



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 01/06/2015 01:24 PM CT
 Track Assigned: Special Investigation Priority Assigned: 2
 Screened By: [REDACTED]
 Date Screened: 01/06/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 01/07/2015 11:12 AM
 First Team Leader Assigned: [REDACTED] Date/Time 01/07/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 01/07/2015 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: E-mail

Narrative: This report involves a custodial child.

Family Case ID's: [REDACTED]

Open Court Custody: Yes, [REDACTED] / 7-28-14 / FSW [REDACTED] Supervisor [REDACTED]
 Closed Court Custody: Yes, [REDACTED] to 1-6-15
 Open ICPC: [REDACTED] / [REDACTED] Administrator [REDACTED]

Screen Out: None

History not listed above:

Substantiated: [REDACTED] 7-16-14/ ABN/ [REDACTED] and [REDACTED]
 Substantiated: [REDACTED] 7-25-14/ ABN/ [REDACTED] and [REDACTED]



**Tennessee Department of Children's Services
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Substantiated: [REDACTED] 5-24-14/ DEC/ [REDACTED] [REDACTED] and [REDACTED] [REDACTED]

County: [REDACTED]
Notification: Email
School/ Daycare: None provided
Native American Descent: No
Directions: None provided

Reporter's Name/ Relationship: [REDACTED]

Reporter states: The child, [REDACTED] (5 months) was in DCS custody and placed in the foster home with [REDACTED] and [REDACTED] in [REDACTED] County.

[REDACTED] was diagnosed with stage 4 cancer (neuroblastoma) in November of 2014. [REDACTED] carried the gene which upgraded her diagnosis to a higher risk. The type of cancer [REDACTED] had could not be treated and it was very aggressive. The chemotherapy regimen was too strong and she may have only had one treatment or possibly no treatments at all. There were spots on her brain and tumors on her abdomen, liver, in her bone marrow, and in several other places throughout her body. [REDACTED] passed away early this morning (1-6-15).

[REDACTED] was diagnosed with cancer after she came into state custody. The [REDACTED] have been working with hospice. The DCS regional nurse [REDACTED] [REDACTED] has followed the case since the diagnosis. [REDACTED] DCS FSW is [REDACTED] [REDACTED]

The biological parents ([REDACTED] [REDACTED] and [REDACTED] [REDACTED]) have been involved in the treatment from the beginning. The parents are in jail on methamphetamine charges, but both the jail and [REDACTED] Hospital have been very cooperative in allowing the parents to be involved with the child. They also allowed the parents have a visit with [REDACTED] shortly before she passed away.

It is unknown if the police have or need to be contacted. It is unknown if [REDACTED] has been taken to the hospital or if there will be an autopsy at this time.

Special Needs or Disabilities for anyone in the home: [REDACTED] passed away from cancer today.

Child's current location/is the child safe at this time: Deceased

Perpetrator's location at this time: N/A

Any other safety concerns for the child(ren) or worker who may respond: None

Is there domestic violence in the home: None

Is the reporter aware of any safety concerns or hazards in the home, including guns, weapons, knives or vicious animals: None

NOTE: This report involves a custodial child.

SIU was emailed notification of this P1 Neglect Death Report via Outlook. [REDACTED] [REDACTED] received the email notification.

Per SDM: Investigative Track (SIU), death of a custodial child, P1. [REDACTED] TL on 1-6-15 @ 3:12 pm

Notified Child Death Group via email: [REDACTED]

SIU [REDACTED] [REDACTED] was also copied on the notification email.

Additionally, [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] were copied on the notification email due to the report involving a custodial child.



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: White

Age: Deceased

Address: [REDACTED]

Deceased Date: 01/06/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

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]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

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]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

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]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

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]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 01/06/2015

Assignment Date: 01/07/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/16/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death

D. Case Workers

Case Worker: [REDACTED]

Date: 01/16/2015

Team Leader: [REDACTED]

Date: 01/18/2015

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:

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

[REDACTED] Hospital social worker was interviewed as part of this investigation. SI [REDACTED] was informed that that [REDACTED] discharge summary on December 8, 2014 states that [REDACTED] was diagnosed with stage 4 neuroblastoma. The last communication the hospital had with Hospice was on December 30, 2014. [REDACTED] was discharged from [REDACTED] with hospice. Hospice was through [REDACTED]. The home hospice nurse is [REDACTED]. Social worker stated that there are no concerns for the foster parent or for the child in social work dictation. SI [REDACTED] received medical records to this effect from [REDACTED] via fax. Hospice nurse [REDACTED] was interviewed as part of this investigation. Ms. [REDACTED] confirmed that she was [REDACTED] nurse. She stated that she has never had any concerns regarding the foster parents treatment of the infant. She stated that the foster parents were great with [REDACTED]. Ms. [REDACTED] stated that the foster parents called Hospice on call on 1/6/15 around 6:30 AM. Ms. [REDACTED] was notified and went to the home at



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

approximately 7:40 am. She stated that she called the time of death. She stated that [REDACTED] was transported directly to the funeral home, per hospice protocol, and an autopsy will not be performed

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

[REDACTED] and [REDACTED] resource parents, were interviewed as part of this investigation. Mrs. [REDACTED] stated that she and her husband became foster parents for [REDACTED] and [REDACTED] siblings on July 28th, 2014. [REDACTED] was the only child at the home since December 26, 2014. The siblings were placed with relatives out of state on December 26, 2014. Mrs. [REDACTED] stated that [REDACTED] had been diagnosed with stage 4 neuroblastoma (cancer) in November 2014. This was initially diagnosed as intermediate. She stated that [REDACTED] had two rounds of chemo and then had been sent back home. They then got test results back and found that [REDACTED] had a gene which made her prone to this type of cancer. [REDACTED] diagnosis was upgraded to stage 4 once this information was received. Mrs. [REDACTED] stated that the type of cancer [REDACTED] had was aggressive and incurable. Mr. [REDACTED] stated that [REDACTED] had tumors on her brain, and radiation would have had to be on her brain. Mrs. [REDACTED] stated that she had taken [REDACTED] to [REDACTED] Hospital on October 14, 2014, with a high fever. [REDACTED] completed a spinal tap but did not find anything, and [REDACTED] was discharged home with instructions to follow up with her primary doctor. They followed up with the primary care doctor the next week. The doctor noticed [REDACTED] lymph node, and asked to follow up in two weeks. Mrs. [REDACTED] stated that she began to notice [REDACTED] stomach was bigger and she had bad constipation. Mr. [REDACTED] stated that [REDACTED] was a preemie, and had bowel troubles. Mrs. [REDACTED] stated that [REDACTED] was on a special formula for constipation, and she asked the doctor to change the formula, thinking that the stomach growth was an intestinal blockage. She stated that she tried a different formula, and went back to the doctor to follow up. She stated that the doctor sent [REDACTED] back to [REDACTED] then diagnosed her with cancer. Mrs. [REDACTED] stated that after the doctors found the gene and changed her diagnosis to stage 4, the biological parents decided to just make [REDACTED] comfortable and forgo treatment. Hospice started in early December. The hospice nurse is [REDACTED] and the CNA is [REDACTED] primary doctor was [REDACTED] in [REDACTED] Her doctor at [REDACTED] was [REDACTED] Mrs. [REDACTED] stated that they were giving [REDACTED] medications every hour to make her comfortable. She was taking pain, nausea and seizure medications, as well as steroids to keep her brain tumor from swelling. Mrs. [REDACTED] stated that they called hospice at 6:20 AM on January 6, 2015. Hospice was not at the home when she passed, but came and pronounced her death. Mrs. [REDACTED] stated that after [REDACTED] passed, she washed her up and put her on a new diaper and clothes. When hospice came, they washed [REDACTED] and took her to the funeral home.

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

[REDACTED] birth mother, was interviewed as part of this investigation. Ms. [REDACTED] stated that she was informed of her daughter's passing by [REDACTED] yesterday. She expects to get a furlough to go to the funeral. She stated that her daughter was diagnosed with a neuroblastoma in November, and she and her husband signed a DNR in December. [REDACTED] birth father, was interviewed as part of this investigation. Mr. [REDACTED] stated that [REDACTED] came to tell him about his daughter yesterday. He confirmed that [REDACTED] had been diagnosed with cancer.

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

Contact was made with the [REDACTED] [REDACTED] [REDACTED] within 24 hours of receiving this Referral. [REDACTED] informed Special Investigator (SI) [REDACTED] that there were no other children in the home of the foster parents at the time [REDACTED] passed away. She stated that [REDACTED] has four siblings. The siblings are currently with family. [REDACTED] stated that [REDACTED] entered custody after being safety placed (with her siblings) with her grandmother. [REDACTED] parents are currently incarcerated. [REDACTED] believes parents have been incarcerated since April or May 2014 due to meth charges. [REDACTED] reported that the biological parents signed a Do Not Resuscitate order, due to [REDACTED] being diagnosed with an aggressive form of cancer.. FSW advised SI that the foster parents have not had any sleep, as they had to wake up every hour to give the baby medications.

Distribution Copies:



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2015

Contact Method:

Contact Time: 11:33 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/25/2015

Completed date: 03/25/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/25/2015 11:33 AM Entered By: [REDACTED]

Closing notification was sent on March 25, 2015 via email to pertinent individuals listed on notification.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method: Phone Call

Contact Time: 02:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 02:40 PM Entered By: [REDACTED]

SI [REDACTED] attempted phone call to [REDACTED] [REDACTED] to debrief case. SI [REDACTED] left voicemail. SI [REDACTED] emailed [REDACTED] [REDACTED] and Team Leader [REDACTED] informing them that the case would be closed and unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method:

Contact Time: 02:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/23/2015

Completed date: 02/23/2015

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: 02/23/2015 02:44 PM Entered By: [REDACTED]

Lead Investigator and assigned Investigator [REDACTED] [REDACTED] reviewed the case on 2/23/15. Medical records have been obtained from Hospice where child was diagnosed with stage 4 cancer. [REDACTED] and [REDACTED] were all interviewed as well as the birth parents. There was no autopsy completed due to child's death being ruled a result of the cancer. All other tasks completed and CPIT was conducted on 2/23 in [REDACTED] County where investigation was classified as Unsubstantiated. Investigator can proceed with closing investigation as Allegations Unsubstantiated, Perpetrator Unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/23/2015 Contact Method:
 Contact Time: 01:35 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 02/23/2015
 Completed date: 02/23/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 02:19 PM Entered By: [REDACTED]

The Department of Children's Services (DCS) received a referral on January 06, 2015, with an allegation of Neglect Death regarding custodial child [REDACTED] (age 5 months). [REDACTED] came into custody on July 28th, 2014 and was placed in the resource home of [REDACTED] and [REDACTED] siblings [REDACTED] and [REDACTED] were placed in the same foster home. The siblings were sent on a trial visit with family members in [REDACTED] on 12/26/2014. The family members were approved as placement for the children through an Interstate Compact on the Placement of Children (ICPC) the week of January 5th. The siblings were not residing in the foster home at the time of death of [REDACTED]. Resource parents report that [REDACTED] passed away approximately 6:20 AM on January 6, 2015. [REDACTED] was diagnosed with Stage 4 Neuroblastoma (aggressive type of cancer) in November 2014. [REDACTED] had numerous tumors in her body. The Family Service Worker (FSW) reports that [REDACTED] received the diagnosis in November at [REDACTED]. During that time, [REDACTED] birth parents signed a Do Not Resuscitate (DNR) order. [REDACTED] was placed on Hospice in December 2014 to keep her comfortable. Foster parents were giving [REDACTED] pain and nausea medications every hour. At approximately 6:20 AM on January 6, 2015, foster mother contacted hospice on call to report that [REDACTED] had passed away. [REDACTED] was pronounced deceased on January 6, 2015 at approximately 7:40 AM by hospice nurse [REDACTED]. [REDACTED] was then taken to the funeral home. An autopsy will not be performed, per Hospice.

The investigation into this incident was conducted by Special Investigator (SI) [REDACTED]. Law Enforcement was not involved in this investigation.

Contact was made with the [REDACTED] within 24 hours of receiving this Referral. [REDACTED] informed Special Investigator (SI) [REDACTED] that there were no other children in the home of the foster parents at the time [REDACTED] passed away. She stated that [REDACTED] has four siblings. The siblings are currently with family. FSW stated that [REDACTED] entered custody after being safety placed (with her siblings) with her grandmother. [REDACTED] parents are currently incarcerated. FSW believes parents have been incarcerated since April or May 2014 due to meth charges. FSW reported that the biological parents signed a Do Not Resuscitate order, due to [REDACTED] being diagnosed with an aggressive form of cancer.. FSW advised SI that the foster parents have not had any sleep, as they had to wake up every hour to give the baby medications. [REDACTED] and [REDACTED] resource parents, were interviewed as part of this investigation. Mrs. [REDACTED] stated that she and her husband became foster parents for [REDACTED] and [REDACTED] siblings on July 28th, 2014. [REDACTED] was the only child at the home since December 26, 2014. The siblings were placed with relatives out of state on December 26, 2014. Mrs. [REDACTED] stated that [REDACTED] had been diagnosed with stage 4 neuroblastoma (cancer) in November 2014. This was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

initially diagnosed as intermediate. She stated that [REDACTED] had two rounds of chemo and then had been sent back home. They then got test results back and found that [REDACTED] had a gene which made her prone to this type of cancer. [REDACTED] diagnosis was upgraded to stage 4 once this information was received. Mrs. [REDACTED] stated that the type of cancer [REDACTED] had was aggressive and incurable. Mr. [REDACTED] stated that [REDACTED] had tumors on her brain, and radiation would have had to be on her brain. Mrs. [REDACTED] stated that she had taken [REDACTED] to [REDACTED] Hospital on October 14, 2014, with a high fever. [REDACTED] completed a spinal tap but did not find anything, and [REDACTED] was discharged home with instructions to follow up with her primary doctor. They followed up with the primary care doctor the next week. The doctor noticed [REDACTED] lymph node, and asked to follow up in two weeks. Mrs. [REDACTED] stated that she began to notice [REDACTED] stomach was bigger and she had bad constipation. Mr. [REDACTED] stated that [REDACTED] was a preemie, and had bowel troubles. Mrs. [REDACTED] stated that [REDACTED] was on a special formula for constipation, and she asked the doctor to change the formula, thinking that the stomach growth was an intestinal blockage. She stated that she tried a different formula, and went back to the doctor to follow up. She stated that the doctor sent [REDACTED] back to [REDACTED] [REDACTED] then diagnosed her with cancer. Mrs. [REDACTED] stated that after the doctors found the gene and changed her diagnosis to stage 4, the biological parents decided to just make [REDACTED] comfortable and forgo treatment. Hospice started in early December. The hospice nurse is [REDACTED] and the CNA is [REDACTED] primary doctor was [REDACTED] in [REDACTED]. Her doctor at [REDACTED] was [REDACTED]. Mrs. [REDACTED] stated that they were giving [REDACTED] medications every hour to make her comfortable. She was taking pain, nausea and seizure medications, as well as steroids to keep her brain tumor from swelling. Mrs. [REDACTED] stated that they called hospice at 6:20 AM on January 6, 2015. Hospice was not at the home when she passed, but came and pronounced her death. Mrs. [REDACTED] stated that after [REDACTED] passed, she washed her up and put her on a new diaper and clothes. When hospice came, they washed [REDACTED] and took her to the funeral home.

[REDACTED] birth mother, was interviewed as part of this investigation. Ms. [REDACTED] stated that she was informed of her daughter's passing by [REDACTED] yesterday. She expects to get a furlough to go to the funeral. She stated that her daughter was diagnosed with a neuroblastoma in November, and she and her husband signed a DNR in December.

[REDACTED] birth father, was interviewed as part of this investigation. Mr. [REDACTED] stated that [REDACTED] came to tell him about his daughter yesterday. He confirmed that [REDACTED] had been diagnosed with cancer.

[REDACTED] Hospital social worker was interviewed as part of this investigation. SI [REDACTED] was informed that that [REDACTED] discharge summary on December 8, 2014 states that [REDACTED] was diagnosed with stage 4 neuroblastoma. The last communication the hospital had with Hospice was on December 30, 2014. [REDACTED] was discharged from [REDACTED] with hospice. Hospice was through [REDACTED]. The home hospice nurse is [REDACTED]. Social worker stated that there are no concerns for the foster parent or for the child in social work dictation. SI [REDACTED] received medical records to this effect from [REDACTED] via fax. Hospice nurse [REDACTED] was interviewed as part of this investigation. Ms. [REDACTED] confirmed that she was [REDACTED] nurse. She stated that she has never had any concerns regarding the foster parents treatment of the infant. She stated that the foster parents were great with [REDACTED]. Ms. [REDACTED] stated that the foster parents called Hospice on call on 1/6/15 around 6:30 AM. Ms. [REDACTED] was notified and went to the home at approximately 7:40 am. She stated that she called the time of death. She stated that [REDACTED] was transported directly to the funeral home, per hospice protocol, and an autopsy will not be performed.

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigation Team on February 23, 2015. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Neglect Death.

Mr. and Mrs. [REDACTED] appear to have cared for the infant appropriately. Due to [REDACTED] diagnosis, there are no concerns regarding her death.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/23/2015

Contact Method: Phone Call

Contact Time: 11:15 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/23/2015

Completed date: 02/23/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/23/2015 01:39 PM Entered By: [REDACTED]

This CPSI presented this case at the [REDACTED] County Child Protective Investigative Team (CPIT) on this date. The team agreed with classification of Allegation and Perpetrator Unsubstantiated. See CPIT form attached to file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/20/2015

Contact Method: Phone Call

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/23/2015

Completed date: 01/23/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 12:22 PM Entered By: [REDACTED]

CPIT convened per local protocol.

SI [REDACTED] contacted [REDACTED] County CPIT coordinator, [REDACTED] SI [REDACTED] added case to February 23rd CPIT meeting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method: Phone Call

Contact Time: 02:02 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:55 PM Entered By: [REDACTED]

SI [REDACTED] contacted [REDACTED] Home Health Nurse for [REDACTED] Ms. [REDACTED] confirmed that she was [REDACTED] nurse. She stated that she has never had any concerns regarding the foster parents treatment of the infant. She stated that the foster parents were great with [REDACTED] Ms. [REDACTED] stated that the foster parents called Hospice on call on 1/6/15 around 6:30 AM. Ms. [REDACTED] was notified and went to the home at approximately 7:40 am. She stated that she called the time of death. She stated that [REDACTED] was transported directly to the funeral home, per hospice protocol, and an autopsy will not be performed. SI thanked her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:48 PM Entered By: [REDACTED]

SI [REDACTED] informed by [REDACTED] that due to the child being on hospice, the child was transported directly to the funeral home, and an autopsy will not be performed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method: Phone Call

Contact Time: 01:55 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:52 PM Entered By: [REDACTED]

SI [REDACTED] contacted [REDACTED] Hospital [REDACTED] on this date. [REDACTED] stated that she is currently covering the Oncology unit for [REDACTED] followed [REDACTED] case. [REDACTED] was able to pull up history for [REDACTED] through the hospital database. She stated that [REDACTED] discharge summary on December 8, 2014 states that [REDACTED] was diagnosed with stage 4 neuroblastoma. The last communication the hospital had with Hospice was on 12/30/14. [REDACTED] was discharged from [REDACTED] with hospice. Hospice was through [REDACTED]. The contact person is [REDACTED] at [REDACTED]. The home hospice nurse is [REDACTED] at [REDACTED] stated that there are no concerns for the foster parent or for the child in social work dication. She will fax SI medical records.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:47 PM Entered By: [REDACTED]

SI [REDACTED] completed Initial Risk Assessment on this date. Assessment was NO RISK. Child diagnosed with stage 4 neuroblastoma in November 2014. She was put on hospice the beginning of December 2014 after parents signed DNR. Child pronounced deceased on 1/6/15 at approximately 6:30 am. Law enforcement is not involved and an autopsy was not requested, due to previous diagnosis. Siblings were residing in same foster home until 12/26/14, when they were placed on a trial visit with biological family out of state. The family placement was approved this week.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:44 PM Entered By: [REDACTED]

TFACTS Check

Special Investigator [REDACTED] completed a TFACTS history check was completed and the following was found:

Investigation ID: [REDACTED]

Allegation: Drug Exposed Infant (DEI) and Abandonment (ABDN)

Alleged Perpetrator: [REDACTED] (DEI and ABDN) and [REDACTED] (ABDN)

Classification: Allegation and Perpetrator Unsubstantiated (DEI) and Allegation and Perpetrator Substantiated (ABDN)

Investigation ID: [REDACTED]

Allegation: DEI and ABDN

Alleged Perpetrator: [REDACTED] and [REDACTED]

Classification: Allegation and Perpetrator Unsubstantiated (DEI) and Allegation and Perpetrator Substantiated (ABDN)

Note: [REDACTED] entered DCS custody on July 28th, 2014, and was placed with foster parents [REDACTED] and [REDACTED]. [REDACTED] siblings [REDACTED] and [REDACTED] were placed in the same foster home. The siblings were sent on a trial visit with family members in [REDACTED] on 12/26/2014. The family members were approved as placement for the children through ICPC the week of January 5th. The siblings were not residing in the foster home at the time of death of [REDACTED].

Narrative Type: Addendum 1 Entry Date/Time: 02/23/2015 01:19 PM Entered By: [REDACTED]

SI incorrectly identified the resource parents as [REDACTED] and [REDACTED] the correct names of the resource parents is [REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/07/2015	Contact Method:	Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	[REDACTED]	Created Date:	01/07/2015
Completed date:	01/07/2015	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: 01/07/2015 04:07 PM Entered By: [REDACTED]

SI [REDACTED] conducted visit to [REDACTED] [REDACTED] [REDACTED] on this date. SI met with Ms. [REDACTED] privately. SI explained SI role in the investigation. Ms. [REDACTED] expressed her understanding. She stated that she was informed of her daughter's passing by [REDACTED] yesterday. She expects to get a furlough to go to the funeral. She stated that her daughter was diagnosed with a neuroblastoma in November, and she and her husband signed a DNR in December. SI offered condolences and grief services. Ms. [REDACTED] stated that there were no services available to her at the jail, but she knows how to contact [REDACTED] and will get in touch with her for needed services in the future.

SI spoke privately with Mr. [REDACTED]. He stated that [REDACTED] [REDACTED] came to tell him about his daughter yesterday. He confirmed that [REDACTED] had been diagnosed with cancer. He stated that he is aware of the chaplain at the jail and can go to him if he feels he needs grievance counseling.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method: Face To Face

Contact Time: 08:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2015 02:58 PM Entered By: [REDACTED]

SI [REDACTED] met with foster parents, [REDACTED] and [REDACTED] on this date at their home. SI did not observed the infant, as she was taken to the funeral home after being pronounced deceased. No other children were in the home at the time of death. Infant's siblings were placed with family in [REDACTED] on 12/26/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2015 Contact Method: Face To Face
 Contact Time: 08:30 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Resource Home Created Date: 01/07/2015
 Completed date: 01/07/2015 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: 01/07/2015 03:08 PM Entered By: [REDACTED]

SI [REDACTED] conducted home visit with resource parents, [REDACTED] and [REDACTED]. The interview was conducted with both parties present. SI [REDACTED] explained the reason for the visit and the process of the investigation. SI [REDACTED] explained that SI was aware the infant had cancer, and asked the foster parents for their family story regarding the infant. Mrs. [REDACTED] stated that she and her husband became foster parents for [REDACTED] and [REDACTED] siblings on July 28th, 2014. [REDACTED] was the only child at the home since 12/26/14. The siblings were placed with relatives out of state on 12/26/14. Mrs. [REDACTED] stated that [REDACTED] had been diagnosed with stage 4 neuroblastoma (cancer). This was initially diagnosed as intermediate. She stated that [REDACTED] had two rounds of chemo and then had been sent back home. They then got test results back and found that [REDACTED] had a gene which made her prone to this type of cancer. Do to this, her diagnosis was upgraded to stage 4. Mrs. [REDACTED] stated that the type of cancer [REDACTED] had was aggressive. With the gene she has, the cancer would continue to come back and would not be curable. Mr. [REDACTED] stated that [REDACTED] had tumors on her brain, and radiation would have had to be on her brain. Mrs. [REDACTED] showed SI pictures she had gotten pictures of all of the children taken earlier in December. She stated that she wanted the kids to have pictures with their sister. She stated that [REDACTED] parents also got a two hour furlough from jail to spend time with the baby before she passed. Mrs. [REDACTED] stated that she and her husband had a good relationship with the parents. Mrs. [REDACTED] stated that [REDACTED] was diagnosed with cancer in November. She stated that she had taken the baby to the [REDACTED] on October 14 with a high fever. [REDACTED] completed a spinal tap but did not find anything, so they discharged her home with instructions to follow up with her primary doctor. They followed up with PCP the next week. The doctor noticed [REDACTED] lymphnode, and asked to follow up in two weeks. Mrs. [REDACTED] stated that she began to notice [REDACTED] stomach was bigger and she had bad constipation. Mr. [REDACTED] stated that [REDACTED] was a premie, and had bowel troubles. Mrs. [REDACTED] stated that [REDACTED] was on a special formula for constipation, and she asked the doctor to change the formula, thinking that the stomach growth was a intestinal blockage. She stated that she tried a different formula, and went back to the doctor to follow up. She stated that the doctor sent [REDACTED] back to [REDACTED]. [REDACTED] then diagnosed her with cancer. Mrs. [REDACTED] stated that after the doctors found the gene and changed her diagnosis to stage 4, the biological parents decided to just make [REDACTED] comfortable and forgo treatment. Hospice started in early December. The hospice nurse is [REDACTED] and the CNA is [REDACTED]. PCP was [REDACTED] in [REDACTED]. Her doctor at [REDACTED] was [REDACTED]. [REDACTED] stated that they were giving [REDACTED] medications every hour to make her comfortable. She was taking pain, nausea and seizure medications, as well as steroids to keep her brain tumor from swelling. Mrs. [REDACTED] stated that they called hospice at 6:20 AM on 1/6/15. Hospice was not at the home when she passed, but came and pronounced her death. Mrs. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

stated that after [REDACTED] passed, she washed her up and put her on a new diaper and clothes. When hospice came, they washed her up better. Hospice called the funeral home. They will be making funeral arrangements this morning. SI offered condolences to the family and asked if they would be interested in grief counseling. Mr and Mrs [REDACTED] stated that right now, they are not interested in counseling, but will confer with [REDACTED] if they feel they need it in the future. They stated that they had prepared themselves for this, and they have a strong support system. Both Mr and Mrs. [REDACTED] began crying during the interview. SI comforted them, and told them if they needed anything or had any questions, to contact SI.

Narrative Type: Addendum 1 Entry Date/Time: 03/04/2015 02:47 PM Entered By: [REDACTED]

SI observed the resource home on this date. Living in the home, as of this date, are [REDACTED] and [REDACTED] resource parents. SI observed the family room and kitchen of the home. The family room was neat and tidy with no observable safety hazards. SI observed family photos and baby toys in the room. The kitchen was also neat and clean with no observable hazards.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method: Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2015

Completed date: 01/07/2015

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)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/07/2015 02:56 PM Entered By: [REDACTED]

SI [REDACTED] contacted Mrs. [REDACTED], foster mother for [REDACTED]. SI explained the reason for the call. SI scheduled home visit for 01/07/2015 at 8:30 am.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method: Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:46 PM Entered By: [REDACTED]

Contact was made with the [REDACTED] [REDACTED] [REDACTED] within 24 hours of receiving this Referral. [REDACTED] [REDACTED] informed SI [REDACTED] that there were no other children in the home of the foster parents at the time [REDACTED] passed away. She stated that [REDACTED] has four siblings. The siblings are currently with family. [REDACTED] stated that [REDACTED] entered custody after being safety placed (with her siblings) with her grandmother. [REDACTED] parents are currently incarcerated. [REDACTED] believes parents have been incarcerated since April or May 2014 due to meth charges. [REDACTED] reported that the biological parents signed a DNR due to [REDACTED] being diagnosed with an aggressive form of cancer. [REDACTED] stated that she and the foster parents are going to the funeral home on 1/7/15 at 10:00 to make funeral arrangements. She advised SI that the foster parents have not had any sleep, as they had to wake up every hour to give the baby medications. SI thanked her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2015

Contact Method: Phone Call

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/07/2015

Completed date: 01/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:45 PM Entered By: [REDACTED]

The Referent was interviewed during this investigation. That interview is documented in a separate case recording to protect the identity of the referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/06/2015	Contact Method:	Phone Call
Contact Time:	03:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/07/2015
Completed date:	01/07/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/07/2015 03:02 PM Entered By: [REDACTED]

SI [REDACTED] contacted [REDACTED] for [REDACTED] RA [REDACTED] stated taht she was informed this morning by the foster care worker, [REDACTED] that infant [REDACTED] had passed away. She stated that [REDACTED] was in DCS custody. [REDACTED] had ben undergoing treatment for cancer at [REDACTED] and had been sent home with hospice. She stated that the [REDACTED] and family knew this was coming. She stated that the child was in custody due to the parents being incarcerated due to meth charges. The child was diagnosed with cancer after entering custody. The cancer was aggressive. RA [REDACTED] let SI speak with [REDACTED] (for foster care worker). [REDACTED] stated that the child was with the foster family when she passed and was not taken to the hospital. TC provided SI with contact information for [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/06/2015 Contact Method:
 Contact Time: 01:30 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:57 PM Entered By: [REDACTED]

Child: [REDACTED]
 DOB: [REDACTED]
 Date of Death: 01/06/2015
 Foster Parent(s): [REDACTED] and [REDACTED]
 Special Investigator: [REDACTED]

Referral History

The Department of Children's Services received the referral on January 6, 2015 and Special Investigator (SI) [REDACTED] received the referral on January 6, 2015 as a response priority 1 regarding Neglect Death. The alleged perpetrator is listed as Unknown and the alleged child victim is listed as [REDACTED]. The referral states: "The child, [REDACTED] (5 months) was in DCS custody and placed in the foster home with [REDACTED] and [REDACTED] in [REDACTED] County. [REDACTED] was diagnosed with stage 4 cancer (neuroblastoma) in November of 2014. [REDACTED] carried the gene which upgraded her diagnosis to a higher risk. The type of cancer [REDACTED] had could not be treated and it was very aggressive. The chemotherapy regimen was too strong and she may have only had one treatment or possibly no treatments at all. There were spots on her brain and tumors on her abdomen, liver, in her bone marrow, and in several other places throughout her body. [REDACTED] passed away early this morning (1-6-15). [REDACTED] was diagnosed with cancer after she came into state custody. The [REDACTED] have been working with hospice. The DCS regional nurse [REDACTED] has followed the case since the diagnosis. [REDACTED] DCS [REDACTED] is [REDACTED]. The biological parents [REDACTED] and [REDACTED] have been involved in the treatment from the beginning. The parents are in jail on methamphetamine charges, but both the jail and [REDACTED] Hospital have been very cooperative in allowing the parents to be involved with the child. They also allowed the parents have a visit with [REDACTED] shortly before she passed away. It is unknown if the police have or need to be contacted. It is unknown if [REDACTED] has been taken to the hospital or if there will be an autopsy at this time. Special Needs or Disabilities for anyone in the home: [REDACTED] passed away from cancer today. "

This family isn't of Native American Heritage.

The child is in DCS custody. Release of information/HIPPA, Native American Heritage Veto Verification, Notice of equal access to services, and Acknowledge of Receipt of Clients Rights Handbook should be in the FSW file. Copies were not



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

obtained for the SIU file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 01/06/2014 Contact Method: Phone Call
 Contact Time: 04:15 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/07/2015
 Completed date: 01/07/2015 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: 01/07/2015 02:47 PM Entered By: [REDACTED]
 SI [REDACTED] contacted Mrs. [REDACTED] foster mother for [REDACTED] SI explained the reason for the call. SI scheduled home visit for 01/07/2015 at 8:30 am.
 Narrative Type: Created In Error Entry Date/Time: 01/07/2015 02:55 PM Entered By: [REDACTED]
 Wrong date marked



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 01/06/2014 Contact Method:
 Contact Time: 01:24 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 01/07/2015
 Completed date: 01/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2015 02:43 PM Entered By: [REDACTED]

Child: [REDACTED]

DOB: [REDACTED]

Date of Death: 01/06/2015

Foster Parent(s): [REDACTED] and [REDACTED]

Special Investigator: [REDACTED]

Referral History

The Department of Children's Services received the referral on January 6, 2015 and Special Investigator (SI) [REDACTED] received the referral on January 6, 2015 as a response priority 1 regarding Neglect Death. The alleged perpetrator is listed as Unknown and the alleged child victim is listed as [REDACTED]. The referral states: "The child, [REDACTED] (5 months) was in DCS custody and placed in the foster home with [REDACTED] and [REDACTED] in [REDACTED] County. [REDACTED] was diagnosed with stage 4 cancer (neuroblastoma) in November of 2014. [REDACTED] carried the gene which upgraded her diagnosis to a higher risk. The type of cancer [REDACTED] had could not be treated and it was very aggressive. The chemotherapy regimen was too strong and she may have only had one treatment or possibly no treatments at all. There were spots on her brain and tumors on her abdomen, liver, in her bone marrow, and in several other places throughout her body. [REDACTED] passed away early this morning (1-6-15). [REDACTED] was diagnosed with cancer after she came into state custody. The [REDACTED] have been working with hospice. The DCS regional nurse [REDACTED] has followed the case since the diagnosis. [REDACTED] DCS FSW is [REDACTED]. The biological parents [REDACTED] and [REDACTED] have been involved in the treatment from the beginning. The parents are in jail on methamphetamine charges, but both the jail and [REDACTED] Hospital have been very cooperative in allowing the parents to be involved with the child. They also allowed the parents have a visit with [REDACTED] shortly before she passed away. It is unknown if the police have or need to be contacted. It is unknown if [REDACTED] has been taken to the hospital or if there will be an autopsy at this time. Special Needs or Disabilities for anyone in the home: [REDACTED] passed away from cancer today. "

This family isn't of Native American Heritage.

The child is in DCS custody. Release of information/HIPPA, Native American Heritage Veto Verification, Notice of equal access to services, and Acknowledge of Receipt of Clients Rights Handbook should be in the FSW file. Copies were not



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

obtained for the SIU file.

Narrative Type: Created In Error Entry Date/Time: 01/07/2015 02:56 PM Entered By: [REDACTED]

Wrong date