the childs father and stepmother, who she has no relationship of and reports the child has no knowledge of her. The mother has now completed tubal ligation. CM visited the father of [redacted] at jail and informed him of the death. He stated he knew the mother was using and she disappeared twice during her pregnancy.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Narrative Type: Created In Error Entry Date/Time: 07/27/2023 09:54 AM Entered By: [redacted]

System completed. Re-entering.

# Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-20 08:30:00.0 | Contact Method: | |
| Contact Time: | 08:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 07/27/2023 |
| Completed date: | 07/27/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/27/2023 09:55 AM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with Case Manager (CM) [redacted] and Team Leader (TL) [redacted] Also present was Team Coordinator (TC) [redacted], CPS Director (CPSD) [redacted], and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned on 9/13/22 concerning the death of ACV [redacted] (4 days). It was reported [redacted] was born on [redacted] to birth mother [redacted] and remain hospitalized until his death on 9/16/22. The birth father [redacted] has been identified and contacted.

The case initially came in as a P2 for Drug Exposed Child. The mother had been hospitalized since 7/26/22 at General Hospital due to polycystic ovary syndrome. The mothers placenta abrupted and emergency surgery c-section occurred on [redacted] with the baby born at 29 weeks and 4 days gestation. [redacted] was as admitted to NICU, and then transferred to [redacted] NICU within an hour of birth. The mothers UDS was positive on initial admission at General Hospital for multiple substances including amphetamines, methamphetamines, benzodiazepines, THC, and THC carboxy. The mother's UDS was reported to be positive for multiple substances throughout the duration of her pregnancy as well. CM met response at the hospital on 9/14/22 and the mother consented to a urine drug screen and was positive only for the medications that had been given to her at the hospital. An autopsy was not initially requested by medical professionals; however, law enforcement became and involved and then an autopsy was ordered. The mother admitted to using meth every two weeks during the pregnancy. The mother had another child that died in 2020 due to the same circumstances, born at 26 weeks gestation, with the death certificate stating organ failure as cause of death. The mother has another child [11yo/f] that was adopted by the childs father and stepmother, who she has no relationship of and reports the child has no knowledge of her. The mother has now completed tubal ligation. CM visited the father of [redacted] at jail and informed him of the death. He stated he knew the mother was using and she disappeared twice during her pregnancy.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the mother regarding grief counseling and provide information regarding A&D resources.
-- CM will request Safety Nurse to help with summarizing medical records needed for case file.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-19 10:00:00.0 | Contact Method: | Face To Face |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Detention/Jail | Created Date: | 07/27/2023 |
| Completed date: | 07/27/2023 | 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: 07/27/2023 12:45 PM Entered By: [redacted]

Interview with the alleged father of [redacted] On September 19, 2022, CPSI [redacted] arrived at [redacted] County Sheriffs Department in [redacted] TN to see [redacted] Mr. [redacted] is the reported the father of [redacted] Mr. [redacted] is in jail for violation of probation. Mr. [redacted] entered jail 9/15/2022 because [redacted] County law enforcement arrested Mr. [redacted] on an outstanding warrant and learned that Mr. [redacted] has resolved the warrant in [redacted] County and sent Mr. [redacted] to [redacted] County Jail on the active warrant in [redacted] County. Mr. [redacted] has been on probation since 2017. Mr. [redacted] was on probation since 2017 for theft of property and possession of burglary tools and driving on a suspended license. Mr. [redacted] probation status was revoked on 9/20/2022 by [redacted] County General Sessions Court. Mr. [redacted] stated that [redacted] and himself lived together at [redacted] in [redacted] TN. Mr. [redacted] stated that he and [redacted] got into a fight and broke up when he found out she was using methamphetamine while pregnant. Mr. [redacted] stated that [redacted] left on two different occasions during the pregnancy for three to four days and when [redacted] would come home Mr. [redacted] could tell by looking, she had used methamphetamine. Mr. [redacted] stated he could no longer put up with it and he and [redacted] would fight. CPSI [redacted] informed Mr. [redacted] that [redacted] [redacted] died on 9/16/2022 at 11:47 at [redacted] Childrens Hospital in [redacted] TN. CPSI [redacted] explained she was very sorry for Mr. [redacted] loss.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-15 08:14:00.0 | Contact Method: | Attempted Face To Face |
| Contact Time: | 08:14 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Hospital | Created Date: | 09/20/2022 |
| Completed date: | 10/10/2022 | Completed By: | [redacted] |

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

Contact Type(s): Good Faith Effort,Initial ACV Face To Face

Contact Sub Type: Collateral Contact

**Children Concerning**

[redacted]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/20/2022 04:42 PM Entered By: [redacted]

On 9/15/2022 at 8:14 AM TL [redacted] completed a CPIT in-state courtesy for [redacted] in the [redacted] Region due to [redacted] being in [redacted] Childrens Hospital in the Neonatal Intensive Care Unit, in [redacted] TN.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-13 16:00:00.0 | Contact Method: | Attempted Face To Face |
| Contact Time: | 04:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Hospital | Created Date: | 09/20/2022 |
| Completed date: | 10/10/2022 | Completed By: | [redacted] |

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

Contact Type(s): Good Faith Effort,Initial ACV Face To Face

Contact Sub Type: Parent/Caregiver Interview

**Children Concerning**

[redacted]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/20/2022 04:49 PM Entered By: [redacted]

On 9/13/2022 CPSI [redacted] arrived at [redacted] General Hospital to see [redacted] Ms. [redacted] reported that [redacted] was taken to [redacted] Childrens Hospital Neonatal Intensive Care Unit in [redacted] TN. Ms. [redacted] provided the code for [redacted] as [redacted] and explained that [redacted] was on the fourth floor. CPSI [redacted] thanked Ms. [redacted] for the information.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-13 16:00:00.0 | Contact Method: | Face To Face |
| Contact Time: | 04:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Hospital | Created Date: | 09/20/2022 |
| Completed date: | 10/10/2022 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview,Parent/Caretaker Interview | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted] B.

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/20/2022 05:52 PM Entered By: [redacted]

On 9/13/2022 CPSI [redacted] responded to [redacted] General Hospital in [redacted] TN to meet with [redacted] the mother of [redacted]
Child Protective Services Investigator [redacted] made a face to face to initiate the investigation and complete the necessary paperwork with the family.
In order to engage the family, CPSI explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all the forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Heath Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such, and copies have been placed into the file.
The alleged child victim was [redacted] and the allegation was drug exposed child, and the alleged perpetrator was [redacted]
Interview in private at [redacted] General Hospital in [redacted] TN in hospital patient room [redacted] on the third floor.
At the time of responding [redacted] did not have a pediatrician. [redacted] was a newborn and did not have any immunizations. [redacted] does not report any mental health issues. [redacted] does not report any mental health issues. [redacted] has diabetes and takes insulin every day. [redacted] does not report any domestic violence history. [redacted] explained that methamphetamine and THC are her drugs of choice. [redacted] does not have any DCS history as a parent. [redacted] was arrested in [redacted] County in November 2017 was in a car with [redacted] and the car was pulled over and [redacted] handed [redacted] a meth pipe. [redacted] was charged with having a methamphetamine pipe. In January 2018 at [redacted] for 31 days. Center in [redacted] TN. In March of 2018 [redacted] was put on probation for 11 months and 29 days in [redacted] County and her probation officer is [redacted]. [redacted] is still on probation and has not check in with her probation officer in over a year. [redacted] is not employed. [redacted] graduated CNA school. [redacted] is on Tenn Care and Food stamps.

## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

Discussion of current safety and risk concerns:
[redacted] had knowledge of her pregnancy with [redacted] in April 2022. [redacted] counted her gestation date, and it was determined that she got pregnant in February 2022. [redacted] was confirmed pregnancy in April 2022 at [redacted] Health Services in [redacted] TN. [redacted] was sent to [redacted] to see Dr. [redacted] MD at [redacted] in [redacted] TN. [redacted] was originally diagnosed with diabetes in 2012. [redacted] was high risk due to having diabetes, before pregnancy [redacted] was taking 13cc of Levimir in the morning and at night, before meals [redacted] injected herself with 8 cc of Humalog. In May, June and July of 2022 [redacted] had visits at [redacted] Health Center and Dr. [redacted] on the same day of each month. Dr. [redacted] increased the insulin dose each month of the pregnancy. In July 2022 the dose of Levimir was 16cc twice a day and Humalog 10cc before each meal. On July 5th, 2022, [redacted] fell ill and was nauseated, [redacted] went to [redacted] General Hospital and was diagnosed with Covid. [redacted] was hospitalized for 7 days and struggled to get her Upper Gastrointestinal Track issues resolved. On July 10, 2022, [redacted] was sent home from the hospital, but [redacted] continues to have high sugar levels in her body, and she was not feeling well. On July 23,2022 [redacted] began to have seizures due to a high sugar level in her blood. [redacted] was transported to [redacted] General Hospital in [redacted] TN. [redacted] sugar level was reduced, and [redacted] was sent home from the hospital. On July 23, 2022, [redacted] went to stay at her mothers [redacted]) home for 3 days. [redacted] lives at [redacted] in [redacted] TN. On July 26th [redacted] returned to [redacted] GH due to complication with her diabetes and pregnancy. [redacted] GH kept [redacted] due to concerns for [redacted] and the pregnancy. [redacted] was diagnosed with Polyhydramnios; amniotic fluid was drained from [redacted] daily. On [redacted], [redacted] placenta ruptured, which resulted in the emergency c-section birth of [redacted] was transported within an hour of his birth to [redacted] Childrens Hospital to the neonatal unit in [redacted] TN. [redacted] passed away on September 16, 2022, due to unending impediment of his birth a [redacted] Childrens Hospital.
[redacted] was interviewed by CPSI [redacted] on September 13, 2022, at [redacted] General Hospital in her hospital room [redacted] submitted to a urine drug screen and was positive for morphine and oxycodone. [redacted] explained that she used methamphetamine about every two weeks of the pregnancy. [redacted] stated the last time she used methamphetamine was July 1, 2022. [redacted] explained that she has not used methamphetamine while in the hospital and the only drugs in her system are the drugs the hospital gave her.

Interview with the alleged father of [redacted] On September 19, 2022, CPSI [redacted] arrived at [redacted] County Sheriffs Department in [redacted] TN to see [redacted] Mr. [redacted] is the reported the father of [redacted] Mr. [redacted] is in jail for violation of probation. Mr. [redacted] entered jail 9/15/2022 because [redacted] County law enforcement arrested Mr. [redacted] on an outstanding warrant and learned that Mr. [redacted] has resolved the warrant in [redacted] County and sent Mr. [redacted] to [redacted] County Jail on the active warrant in [redacted] County. Mr. [redacted] has been on probation since 2017. Mr. [redacted] was on probation since 2017 for theft of property and possession of burglary tools and driving on a suspended license. Mr. [redacted] probation status was revoked on 9/20/2022 by [redacted] County General Sessions Court. Mr. [redacted] stated that [redacted] and himself lived together at [redacted] in [redacted] TN. Mr. [redacted] stated that he and [redacted] got into a fight and broke up when he found out she was using methamphetamine while pregnant. Mr. [redacted] stated that [redacted] left on two different occasions during the pregnancy for three to four days and when [redacted] would come home Mr. [redacted] could tell by looking, she had used methamphetamine. Mr. [redacted] stated he could no longer put up with it and he and [redacted] would fight. CPSI [redacted] informed Mr. [redacted] that [redacted] died on 9/16/2022 at 11:47 at [redacted] Childrens Hospital in [redacted] TN. CPSI [redacted] explained she was very sorry for Mr. [redacted] loss.

Collateral Contacts: CPSI [redacted] spoke with [redacted] a family friend of [redacted] Ms. [redacted] explained that [redacted] would be staying with her at [redacted] in [redacted] TN and her phone number

## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

is [redacted]. Ms. [redacted] explained that [redacted] has had a rough life, but it is no excuse for using drugs. Ms. [redacted] explained that [redacted] would stay with her until after the funeral. Ms. [redacted] explained she wants [redacted] to go to [redacted] TN and stay with friends and get clean so that she can make a life for herself. CPSI [redacted] thanked Ms. [redacted] for her time and stated to call if she needs anything.

No pictures were taken at the time if investigation. CPSI [redacted] did not observe [redacted] with [redacted] at the time of investigation. At time of investigation CPSI [redacted] did not observe [redacted] under the influence of drugs. There are no other children in [redacted] home. [redacted] was interviewed in [redacted] General Hospital there [redacted] home environment was not observed.

Next Steps:

What are the familys next steps to move the case forward: [redacted] will seek out grief counseling and alcohol and drug treatment.

What are the case managers next steps to move the case forward: CM [redacted] will obtain medical records for [redacted] and get a copy of the autopsy.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-13 11:21:00.0 | Contact Method: | Attempted Face To Face |
| Contact Time: | 11:21 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Hospital | Created Date: | 09/20/2022 |
| Completed date: | 10/10/2022 | Completed By: | [redacted] |

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

Contact Type(s): Good Faith Effort,Initial ACV Face To Face

Contact Sub Type: Parent/Caregiver Interview

**Children Concerning**

[redacted]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/20/2022 04:41 PM Entered By: [redacted]

On 9/13/2022 at 11:21 AM CPSI [redacted] was assigned a P2 with [redacted] being the alleged child victim and allegation is drug exposed child and the alleged perpetrator is [redacted] It was reported that [redacted] has already been transported to [redacted] Neonatal Intensive Care Unit. An in-state courtesy was complete for [redacted] County.

## Tennessee Department of Children's Services

## Case Recording Summary

| | | | |
|---|---|---|---|
| Case Id: | [redacted] | Case Name: | [redacted] |
| Case Status: | Close | Organization: | [redacted] Region |

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2022-09-13 10:12:00.0 | Contact Method: | |
| Contact Time: | 10:12 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 09/13/2022 |
| Completed date: | 09/13/2022 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/13/2022 10:12 AM Entered By: [redacted]

Case Assignment
Case Reference Name: baby boy [redacted]
Referral Date: 9/12
Date Assigned: 9/13
P2- RT due 9/14
Allegations: DEC
In initiating the case process, CM will check TFACTS for prior history. CM will make contact with the referent, if possible, to obtain additional information. CM will interview all parties, obtain household composition, speak with relevant collateral contacts such as teachers, doctors, neighbors and family members. CM will assure all notifications are completed as well as completion of assessments per policy guidelines. As needed, the CM will explore resources such as community partners, direct services and DCS contract agencies to meet the family's needs as determined if services are warranted.

TN 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: [redacted]

Assignment Date: 09/14/2022

Street Adress:

City/State/Zip:

## B. Allegation

| # | Children's Name | DOB | Specific Allegation for Each Child | Alleged Perpetrator's Name | DOB | Classification | Severe Abuse / CSEM | Classified By / Classified Date |
|---|---|---|---|---|---|---|---|---|
| 1 | [redacted] | [redacted] | Abuse Death | [redacted] | [redacted] 12:00 AM | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [redacted] 06/23/2023 |
| 2 | [redacted] | [redacted] | Drug Exposed Child | [redacted] | [redacted] 12:00 AM | Allegation Unsubstantiated / Perpetrator Unsubstantiated | No | [redacted] 07/27/2023 |

## C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: On [redacted] was admitted to the Neonatal ICU at [redacted] General Hospital due to a premature birth at 29 weeks and 4 days. [redacted] was later transferred to [redacted] Hospital in [redacted] TN. [redacted] was unable to breath on his own and had extensive health problems due to his premature birth. [redacted] urine drug screen was positive on admission to [redacted] General Hospital on July 26, 2022, for multiple substances including amphetamines, methamphetamines, benzodiazepines, THC, and THC carboxy. [redacted] urine drug screen was positive for multiple substances throughout the duration of her pregnancy.
[redacted] was interviewed by CPSI [redacted] on September 13, 2022, at [redacted] General Hospital in her hospital room [redacted] submitted to a urine drug screen and was positive for morphine and oxycodone. [redacted] explained that she used methamphetamine about every two weeks of the pregnancy. [redacted] stated the last

## D. Case Workers

Case Worker: [redacted] Date: 10/25/2022

Team Leader: [redacted] Date: 09/22/2023

## 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 September 12, 2022, [redacted] placenta ruptured, which resulted in the emergency c-section birth of [redacted] was transported within an hour of his birth to [redacted] Children's Hospital to the neonatal unit in [redacted] TN. [redacted] passed away on September 16, 2022, due to unending impediment of his birth at [redacted]

Department of Children's Services

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

**Case Name :** [redacted] **Investigation ID:** [redacted]

[redacted] Children's Hospital.

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

The CPIT team met and discuss the case and found out that there is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted]

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

[redacted] had knowledge of her pregnancy with [redacted] in April 2022. [redacted] counted her gestation date, and it was determined that she got pregnant in February 2022. [redacted] was confirmed pregnant in April 2022 at [redacted] Health Services in [redacted] TN. [redacted] was sent to [redacted] to see Dr. [redacted] MD at [redacted] in [redacted] TN. [redacted] was originally diagnosed with diabetes in 2012. [redacted] was high risk due to having diabetes, before pregnancy [redacted] was taking 13cc of Levimir in the morning and at night, before meals [redacted] injected herself with 8 cc of Humalog. In May, June and July of 2022 [redacted] had visits at [redacted] Health Center and Dr. [redacted] on the same day of each month. Dr. [redacted] increased the insulin dose each month of the pregnancy. In July 2022 the dose of Levimir was 16cc twice a day and Humalog 10cc before each meal. On July 5th, 2022, [redacted] fell ill and was nauseated, [redacted] went to [redacted] General Hospital and was diagnosed with Covid. [redacted] was hospitalized for 7 days and struggled to get her Upper Gastrointestinal Track issues resolved. On July 10, 2022, [redacted] was sent home from the hospital, but [redacted] continues to have high sugar levels in her body, and she was not feeling well. On July 23,2022 [redacted] began to have seizures due to a high sugar level in her blood. [redacted] was transported to [redacted] General Hospital in [redacted] TN. [redacted] sugar level was reduced, and [redacted] was sent home from the hospital. On July 23, 2022, [redacted] went to stay at her mother's ([redacted]) home for 3 days. [redacted] lives at [redacted] in [redacted] TN. On July 26th [redacted] returned to [redacted] GH due to complication with her diabetes and pregnancy. [redacted] GH kept [redacted] due to concerns for [redacted] and the pregnancy. [redacted] was diagnosed with Polyhydramnios; amniotic fluid was drained from [redacted] daily. On [redacted], [redacted] placenta ruptured, which resulted in the emergency c-section birth of [redacted] was transported within an hour of his birth to [redacted] Children's Hospital to the neonatal unit in [redacted] TN. [redacted] passed away on September 16, 2022, due to unending impediment of his birth at [redacted] Children's Hospital.

On July 27,2022 [redacted] was admitted into [redacted] General Hospital due to complications during the pregnancy. Ms. [redacted] stayed in the hospital until giving birth to [redacted] on [redacted]. Ms. [redacted] had an emergency c-section due to a ruptured placenta. [redacted] was born at 29 weeks and 4 days gestational period. [redacted] immediately had difficulty breathing and was put on ventilator, and was transported to [redacted] Neonatal Intensive Care Unit in [redacted] TN. [redacted] received further medical attention but ultimately died on September 16, 2022, at 11:47 AM due to his compilations of his premature birth.

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

Interview with the alleged father of [redacted] On September 19, 2022, CPSI [redacted] arrived at [redacted] County Sheriff's Department in [redacted] TN to see [redacted] Mr. [redacted] is the reported the father of [redacted] Mr. [redacted] is in jail for violation of probation. Mr. [redacted] entered jail 9/15/2022 because [redacted] County law enforcement arrested Mr. [redacted] on an outstanding warrant and learned that Mr. [redacted] has resolved the warrant in [redacted] County and sent Mr. [redacted] to [redacted] County Jail on the active warrant in [redacted] County. Mr. [redacted] has been on probation since 2017. Mr. [redacted] was on probation since 2017 for theft of property and possession of burglary tools and driving on a suspended license. Mr. [redacted] probation status was revoked on 9/20/2022 by [redacted] County General Sessions Court. Mr. [redacted] stated that [redacted] and himself lived together at [redacted] in [redacted] TN. Mr. [redacted] stated that he and [redacted] got into a fight and broke up when he found out she was using methamphetamine while pregnant. Mr. [redacted] stated that [redacted] left on two different occasions during the pregnancy for three to four days and when [redacted] would come home Mr. [redacted] could tell by looking, she had used methamphetamine. Mr. [redacted] stated he could no longer put up with it and he and [redacted] would fight. CPSI [redacted] informed Mr.

Department of Children's Services

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

**Case Name :** [redacted] **Investigation ID:** [redacted]

[redacted] that [redacted] died on 9/16/2022 at 11:47 at [redacted] Children's Hospital in [redacted] TN. CPSI [redacted] explained she was very sorry for Mr. [redacted] loss.

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

Autopsy findings include a male infant with diffuse edema and a patent foramen ovale and pulmonary ductus arteriosus. Liver and kidney lesions are consistent with infarctions. The brain is edematous with findings of anoxia. Medical records indicated the male infant was born at 29.4 weeks at [redacted] medical and transferred to [redacted] Children's Hospital for management of prematurity, respiratory failure and suspected seizures. Gestation and delivery were complicated by history of maternal diabetes with episodes of diabetic ketoacidosis, maternal hepatitis C, maternal drug screen positive for amphetamines, benzos and cannabinoids, premature prolonged rupture of membranes at 23 weeks. Infant was delivered via stat Cesarean section due to concern for decelerations and uterine rupture. His APGARS were 0, 1, and 3. The infant required chest compressions for about 5 minutes, was intubated and received one dose of epinephrine before return of spontaneous circulation. He was diagnosed with hypoxic ischemic encephalopathy at birth and his condition declined to include multi-organ failure with severe respiratory distress, pulmonary hypertension, acute kidney injury, cardiac failure with persistent refractory hypotension, and disseminated intravascular coagulation. Toxicological studies performed on postmortem iliac blood detected medications given during his hospital stay. Blood taken soon after delivery was provided, however, the quantity was not sufficient for any testing. Death was caused by complications of hypoxic ischemic encephalopathy due to maternal uterine rupture with prematurity contributing. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be natural."

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

**Tennessee Department of Children's Services**

**FAST 2.0 Assessment Summary Report**

| | |
|---|---|
| **Event Type: CPS Case** | **Assessment Date: 09/13/2022** |
| **Assessment Type: SAFETY** | **CPS Case ID:** [redacted] |

## OVERVIEW

| | |
|---|---|
| **Safety Level:** Immediate Intervention Not Recommended | **Assessed at Location:** [redacted] General Hospital |
| **Event Start Date:** 09/28/2023 | **Last Assessed Date:** 09/13/2022 |
| **Assessment Status:** Approved | **Assessor:** [redacted] |
| **Date Approved:** 09/22/2022 | **Approver:** [redacted] |

## PARTICIPANTS

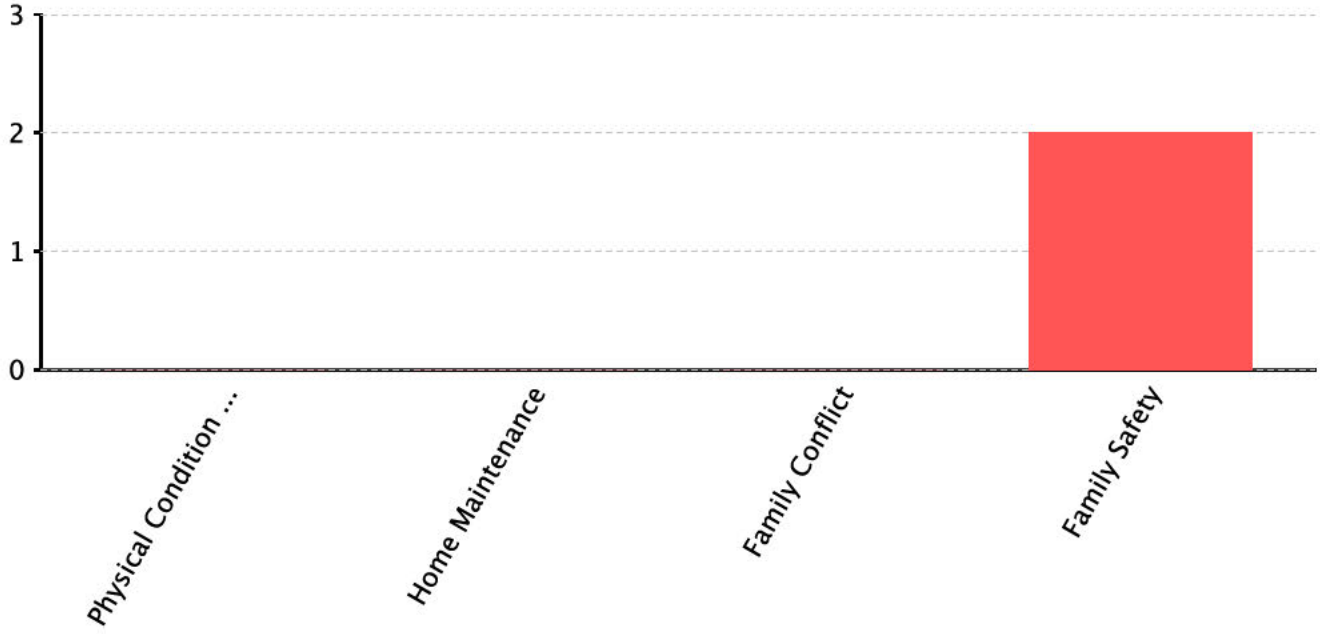
| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
|---|---|---|---|---|---|---|
| [redacted] B. (AP) | 32 Yrs | Primary Caregiver | F | [redacted] | N/A | N/A |
| [redacted] (ACV) | Deceased | Youth | M | [redacted] | N/A | |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 09/13/2022 |
| **Assessment Type:** SAFETY | **CPS Case ID:** [redacted] |

### THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).

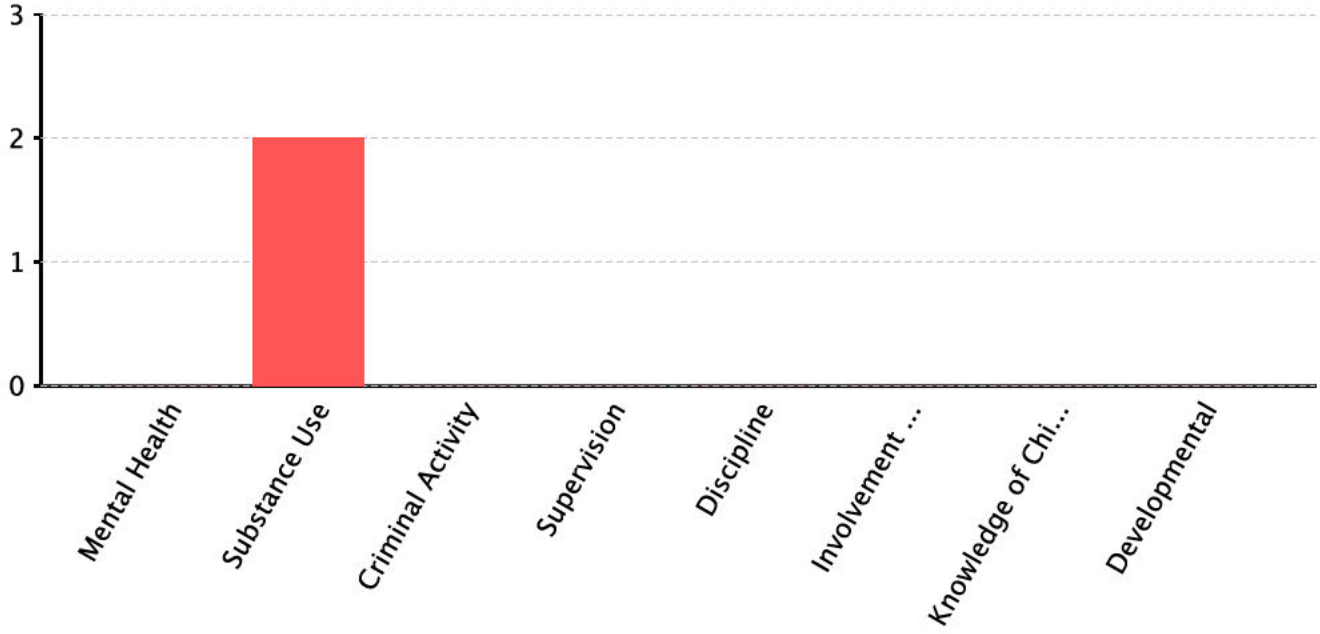



| Item | Score | Justification/Narrative |
|---|---|---|
| Physical Condition of Home | 0 | |
| Home Maintenance | 0 | |
| Family Conflict | 0 | |
| Family Safety | 2 | [redacted] admitted to using meth during the pregnancy with [redacted] |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 09/13/2022 |
| **Assessment Type:** SAFETY | **CPS Case ID:** [redacted] |

| CAREGIVERS | | |
|---|---|---|
| Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section. | | |
| Participant: [redacted] | Person ID: [redacted] | Role Primary Caregiver |

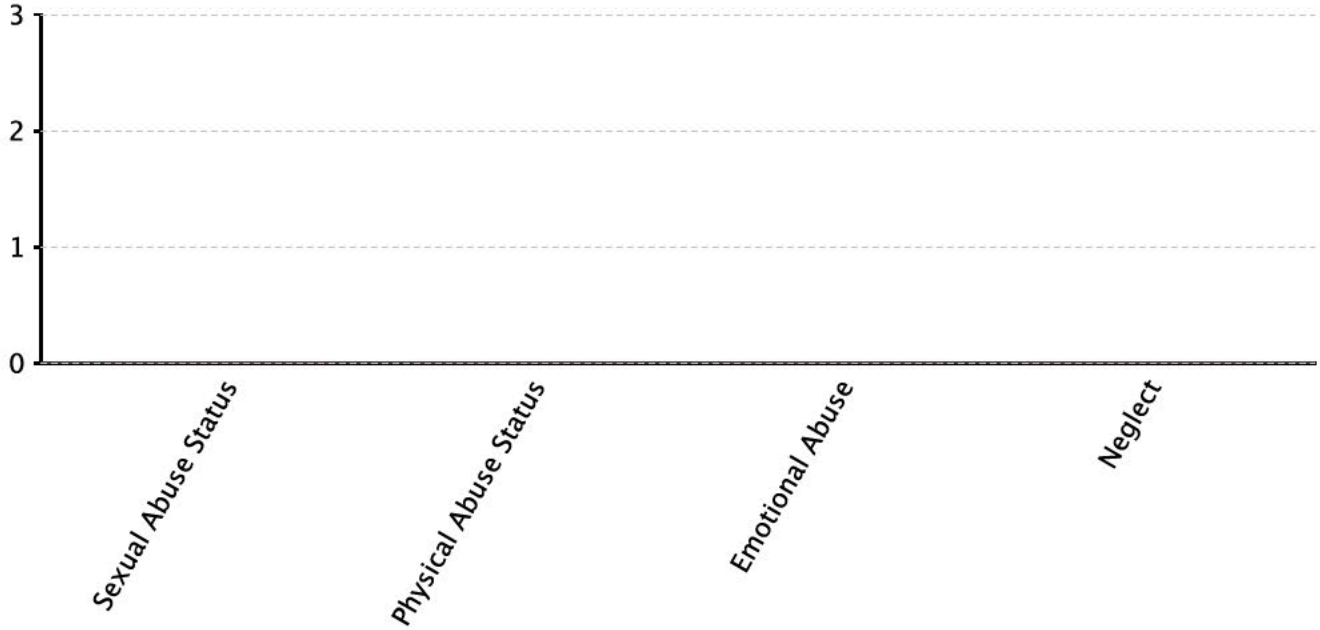



| Item | Score | Justification/Narrative |
|---|---|---|
| Mental Health | 0 | |
| Substance Use | 2 | [redacted] admitted to using meth during the pregnancy and tested positive on a urine drug screen when being admitted to the hospital. |
| Criminal Activity | 0 | |
| Supervision | 0 | |
| Discipline | 0 | |
| Involvement in Caregiving Functions | 0 | |
| Knowledge of Child and Family Needs | 0 | |
| Developmental | 0 | |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 09/13/2022 |
| **Assessment Type:** SAFETY | **CPS Case ID:** [redacted] |

| YOUTH | | |
|---|---|---|
| This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years. | | |
| Participant: [redacted] | Person ID: [redacted] | Age:Deceased |




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |

**Tennessee Department of Children's Services**

**FAST 2.0 Assessment Summary Report**

| | |
|---|---|
| **Event Type: CPS Case** | **Assessment Date: 09/13/2022** |
| **Assessment Type: FAST** | **CPS Case ID:** [redacted] |

## OVERVIEW

| | |
|---|---|
| **Safety Level:** Immediate Intervention Not Recommended | **Assessed at Location:** [redacted] General Hospital |
| **Risk Level:** High Need/Risk | |
| **Event Start Date:** 09/28/2023 | **Last Assessed Date:** |
| **Assessment Status:** Approved | **Assessor:** [redacted] |
| **Date Approved:** 09/22/2022 | **Approver:** [redacted] |

## PARTICIPANTS

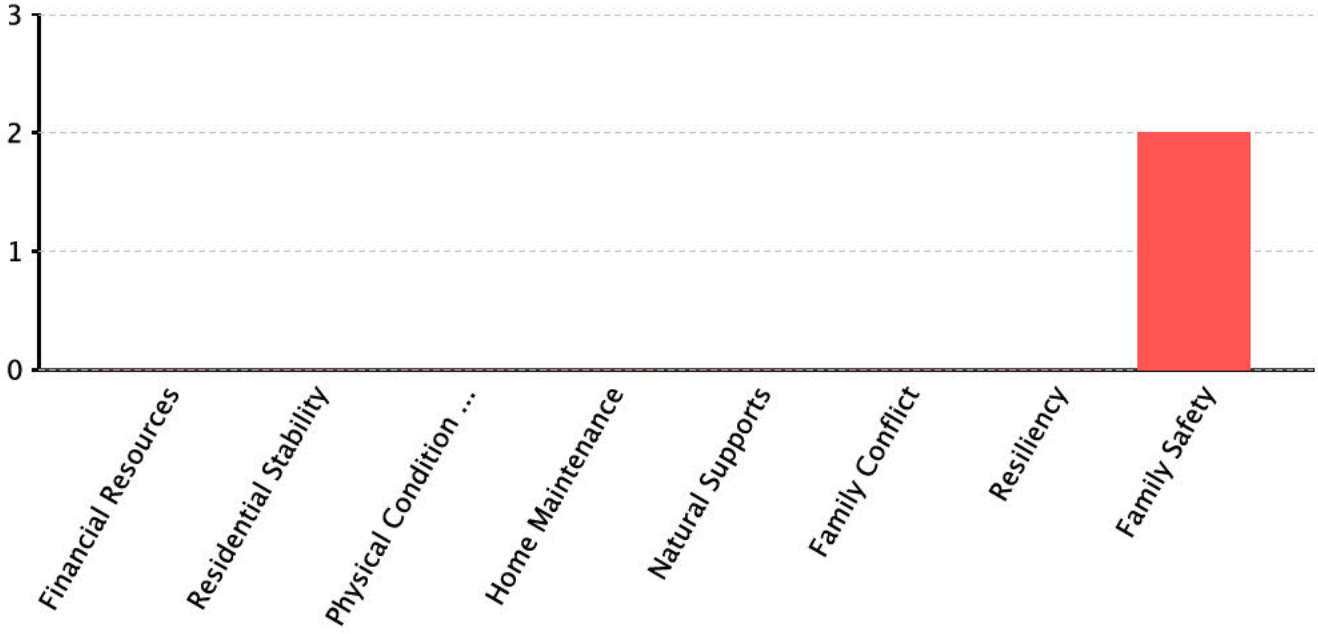
| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
|---|---|---|---|---|---|---|
| [redacted] (AP) | 32 Yrs | Primary Caregiver | F | [redacted] | N/A | N/A |
| [redacted] (ACV) | Deceased | Youth | M | [redacted] | 0 | Low |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 09/13/2022 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

### THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).

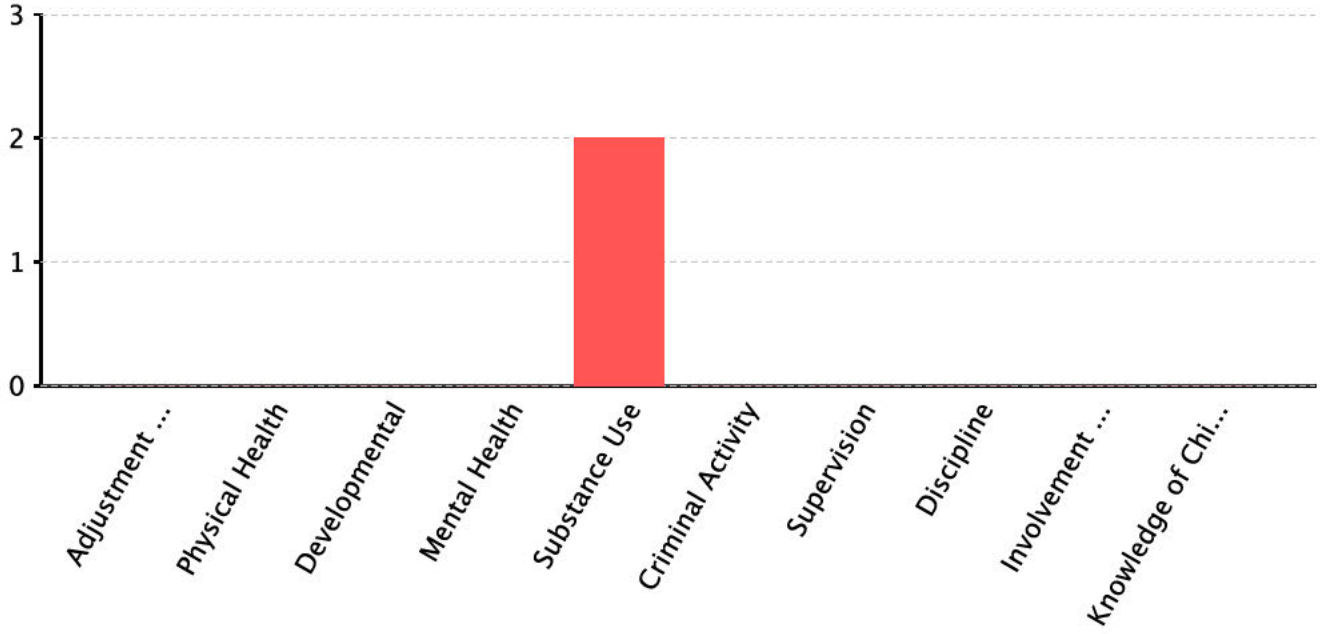



| Item | Score | Justification/Narrative |
|---|---|---|
| Financial Resources | 0 | |
| Residential Stability | 0 | |
| Physical Condition of Home | 0 | |
| Home Maintenance | 0 | |
| Natural Supports | 0 | |
| Family Conflict | 0 | |
| Resiliency | 0 | |
| Family Safety | 2 | [redacted] was using meth during her pregnancy with [redacted] |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 09/13/2022 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| CAREGIVERS | | |
|---|---|---|
| Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section. | | |
| Participant: [redacted] | Person ID: [redacted] | Role Primary Caregiver |

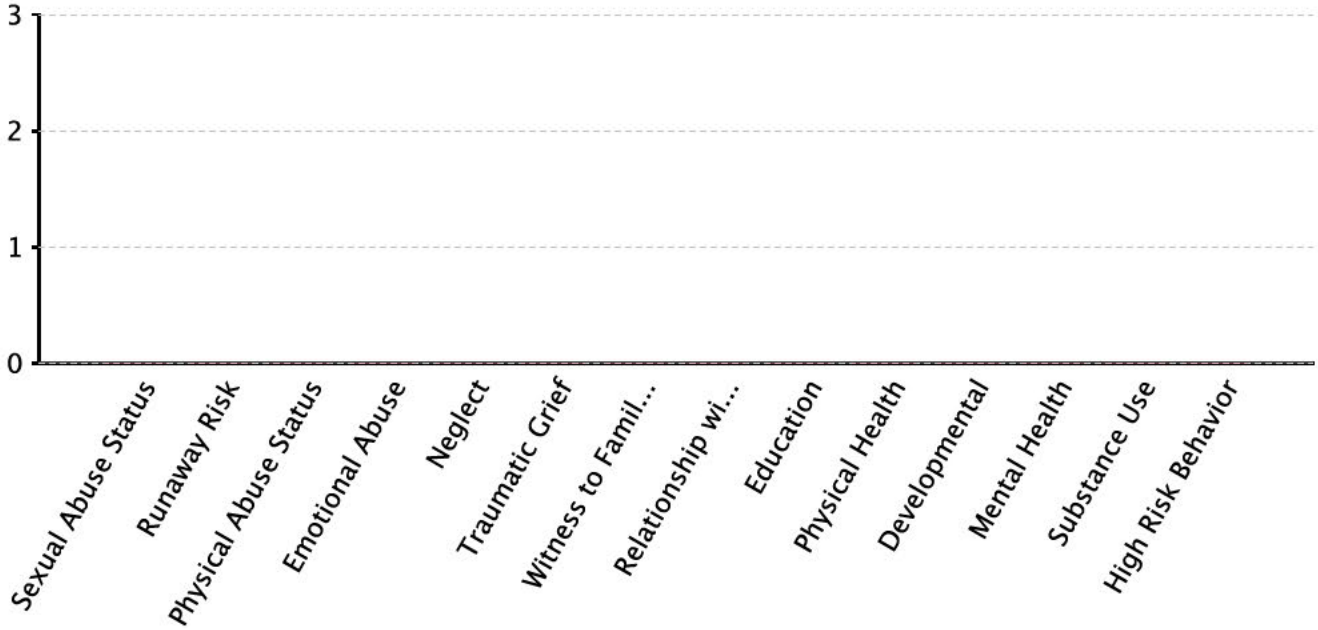



| Item | Score | Justification/Narrative |
|---|---|---|
| Adjustment to Traumatic Experiences | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |
| Mental Health | 0 | |
| Substance Use | 2 | [redacted] admitted to using drugs during her pregnancy with [redacted] |
| Criminal Activity | 0 | |
| Supervision | 0 | |
| Discipline | 0 | |
| Involvement in Caregiving Functions | 0 | |
| Knowledge of Child and Family Needs | 0 | |

# Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 09/13/2022 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| YOUTH | | |
|---|---|---|
| This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years. | | |
| Participant: [redacted] | Person ID: [redacted] | Age:Deceased |




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |
| Traumatic Grief | 0 | |
| Witness to Family, School or Community Violence | 0 | |
| Relationship with Primary Caregiver | 0 | |
| Education | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |

## Tennessee Department of Children's Services
## FAST 2.0 Assessment Detail Report

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 09/13/2022 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| | | |
|---|---|---|
| Mental Health | 0 | |
| Substance Use | 0 | |
| High Risk Behavior | 0 | |