



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/05/2013 08:25 AM CT
Track Assigned: Special Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/05/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED] CPS Special Investigation
Date/Time Assigned: 03/05/2013 11:04 AM
First Team Leader Assigned: [REDACTED] Date/Time: 03/05/2013 12:00 AM
First Case Manager: [REDACTED] Date/Time: 03/05/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): DCS Personnel
Referent Address:
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: None
Narrative: TFACTS History: Yes

Open Court Custody: Yes, CM [REDACTED] (Per TFACTS); Reporter stated that CM's first name is [REDACTED]

Prior INV/ASMT of Abuse: No
Prior INV/ASMT of Neglect: Yes (2)

County: [REDACTED]
Notification: None
School/ Daycare: N/A
Native American Descent: No
Directions: N/A

Reporters name/relationship: [REDACTED] [REDACTED]



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

Reporter states:

█████ (age 4 months) is deceased. █████ was in state's custody at the time of death. █████ time of death was at 7:08 p.m. on 3-4-13. █████ was brought into state's custody on 11-8-12. Prior to death, █████ was hospitalized at The █████ had been hospitalized since birth and was in the █████ NICU at The █████ The birth mother is █████

█████ had alot of medical issues. █████ had heart and lung failure. █████ was on a venulator receiving oxygen at the maximum level for a newborn. Medical Personnel advised that "they had done everything medically possible for █████ █████ had several infections and a fungal infection in his heart, which blocked his main artery on the right side of his heart. █████ was too young to have surgery.

The mother used drugs during pregnancy, but medical personnel advised that █████ medical issues were not a result of the mother's drug use. The parents have not been advised of █████ passing at this point. DCS has not been able to make contact with the parents at this point. DCS is going to the two addresses that are available for the parents today to notify the parents about █████ passing.

There has not been an autopsy done on █████ at this point. The mother will have to give consent for the autopsy. █████ body has been sent to the morgue.

The mother has four children that are living with their maternal aunt (█████) in the state of █████ As far as the reporter knows, the mother has four additional children that are living with relatives. The mother does not have any of her children in her custody.

Extended intake by █████ at 10:10 a.m.

The reporter wanted to make a correction that the family was notified of the childs treatment and told that all the treatments had been exhausted. This occurred in a meeting around 12:30 p.m. at the hospital prior to the childs passing last night. The doctors, parents and lawyers were involved in the meeting.

Per SDM; Investigative Track P1. █████ CM3 @ 921a on 3-5-13.

Emailed █████ FSW █████) and FSW TL █████

Child fatality group notified. Email sent to: █████

█████, and Child-Fatality-Notification EI-█████ DCS.

Emailed █████ County Regional Administrator: █████

Recon request by █████ @ 1007a on 3-5-13:

Per the referent, child was in custody please resubmit this investigation to SIU.

Sent to SIU per recon request. SIU-P1. Child was in states custody at time of death. █████ CM3 @ 1025a on 3-5-13.

Emailed SIU. Delay in resubmitting intake due to TFACTS technical difficulties.

Emailed FSW █████ and FSW TL █████

Child fatality group notified. Email sent to: █████

█████ and Child-Fatality-Notification EI-█████ DCS.

Emailed █████ County Regional Administrator: █████



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 38 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 0 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

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]
Referral Date: 03/05/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 03/05/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains two rows of allegations.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Based on investigation, there is no evidence to substantiate the allegation of Neglect Death. Therefore, case is being classified for closure as AUPU-Allegation Unfounded Perpetrator Unfounded.

D. Case Workers

Case Worker: [Redacted] Date: 04/30/2013
Team Leader: [Redacted] Date: 04/30/2013

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:

3/5/13 SI [Redacted] was unable to make face to face contact with ACV due to ACV was deceased. ACV time of death was at 7:08 p.m. on 3/4/13. The ACV's body has been taken to the hospital mortuary.

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] received medical documentation from the [Redacted] Medical Center regarding [Redacted] The medical documentation was progress notes written for [Redacted] (ACV) from 11/29/2012 to 3/4/2013.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

No alleged perpetrator was identified during this investigation.

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

N/A

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

Based on investigation, there is no evidence to substantiate the allegation of Neglect Death. Therefore, case is being classified for closure as AUPU-Allegation Unfounded Perpetrator Unfounded.

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 Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2013

Contact Method:

Contact Time: 10:50 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

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: 06/03/2013 10:51 AM Entered By: [REDACTED]

The SIU closing notice was sent to pertinent DCS personnel on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/20/2013

Contact Method:

Contact Time: 02:24 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/20/2013

Completed date: 05/20/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/20/2013 02:25 PM Entered By: [REDACTED]

740's distributed to Juvenile Court, Regional Supervising Attorney and Juvenile Court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/04/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/04/2013

Completed date: 05/04/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/04/2013 03:16 PM Entered By: [REDACTED]

This case was reviewed and approved for closure by SIU TC, [REDACTED] as AUPU



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/02/2013

Contact Method: Phone Call

Contact Time: 01:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/02/2013

Completed date: 05/02/2013

Completed By: [REDACTED]

Purpose(s): 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: 05/02/2013 02:27 PM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] parent at [REDACTED]. SI [REDACTED] offered Ms. [REDACTED] grief counseling regarding the passing of her son, [REDACTED]. SI [REDACTED] informed Ms. [REDACTED] that she can go to the local mental health center for services. Ms. [REDACTED] thanked SI [REDACTED] for the information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/30/2013

Contact Method:

Contact Time: 10:34 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2013

Completed date: 04/30/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2013 10:35 AM Entered By: [REDACTED]

DCS policy defines Neglect Death as any unexplained death of a child when the cause of death is unknown or pending an autopsy report. This includes 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.

On 3/5/13, SI [REDACTED] was assigned a P1 referral with allegation of Neglect Death on ACV, [REDACTED] by unknown participant. SI [REDACTED] was unable to make face to face contact with child due to child was deceased. His time of death was at 7:08 p.m. on 3/4/13. The child's body has been taken to the hospital mortuary. Per medical, child was born premature. Child had been at the [REDACTED] Medical Center Neonatal Intensive Care Unit since birth. He was never placed in a resource home. Per medicals, child had heart and lung issues. Child had several fungal infections in his heart, which blocked the main artery. Child was too young to have surgery. He was on a ventilator receiving oxygen at the maximum level for a newborn. No alleged perpetrator was identified during this investigation. Based on investigation, there is no evidence to substantiate the allegation of Neglect Death. Therefore, case is being classified for closure as AUPU-Allegation Unfounded Perpetrator Unfounded.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/25/2013

Contact Method:

Contact Time: 10:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/25/2013

Completed date: 04/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/25/2013 10:54 AM Entered By: [REDACTED]

TL [REDACTED] staffed case with SI [REDACTED] on April 25, 2013. Allegation of Neglect Death at [REDACTED] Medical Center. CPIT convened on March 5, 2013. Case dispositioned as DCS to handle as appropriate. ACV never left hospital. ACV was born premature. Mom has 4 other children, but all live with maternal aunt in [REDACTED]. Child was removed from mom's custody due to child testing positive for drugs at birth. SI [REDACTED] will need to update case recordings and submit case for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/01/2013

Contact Method: Face To Face

Contact Time: 09:05 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/30/2013

Completed date: 04/30/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/30/2013 10:19 AM Entered By: [REDACTED]

SI [REDACTED] spoke with Ms. [REDACTED] (parent) at her home address of [REDACTED]. SI [REDACTED] introduced herself to Ms. [REDACTED] and briefly explained the reason for the visit. Ms. [REDACTED] reported the memorial and burial services for [REDACTED] was held on 3/12/13. Ms. [REDACTED] was emotional when speaking to SI [REDACTED]. Ms. [REDACTED] reported she knows that [REDACTED] is gone to a better place. She just wanted him to stop suffering. Ms. [REDACTED] reported she is very appreciative for what the department has done for her. Ms. [REDACTED] reported her baby [REDACTED] had suffered enough. Ms. [REDACTED] reported the doctors did all they could do for [REDACTED]. Ms. [REDACTED] reported that she visited the hospital every other day or whenever she had a ride. Ms. [REDACTED] reported she participated in a Child and Family Team Meeting earlier that day. Ms. [REDACTED] reported during the meeting, the doctor stated that [REDACTED] probably was not going to make it through the night. Ms. [REDACTED] reported the doctor asked if she wanted to do an autopsy to see what actually caused [REDACTED] heart failure. Ms. [REDACTED] reported that she did not agree to having an autopsy done.

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2013 10:20 AM Entered By: [REDACTED]

Note: Ms. [REDACTED] had no concerns regarding the medical treatment that [REDACTED] received at the [REDACTED] Medical Center.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/25/2013

Contact Method: Phone Call

Contact Time: 10:05 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2013

Completed date: 04/30/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/30/2013 10:17 AM Entered By: [REDACTED]

SI [REDACTED] received a telephone contact from Ms. [REDACTED] (parent) requesting to reschedule the visit for today to Monday, April 1, 2013 at 9:00 a.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/19/2013

Contact Method: Phone Call

Contact Time: 01:10 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2013

Completed date: 04/30/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/30/2013 10:16 AM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] (parent) at [REDACTED]. SI [REDACTED] briefly explained the reason for the call. Ms. [REDACTED] reported she will be available to meet with SI [REDACTED] on Monday, March 25, 2013 at 2:00 p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/18/2013

Contact Method:

Contact Time: 03:34 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2013

Completed date: 04/30/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/30/2013 09:29 AM Entered By: [REDACTED]

SI [REDACTED] received medical documentation from the [REDACTED] Medical Center regarding [REDACTED]. The medical documentation was progress notes written for [REDACTED] (ACV) dated from 11/29/2012 to 3/4/2013. A copy of all documentation received has been placed in the hard file as well as scanned into the TFACTS system.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/14/2013	Contact Method:	Attempted Phone Call
Contact Time:	09:35 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/30/2013
Completed date:	04/30/2013	Completed By:	[REDACTED]
Purpose(s):	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: 04/30/2013 10:14 AM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] (parent) at [REDACTED]. Ms. [REDACTED] was unavailable. SI [REDACTED] left a voice mail message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/14/2013

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2013

Completed date: 04/30/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/30/2013 10:14 AM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] TL at [REDACTED] SI [REDACTED] inquired about contact information for Ms. [REDACTED] (parent). Ms. [REDACTED] reported Ms. [REDACTED] can be reach at [REDACTED]. Her address is [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/11/2013 Contact Method:
 Contact Time: 09:18 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/30/2013
 Completed date: 04/30/2013 Completed By: [REDACTED]
 Purpose(s): 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: 04/30/2013 10:48 AM Entered By: [REDACTED]
 SI [REDACTED] completed a SIU Strength and Risk/Safety Assessment regarding [REDACTED] on 3/11/13, re:

Overall risk assessment rated not applicable due to SI [REDACTED] was unable to make face to face contact with child. The child was deceased. The child's body was taken to the hospital mortuary.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/08/2013	Contact Method:	Correspondence
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/28/2013
Completed date:	04/28/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/28/2013 05:58 PM Entered By: [REDACTED]

Case was convene with [REDACTED] County CPIT on March 6, 2013 and dispositioned as DCS to handle as appropriate.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/08/2013

Contact Method: Phone Call

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2013

Completed date: 04/30/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/30/2013 09:28 AM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] Social Worker at the [REDACTED] Medical Center at [REDACTED]. SI [REDACTED] was transferred to Ms. [REDACTED]. SI [REDACTED] inquired about [REDACTED]. Ms. [REDACTED] reported [REDACTED] was born premature and medically fragile. Ms. [REDACTED] reported the mother was made aware of the disease in [REDACTED] heart and lungs. Ms. [REDACTED] reported the mother visited [REDACTED] on a weekly basis and she was concerned about his well-being. Ms. [REDACTED] reported [REDACTED] was too young to have surgery. Ms. [REDACTED] reported [REDACTED] received the utmost care and treatment while at the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/05/2013	Contact Method:	Attempted Phone Call
Contact Time:	01:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/30/2013
Completed date:	04/30/2013	Completed By:	[REDACTED]
Purpose(s):	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: 04/30/2013 09:16 AM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] Social Worker at the [REDACTED] Medical Center at [REDACTED] SI [REDACTED] was transferred to Ms. [REDACTED] voice mail. SI [REDACTED] left a voice mail message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2013

Contact Method: Correspondence

Contact Time: 01:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/28/2013

Completed date: 04/28/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/28/2013 05:56 PM Entered By: [REDACTED]

SI [REDACTED] faxed the referral to [REDACTED] County CPIT in order to convene case with CPIT on March 5, 2013.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2013

Contact Method:

Contact Time: 11:43 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/28/2013

Completed date: 04/28/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/28/2013 05:48 PM Entered By: [REDACTED]

SI [REDACTED] completed and faxed the Notice of Child Fatality/Near Fatality form regarding ACV, [REDACTED] (age, 4 months) on March 5, 2013 to the Office of Child Safety.

Note: A copy of this form has been placed in the child's hard file as well as scanned into the TFACTS system.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/30/2013

Completed date: 04/30/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/30/2013 10:46 AM Entered By: [REDACTED]

SI [REDACTED] completed a TFACTS history search on [REDACTED] (ACV), re:

CPS Assessment# [REDACTED]/DEI/S. [REDACTED] AP/Services Required on 12/21/12



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/05/2013 Contact Method: Phone Call
 Contact Time: 09:50 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/28/2013
 Completed date: 04/28/2013 Completed By: [REDACTED]
 Purpose(s): 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: 04/28/2013 05:39 PM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] Child and Family Team Leader at [REDACTED] SI [REDACTED] inquired about [REDACTED] Ms. [REDACTED] reported that [REDACTED] has been in DCS custody since 11/08/2012. He has been at the [REDACTED] Medical Center Neonatal Intensive Care Unit since birth. Ms. [REDACTED] reported [REDACTED] was born premature and medically fragile weighing in at 1 lb. 3 oz. Ms. [REDACTED] reported [REDACTED] endure several infections since birth including a main artery blockage. Ms. [REDACTED] reported that the mother Ms. [REDACTED] used cocaine and marijuana while pregnant with [REDACTED] Ms. [REDACTED] reported that Ms. [REDACTED] has 4 other children, but all live with maternal aunt in [REDACTED] Ms. [REDACTED] reported Ms. [REDACTED] had expressed to her that she just wanted [REDACTED] to stop suffering.

Ms. [REDACTED] reported on 03/04/2013 a Child and Family Team Meeting (CFTM) was held at the [REDACTED] to inform the parents that the medical personnel have done everything medically possible for [REDACTED] It was stated in the meeting the child might not make it through the night. Ms. [REDACTED] reported the doctors stated the heart and lungs contracted a disease that has gotten progressively worst and beyond treatment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 03/05/2013 Contact Method: Phone Call
Contact Time: 09:47 AM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 04/28/2013
Completed date: 04/28/2013 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being
Contact Type(s): Referent Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/28/2013 05:38 PM Entered By: [REDACTED]
SI [REDACTED] contacted the referent. Referent had no additional information to report regarding the child.

Narrative Type: Addendum 1 Entry Date/Time: 04/30/2013 10:41 AM Entered By: [REDACTED]
Note: Referent did not want to receive a Confidential Notification Letter for Reporter.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2013

Contact Method: Attempted Phone Call

Contact Time: 09:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/28/2013

Completed date: 04/28/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/28/2013 05:36 PM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] Child and Family Team Leader at [REDACTED] Ms. [REDACTED] was unavailable. SI [REDACTED] left a voice mail message requesting a return call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2013

Contact Method: Attempted Phone Call

Contact Time: 09:42 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/28/2013

Completed date: 04/28/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/28/2013 05:35 PM Entered By: [REDACTED]

SI [REDACTED] contacted Ms. [REDACTED] FSW at [REDACTED] Ms. [REDACTED] voice mail greeting stated that she is out on medical leave.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/05/2013 Contact Method: Attempted Face To Face
 Contact Time: 09:40 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/11/2013
 Completed date: 03/11/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2013 09:26 AM Entered By: [REDACTED]

SI [REDACTED] was unable to make face to face contact on [REDACTED] (age, 4 months) on March 5, 2013 at 9:40 a.m. Child was deceased. His time of death was at 7:08 p.m. on 3-4-13. The child's body has been taken to the hospital mortuary.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 03/05/2013	Contact Method:
Contact Time: 09:34 AM	Contact Duration: Less than 05
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/11/2013
Completed date: 03/11/2013	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 03/11/2013 09:29 AM Entered By: [REDACTED]

TL [REDACTED] assigned a P1 referral with allegation of Neglect Death to SI [REDACTED] on Tuesday, March 5, 2013, re:

Intake ID #: [REDACTED]
 Date of referral: 03/05/2013
 Victim: [REDACTED]
 DOB: [REDACTED]

Referral states: [REDACTED] (age 4 months) is deceased. [REDACTED] was in state's custody at the time of death. [REDACTED] time of death was at 7:08 p.m. on 3-4-13. [REDACTED] was brought into state's custody on 11-8-12. Prior to death, [REDACTED] was hospitalized at The [REDACTED] [REDACTED] had been hospitalized since birth and was in the Newborn NICU at The [REDACTED]. The birth mother is [REDACTED].

[REDACTED] had alot of medical issues. [REDACTED] had heart and lung failure. [REDACTED] was on a venulator receiving oxygen at the maximum level for a newborn. Medical Personnel advised that "they had done everything medically possible for [REDACTED] [REDACTED] had several infections and a fungal infection in his heart, which blocked his main artery on the right side of his heart. [REDACTED] was too young to have surgery.

The mother used drugs during pregnancy, but medical personnel advised that [REDACTED] medical issues were not a result of the mother's drug use. The parents have not been advised of [REDACTED] passing at this point. DCS has not been able to make contact with the parents at this point. DCS is going to the two addresses that are available for the parents today to notify the parents about [REDACTED] passing.

There has not been an autopsy done on [REDACTED] at this point. The mother will have to give consent for the autopsy. [REDACTED] body has been sent to the morgue.

The mother has four children that are living with their maternal aunt ([REDACTED]) in the state of [REDACTED]. As far as the reporter knows, the mother has four additional children that are living with relatives. The mother does not have any of her children in her custody.

Extended intake by [REDACTED] at 10:10 a.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

The reporter wanted to make a correction that the family was notified of the child's treatment and told that all the treatments had been exhausted. This occurred in a meeting around 12:30 p.m. at the hospital prior to the child's passing last night. The doctors, parents and lawyers were involved in the meeting".



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/12/2013 Contact Method: Face To Face
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/15/2013
 Completed date: 03/15/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Case Manager/Other Family Members/Kin Contacts (Non-Placement), Case Manager/Parent Contact, Case Manager/Provider Contact, Child Visit with Other Family Member/Kin, Transport

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/15/2013 09:14 PM Entered By: [REDACTED]

FSW [REDACTED] transported [REDACTED] Mother, [REDACTED] Father to the wake services and burial services for Baby [REDACTED] on this date. In attendance to the wake services held at [REDACTED] Mortuary were other DCS Staff and Family to [REDACTED]. [REDACTED] held herself together throughout the services and burial for Baby [REDACTED]. The Memorial Services for Baby [REDACTED] was very nice and the family was appreciative towards the Department for their assistance to provide the arrangements for Baby [REDACTED]. The Legal Department was also notified of the Baby's passing to avoid further Court Actions.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/11/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/15/2013

Completed date: 03/15/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/15/2013 09:24 PM Entered By: [REDACTED]

FSW [REDACTED] transported Ms. [REDACTED] mother to shop for a dress, and shoes for the funeral services for Baby [REDACTED]. FSW [REDACTED] assisted Ms. [REDACTED] by helping to pay for out of pocket expenses that Ms. [REDACTED] needed. FSW [REDACTED] was willing to assist Ms. [REDACTED] due to the loss of her baby [REDACTED] and Ms. [REDACTED] expressed her gratitude towards FSW [REDACTED] and the Department for assistance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/08/2013 Contact Method: Face To Face
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/15/2013
 Completed date: 03/15/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Case Manager/Parent Contact, Case Manager/Provider Contact, Transport
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/15/2013 09:53 PM Entered By: [REDACTED]

FSW [REDACTED] assisted [REDACTED], mother of Baby [REDACTED] with the memorial and burial services for 3/12/13. FSW [REDACTED] accompanied the mother along with the Father [REDACTED] to The [REDACTED] to talk with Doctors about the health issues that caused the Baby's heart to fail and for Ms. [REDACTED] to sign the consent to release the Baby's remains to the Funeral Directors. Ms. [REDACTED] was very emotional as well as Mr. [REDACTED]. The Doctors that spoke to the family were very compassionate as well as empathic to the passing of Baby [REDACTED]. The Doctors brought up the subject of an Autopsy to see what actually caused the Baby's Heart to fail but Ms. [REDACTED] did not agree to the procedure and declined to consent. Also FSW [REDACTED] assisted the mother to meet the case aid to shop for the Baby's attire for burial services. Ms. [REDACTED] was very cooperative in this event and she participated willingly. FSW transported Ms. [REDACTED] and Mr. [REDACTED] to the Funeral Home to take the Baby's clothing and for Ms. [REDACTED] to sign a consent to for the Hospital to release the Baby's remains to [REDACTED] Mortuary. Also, FSW [REDACTED] transported Ms. [REDACTED] and Mr. [REDACTED] to the cemetery to select a plot for Baby [REDACTED] to be buried in [REDACTED]. Ms. [REDACTED] and Mr. [REDACTED] agreed upon a plot for the Baby to be buried and also they selected a Head Marker for the Baby. They seemed pleased with the arrangements and were grateful for the FSW assistance as well as the Department's assistance to the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/08/2013

Completed date: 03/08/2013

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: 03/08/2013 09:42 PM Entered By: [REDACTED]

Team Leader called Ms. [REDACTED] to find out if she would be able to make it to [REDACTED] funeral. She stated that she had called the airline to see if she could get tickets for her and [REDACTED]. She stated that it was too expensive for her to bring all the children. She stated that she could try and find someone to keep the other kids but it wasn't enough notice. Since she can't make it to [REDACTED] now, She will try to bring all the children to Tennessee and [REDACTED] on their spring break. I explained to Ms. [REDACTED] that DCS were in the process of making arrangements for the funeral but we couldn't locate the parents still. Ms. [REDACTED] stated that she had called her sister, Ms. [REDACTED] (MGM) to see if she had talked to her daughter [REDACTED] or if she could contact DCS concerning he arrangements for the funeral. I told Ms. [REDACTED] that I had not spoken to anyone in the family other than her. She stated that she would call her sister again and make sure that she contacts the Department as soon as possible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/11/2013

Completed date: 03/11/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Case Manager/Other Family Members/Kin Contacts (Non-Placement)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2013 09:11 AM Entered By: [REDACTED]

Team Leader [REDACTED] received a call from Maternal Grandmother, [REDACTED]. Team Leader asked Ms. [REDACTED] if she had heard from her daughter [REDACTED]. She stated that she had not heard from her daughter. I informed Ms. [REDACTED] that the Department was in the process of making funeral arrangements for Baby [REDACTED]. I asked Ms. [REDACTED] would she be able to come the funeral once the arrangements are completed. She stated that she would not be able to make it to the service due to having gout. I told Ms. [REDACTED] that we are looking at having the services on Monday or Tuesday to give family from out of town the opportunity to travel to [REDACTED]. Ms. [REDACTED] stated that she will try to get in touch with [REDACTED] older children to see if they will be able to attend. I asked Ms. [REDACTED] to have [REDACTED] call the Department. Team Leader informed Ms. [REDACTED] that the Hospital is still trying to locate [REDACTED] as well in order to obtain consent for an autopsy and to release the body to the funeral home. DCS couldn't give the consent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/07/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/11/2013

Completed date: 03/11/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Parent Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2013 09:52 AM Entered By: [REDACTED]

Team Leader [REDACTED] called Mr. [REDACTED] phone to find out if he had found Ms. [REDACTED]. He stated that he had and she was walking in the door as we were talking on the phone. Team Leader spoke with Ms. [REDACTED] and asked her where she had been these past few days. She stated that she needed some time to process. I told her that the Hospital was trying to get in touch with her concerning [REDACTED] since he passed Monday night. Ms. [REDACTED] stated that she did go back to the Hospital when they called her. She stated that she had made it to the double doors to enter and she just couldn't go in. It was too overwhelming for her. I informed Ms. [REDACTED] that she needed to go to the Hospital to complete the paperwork in order to have [REDACTED] body released to the funeral home. I also explained to her that the Hospital wanted to conduct an autopsy on [REDACTED]. Ms. [REDACTED] stated that she didn't want an autopsy to take place. Ms. [REDACTED] was crying on the phone. I told Ms. [REDACTED] that everything was going to be ok and the DCS is taking care of the arrangements. I asked Ms. [REDACTED] did she have an outfit for the baby to be buried in. She stated that she did. FSW [REDACTED] put in a case service request for some clothing just in case. Ms. [REDACTED] stated that she was told to be at the Hospital on Friday in order to complete the paperwork. I gave Ms. [REDACTED] my State cell phone number and told her to call me if they needed a ride to the Hospital and to the funeral home. She stated that she would call me.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/06/2013

Contact Method: Attempted Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/06/2013

Completed date: 03/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Manager/Parent Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2013 11:33 PM Entered By: [REDACTED]

FSW [REDACTED] along with [REDACTED] Supervisor attempted a face to face contact with Ms. [REDACTED] to notify her of Baby [REDACTED] passing on 3/4/2013 and to obtain her consent regarding the disposal of the baby's remains. The addresses visited that were listed in the file were [REDACTED] and the Father's [REDACTED] address [REDACTED]. At the [REDACTED] address, the occupants at that address expressed to the workers that [REDACTED] did not live at that location. At the [REDACTED] no one answered the door. However, there was a notice on the door which appeared to have been served by a Process Server earlier in the day. In the home at that address, there were dogs barking in the home yet no one answered. TC; [REDACTED] was notified of the attempt to contact the mother.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED].

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 03/06/2013 Contact Method: Face To Face
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/08/2013
 Completed date: 04/06/2013 Completed By: System Completed
 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: Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED] Case Name: [REDACTED].
Case Status: Open Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 03/06/2013 Contact Method: Phone Call
Contact Time: Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 03/11/2013
Completed date: 03/11/2013 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: 03/11/2013 07:12 AM Entered By: [REDACTED]

Team Leader [REDACTED] contacted Ms. [REDACTED] to inquire if she had spoken with [REDACTED] or any other family members. She stated that she had not heard from [REDACTED] but she is praying for her. Ms. [REDACTED] asked me if [REDACTED] mother had called me. I told her that I hadn't received a call from any family members. I have been trying to contact Ms. [REDACTED] since Monday night when [REDACTED] passed. No answered the cell phone. On Monday, Ms. [REDACTED] stated that she wouldn't have minutes on her phone until on the March 6, 2013. Ms. [REDACTED] stated that she would try to call her sister again and have her to give me a call. Team Leader [REDACTED] asked Ms. [REDACTED] how [REDACTED] was doing. She stated that he was doing fine. Ms. [REDACTED] stated that she was in the process of planning [REDACTED] birthday party for next month. She stated that she may take all the kids to Chuckey Cheese. I asked Ms. [REDACTED] if her worker there had given her a finalization date for [REDACTED] adoption since he is in full guardianship. She stated no. I will follow up with our Permanency. Specialist [REDACTED] to get an update on the case.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/05/2013 Contact Method: Attempted Face To Face
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Family Home Created Date: 03/06/2013
 Completed date: 03/11/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning, Well Being
 Contact Type(s): Case Manager/Parent Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/11/2013 01:59 PM Entered By: [REDACTED]

This FSW was asked by TL to attempt to locate the parents, Ms. [REDACTED] and Mr. [REDACTED] regarding the passing of their son [REDACTED]. This FSW was provided with the following address by TL [REDACTED] to complete home visits to notify the parents: [REDACTED]. This FSW was accompanied by FSW [REDACTED] to both addresses. This FSW arrived at [REDACTED] first, but there was no answer. This FSW observed that there was mail in the mailbox although the home looked abandoned. This FSW arrived at [REDACTED] and there was no answer, but this FSW could hear that there were at least two dogs in the home by the different barks that this FSW could hear at the same time. This FSW called to inform TL [REDACTED] and TL [REDACTED] provided this FSW with two contact numbers of [REDACTED] and [REDACTED] and asked that this FSW contact the parents if efforts to speak with Ms. [REDACTED] to ensure that the parents were notified and to determine what funeral home they wanted [REDACTED] released to. The [REDACTED] was not in service, but Mr. [REDACTED] answered the phone at the [REDACTED] number. This FSW asked if anyone had been in contact with him or Ms. [REDACTED] regarding their son. Mr. [REDACTED] informed this FSW that a doctor from the hospital notified the parents on 3/4/13. This FSW apologized for having to speak over the phone, but notified Mr. [REDACTED] that this FSW has been unable to locate them at either of the addresses that the Department has on file. Mr. [REDACTED] stated that Ms. [REDACTED] took the news hard and that she was on her way. This FSW informed Mr. [REDACTED] that it is important that Ms. [REDACTED] make contact with the Department and the hospital regarding the arrangements. This FSW hung up and called Mr. [REDACTED] back as a result of TL [REDACTED] asking that this FSW inquire about Ms. [REDACTED] contact information and if Ms. [REDACTED] wanted an autopsy completed. Mr. [REDACTED] stated that he spoke with his attorney and he understands that the information has to come from [REDACTED] but he did not think that [REDACTED] would want an autopsy completed because The [REDACTED] took such great care of him and they did nothing wrong. This FSW informed Mr. [REDACTED] that contact has to be made immediately and if he had a contact number for Ms. [REDACTED] Mr. [REDACTED] stated that his number is the only number that she has since her phone will not be on until after 3/6/13. Mr. [REDACTED] spoke about trying to hit the streets to raise money for the funeral, but this FSW informed him that the State will pay for a basic service and that the family did not have to come out of pocket if they planned according to the Department's guide. Mr. [REDACTED] thanked this FSW and broke down and appeared to be crying. Mr. [REDACTED] informed this FSW that [REDACTED] is on drugs, she is on that stuff real bad and I don't know where she is. We have over one of her friends house, but she ain't been back. Mr. [REDACTED] informed this FSW that he was on a minute phone and would call this FSW back. When Mr. [REDACTED] called back, he called from a [REDACTED] number. Mr. [REDACTED] stated that he would get out in the streets and try to find [REDACTED] so that his baby can be laid to rest. After it appeared that Mr. [REDACTED] was too emotional, [REDACTED] friend [REDACTED] got on the phone and introduced herself. [REDACTED] stated that she and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

have been friends for years. She explained that [REDACTED] was taking the news hard and that she asked to be dropped off over a friends house so [REDACTED] dropped her off and let [REDACTED] keep her cell phone. [REDACTED] reported that when she returned to pick [REDACTED] up, [REDACTED] was gone, but she left her phone behind. [REDACTED] informed this FSW that she was waiting for her SSI check to come, but after the mailman ran, she would go and look for [REDACTED] [REDACTED] further stated that she understood what [REDACTED] was going through because she has a brother that has been dead for a month and she cant afford to have him buried and she was not sure what she was going to do. [REDACTED] stated that she was going as soon as the mail man leaves and will have [REDACTED] contact the Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/07/2013

Completed date: 03/08/2013

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: 03/07/2013 08:24 AM Entered By: [REDACTED]

Team Leader [REDACTED] called Ms. [REDACTED] to inform her that Baby [REDACTED] had passed on Monday night. Ms. [REDACTED] was overwhelmed by the news of [REDACTED] passing. Ms. [REDACTED] stated that she was looking forward to the baby coming with her and his other sibling. I asked Ms. [REDACTED] how was [REDACTED] doing. She stated that he was fine as well as his other siblings. Ms. [REDACTED] went on to give me some family history. She stated that it is 14 siblings in her family. I told her that DCS would assist the family with making the arrangements for the funeral. She thanked me and stated that she appreciates everything the Department has done for her niece [REDACTED] and her extended family. Team Leader [REDACTED] asked Ms. [REDACTED] if Ms. [REDACTED] attempted to contact her. She stated no. I informed Ms. [REDACTED] that the hospital had contacted Ms. [REDACTED] and Mr. [REDACTED] to get to the hospital. They stated that they were on their way but they never showed up. Team Leader [REDACTED] asked Ms. [REDACTED] to contact her family to see if they had heard from [REDACTED]. Ms. [REDACTED] was understandably upset and her whereabouts are now unknown. Ms. [REDACTED] stated that she would contact the family and have Ms. [REDACTED] mother give me a call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/07/2013

Completed date: 03/07/2013

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: 03/07/2013 11:56 AM Entered By: [REDACTED]

Team Leader [REDACTED] contacted Attorney [REDACTED] to inform him that [REDACTED] had passed on Monday night at approximately 7:08 p.m. Mr. [REDACTED] stated that he was sorry to hear that and that when he spoke to his client, Putative Father [REDACTED] in private over the phone Attorney [REDACTED] he stated that he informed him that he didn't have rights to make any decisions for [REDACTED] since he had not been legitimated. Mr. [REDACTED] had drawn up the paperwork for legitimizing but it had not gone through the court yet. Mr. [REDACTED] thanked me for keeping him informed. He stated that he would attempt to locate his client as well.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/05/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/07/2013

Completed date: 03/07/2013

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: 03/07/2013 01:44 PM Entered By: [REDACTED]

Team Leader [REDACTED] contacted Mother's Attorney [REDACTED] to inform him that [REDACTED] had passed Monday night at approximately 7:08 p.m. I informed Mr. [REDACTED] that we were unable to locate Ms. [REDACTED]. The Hospital Charge Nurse [REDACTED] reported that she had spoken to [REDACTED] and informed him that they needed to come back to the hospital. He stated they were on their way but never showed up. I informed Mr. [REDACTED] that I had to worker that were going to attempt to find Ms. [REDACTED] at the two addresses that DCS has on file. He stated that he would attempt to locate his client as well. The mother [REDACTED] must sign the paperwork for an autopsy or for the baby to be released from the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED].

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	03/05/2013	Contact Method:	
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/14/2013
Completed date:	04/05/2013	Completed By:	System Completed
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: Entered By:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/05/2013

Completed date: 03/06/2013

Completed By: [REDACTED]

Purpose(s): Permanency, Service Planning, Well Being

Contact Type(s): Case Manager/Child Contact, Case Manager/Other Family Members/Kin Contacts (Non-Placement), Case Manager/Parent Contact, Parent/Child Visit

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2013 04:35 PM Entered By: [REDACTED]

Team Leader [REDACTED] and Mother [REDACTED] went to the NICU in order to visit [REDACTED]. [REDACTED] was asleep in his incubator. He was receiving oxygen and medication through a tube. Mother [REDACTED] was crying and she stated that she knows that she loves her son and she knows that she had made many mistakes in her life. She stated that she doesn't want her baby to suffer anymore. [REDACTED] was born pre-mature. He weighed a little over a pound. He had gained weight. [REDACTED] current weight was four pounds and 10 ounces according to his crib sheet. [REDACTED] looked as if he was a well child but the doctors explained that [REDACTED] has a lot of medical problems and everything had been done medically for him at this point. Ms. [REDACTED] stated that she loves all her children. Team Leader was able to take two pictures of [REDACTED]. Team Leader left after visiting [REDACTED] and DCS Nurse [REDACTED] went in to visit [REDACTED] as well.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/05/2013

Completed date: 03/05/2013

Completed By: [REDACTED]

Purpose(s): Permanency, Service Planning, Well Being

Contact Type(s): Case Manager/Child Contact, Case Manager/Other Family Members/Kin Contacts (Non-Placement), Case Manager/Parent Contact, Child Visit with Other Family Member/Kin, Parent/Child Visit

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/05/2013 01:16 PM Entered By: [REDACTED]

Team Leader met with Mother [REDACTED], Putative Father [REDACTED], [REDACTED] Pre-natal Manager of the Social Work Dept. [REDACTED], MD, [REDACTED] RN, [REDACTED] FSW, [REDACTED] DCS RN, [REDACTED] Facilitator, Attorney [REDACTED] (mom), Attorney [REDACTED] (dad) via telephone met to discuss [REDACTED] progress. [REDACTED] was in the neonatal intensive care unit (NICU) because he was premature and weighed only one pound and three ounces. The child was on a ventilator, receiving medication for blood pressure and he was unable to maintain body temperature. The child tested positive for cocaine at birth. The doctors stated that everything medically possible has been done for [REDACTED] [REDACTED] had a fungus in his heart (right side) that blocked a major artery that pumps the blood to the lungs. [REDACTED] was receiving the maximum amount of oxygen but needed more oxygen than he was taking in. There was not enough oxygen to the blood. [REDACTED] was in heart failure and lung failure. [REDACTED] was too young for any type of surgery and the doctors had used multiple antibiotics to treat the infections. During the course of his treatment, [REDACTED] had several infections and the fungal infection spread to his heart. He was not responding to any of the medication/treatment at this point and there was nothing else medically that could be done for him. The hospital was trying to make [REDACTED] as comfortable as possible. [REDACTED] doctor stated that they would no longer perform any unnecessary routine treatment such as blood work.

There was a Child and Family Team Meeting held at the hospital on 03/04/13. The meeting was called in order to inform the family of the status of [REDACTED] condition. The doctors informed the parents that there were no other treatment options available for [REDACTED]. He was too small for any type of surgery and his condition continued to deteriorate. The doctors explained to the family the DNR (Do Not Resuscitate) protocol. The parents were able to speak with their attorneys in private and asked for time to think about their decisions in regards to [REDACTED] treatment and the DNR. Ms. [REDACTED] stated that she didn't want to continue to see her son suffering and the putative father, [REDACTED] stated that he didn't want the hospital to pull the plug on his son. The doctor explained that they were not pulling the plug because everyone loves [REDACTED] but realistically all medical treatment options had been exhausted. The doctor told the family to notify other family members of the situation and they could visit [REDACTED] and take pictures of him. The parents were also allowed to spend time with their son after the meeting.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: Love, Ernest

Location: Hospital

Created Date: 03/07/2013

Completed date: 03/07/2013

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

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/07/2013 08:00 AM Entered By: [REDACTED]

Situation that Prompted CFTM: The purpose of this meeting is to allow the medical staff to talk to the parents of the client and inform them of the client's current disposition, and the alternative available to them. Please note the Attorney [REDACTED] Mother Attorney and [REDACTED] Father's Attorney attended the meeting via telephone. GAL [REDACTED] was informed of the outcome of the meeting.

Strengths:

- The client has parents and family who are closely attached to him, and are concerned about his well-being
- The client is receiving the utmost of care and treatment

Needs:

- The mother and father will need to continue with their quest to legitimate the father
- The family will need to talk to each other and prepare for the outcome of the client's continued disposition

Meeting Summary: The client was born premature, with a developing heart and lung issue aside from the drug exposure. The heart and lungs contracted a disease that has gotten progressively worst, and has developed a status that is almost beyond fruther treatment. The family, at this meeting, has been made aware that the hospital will continue with all they possibly can do to make the client comfortable, even to the point of dispensing with blood gathering every hour, when it appears it doesn't warrant collection at this point. The family was made aware of the continued growth of the disease in the client's heart and lungs and what that could mean in their consideration of any further decision they may have to make at some future time and date.

Efforts to Reduce Trauma: The client will be maintained at the hospital where continued care will be given. And, the family will have continued contact with the client.

Decisions Made: The team's decision is that there will be no change in the client's present custody position. DCS will continue with their assistance to the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Action Steps:

- Mother & Father will continue with their efforts to legitimate the father Family 03/15/13
- DCS will continue to help and support the family in any way possible Ms [REDACTED] As needed

FSW: [REDACTED] [REDACTED] TL: [REDACTED] [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/07/2013

Completed date: 03/07/2013

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: 03/07/2013 08:31 AM Entered By: [REDACTED]

Team Leader [REDACTED] received a call from the charge Nurse [REDACTED] from the NICU at the [REDACTED] Medical Center at approximately 8:02 pm. Nurse [REDACTED] informed me that Baby [REDACTED] had just passed. They pronounced him at approximately 7:08 pm. Nurse [REDACTED] stated that she had contacted the parents at around 6:00 pm and told them that they needed to come back to the hospital. She stated that they stated they were on their way. While I was talking to Nurse [REDACTED] I explained to her that the parents ride the bus and earlier when we had the Child and Family Team Meeting at the hospital, it took the parents approximately an hour and a half hours to get to the meeting. The Parents were informed by the doctors that everything had been done for [REDACTED] medically and they had exhausted any and all treatment options. Team Leader called and left a message for RA Ms [REDACTED] and Deputy RA [REDACTED]. DRA [REDACTED] called back and I informed her that [REDACTED] had passed. She told me to find out from the parents if they had a particular funeral home in mind for the burial. I also notified DCS Nurse [REDACTED], DCS Nurse [REDACTED], DCS Psychologist Dr. [REDACTED], Team Coordinator [REDACTED], FSW [REDACTED] and FSW [REDACTED] via voice mail that [REDACTED] had passed.

Narrative Type: Addendum 1 Entry Date/Time: 03/14/2013 07:38 AM Entered By: [REDACTED]

Team Leader [REDACTED] notified Deputy Regional Administrator [REDACTED] of [REDACTED] passing after I got off the phone with Nurse [REDACTED] from the [REDACTED] Medical Center due to the fact that the Team Leader could not reach the Regional Administrator, [REDACTED] by telephone. DRA [REDACTED] stated that she was on the phone with Ms. [REDACTED] when I attempted to contact Ms. [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/04/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/07/2013

Completed date: 03/07/2013

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: 03/07/2013 11:05 AM Entered By: [REDACTED]

Team Leader [REDACTED] received a return call from Guardian Ad Litem, [REDACTED] around 5:45 pm. I had informed her about the CFTM which was held at the hospital. I informed her of what the doctors had told the family concerning [REDACTED] health and treatment. [REDACTED] is not doing well and the Doctor's had done everything medically possible in order to save [REDACTED] life. At this point, everything is touch and go. The doctors stated that [REDACTED] was too small for any type of surgery and they had exhausted all medical treatment for him. The doctors will continue to monitor [REDACTED] and keep him as comfortable as possible. [REDACTED] is receiving the highest dose of oxygen for a baby his size and age. [REDACTED] needs more oxygen than his body was taking in due to the fungus inside his heart blocking the right side artery where blood isn't flowing properly to the heart and lungs causing them to be in full failure. Ms. [REDACTED] asked me to keep her posted on [REDACTED] condition.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/08/2013	Contact Method:	Phone Call
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	02/08/2013
Completed date:	02/08/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Case Manager/Provider Contact, Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/08/2013 02:14 PM Entered By: [REDACTED]

FSW contacted [REDACTED], social worker, concerning [REDACTED]. Ms. [REDACTED] stated that [REDACTED] was not doing well today. She stated that the ventilator is back up to the highest level. She stated that the infection disease has not come to check on [REDACTED] yet. Ms. [REDACTED] stated that both parents came to see [REDACTED] yesterday at 5p and 10. She stated that the nurse noted that both times they didn't stay long and at at 10p they old came and took a picture of him and left. FSW will check on [REDACTED] over the weekend.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/07/2013	Contact Method:	Phone Call
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	02/07/2013
Completed date:	02/07/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Case Manager/Provider Contact,Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2013 12:37 PM Entered By: [REDACTED]

FSW called the hospital today and talked with [REDACTED] the nurse today, and she stated that he is still sedated, oxygen is better but hes still in the ventilator. They will be doing an ultrasound on his head and kidney today. FSW will call to check on [REDACTED] before the end of the work day.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Open

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/07/2013 Contact Method: Phone Call
 Contact Time: [REDACTED] Contact Duration: [REDACTED]
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: [REDACTED] Created Date: 02/07/2013
 Completed date: 02/07/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Manager/Parent Contact,Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2013 12:50 PM Entered By: [REDACTED]

FSW tried to contact Ms. [REDACTED] but Mr. [REDACTED] answered the telephone. Mr. [REDACTED] stated that the phone was his and that he got it from Ms. [REDACTED] last night. He stated that Ms. [REDACTED] had his phone for a while and would not give it to him. FSW asked Mr. [REDACTED] was he with Ms. [REDACTED] yesterday and he stated no. FSW informed Mr. [REDACTED] that he needed to go to the hospital because [REDACTED] was not doing well. Mr. [REDACTED] asked what was going on and FSW informed him that the hospital is running test to see what is going on. Mr. [REDACTED] stated he was going to try and find Ms. [REDACTED] to tell her what was going on but FSW told him that FSW talked with her yesterday so she knows what is going on. FSW asked Mr. [REDACTED] was he and Ms. [REDACTED] still in a relationship and he stated no and they have not been in one for about three weeks. He stated that he knows that Ms. [REDACTED] is back on drugs and that when she gets made at him she tries to put him in jail. Mr. [REDACTED] stated that he has been going to the career center and has been going on interviews. He stated that he has found a 1 bedroom apartment for \$300 and deposit \$500. He stated he will get it as soon as he gets a job. Mr. [REDACTED] told that the reason why he hasn't been to the hospital is because he doesn't have clothes and that his shoes smelled because of the rain. But he stated that he has clothes now and he will be going to the hospital today to see the baby. FSW will call later to see if Mr. [REDACTED] came.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Open

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/06/2013 Contact Method: Face To Face
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Hospital Created Date: 02/06/2013
 Completed date: 02/06/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Manager/Child Contact,Case Manager/Provider Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2013 02:36 PM Entered By: [REDACTED]

Contact:

FSW completed a F2F visit with [REDACTED] FSW talked with [REDACTED] social worker, and she stated she was informed when she came to work that [REDACTED] was not doing well. FSW, Ms. [REDACTED] and FSW [REDACTED] went into the NICU to see [REDACTED] Ms. [REDACTED] asked that the assigned doctor, Dr. [REDACTED] talk with FSW to discuss what is going on with [REDACTED] since last night. FSW was informed that when [REDACTED] received his 2 months shots 1.26.13 and 1.27.13 [REDACTED] health decreased. FSW stated that on 1.30.13, FSW was informed that [REDACTED] was doing good and that they were trying to bottle feed him and that he his weight was 3lb 12. FSW was informed that [REDACTED] was put on med nitro to treat for pulmanary hypertension. [REDACTED] is on the ventilator on the highest level. They have checked for infection but nothing is coming up. The doctor ordered a dose of steroids to help with his lungs. Dr. [REDACTED] stated that she doesn't know why [REDACTED] health has decreased but they are going to continue to monitor and test him. Ms. [REDACTED] expressed that [REDACTED] is very ill. Before FSW left, Dr. [REDACTED] asked for [REDACTED] contact number to receive consent to put an port in. At this time, [REDACTED] is in a medical induced coma. He weighs 3lb 13.

Observation:

[REDACTED] was laying in the ventilator resting very well. He is on oxygen and the ventilator is on the highest level. His weight is 3lb 13. Dr. [REDACTED] does not know why [REDACTED] health has decreased.

Plan: FSW will remain in contact with the NICU and Ms. [REDACTED] on the status of [REDACTED] health.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 02/06/2013 Contact Method:
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Created Date: 02/06/2013
 Completed date: 02/06/2013 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: 02/06/2013 03:35 PM Entered By: [REDACTED]

FSW has been trying to contact the mother, [REDACTED], and the putative father, [REDACTED]. FSW has tried to reach Ms. [REDACTED] and Mr. [REDACTED] on the cell phone provided when [REDACTED] entered custody. FSW had also provided the hospital with the same contact number and they have also been unable to reach the mother. However, on today, FSW called the cell phone number and Ms. [REDACTED] answered to phone. FSW asked Ms. [REDACTED] how long had her phone been on and she stated that it is on every month but its a minute phone and that the minutes go fast. FSW asked Ms. [REDACTED] where had she been and she stated that she has been in [REDACTED] for a month and a half because her paternal side was having family issues. FSW asked Ms. [REDACTED] where was Mr. [REDACTED] and she stated that she was in the house so FSW asked her to have him to come to the telephone so that FSW could talk with both of them. Ms. [REDACTED] told FSW to hold on and two seconds later, Ms. [REDACTED] stated that they told her that he had just walked up the street. FSW asked Ms. [REDACTED] for the truth and she stated that she and Mr. [REDACTED] had stopped talking but they are back together and that he had really walked down the street. FSW told Ms. [REDACTED] that she needed to go to the hospital today because [REDACTED] wasn't doing well. Not sounding very concerned, Ms. [REDACTED] asked what was wrong and FSW informed her that the doctor has been running test but doesn't know what is going on with his health. FSW asked Ms. [REDACTED] was she going to the hospital and she stated, "Ms. [REDACTED] I might not be able to go today but I will be there first thing in the morning". FSW informed Ms. [REDACTED] that she really needed to go today and she just said that she will try. FSW asked Ms. [REDACTED] about the bus passes that FSW provided for her in December 2012 and she stated that they were all gone at that it was only a 30 day pass. FSW informed her that she has not been to the hospital since December so what were the bus passes used for. Ms. [REDACTED] then stated that she left the bus passes with Mr. [REDACTED] when she went to [REDACTED] so that he could have a way to visit with [REDACTED] at the hospital but FSW told her the Mr. [REDACTED] has been to the hospital either. FSW asked Ms. [REDACTED] where is she living and she stated that she stays at [REDACTED] sometimes but she is living from house to house with friends. FSW then called the hospital and informed them that FSW had contacted the mother and she stated that she will try to come to the hospital in the morning after FSW told her how important it was for her to go today. FSW asked about the status of [REDACTED] and was informed that he is still not doing well. FSW gave the nurse FSW contact information so that FSW could be contacted if something happens after FSW work hours.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/06/2013	Contact Method:	Phone Call
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	02/07/2013
Completed date:	02/07/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation, Case Manager/Provider Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2013 12:35 PM Entered By: [REDACTED]

FSW called the hospital at 6:32 pm to check on the status of [REDACTED]. FSW was informed that they found a fungi ball in his heart. She stated that they were trying to see what type of fungus it was so that it could be treated. They were also giving him medication for his heart rate to stay up. FSW asked if the mother, [REDACTED] [REDACTED] had been to the hospital and was informed that Ms. [REDACTED] has not come nor contacted them.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Open

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/05/2013	Contact Method:	
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	02/06/2013
Completed date:	02/06/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2013 02:12 PM Entered By: [REDACTED]

FSW received a text message from [REDACTED] at 4:00 am stating she received a call from Dr. [REDACTED] about [REDACTED]. He's not doing well at all-having to put him back on ventilator. MD wanting to talk with Ms. [REDACTED] but no working number. [REDACTED] wanted to let FSW know because the MD said that [REDACTED] may not make it through the night. The number at the newborn center is [REDACTED].

FSW contacted the newborn center and talked with the on call nurse. The nurse stated that [REDACTED] was placed back on the ventilator and that he was on the highest level. She stated that she had check him about 45 minutes ago and that she might be able to lower the level but if the signs go back down she will have to take the level back up. She stated that he is not doing well and that he is in an induced coma. FSW informed the nurse that FSW will come to the hospital first thing in the morning and if anything changes with him to please contact FSW on FSW cell phone. FSW provided the nurse with FSW cell phone number.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/30/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Hospital

Created Date: 01/31/2013

Completed date: 01/31/2013

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: 01/31/2013 12:48 PM Entered By: [REDACTED]

Content:

FSW completed a F2F visit with [REDACTED] [REDACTED] was asleep. FSW talked with the assigned nurse and she stated that [REDACTED] is still on oxygen. He is also on caffeine (it helps the brain to know to keep breathing on his own). The nurse stated that they are trying to feed him with a bottle but when he doesnt drink from the bottle good or at all they feed him through a feeding tube. [REDACTED] is currently weighing 3lb12. FSW asked about the parents and the nurse informed FSW that last time both came were right before Christmas. The mother called on 1.5.13 and the father called on 1.15.13, 1.18.13 and 1.22.13 to check on the baby. The social worker stated that the father had begun stating that he doesnt think the baby is his. But all together, [REDACTED] is growing.

Observation:

[REDACTED] was laying in his crib sleeping. He is growing but still has a way to go.

Plan:

FSW will staff this case with TL to get approval to complete an ICPC for [REDACTED] to be placed with his brother and great aunt in [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/04/2013	Contact Method:	
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	01/04/2013
Completed date:	01/04/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/04/2013 12:54 PM Entered By: [REDACTED]

[REDACTED] is born 10.16.12 has been hospitalized because he was born premature 1lb. He remains in the hospital because he is still under weight.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	████████████████████
Case Status:	Open	Organization:	████████████████████

Case Recording Details

Recording ID:	21042644	Status:	Completed
Contact Date:	12/19/2012	Contact Method:	Phone Call
Contact Time:		Contact Duration:	
Entered By:	██████████	Recorded For:	████████████████████
Location:	DCS Office	Created Date:	03/08/2013
Completed date:	03/08/2013	Completed By:	████████████████████
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: 03/08/2013 01:48 PM Entered By: ██████████

Team Leader ██████████ was directed by Team Coordinator ██████████ to call and verify FSW ██████████ contact with ██████████ concerning ██████████ and ██████████ Ms. ██████████ verified that Ms. ██████████ called and gave her updates on Baby ██████████ She stated that she informed her that the baby was still in the NICU but he had gained a little weight. She asked if Ms. ██████████ still wanted to get ██████████ placed with her if Mom, ██████████ didn't work her plan to get him back. Ms. ██████████ stated that she would take the baby once he is well enough to be released. FSW ██████████ stated that once the baby begin to thrive she would submit an ICPC for placement. Ms. ██████████ also gave Ms. ██████████ an update on ██████████ She said that hew was doing fine and meeting milestones. FSW ██████████ inquired about ██████████ dental because she had not received the paperwork back from them confirming the appointment. FSW ██████████ told Ms. ██████████ that she would call the dentist to get the confirmation. FSW ██████████ also told Ms. ██████████ that the TPR against the dad was granted. After 30 days, ██████████ will be free for adoption. Ms. ██████████ stated that she was praying for ██████████ and she stated that ██████████ was doing a good job.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/12/2012	Contact Method:	Meeting
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Court	Created Date:	02/19/2013
Completed date:	02/19/2013	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]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/19/2013 03:33 PM Entered By: [REDACTED]

The team came together to create the initial permanency plan concerning [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/04/2012 Contact Method: Face To Face
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For: [REDACTED]
 Location: Hospital Created Date: 01/04/2013
 Completed date: 01/04/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Manager/Child Contact,Case Manager/Parent Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/04/2013 12:49 PM Entered By: [REDACTED]

Content:

FSW completed a F2F visit with [REDACTED]. Ms. [REDACTED] stated that he is doing very well and she is so proud of him. FSW talked with the social worker and was informed that [REDACTED] was on the Sipap and that he is weighs 2lbs. She stated that he has a long way to go but he is doing well. She stated that when Ms. [REDACTED] was discharged from the hospital she and the father were staying in the waiting room and would visit with [REDACTED]. FSW talked with Ms. [REDACTED] about what she wanted to do with [REDACTED] as far as placement goes when he is discharged from the hospital. Ms. [REDACTED] stated that [REDACTED] father is wanting to obtain custody. FSW asked Ms. [REDACTED] did he have a place to reside and she stated that currently he is living with his sister but he is looking for somewhere to live. Ms. [REDACTED] also stated that she is in the process of getting her ID so that she can have proof that she is [REDACTED] mother and the father can put his name on the birth certificate. FSW asked Ms. [REDACTED] about Ms. [REDACTED] as a possible placement. Ms. [REDACTED] stated that if the father can't obtain custody she would like for him to go with Ms. [REDACTED]. Ms. [REDACTED] asked about [REDACTED] her other son. FSW showed Ms. [REDACTED] some pictures in FSW cell phone and she was so happy and excited about how big and handsome [REDACTED] has gotten. Ms. [REDACTED] stated that she will be willing to surrender on [REDACTED] so that he can be adopted by Ms. [REDACTED].

Observation:

FSW was informed that [REDACTED] has come a long way and that he still has a long way to go before he is discharged from the hospital. Ms. [REDACTED] and the father Mr. [REDACTED] seem to be very concerned with the health of [REDACTED] and wants what is best for him. [REDACTED] is handsome little boy.

Plan:

FSW will visit with [REDACTED] while he is in the hospital and will remain in contact with the social worker for updates on [REDACTED]. FSW will remain in contact with Ms. [REDACTED] and Mr. [REDACTED] concerning this case and upcoming court hearings and CFTM.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 11/14/2012 Contact Method:

Contact Time: Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Court Created Date: 07/22/2013

Completed date: 07/22/2013 Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/22/2013 03:07 PM Entered By: [REDACTED]

Purpose of Content:
DCS legal met with Ms. [REDACTED] mother, to explain and complete the surrender packet.

Content:

On November 14, 2012 Ms. [REDACTED] voluntarily relinquished parental birth rights. The entire process was thoroughly explained. They particularly discussed ramifications around the surrender process and her legal rights. DCS legal assisted birth parent with exploring all options including parenting the child, kinship adoption, and adoption. Prior to completing the surrender packet, Ms. [REDACTED] was advised of her right to receive independent and neutral counseling regarding her options, the pros and cons of each choice, and the short-term and long-term consequences of each choice. Additionally, birth parent was advised of her right to have legal counsel present during this process. In case additional support is needed and to assist with dealing with issues of grief and losses. Ms. [REDACTED] was advised that she could contact any counseling agency that provides intensive intervention to deal with grief, losses, and making competent decisions.

Next Step:

The FSW will complete a referral for TPR on the named father, [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Open

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/31/2012	Contact Method:	Meeting
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Hospital	Created Date:	11/01/2012
Completed date:	11/01/2012	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/01/2012 02:55 PM Entered By: [REDACTED]

This is a Potential Removal CFTM. The Strengths discussed; the baby has parental support. The baby appears to be fighting for his life! The Needs discussed; the baby needs to reside in a safe, stable, and drug-free environment. DCS received a referral on 10-17-2012 reporting a Drug Exposed Infant. The baby tested positive for cocaine at birth. At that time, the mother tested positive for cocaine and marijuana. Currently, the baby is in extremely critical condition, weighing only 1lb. and 10ozs. Further, the baby was born at 24 weeks, weighing only 1lb. 3ozs. NOTE: Hospital social worker stated the baby is not ready for discharge from the hospital and will not be ready to leave the hospital for at least one or two months. The parents were provided with a copy of the TN. Care Appeals Rights forms. The newborn will not enter DCS custody at this time, pending the outcome of the putative father's home study and/or identifying other appropriate family placement resources. If another CFTM becomes necessary, Ms. [REDACTED] (mother's aunt), telephone number [REDACTED] and Ms. [REDACTED] (father's sister), telephone number [REDACTED], will be invited. The parents will have on-going supervised visits with the baby. The putative father will legitimize the baby by 11-7-2012. DCS staff will make a referral for the mother to receive alcohol/drug in-patient treatment and complete the home study of the father's residence by 11-5-2012.



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

Investigation #:	[REDACTED]	Date of Notification:	03/05/13	Date of Death/ Incident:	03/04/13
Type: (Please check one)	<input checked="" type="checkbox"/> FATALITY	<input type="checkbox"/> NEAR FATALITY			
Child's Name:	[REDACTED]	DOB:	[REDACTED]	TFACTS #	[REDACTED]
Gender:	Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>	Race/Ethnicity:	Black or A	County/Region:	[REDACTED]
Parent's Name(s):	Mother: [REDACTED]	Father:	[REDACTED] (Alleged)		
Was child in custody at time of incident?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Adjudication:	Dependent/Neglected		
If child is in DCS custody, list placement type and name:		[REDACTED] Medical Center (NICU)			
<p>Describe (in detail) cause or circumstance regarding the death/injury: [REDACTED] was in the neo-natal intensive care unit (NICU) because he was premature and weighed only one pound and three ounces. The child was on a ventilator, receiving medication for blood pressure and he was unable to maintain body temperature. The child tested positive for cocaine at birth. The doctors stated that everything medically possible has been done for [REDACTED] had a fungus in his heart (right side) that blocked a major artery that pumps the blood to the lungs. [REDACTED] was receiving the maximum amount of oxygen but needed more oxygen than he was taking in. There was not enough oxygen to the blood [REDACTED] was in heart failure and lung failure. [REDACTED] was too young for any type of surgery and the doctors had used multiple antibiotics to treat the infections. During the course of his treatment, [REDACTED] had several infections and the fungal infection spread to his heart. He was not responding to any of the medication/treatment at this point and there was nothing else medically that could be done for him. The hospital was trying to make [REDACTED] as comfortable as possible. [REDACTED] doctor stated that they would no longer perform any unnecessary routine treatment such as blood work.</p>					
<p>Describe (in detail) interview with family: There was a Child and Family Team Meeting held at the hospital on 03/04/13. The meeting was called in order to inform the family of the status of [REDACTED] condition. The doctors informed the parents that there were no other treatment options available for [REDACTED]. He was too small for any type of surgery and his condition continued to deteriorate. The doctors explained to the family the DNR (Do Not Resuscitate) protocol. The parents were able to speak with their attorneys in private and asked for time to think about their decisions in regards to [REDACTED] treatment and the DNR. Ms. [REDACTED] stated that she didn't want to continue to see her son suffering and the putative father, [REDACTED] stated that he didn't want the hospital to pull the plug on his son. The doctor explained that they were not pulling the plug because everyone loves [REDACTED] but realistically all medical treatment options had been exhausted. The doctor told the family to notify other family members of the situation and they could visit [REDACTED] and take pictures of him. The parents were also allowed to spend time with their son after the meeting.</p>					
<p>If child was hospitalized, describe (in detail) DCS involvement during hospitalization: FSW [REDACTED] maintained regular contact with the mother [REDACTED] Putative father [REDACTED] and [REDACTED] Hospital Social Worker. Ms. [REDACTED] received some birth records from the hospital as well.</p>					
Describe disposition of body (Fatality):					
Name of Medical Examiner or Coroner:	Unknown	Was autopsy requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did CPS open an investigation on this Fatality/Near Fatality?	Open <input checked="" type="checkbox"/>	Closed <input type="checkbox"/>			
Was there an open investigation at the time of Fatality/Near Fatality?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
If so, describe (in detail) law enforcement or court involvement:					

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):		
No other children in the home.		
Prior DCS involvement, include dates, findings, and/or adjudications:		
Investigation [REDACTED] DEI (Services required) 10/22/12 [REDACTED] was the alleged perp.		
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):	[REDACTED] FSW, [REDACTED] and [REDACTED]	
ATTACH a copy of the <u>TFACTS Incident Report</u> or Form <u>CS-0496, Serious Incident Report</u> to this notice if TFACTS is inoperable:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]