



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 08/08/2015 09:13 AM [REDACTED]  
 Track Assigned: Special Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 08/08/2015

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]/CPS Special Investigation  
 Date/Time Assigned: 08/08/2015 04:29 PM  
 First Team Leader Assigned: [REDACTED] Date/Time: 08/08/2015 12:00 AM  
 First Case Manager: [REDACTED] Date/Time: 08/08/2015 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Abuse Death	Yes	Unknown Participant [REDACTED]	Other Non-relative

**Referent(s)**

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

\*\*\*\*\*THE CHILD IS IN DCS CUSTODY\*\*\*\*\*

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP: Yes DCS Custody Court Ordered / 01.22.2015 / [REDACTED] (CM) & [REDACTED] (Supervisor)

Closed Court Custody: Yes On-Going Non-Custodial Worker / 01.22.2015 (Begin Date) / 03.13.2015 (End Date) / [REDACTED] (CM) & [REDACTED] (Supervisor)

Yes On-Going Non-Custodial Worker / 11.10.2014 (Begin Date) / 01.22.2015 (End Date) / [REDACTED] (CM) & [REDACTED] (Supervisor)

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

Substantiated: INV# [REDACTED] / [REDACTED] / Substantial Risk Physical Injury / Allegation Substantiated / Perpetrator Substantiated / 10.24.2003

INV# [REDACTED] / [REDACTED] / Substantial Risk Physical Injury / Allegation Substantiated / Perpetrator Substantiated / 10.24.2003

INV# [REDACTED] / [REDACTED] / DEI / Allegation Substantiated / Perpetrator Substantiated / 07.08.2003

INV# [REDACTED] / [REDACTED] / DEI / Allegation Substantiated / Perpetrator Substantiated / 08.27.2014

Number of Screen Outs: 1

History (not listed above): Yes

ASMT# [REDACTED] / PHA / No Services Needed / 12.06.2012

ASMT# [REDACTED] / DEI / Service Requires / 09.26.2012

ASMT# [REDACTED] / LOS\*\*DEC / Services Required / 01.07.2011

ASMT# [REDACTED] / DEC\*\*LOS\*\*ENN / No Services Needed / 04.04.2010

INV# [REDACTED] / ENN\*\*ABD / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 08.25.2005

SIU# [REDACTED] / PHA\*\*LOS\*\*MNN / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 08.18.2004

Pending: None

Awaiting Screening: None

Submitted: None

County: [REDACTED]

Notification: None

School/ Daycare: N/A

Native American Descent: None

Directions: None Reported

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (1 year old) is currently in the custody of Tennessee Department of Children's Services, residing at [REDACTED].

[REDACTED] was born premature at twenty eight (28) weeks and, it is reported she was exposed to cocaine while in utero. For this reason, [REDACTED] was removed from the care and custody of her birth mother [REDACTED] and placed in the custody of the Tennessee Department of Children's Services.

On July 4, 2015, [REDACTED] was admitted to [REDACTED] Hospital after receiving an anoxic brain injury while in her previous foster home. The name of her foster parents is unknown to the referent.

It is reported the anoxic brain injury was as a result of her tracheotomy becoming obstructed, which resulted in a lack of oxygen flow to her brain.

This incident was reported to Tennessee Department of Children's Services and, Case Manager [REDACTED] was currently involved with the open case.

On August 6, 2015, after it was determined [REDACTED] was not "thriving", [REDACTED] was admitted to [REDACTED].

Today, August 8, 2015, at 8:30am, in the presence of [REDACTED] died from the injuries she received from her anoxic brain injury.



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Referent states they do not believe an autopsy will be performed on [REDACTED] as, her death was anticipated.

Referent states due to the fact [REDACTED] was under the age of eighteen (18) months, her birth mother, [REDACTED] still had power of attorney in regards to [REDACTED] medical decisions. At the time of this report, [REDACTED] has not yet been notified of [REDACTED] death; however, proper notification will be made to her by [REDACTED] today, August, 8, 2015.

At the time of this report, the referent does not anticipated any notification to either law enforcement or the medical examiner, stating it is expected notification has already been made to both by [REDACTED] [REDACTED] Hospital.

Since the Department of Children's Services is already involved with [REDACTED] referent is requesting notification be made to the Tennessee Department of Children's Services "On Call Worker" to advise of them of the death and, the transfer of the body.

At the time of this report, [REDACTED] remains a [REDACTED], however, a transfer of the body will be occurring today, August, 8, 2015.

Special Needs or Disabilities: Tracheotomy / Anoxic Brain Injury

Child's current location/is the child safe at this time: [REDACTED]

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: No

Domestic Violence present in the home: No

Per SDM: Investigative Track, P2. Override to P1. ACV is currently in DCS Custody, has passed away this morning and currently remains at [REDACTED] waiting for appropriate transfer [REDACTED] CM 3 @ 11:00am on 8-8-15

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	08-08-15 11:35:39 AM	[REDACTED]	08-08-15 11:36:38 AM	[REDACTED]	Received
[REDACTED]	08-08-15 11:35:40 AM	---	[REDACTED]	[REDACTED]	Email Sent

Notified the [REDACTED] and the [REDACTED], via email.

Also notified [REDACTED] and [REDACTED], via email



**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: Black/African

Age: Deceased

Address: [REDACTED]

Deceased Date: 08/08/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

Contact:

Contact Type: UNKNOWN

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: Unable to

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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:** [REDACTED] **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** Unable to [REDACTED] **Age:** [REDACTED]

**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: 08/08/2015

Assignment Date: 08/08/2015

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Abuse Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/28/2015

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: [REDACTED] was in State's Custody and was placed at [REDACTED].

**D. Case Workers**

Case Worker: [REDACTED]

Date: 08/28/2015

Team Leader: [REDACTED]

Date: 08/28/2015

**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:**

SI met with Ms. [REDACTED] and her friends in the room with [REDACTED] body. Ms. [REDACTED] was holding [REDACTED] SI noted that [REDACTED] was wrapped in blankets.

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

SI [REDACTED] met with Ms. [REDACTED]. SI was informed that [REDACTED] was brought to [REDACTED] on 8/6/15 at approximately 7:30 pm and she passed away on 8/8/15 at approximately 8:30 am. She stated that on 8/6/15 a conference call was completed to transfer the child to [REDACTED] and that Ms. [REDACTED] (mother), Ms. [REDACTED] (DCS/FSW) and [REDACTED] participated in the meeting. Ms. [REDACTED] reported that to her understanding on or around July 4th, 2015 [REDACTED] was taken from her resource home to the hospital due to her trach being blocked and she was unable to get oxygen which caused lack of oxygen to the brain. Ms. [REDACTED] reported that the doctor at [REDACTED] had stated they did not believe that the ME office needed to be contacted.



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

Case Name : ██████████

Investigation ID: ██████████

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

There is no AP listed in this case as the child passed of natural causes.

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

SI met with Ms. ██████████ and her friends in the room with ██████████ body. Ms. ██████████ was holding ██████████ SI noted that ██████████ was wrapped in blankets. Ms. ██████████ asked that SI speak with her in the room as she did not want to leave. SI agreed. SI was also given permission to speak in front of Ms. ██████████ friends. SI informed Ms. ██████████ that SI was out because at any time a child in custody passes away that DCS is contacted. Ms. ██████████ stated she understood. SI explained that due to ██████████ being in custody that the Department is asking that the medical examiner's office become involved. SI and Ms. ██████████ explained that ██████████ body would be taken to the ME's office and then to the funeral home. SI attempted to speak to Ms. ██████████ about the history of ██████████ case but Ms. ██████████ was upset. SI was informed that Ms. ██████████ was the FSW and SI let Ms. ██████████ know SI would contact FSW ██████████ to get a better history. SI provided Ms. ██████████ with SI's number and let her know that SI will contact her in a few days to provide her with information for counseling. SI offered condolences.

SI obtained a copy of the medical records that ██████████ had.

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

This case is being closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated. Due to ██████████ being born at 28 weeks gestation and being drug exposed she had many medical issues. According to the ME report, ██████████ cause of death is complications of prematurity. The medical records were reviewed by DCS nurse, ██████████, and it was determined that the Resource Parent and nurse acted appropriately.

DCS policy defines Child Death/Near Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. 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 fatalities are always treated as severe child abuse. 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.

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



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/11/2016	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/11/2016
Completed date:	02/11/2016	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/11/2016 10:08 AM      Entered By: [REDACTED]  
 Closing notification sent to appropriate parties via email on 2/11.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name | [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/18/2015	Contact Method:	
Contact Time:	02:40 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/18/2015
Completed date:	12/18/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/18/2015 02:45 PM      Entered By: [REDACTED]  
 Administrative review for case closure. Case is approved for closure.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 12/18/2015 Contact Method:  
Contact Time: 01:45 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 12/18/2015  
Completed date: 12/18/2015 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: 12/18/2015 01:48 PM Entered By: [REDACTED]

On August 8, 2015, the Department of Children's Services received a referral regarding [REDACTED] (1 year old), Alleged Child Victim (ACV), for the allegation of abuse death. At the time of the referral, [REDACTED] was in the custody of the Department of Children's Services (DCS). [REDACTED] was born on [REDACTED] and DCS received a referral on [REDACTED] regarding the child for the allegation of drug exposed infant. [REDACTED] was placed into Department of Children's Services custody on [REDACTED] due to substantiated allegations of drug exposed infant against her mother, [REDACTED] remained in the hospital from birth until June 4, 2015, when she was then placed with [REDACTED], Foster Mother. On July 4, 2015, [REDACTED] was taken to [REDACTED] Hospital from her foster home due to her tracheotomy being blocked which caused a lack of oxygen to the brain. [REDACTED] remained at [REDACTED] Hospital until she was moved to [REDACTED] on August 6, 2015. [REDACTED] was pronounced deceased on August 8, 2015 at 8:30 a.m.

As part of the investigation, [REDACTED] (Department of Children's Services Director of Nursing), [REDACTED] Hospital Social Worker), [REDACTED] Nurse), and [REDACTED] (Department of Children's Services Family Services Worker), were interviewed. Additionally, [REDACTED] Hospital and [REDACTED] medical records were reviewed.

On July 4, 2015, [REDACTED] presented at [REDACTED] Hospital with medical issues that continued to decline. [REDACTED] had a history of medical issues including prematurity, Necrotizing Enterocolitis and bowel resection. [REDACTED] most recent health assessment listed her with having a severe anoxic event and ten minutes of CPR that led to a diagnosis of respiratory failure as a result of her tracheotomy being dislodged. According to [REDACTED] Medical Records, Dr. [REDACTED], M.D. provided the transfer order for [REDACTED] to be admitted to [REDACTED] on August 6, 2015 and noted that the medical team determined that [REDACTED] life expectancy was less than six months.

Special Investigator (SI) [REDACTED] spoke to [REDACTED] in reference to this case. She provided the following information:

On July 4, 2015 [REDACTED] and the in home nurse were downstairs preparing to give [REDACTED] a bath. Mrs. [REDACTED] gave [REDACTED] to the nurse and started upstairs to check on two other children in the home. The nurse yelled for Ms. [REDACTED] due to an issue with the tracheotomy. The child was given CPR by the nurse for ten minutes and she started breathing again and was transferred to [REDACTED] Hospital via Emergency Medical Services (EMS). Ms. [REDACTED] reported that it is believed that the tracheotomy became blocked due to mucus build up and had dislodged.

On July 4, 2015, [REDACTED] was admitted to [REDACTED] Hospital and while there, her neurological status began declining and on August 6, 2015, it was decided to move her to [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Ms. [REDACTED] reported that [REDACTED] was brought to [REDACTED] on August 6, 2015 at approximately 7:30 pm and she passed away on August 8, 2015 at approximately 8:30 am. She reported a meeting was completed between [REDACTED] (DCS/FSW) and [REDACTED] on August 6, 2015, and it was decided that it was in the best interest of [REDACTED] to be transferred to [REDACTED] at that time. Ms. [REDACTED] reported that to her understanding on or around July 4, 2015, [REDACTED] was taken from her foster home to the hospital due to her tracheotomy being blocked and she was unable to get oxygen which caused her anoxic brain injury. Ms. [REDACTED] reported that the doctor at [REDACTED] did not believe that the Medical Examiner's office needed to be contacted.

On August 8, 2015, SI [REDACTED] met with [REDACTED] and observed that she was visibly upset at the loss of her daughter. Ms. [REDACTED] gave no additional information.

On August 10, 2015, SI [REDACTED] spoke to [REDACTED]. She reported that prior to [REDACTED] being moved to [REDACTED], a Child and Family Team Meeting had been held and that all participants were aware of [REDACTED] medical status. Ms. [REDACTED] provided all of the medical records.

Per Policy 14.1 Work Aid 1 Child Death is defined as the following:

"Any Child Death caused by abuse or neglect

DCS policy defines Child Death/Near Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. 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 fatalities are always treated as severe child abuse. 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.

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

Any child death caused by abuse or neglect resulting from the parent or 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 abuse."

This case was presented to the [REDACTED] County Child Protective Investigation Team (CPIT) on August 27, 2015. The CPIT team consisted of Department of Children's Services Special Investigator (DCS SI) [REDACTED], [REDACTED] [REDACTED] representative [REDACTED], and District Attorney (DA) representative [REDACTED]. The team agreed to a finding of Allegation Unsubstantiated/Perpetrator Unsubstantiated based on [REDACTED] being born at 28 weeks gestation and being drug exposed with many medical issues. According to the Medical Examiner's report, [REDACTED] cause of death is complications of prematurity. The medical records were reviewed by DCS nurse, [REDACTED], and it was determined that the Foster Parent and nurse acted appropriately.

An autopsy was performed by the Medical Examiner's Office on August 8, 2015. The report listed the cause of death as complications of prematurity and the manner of death was listed as natural.

There is not preponderance of evidence to substantiate the allegation of child death.

The case will be closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated for the allegation(s) of Child Death.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 08/28/2015 Contact Method:  
Contact Time: 07:08 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 08/28/2015  
Completed date: 08/28/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/28/2015 07:08 AM Entered By: [REDACTED]

This case is being closed and classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated. Due to [REDACTED] being born at 28 weeks gestation and being drug exposed she had many medical issues. According to the ME report, [REDACTED] cause of death is complications of prematurity. The medical records were reviewed by DCS nurse, [REDACTED], and it was determined that the Resource Parent and nurse acted appropriately.

DCS policy defines Child Death/Near Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. 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 fatalities are always treated as severe child abuse. 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.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/27/2015 Contact Method: Face To Face  
 Contact Time: 11:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 08/28/2015  
 Completed date: 08/28/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/28/2015 07:19 AM Entered By: [REDACTED]

SI [REDACTED] presented this case to the DA for review during the monthly CPIT meeting. The CPIT team agreed to substantiation for this case based on the ME report and DCS nurse review.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/13/2015 Contact Method:  
 Contact Time: 09:15 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/13/2015  
 Completed date: 08/13/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/13/2015 06:28 AM Entered By: [REDACTED]  
 SI [REDACTED] received a copy of the autopsy. It has been uploaded into TFacts.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/12/2015 Contact Method: Phone Call  
 Contact Time: 08:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/13/2015  
 Completed date: 08/13/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/13/2015 06:37 AM Entered By: [REDACTED]

SI [REDACTED] spoke to the medical examiner's office. SI was informed that an external autopsy was performed. SI was informed that the cause of death is listed as complications of prematurity and that the manner of death is listed as natural.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/11/2015 Contact Method: Correspondence  
 Contact Time: 02:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/28/2015  
 Completed date: 08/28/2015 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: 08/28/2015 07:21 AM Entered By: [REDACTED]  
 SI [REDACTED] received an e-mail from Ms. [REDACTED] (DCS Director of Nursing). She reported that she reviewed [REDACTED] file and noted no concerns in [REDACTED] medical records.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 08/10/2015 Contact Method: Phone Call  
Contact Time: 09:30 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 08/10/2015  
Completed date: 08/10/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/10/2015 10:48 AM Entered By: [REDACTED]

SI [REDACTED] spoke to Ms. [REDACTED] ([REDACTED] Social Worker) in reference to this case. She provided the following timeline:

July 3rd- Resource Parent called EMS to have [REDACTED] taken to the hospital for care because the nursing staff was not able to come care for [REDACTED] that morning. [REDACTED] was at the hospital for the morning and DCS was called (referral was screened out). DCS contacted the in-home nursing people and a nurse was with the family at home the rest of the day and [REDACTED] left the hospital.

July 4th- According to the Resource Parent, the nurse and she were downstairs preparing to give [REDACTED] a bath. The RP gave [REDACTED] to the nurse and started upstairs to check on 2 children that she had on respite. She stated that she had not made it upstairs and the nurse yelled for her. It was found that there was an issue with the trach and it needed to be suctioned. Ms. [REDACTED] was not sure if the trach was taken out or not. The child was given CPR for 10 minutes and started breathing again at [REDACTED] A referral was never called in because DCS was involved.

While at [REDACTED] her nuro status was declining and it was decided to move her to [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/10/2015 Contact Method:  
 Contact Time: 08:35 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/10/2015  
 Completed date: 08/10/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/10/2015 08:36 AM Entered By: [REDACTED]  
 Household Composition:

[REDACTED] was in State's Custody and placed at [REDACTED] in [REDACTED] TN.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/10/2015 Contact Method:  
 Contact Time: 08:30 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/10/2015  
 Completed date: 08/10/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/10/2015 08:34 AM Entered By: [REDACTED]  
 SI [REDACTED] completed the SIU Safety and Risk Assessment and submitted it to LI for approval.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/10/2015 Contact Method: Correspondence  
 Contact Time: 08:15 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/10/2015  
 Completed date: 08/10/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/10/2015 08:46 AM Entered By: [REDACTED]  
 SI [REDACTED] e-mailed a copy of the referral to [REDACTED] (CPIT) to be put on the docket.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/08/2015 Contact Method:  
 Contact Time: 04:00 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/08/2015  
 Completed date: 08/08/2015 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2015 09:23 PM Entered By: [REDACTED]  
 4:00 PM 8/8/15  
 SI completed the Child Death/Near Death Summary Form (CS-1034) and sent it to IC [REDACTED] LI [REDACTED] and LI [REDACTED]



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/08/2015	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/08/2015
Completed date:	08/08/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/08/2015 09:21 PM      Entered By: [REDACTED]  
2:45 PM 8/8/15

SI [REDACTED] completed a TFACTS History Check for the [REDACTED] Family and found the following:

- 7/7/03= DEI (ASPS) [REDACTED] ACV, [REDACTED] AP \*IPA\*
- 10/22/03= SRPI (ASPS) [REDACTED] ACV, [REDACTED] AP \*Custody\*
- 6/7/04= PYA/LOS/MDM (AUPU) [REDACTED] ACV, Unknown, [REDACTED] AP \*SIU\*
- 8/8/05= ENN/ABD (AUPU) [REDACTED] ACV, [REDACTED] AP
- 4/3/10= DEC/ LOS/ENN (NSN) [REDACTED] ACV, [REDACTED] AP
- 9/2/10= LOS/DEC (SREQ) [REDACTED] ACV, [REDACTED] AP \*IPA\*
- 8/2/12= DEI (SREQ) [REDACTED] ACV, [REDACTED] AP \*IPA\*
- 8/24/12= PYA (NSN) [REDACTED] ACV, [REDACTED] AP
- 6/17/14= DEI (ASPS) [REDACTED] ACV, [REDACTED] AP \*Court Involvement\*
- 1/22/15= Other Intake (State's Custody) [REDACTED]
- 12/5/13= LOS (NSN) [REDACTED] ACV, [REDACTED] AP
- 4/16/12= Other Intake (Relative Caregiver) [REDACTED]
- 9/2/10= DEC/LOS (SREQ/NSN) [REDACTED] ACV, [REDACTED] AP \*IPA\*
- 1/19/11= Other Intake (FSS) [REDACTED]
- 8/14/02= ENN/LOS (AUPU) [REDACTED] ACV, [REDACTED] . AP



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/08/2015 Contact Method: Attempted Phone Call  
 Contact Time: 02:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/08/2015  
 Completed date: 08/08/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2015 09:20 PM Entered By: [REDACTED]  
 2:30 PM 8/8/15

SI [REDACTED] attempted to contact FSW [REDACTED] at the numbers SI had for her. SI was unable to leave a message. SI e-mailed FSW [REDACTED] and TL [REDACTED] in reference to this case.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/08/2015 Contact Method: Face To Face  
 Contact Time: 01:10 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 08/08/2015  
 Completed date: 08/08/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2015 09:25 PM Entered By: [REDACTED]

SI met with Ms. [REDACTED] and her friends in the room with [REDACTED] body. Ms. [REDACTED] was holding [REDACTED] SI noted that [REDACTED] was wrapped in blankets.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 08/08/2015 Contact Method: Face To Face  
Contact Time: 01:05 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Other Community Site Created Date: 08/08/2015  
Completed date: 08/08/2015 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: 08/08/2015 09:14 PM Entered By: [REDACTED]  
1:05 PM 8/8/15

SI [REDACTED] met with Ms. [REDACTED] (Nurse). SI was informed that [REDACTED] was brought to [REDACTED] on 8/6/15 at approximately 7:30 pm and she passed away on 8/8/15 at approximately 8:30 am. She stated that on 8/6/15 a conference call was completed to transfer the child to [REDACTED] and that Ms. [REDACTED] (mother), Ms. [REDACTED] (DCS/FSW) and [REDACTED] participated in the meeting. Ms. [REDACTED] reported that to her understanding on or around July 4th, 2015 [REDACTED] was taken from her resource home to the hospital due to her trach being blocked and she was unable to get oxygen which caused lack of oxygen to the brain. Ms. [REDACTED] reported that the doctor at [REDACTED] had stated they did not believe that the ME office needed to be contacted.

SI contacted LI [REDACTED] and was advised to request that the ME office be contacted. Ms. [REDACTED] reported that she would contact the ME.

SI was informed that Ms. [REDACTED] was contacted in reference to [REDACTED] passing and she was now in the room with [REDACTED]



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/08/2015 Contact Method: Face To Face  
 Contact Time: 01:05 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Community Site Created Date: 08/08/2015  
 Completed date: 08/08/2015 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: 08/08/2015 09:18 PM Entered By: [REDACTED]

SI met with Ms. [REDACTED] and her friends in the room with [REDACTED] body. Ms. [REDACTED] was holding [REDACTED] SI noted that [REDACTED] was wrapped in blankets. Ms. [REDACTED] asked that SI speak with her in the room as she did not want to leave. SI agreed. SI was also given permission to speak in front of Ms. [REDACTED] friends. SI informed Ms. [REDACTED] that SI was out because at any time a child in custody passes away that DCS is contacted. Ms. [REDACTED] stated she understood. SI explained that due to [REDACTED] being in custody that the Department is asking that the medical examiner's office become involved. SI and Ms. [REDACTED] explained that [REDACTED] body would be taken to the ME's office and then to the funeral home. SI attempted to speak to Ms. [REDACTED] about the history of [REDACTED] case but Ms. [REDACTED] was upset. SI was informed that Ms. [REDACTED] was the FSW and SI let Ms. [REDACTED] know SI would contact FSW [REDACTED] to get a better history. SI provided Ms. [REDACTED] with SI's number and let her know that SI will contact her in a few days to provide her with information for counseling. SI offered condolences.

SI obtained a copy of the medical records that [REDACTED] had.



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

Case Id: [REDACTED]  
Case Status: Close

Case Name: [REDACTED]  
Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
Contact Date: 08/08/2015 Contact Method: Phone Call  
Contact Time: 12:35 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 08/08/2015  
Completed date: 08/08/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2015 09:13 PM Entered By: [REDACTED]

12:35 PM 8/8/15

SI [REDACTED] received a return call from [REDACTED] [REDACTED] SI was informed that a Detective would not be assigned to this case based on the fact that the child was at [REDACTED].



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/08/2015 Contact Method: Phone Call  
 Contact Time: 12:08 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/08/2015  
 Completed date: 08/08/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2015 09:10 PM Entered By: [REDACTED]

12:08 PM 8/8/15

SI [REDACTED] contacted [REDACTED] County non-emergency line and requested that the on-call Sargent contact SI.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/08/2015 Contact Method: Phone Call  
 Contact Time: 11:50 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/08/2015  
 Completed date: 08/08/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2015 09:09 PM Entered By: [REDACTED]  
 11:50 AM 8/8/15

SI [REDACTED] contacted the referent in reference to this case. SI let the referent know that this case had been assigned and is open and active.



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

Case Id: [REDACTED]  
 Case Status: Close

Case Name: [REDACTED]  
 Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 08/08/2015 Contact Method:  
 Contact Time: 11:45 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/08/2015  
 Completed date: 08/08/2015 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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2015 09:08 PM Entered By: [REDACTED]  
 SI [REDACTED] was contacted by LI [REDACTED] and informed that the Intake # [REDACTED] had been assigned as a P1 to SI.

**Reporter states:**

[REDACTED] (1 year old) is currently in the custody of Tennessee Department of Children's Services, residing at [REDACTED] in [REDACTED] County, TN.

[REDACTED] was born premature at twenty eight (28) weeks and, it is reported she was exposed to cocaine while in utero. For this reason, [REDACTED] was removed from the care and custody of her birth mother, [REDACTED] and placed in the custody of the Tennessee Department of Children's Services.

On July 4, 2015, [REDACTED] was admitted to [REDACTED] Hospital after receiving an anoxic brain injury while in her previous foster home. The name of her foster parents is unknown to the referent.

It is reported the anoxic brain injury was as a result of her tracheotomy becoming obstructed, which resulted in a lack of oxygen flow to her brain.

This incident was reported to Tennessee Department of Children's Services and, Case Manager, [REDACTED] was currently involved with the open case.

On August 6, 2015, after it was determined [REDACTED] was not "thriving", [REDACTED] was admitted to [REDACTED] in [REDACTED] County, TN.

Today, August 8, 2015, at 8:30am, in the presence of [REDACTED] Registered Nurse, [REDACTED] died from the injuries she received from her anoxic brain injury.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Referent states they do not believe an autopsy will be performed on [REDACTED] as, her death was anticipated.

Referent states due to the fact [REDACTED] was under the age of eighteen (18) months, her birth mother, [REDACTED] still had power of attorney in regards to [REDACTED] medical decisions. At the time of this report, [REDACTED] has not yet been notified of [REDACTED] death; however, proper notification will be made to her by [REDACTED] today, August, 8, 2015.

At the time of this report, the referent does not anticipated any notification to either law enforcement or the medical examiner, stating it is expected notification has already been made to both by [REDACTED] Hospital.

Since the Department of Children's Services is already involved with [REDACTED] referent is requesting notification be made to the Tennessee Department of Children's Services "On Call Worker" to advise of them of the death and, the transfer of the body.

At the time of this report, [REDACTED] remains at [REDACTED], however, a transfer of the body will be occurring today, August, 8, 2015.

Special Needs or Disabilities: Tracheotomy / Anoxic Brain Injury

Child's current location/is the child safe at this time: [REDACTED]

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: No

Domestic Violence present in the home: No