



**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: [REDACTED]

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/05/2013

Completed date: 02/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2013 12:59 PM Entered By: [REDACTED]

[REDACTED] entered custody on 12/14/2012, due to the allegations of drug exposed child. The perpetrator was [REDACTED] the child's mother. [REDACTED] and her son were residing at the [REDACTED] at [REDACTED] since May of 2012, and are originally from [REDACTED]. [REDACTED] was receiving treatment for a cancerous brain tumor and was placed on hospice care. Hospital staff noticed that [REDACTED] was impaired for an entire weekend, due to substance abuse. [REDACTED] was hospitalized as a social admittance because of his mother's state, there was no medical reason for him to be hospitalized. [REDACTED] was evaluated by the [REDACTED] Police Department and the Crisis Intervention Team. [REDACTED] chose to return to her home state of [REDACTED] in order to receive treatment for drug abuse, leaving [REDACTED] without a guardian. [REDACTED] father was incarcerated at [REDACTED] Detention Center in [REDACTED]. No relatives were available to care for the child. [REDACTED] remained in the physical custody of [REDACTED] Hospital until a medically fragile foster home could be secured. A placement with Omnivisions resource parent [REDACTED], was secured on 01/07/2013. The FSW coordinated training between [REDACTED] and [REDACTED] in order for [REDACTED] to be released from [REDACTED] into her physical custody. [REDACTED] attended training for a week, and the hospital released [REDACTED] for a day in order for him to visit the resource home. [REDACTED] reported the visit going well and [REDACTED] returned to the hospital. The Child and Family Team met together on 01/10/2013 in order to form the permanency plan. The CFT was in agreement with the plan and the permanency goal was to Return to Parent. When [REDACTED] returned to the hospital his health began to decline and his doctor advised he only had a few days to live. The FSW arranged for [REDACTED] to travel by bus and stay in a hotel in order to visit [REDACTED]. This case service was approved by the Regional Administrator. Due to the weather and [REDACTED] prognosis, [REDACTED] paid for [REDACTED] to travel by plane for an earlier arrival. The flight was cancelled and [REDACTED] arranged for [REDACTED] to travel by bus again. [REDACTED] health continued to decline and he passed away the morning of 01/16/2013. The FSW submitted Child Fatality paperwork and a Serious Incident report to Central office. The FSW also called the DCS referral hotline to report the child's death. [REDACTED] made arrangements and paid for the Child to be cremated [REDACTED] Funeral Home, because this was already in the child's death plan formed by [REDACTED] and [REDACTED] family. Funeral arrangements were made based on his mother's wishes and a memorial at [REDACTED] was held on 1/18/2013. The FSW submitted a case service request for financial assistance for an urn, and the request was approved by fiscal.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Narrative Type: Addendum 1    Entry Date/Time: 02/20/2013 04:06 PM    Entered By: [REDACTED]

FSW faxed a copy of the Death Certificate Request on 2/12/13. An additional request was made on 2/20/13.



**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: 01/25/2013

Contact Method: Meeting

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: DCS Office

Created Date: 01/30/2013

Completed date: 01/30/2013

Completed By: [REDACTED]

Purpose(s): CFTM (Child and Family Team Meeting)

Contact Type(s): CFTM (Child and Family Team Meeting)

Contact Sub Type:

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

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

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/30/2013 11:16 AM      Entered By: [REDACTED]

**Situation that Prompted CFTM**

Discharge CFTM for [REDACTED]. [REDACTED] expired on 1-16-13 while in DCS custody. He was a patient at [REDACTED].

**Strengths Discussed:**[REDACTED] is working to regain custody of her other son, [REDACTED].  
[REDACTED] is currently back in [REDACTED] continuing rehabilitation and receiving services through the Salvation Army.**Meeting Summary**

[REDACTED] reported that she is currently in [REDACTED] trying to keep everything back like it was before [REDACTED] passed away. She reports that she is currently still in rehab, living at the Salvation Army and applying for employment. She also stated she plans to work toward regaining custody of her son, [REDACTED] who has been in the temporary custody of her sister since [REDACTED] was placed on hospice.

**Efforts Made for the Child and/or Family to Reduce Trauma:**

[REDACTED] was made aware that she can contact the department if she needs more assistance.

**Decisions Made:**

The case of [REDACTED] will be closed.

**Action Steps:**

FSW, [REDACTED] will close court custody case as soon as possible.



**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: 01/18/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/05/2013

Completed date: 02/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Parent Contact,Case Manager/Provider Contact,Case Manager/Resource Parent Contact

Contact Sub Type:

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

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/05/2013 02:39 PM Entered By: [REDACTED]

**Content:**

FSW, [REDACTED], made contact with [REDACTED] (Social Worker), [REDACTED] (mother), and [REDACTED] (Resource Parent), at [REDACTED] Hospital on 01/18/2013. The purpose of the contact was to attend the memorial service for [REDACTED]. [REDACTED] passed away on 01/16/2013. [REDACTED] arrived shortly after his death. [REDACTED] and [REDACTED] already had a plan in place for [REDACTED] funeral arrangements. [REDACTED] was cremated at [REDACTED] Funeral Home. His remain were placed in a temporary container, because [REDACTED] was unable to afford an urn at the time of his death. The memorial service took place at the [REDACTED] Chapel. Invited to the memorial were [REDACTED] relatives, [REDACTED] Staff, resource parent, and DCS. [REDACTED] attended the funeral with her aunt, [REDACTED]. The FSW met [REDACTED] face to face for the first time at the memorial. [REDACTED] was happy to have DCS and [REDACTED] Staff present. The FSW offered [REDACTED] expressed her sympathy to the family and asked [REDACTED] to keep DCS informed of any way they could help. [REDACTED] expressed to the FSW that she did not have the financial ability to purchase [REDACTED] an urn and asked if DCS could assist. The FSW advised [REDACTED] she would get the link of the urn she was trying to purchase online from the [REDACTED] social worker and would submit it to the fiscal department for review and approval. [REDACTED] thanked the FSW. The FSW offered [REDACTED], [REDACTED] and [REDACTED] a sympathy card signed by DCS staff. [REDACTED] was very supportive to [REDACTED] throughout the funeral service. Everyone in attendance offered kind words and stories about [REDACTED]. A Chaplin was present to deliver a prayer and scripture.

**Observation:**

[REDACTED] was visibly upset at the loss of her child [REDACTED] leaned on her aunt, [REDACTED], and [REDACTED] for suport throughout this difficult time and the memorial service. The sweet stories shared by [REDACTED] peers brought happiness into the room as his life was celebrated. The room was decorated with pictures of [REDACTED] and a few of his toys.

**Next Steps:**

FSW will schedule a discharge CFTM with [REDACTED] and follow the recommendations.

FSW will submit a request for an urn to be purchased for [REDACTED] remains.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 01/16/2013 Contact Method: Phone Call

Contact Time: Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/04/2013

Completed date: 02/04/2013 Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Parent Contact, Case Manager/Resource Parent Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/04/2013 03:09 PM Entered By: [REDACTED]

## Content:

FSW, [REDACTED] received a phone call around 6am the morning of 01/16/2013 from [REDACTED] and resource parent, [REDACTED] stating [REDACTED] passed away. [REDACTED] spoke softly on the phone and advised she stayed with [REDACTED] throughout the night. She advised [REDACTED] did not make it to the hospital in time to see [REDACTED] before his death. [REDACTED] said she would stay at the hospital until [REDACTED] arrived in order to provide her comfort. When [REDACTED] contacted the FSW she was very upset on the phone. The FSW could not understand [REDACTED] because she was crying. The FSW asked [REDACTED] where she was located. [REDACTED] said she was still on the bus and would not be arriving until 11am. The FSW attempted to comfort [REDACTED] and advised her to call if she needed anything at all. The FSW contacted her TL and TC. The FSW provided the TC with a phone number to call the hospital in order to release the body for autopsy and funeral arrangements. When then FSW arrived at work, a Notice of Child Fatality and Serious Incident report was completed and sent.

## Next Steps:

FSW will continue to follow Child Death Policy and work closely with the family and [REDACTED] to arrange a funeral service.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/15/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/01/2013

Completed date: 02/01/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Child Contact, Case Manager/Provider Contact, Case Manager/Resource Parent Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/01/2013 04:04 PM      Entered By: [REDACTED]

**Content:**

FSW, [REDACTED], made face to face contact with [REDACTED] at [REDACTED] Hospital on 01/16/2013. The purpose of the visit was to make a monthly visit with [REDACTED] and his resource parent, [REDACTED]. When the FSW arrived at [REDACTED] hospital room, she was asked to wash her hands before entering. When the FSW entered [REDACTED] was in his hospital bed. Beside him was the resource parent and child life specialist [REDACTED] was conscious but had labored breathing and was not responding. The resource parent and child life specialist were telling [REDACTED] stories about first meeting him and gently stroking his arm. The hospital social worker [REDACTED], also entered the room. [REDACTED] advised the FSW that every attempt to transport [REDACTED] mother to the hospital was taken. Because of an ice storm in the region, [REDACTED] bus and airplane travel arrangements were both canceled. [REDACTED] would be boarding another bus on the evening of 01/15/2013 and arrangements for a hotel were made by [REDACTED]. [REDACTED] informed the FSW that [REDACTED] was not expected to live more than a few hours. The FSW spoke to [REDACTED] about all the toys in his room and about the special [REDACTED] he enjoyed. [REDACTED] told the FSW she was able to take [REDACTED] home for a short time over the weekend and show him his new room. She reported [REDACTED] was very excited and kept calling his mother to tell her about the visit and his room. [REDACTED] advised the FSW she changed her mind about needing overnight relief. [REDACTED] intended to stay with [REDACTED] throughout the night as a comfort for him and his mother.

**Observations:**

The hospital room was dim and very quiet. Everyone in the room was very sensitive to the situation and understood the child was dying. [REDACTED] appeared to be struggling to breathe. The room was filled with balloons, toys, and [REDACTED] belongings.

**Next Steps:**

FSW will complete paperwork for near fatality of a child in state custody.

FSW will continue to follow death of a child policy.

FSW will obtain funeral arrangement information from the Social Worker and [REDACTED].

FSW will submit case service requests for a funeral when the child expires.



**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: 01/14/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/01/2013

Completed date: 02/01/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/01/2013 04:29 PM Entered By: [REDACTED]

FSW, [REDACTED], received a phone call from [REDACTED] social worker, [REDACTED], concerning [REDACTED] declining health. [REDACTED] was placed on hospice care in November 2012. [REDACTED] doctor at [REDACTED], Dr [REDACTED], visited him today 01/14/2013 and advised he does not expect [REDACTED] to live more than a few weeks. [REDACTED] is declining quickly because his tumors have made him unable to keep any food down. [REDACTED] mother has completed A&D treatment in [REDACTED]. She is currently homeless and without transportation to get to [REDACTED]. His mother is on a waiting list for housing at [REDACTED] and has tried to find a shelter in [REDACTED] in order to be closer to [REDACTED]. FSW [REDACTED], requested a round trip bus ticket in order for [REDACTED] to visit her son and hotel accommodations. Transportation and a two night stay in a hotel was approved by the Regional Administrator, [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: 01/10/2013 Contact Method: Phone Call

Contact Time: Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/01/2013

Completed date: 02/01/2013 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: 02/01/2013 03:18 PM Entered By: [REDACTED]

## Content:

FSW contacted GAL for [REDACTED], Mr. [REDACTED], by phone on 01/10/2013. The purpose of the phone call was to ensure [REDACTED] was aware of [REDACTED] current medical condition and his inability to be present at court. The FSW provided [REDACTED] with a summary of the case and invited him to participate in the permanency plan CFTM. [REDACTED] was unable to participate in the meeting on 01/11/2013, but asked that the FSW send a copy of the permanency plan by email once it was developed. [REDACTED] advised that he would be visiting [REDACTED] at [REDACTED] Hospital within the coming week.

## Next Steps:

FSW will provide [REDACTED] with a copy of the permanency plan and a doctor's letter stating why [REDACTED] can not be present for court hearings.



**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: 01/07/2013 Contact Method: Phone Call

Contact Time: Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/11/2013

Completed date: 01/11/2013 Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Resource Parent Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/11/2013 08:47 AM Entered By: [REDACTED]

FSW [REDACTED], received an email from DCS placement on 01/07/2013 confirming a medically fragile placement for [REDACTED]. [REDACTED] was confirmed. The resource parent for [REDACTED] is [REDACTED] with Omni Visions agency. The FSW contacted [REDACTED] in order to introduce herself and coordinate training for [REDACTED] at [REDACTED]. [REDACTED] will need to receive training to care for [REDACTED] medical needs and administer medications. [REDACTED] was very willing to receive training. The FSW [REDACTED], and [REDACTED] (Social Worker) scheduled for [REDACTED] to attend her first training session and meet [REDACTED] on 01/08/2013 at 1:00p.m. at [REDACTED] hospital.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/25/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 01/03/2013

Completed date: 01/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/03/2013 08:11 AM Entered By: [REDACTED]

## Content:

FSW [REDACTED], made face to face contact with [REDACTED] at [REDACTED] Hospital on 12/25/2012. The purpose of the visit was to make contact with [REDACTED] and ensure that he had visitors on Christmas. When the FSW arrived to [REDACTED] hospital room, she was greeted by a Volunteer from [REDACTED]. [REDACTED] requested that he not be left alone in his room, and a volunteer from [REDACTED] stays in his room at all times. The room was filled with presents from the [REDACTED] Santa. [REDACTED] was tired from opening presents, but sat up in his bed to speak with the FSW. The FSW inquired about [REDACTED] health with the [REDACTED] Nurse. The nurse indicated that [REDACTED] was doing about the same, but recently has been using the bathroom on himself and is unable to get to the restroom on his own. The FSW brought [REDACTED] presents donated by a local church. [REDACTED] was thankful but very sleepy and the FSW allowed [REDACTED] to go back to sleep. The FSW asked the nurse if any of his family visited [REDACTED]. The nurse stated that no visitors came to see [REDACTED].

## Observation:

[REDACTED] appeared to be very fatigued but happy to have company. [REDACTED] did not appear healthier from the last visit.

## Next Steps:

FSW will continue to make regular visits with [REDACTED] and work closely with placement to find a suitable home that meets all of [REDACTED] needs.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/21/2012

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/11/2013

Completed date: 01/11/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/11/2013 08:38 AM Entered By: [REDACTED]

FSW, [REDACTED], contacted placement specialist, [REDACTED], regarding placement for [REDACTED]. [REDACTED] advised the FSW that attempts to find a medically fragile resource home were being made. The FSW recommended a resource home with the Youth Villages agency and provided [REDACTED] with the contact information. Youth Villages was unable to place [REDACTED] in the recommended resource home, because of the amount of children in the already residing in the home. [REDACTED] assured the FSW that she would continue to search for an appropriate placement 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:	12/19/2012	Contact Method:	Meeting
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	12/21/2012
Completed date:	12/21/2012	Completed By:	[REDACTED]
Purpose(s):	CFTM (Child and Family Team Meeting)		
Contact Type(s):	CFTM (Child and Family Team Meeting)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/21/2012 06:14 PM      Entered By: [REDACTED]

Mother found unresponsive at the [REDACTED]. Mother was asked to leave. Mother is now in a inpatient program in [REDACTED]. [REDACTED] has a diagnosis of depression. Second referral. Safety plan put in place where security would check on the mother at 10pm. Mother has been found in this condition several times over the last 2 weeks. Hospital policy that mother not be allowed to return to [REDACTED]. The child has been inpatient since mother left. Concerns about her ability to supervise and care for child. Mother has been in [REDACTED] for 8 days. Child here unsupervised. Unable to locate relatives. Verbal secured 12/14/12. Mother has [REDACTED] Medicaid issue finding inpatient treatment in [REDACTED] to facilitate being close to child.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/17/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 01/03/2013

Completed date: 01/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Child Contact,Child Visit with Other Family Member/Kin

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/03/2013 08:00 AM Entered By: [REDACTED]

**Content:**

FSW [REDACTED] made initial face to face contact with [REDACTED] on 12/17/2012 at [REDACTED] Hospital. The purpose of the visit was to make contact with [REDACTED] and to gain knowledge about the family from his aunt, staying at the hospital, [REDACTED]. The FSW first introduced herself to [REDACTED] nurse outside of his hospital room. The nurse asked the FSW to wash her hands and she would first have her meet [REDACTED] aunt. [REDACTED] was staying in a small family room connected to [REDACTED] hospital room. The FSW introduced herself to the aunt, and the aunt proceeded to give the FSW information about [REDACTED] care at [REDACTED], her family relationships, and [REDACTED] mother. [REDACTED] indicated that [REDACTED] mother grew up in the foster care system and was always lacking stability. She explained that when [REDACTED] got sick with brain cancer, she felt like [REDACTED] was lacking basic living skills to get through the crisis. [REDACTED] moved from [REDACTED] to [REDACTED] for [REDACTED] treatment at [REDACTED]. It was then that [REDACTED] began to visit [REDACTED] and offer herself as a support. [REDACTED] advised that [REDACTED] does not have a support system. [REDACTED] recommended that [REDACTED] get a psychological assessment from a mental health provider. The mental health provider prescribed [REDACTED] medication, which she began to abuse. The family and the hospital were also suspicious that [REDACTED] was abusing [REDACTED] pain medication. [REDACTED] was able to leave [REDACTED] for several months, and did not come back until more recently. [REDACTED] was then placed on hospice and treatment for his brain cancer ceased. [REDACTED] and her son were receiving housing through [REDACTED] at the [REDACTED]. [REDACTED] was then kicked out of the facility due to her behavior and [REDACTED] was allowed to stay. [REDACTED] went to a Mental Health Facility for a drug treatment program in [REDACTED], leaving [REDACTED] in the hospital without a guardian. [REDACTED] came to stay with [REDACTED] in the hospital, but did not find it in her family's best interest to gain custody of [REDACTED]. [REDACTED] advised that her entire family is drug addicted and there are no other relatives to care for [REDACTED] at this time. The FSW then introduced herself to [REDACTED] who was laying in a hospital bed in pajamas with the lights off. [REDACTED] explained to the FSW that [REDACTED] can be very cranky and often causes and yells at people in the room. [REDACTED] was watching a movie and falling asleep during the FSW's visit.

**Observation:**

[REDACTED] appears to care for her family but is frustrated with their drug addiction. [REDACTED] wants to be involved in [REDACTED] life but can not take on the responsibility of becoming his guardian. [REDACTED] was very quiet and sleepy during the FSW's visit. [REDACTED] prefers the light in his room to be off and not to be bothered by people talking around him.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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**Next Steps:**

FSW will continue to engage the family in order to find other relatives that may be a possible placement for [REDACTED].

FSW will make contact with [REDACTED], [REDACTED] mother.

FSW will attend the preliminary hearing concerning [REDACTED].



# Family Functional Assessment

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_  
 Primary Case Worker: \_\_\_\_\_ Begin Date: 12/18/2012  
 Last Review By: \_\_\_\_\_ Last Review Date: \_\_\_\_\_

## I. Current Circumstances:

### A. Reason For Involvement:

01/10/2013 - [REDACTED] - FFA - Family - The Department received a referral on December 10, 2012 alleging [REDACTED] was drug exposed. The alleged perpetrator was [REDACTED] mother, [REDACTED]. The family is originally from the state of [REDACTED], but [REDACTED] is now receiving inpatient treatment at [REDACTED] in [REDACTED]. The child has been staying at the [REDACTED] since May 21012, and he has been attending appointments [REDACTED] on a regular basis. There were concerns for [REDACTED] when his mother appeared to be impaired for an entire weekend. [REDACTED] was admitted to the hospital due to [REDACTED] inability to care for her son. There was no medical reason for [REDACTED] to be hospitalized. [REDACTED] was evaluated by the [REDACTED] police Department's Crisis Intervention Team (CIT). It appeared that [REDACTED] was under the influence of some substance, as she was slurring her words and passed out. The casemanager attempted to contact family, and they were unable to care for [REDACTED], because they have Children of their own and live in other states. [REDACTED] father is incarcerated in [REDACTED]. A safety Plan was developed for [REDACTED] that included security officers from [REDACTED] to check on [REDACTED] to ensure she was not impaired. [REDACTED] was found incoherent by the officers on multiple occasions [REDACTED] is no longer allowed on [REDACTED] property. [REDACTED] help for substance abuse at [REDACTED] Hospital in [REDACTED]. [REDACTED] was brought into Tennessee DCS custody due to being without a parent or guardian.

### B. Family Story:

01/10/2013 [REDACTED] - FFA - Family - [REDACTED] is currently working part-time at Waffle House in [REDACTED]. [REDACTED] has completed inpatient treatment at [REDACTED] Hospital and is on a waiting list for the [REDACTED] program located in [REDACTED]. [REDACTED] is saving money in order to move to [REDACTED] and be closer to [REDACTED]. [REDACTED] does not have a support system in [REDACTED] other than [REDACTED], and she is no longer allowed to be on campus. [REDACTED] has been a resident at [REDACTED] since May 2012, where he has been receiving treatment for a brain tumor. [REDACTED] has been placed in Hospice care [REDACTED] father is incarcerated at [REDACTED] in [REDACTED], and will not be released until August 2013.

## II. Assessment of Family Strengths and Needs/Risks:

### A. Family Significant Strengths:

01/10/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED] has received substance abuse treatment from [REDACTED] hospital and is actively on a waiting list for treatment and housing at [REDACTED] in [REDACTED].  
 02/20/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED] acknowledges her faults and is monitoring closely the influences and people she is allowing in her life.  
 02/20/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED] has obtained employment at [REDACTED] and is working on obtaining stable housing.  
 02/20/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED] her son and is committed to taking advantage of her treatment at [REDACTED] Hospital in order to return to [REDACTED] as quickly as possible.

### B. Family Significant Needs/Risks/Concerns:

02/20/2013 - [REDACTED] - FFA - [REDACTED] - In order to return [REDACTED] to [REDACTED] physical custody the following risks and concerns must first be addressed [REDACTED] does not have stable income or employment. [REDACTED] does not have stable housing and is on a waiting list for transitional housing [REDACTED] will be asked to complete a mental health assessment, A&D treatment, and pass regular drug screenings.

**III. Person Information:**

**A. Children:**

02/20/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED], a five year child, is the son of [REDACTED] and [REDACTED]. [REDACTED] was diagnosed with a cancerous brain tumor in May 2012 and has been residing with his mother [REDACTED] at [REDACTED].

**B. Adults:**

02/20/2013 - [REDACTED] - FFA - Family - [REDACTED], the father of [REDACTED], resides at [REDACTED] Correctional Center in [REDACTED].

02/20/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED], the mother of [REDACTED], is 26 and resides in [REDACTED].

**C. Family Together History:**

02/20/2013 - [REDACTED] - FFA - Family - [REDACTED] and her son were residing at [REDACTED] at [REDACTED] since May of 2012, and are originally from [REDACTED]. [REDACTED] was receiving treatment for a cancerous brain tumor and was placed on hospice care at [REDACTED]. [REDACTED] moved from [REDACTED] to be with her son as he received treatment. [REDACTED] has very little family support. Her maternal Aunt [REDACTED], visits [REDACTED] and [REDACTED] as much as possible. [REDACTED] father, [REDACTED], resides at the [REDACTED] Correctional Center in [REDACTED].

**D. Other Significant Relationships:**

02/20/2013 - [REDACTED] - FFA - Family - [REDACTED] maternal grrreat aunt, [REDACTED], has been a support for [REDACTED]. [REDACTED] has offered to stay with [REDACTED] in the hospital to provide [REDACTED] with relief. [REDACTED] resides in [REDACTED] and is not a possible placement for [REDACTED].

**E. Legal/Court/DCS History:**

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]		CPS	[REDACTED]
[REDACTED]		CPS	[REDACTED]
[REDACTED]		All Other Intakes	

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
12/14/2012	Court Order	Custody Removal (Initial)		[REDACTED]	
01/16/2013	Court Order	Exit Custody D&N/Unruly		[REDACTED]	

**IV. Assessment of Safety:**

11/14/2012 - [REDACTED] - Safety - [REDACTED] -  
 11/19/2012 - [REDACTED] - Safety - [REDACTED] -

12/17/2012 - ██████████ - Safety - ██████████, ██████████ - The mother was impaired with slurred speech and was found to be unresponsive while caring for her son who is in hospice care. The prior investigation suggested the mother had a substance abuse problem, which the department devised a safety plan for the mother to keep the child safe, but it was proven that the plan was not effective. The mother was seen incoherent lying on the floor.

12/21/2012 - ██████████ - Safety - ██████████, ██████████ -

12/18/2012 - ██████████ - CANS - ██████████ - The mother ██████████ has a substance abuse problem. ██████████ has a son ██████████, who is currently in hospice care at ██████████. ██████████ was found by officers unresponsive lying on the floor of ██████████, where she and her son were residing. A safety plan was devised to ensure the safety of ██████████ during the evening hours at the home. The officers at ██████████ would come by the home and check on ██████████ at 10 pm and 6 am to ensure that ██████████ was not impaired.

02/05/2013 - ██████████ - CANS - ██████████ - Child has no safety risks. ██████████ was deceased at time of discharge.

**V. Assessment of Well Being:**

12/18/2012 - ██████████ - CANS - ██████████ - ██████████ has a brain tumor, which has progressed to become fatal. This experience has been traumatizing to ██████████ at a young age.

12/18/2012 - ██████████ - CANS - ██████████ - ██████████ needs daily assistance due to the progressive nature of his tumor. ██████████ is in constant pain and requires constant supervision.

12/18/2012 - ██████████ - CANS - ██████████ - ██████████ has a diagnoses of depression which clouds her judgment in caring for herself and ██████████. ██████████ has admitted to abusing prescription medication. ██████████ needs supervision when caring for herself and ██████████, because she has demonstrated the lack of responsibility and knowledge of caring for ██████████ medical needs as well as her own.

02/05/2013 - ██████████ - CANS - ██████████ - ██████████ is expired on 01/16/2013 due to a cancerous brain tumor.

**VI. Assessment of Permanence:**

12/18/2012 - ██████████ - CANS - ██████████ - ██████████ has a good suport system. His mother ██████████, Great Aunt ██████████, and Ms. ██████████ his Step Grandmother.

12/18/2012 - ██████████ - CANS - ██████████ - The family has some support but they are not willing to step up and retain temporary custody of ██████████ due to the mother not being able to care for him at this time.

02/05/2013 - ██████████ - CANS - ██████████ - The permanency goal was not achieved before discharge due to the child's death.

**VII. Assessment of Resources:**

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
██████████	Support Services/ Sitter Services	Denied	*To be determined by Regional Fiscal Unit	01/01/2013	01/14/2013
██████████	Support Services/ Sitter Services	Approved	██████████	01/01/2013	02/20/2013
██████████	Support Services/ Sitter Services	Denied	*To be determined by Regional Fiscal Unit	01/01/2013	01/13/2013
██████████	Support Services/ Sitter Services	Approved	██████████	01/01/2013	02/20/2013
██████████	Support Services/ Sitter Services	Approved	██████████	01/01/2013	02/20/2013

## Case #2013.002ph

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
██████████	Support Services/ Sitter Services	Approved	██████████	01/01/2013	02/20/2013
██████████	Support Services/ Family Support Services	Denied	*To be determined by Regional Fiscal Unit	01/09/2012	
██████████	Support Services/ Family Support Services	Denied	*To be determined by Regional Fiscal Unit	01/15/2013	
██████████	Support Services/ Family Support Services	Approved	██████████	01/01/2013	02/20/2013

\_\_\_\_\_

*Worker's Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Supervisor's Signature*

\_\_\_\_\_

*Date*



- 9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child
- 10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal
- 11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
- 12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
- 13. Other(specify)

**IF NO IMMEDIATE HARM FACTORS ARE OBSERVED, PROCEED TO SECTION 3.**

## **SECTION 2: SAFETY INTERVENTIONS**

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

### **Non- protective Custody Interventions**

- 1. Intervention or direct services by worker as part of a safety plan
- 2. Use of family, neighbours, or other individuals in the community as safety resources
- 3. Use of community agencies or services as immediate safety resources.
- 4. Have caretaker appropriately protect the victim from the alleged perpetrator.
- 5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action
- 6. Have the non-offending caretaker move to a safe environment with the child.
- 7. Legal action planned or initiated - child remains in the home.
- 8. Other(specify)

### **Protective Custody Interventions**

- 9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
- 10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.

**SECTION 3: SAFETY DECISION**

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors safety interventions, and any other information known about the family. Mark one

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
  - All children placed
  - One or more children being placed in protective custody, but others remain in the home.  
*Complete the status of each child below only when one or more children are being removed, but others remain in the home:*

Children Removed	Children Not Removed
1.	1.

Case Manager \_\_\_\_\_ Date: \_\_\_\_\_  
 Team Leader \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF TENNESSEE  
DEPARTMENT OF CHILDREN'S SERVICES  
Office of Child Safety  
436 6<sup>TH</sup> Avenue North  
8<sup>th</sup> Floor, Cordell Hull Building  
Nashville, TN 37243

**MEMORANDUM**

TO: **DCS Group:**

[REDACTED]

**DOH:**

[REDACTED]

FROM: [REDACTED]  
Department of Children's Services

DATE: January 16, 2013

SUBJECT: **Child Fatality** – [REDACTED]

Cc: [REDACTED]



Tennessee Department of Children's Services

Case #2013.002ph

# Notice of Child Fatality/Near Fatality

Investigation #:	Date of Notification: 01/16/2013		Date of Death/ Incident:
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY	
Child Name:	DOB:	TFACTS #	
Gender: Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>	Race/Ethnicity: Unknown	County/Region:	
Parent's Name(s): Mother:	Father:		
Was child in custody at time of incident?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Adjudication:	01/18/2013
If child is in DCS custody, list placement type and name: Omni Visions /			
Describe (in detail) cause or circumstance regarding the death/injury: was placed on hospice care in November 2012 after receiving treatment from for a brain tumor. death was caused by a brain tumor.			
Describe (in detail) interview with family: N/A			
If child was hospitalized, describe (in detail) DCS involvement during hospitalization: DCS continued monthly visits with the child while he was placed at received Medical and Dental screening at			
Describe disposition of body (Fatality):		Cremation	
Name of Medical Examiner or Coroner:		Was autopsy requested?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Did CPS open an investigation on this Fatality/Near Fatality?		Open <input type="checkbox"/>	Closed <input type="checkbox"/>
Was there an open investigation at the time of Fatality/Near Fatality?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If so, describe (in detail) law enforcement or court involvement: None			
Alleged perpetrator and relationship to child:			
Describe (in detail) action taken to ensure safety of other children (list names and ages of children) and or victim (Near Fatality) (attach safety plan, if applicable):			
Prior DCS involvement, include dates, findings, and/or adjudications:			
Has there been any media inquiry or is attention expected?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contact Person/Phone Number(s) (include CM, TL, and TC):		FSW:	TL:

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Distribution: Child's Case File CS-0635, Rev. 09/12

TL: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or Form CS-0496, Serious Incident Report to this notice if TFACTS is inoperable:

Yes  No

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]



Tennessee Department of Children's Services  
**Serious Incident Report**

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Child's Name		[REDACTED]	
DOB	[REDACTED]	SSN	[REDACTED]
Race	Unknown	Incident Date	01/16/2013
Referral to CPS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Incident Type		Notify Family <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Abduction	Incident Sub-type 1	Incident Sub-type 2	
<input type="checkbox"/> Abuse or Neglect		None	
<input type="checkbox"/> Contraband		None	
<input checked="" type="checkbox"/> Major Event at Agency		None	
<input type="checkbox"/> Arrest of Child or Youth	Death of a Child	None	
<input type="checkbox"/> Assault	None	None	
<input type="checkbox"/> Runaway		None	
<input type="checkbox"/> Arrest of Parent, Surrogate or Staff Person	None	None	
<input type="checkbox"/> Rejection of Service		None	
<input type="checkbox"/> Disruption of Service	None	None	
<input type="checkbox"/> Emergency Medical Treatment	None	None	
<input type="checkbox"/> Medication Error			
<input type="checkbox"/> Emergency Use of Psychotropic Medication(s)			
<input type="checkbox"/> Mechanical Restraint			
<input checked="" type="checkbox"/> Seclusion			
<input type="checkbox"/> Physical Restraint			
<input type="checkbox"/> Mental Health Crisis			
Staff Involved	Contact Person	Contact Person's Telephone	
[REDACTED]	[REDACTED]	[REDACTED]	
Reported By	Date and Time Reported	Date and Time of Incident	
[REDACTED]	12:00pm 01/16/2013	6:00am 01/16/2013	
<b>Incident Details</b>			
The Child, [REDACTED] tumor, [REDACTED] is deceased as of 6:00 a.m 01/16/2012. The cause of death was a brain			
<b>Case Information and Location Details</b>			
Region	[REDACTED]	Family Service Worker	[REDACTED]
Team Leader	[REDACTED]	Placement Type	Level2 medically fragile
Agency	Omni Visions	Placement Location	[REDACTED]
Placement Address	[REDACTED]	Incident Address	[REDACTED]
Resource Parent/Group Home Name	[REDACTED] / Omni Visions		

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 CS-0496 Rev. 05/08