



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 06/24/2013 09:03 AM CT  
Track Assigned: Special Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 06/24/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED] CPS Special Investigation  
Date/Time Assigned: 06/24/2013 01:09 PM  
First Team Leader Assigned: [REDACTED] Date/Time: 06/24/2013 12:00 AM  
First Case Manager: [REDACTED] Date/Time: 06/24/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS: Family Case ID - # [REDACTED] (for [REDACTED]) / # [REDACTED] (for [REDACTED] and [REDACTED])

Open Court Custody: Yes - # [REDACTED] - [REDACTED]  
Closed Court Custody None  
Open CPS - None  
Indicated None  
Fatality None  
Screened out None

History (not listed above):  
ASMT - 8/29/12 - # [REDACTED] PYA Services Required  
ASMT 4/12/11 - # [REDACTED] ABN Services Recommended/Accepted

County: [REDACTED]



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

Notification: Letter  
School/ Daycare: None  
Native American Descent: None  
Directions: None Given

Reporters name/relationship: [REDACTED]

Reporter States:  
[REDACTED] (10mos) was currently placed in foster care with [REDACTED] and [REDACTED]

It is reported that [REDACTED] was placed in a medically fragile placement. [REDACTED] was in respite with her continued care nurse, [REDACTED] when she passed. It is unknown at this time the official cause of death. [REDACTED] suffered from severe problems with her brain and it is believed that she may have had a cerebral bleed or something of the like. [REDACTED] had been in her placement since 10/22/2012. Currently, [REDACTED] her foster parents, and the nurse are at [REDACTED] Hospital. [REDACTED] did initiate CPR until EMS arrived and the official time of death is unknown. This occurred somewhere around the hour of 8:00 a.m. Eastern Time.

\*\*The reporter was not [REDACTED] [REDACTED] and had very limited information at this time.

Per SDM: Investigative Track, P1 - Child Fatality  
[REDACTED] Interim TC, on 6/24/13 @ 9:24am

Notified Fatality/Near Fatality Notification Group via Email:  
[REDACTED], Child-Fatality-Notification EI-DCS, [REDACTED]  
[REDACTED]



**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:

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:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 1 Yrs

Address: [REDACTED]

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:** Unknown Participant [REDACTED] Unknown

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

SSN: [REDACTED] Race: [REDACTED] Age: [REDACTED]

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: Female

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:**



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: 06/24/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 06/24/2013

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 for Neglect Death.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: DCS policy defines Child Death as any unexplained death when the cause of death is unknown or pending an autopsy report. This also 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.

D. Case Workers

Case Worker: [Redacted] Date: 08/06/2013
Team Leader: [Redacted] Date: 08/06/2013

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:

The ACV was pronounced dead at 8:38 am. SI observed the ACV's body in the hospital morgue (accompanied by RN [Redacted]). There were no signs of abuse, neglect, or trauma observed by SI.

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 spoke with Dr. [Redacted]. Dr. [Redacted] was the ACV's PCP. Dr. [Redacted] stated that the ACV was up to date on all



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

Case Name : ██████████

Investigation ID: ██████████

medical visits. She stated that the foster mother brought the ACV to all of the medical appointments and stayed in constant communication with her. SI asked about the ACV's life expectancy. Dr. ██████ stated that the ACV had a lot of chronic problems (Underdeveloped brain, seizures, impaired vision, diabetes, etc..) and it would be hard to put a "number" on the ACV's life expectancy. Dr. ██████ stated that she believes that the ACV was well taken care of by the foster parents (Mr. and Mrs. ██████) and she never had a concern for the care that the ACV was provided. Dr. ██████ stated that she went to the hospital after the ACV's death. She stated that she spoke with the ER doctor and was told that the ACV may have died from aspiration or a possible brain bleed.

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

Ms. ██████ stated that the ACV was fussy all night long. She stated that her husband got up around 5:30 am to use the bathroom and asked the ACV if she was pulling an all- nighter. Ms. ██████ stated that she never left the ACV's side during the night. She stated that she lay on the couch in the living room where the ACV's play pin is located. Ms. ██████ stated that around 5:30 am, the ACV fell asleep and Ms. ██████ laid the ACV down in her play pin. Ms. ██████ stated that the next bottle was at 6:44 am. She stated that she remembers the time because she looked at the clock on the stove in the kitchen when she went to get the bottle. Ms. ██████ stated that the ACV was crying and she went to pick her up and gave her another 4 1/2 oz bottle. She stated that she added a little bit more water to the solution to prevent constipation. Ms. ██████ stated that about 7:15 or 7:20 am, the ACV burped 2-3 times. Ms. ██████ stated that she laid the ACV down on her right side and then she laid down on the couch in the living room where the play pin is located. Ms. ██████ stated that her husband came into the living room and told her that it was 7:40 am and she needed to wake up (they had errands to run on that day). Ms. ██████ stated that she got up off the couch, walked past the play pin into her bedroom to brush her hair, put on a sun dress, came back through to use the bathroom, and then went to the kitchen to get the ACV's medication. She stated that each time that she passed the play pin; it looked as if the ACV was sleeping. Ms. ██████ stated that she got the ACV's medication and walked back to the play pin and that is when she noticed that the ACV's lips were blue tinged and she had a white milky like substance coming out of her mouth. Ms. ██████ stated that the ACV looked as if she had a seizure because she was stiff. Ms. ██████ stated that she called for her husband to call 911. She stated that she began CPR. She stated that she called the foster mother, ██████, at 7:49 am. She stated that her husband was on the phone with 911 when she called the foster mother. Ms. ██████ stated that she cleaned out the ACV's mouth and then began 911. She stated that this was the first time that she had performed CPR on an infant. She stated that she continued CPR until the police and the paramedics arrived and took over.

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

. Mr. ██████ stated that Mrs. ██████ was up and down with the ACV all night long. Mr. ██████ stated that he had his alarm set for 7 am because they had to go to ██████. He stated that around 7:30 am that Mrs. ██████ gave the ACV her meds and then came into the bedroom to lie down. Mr. ██████ stated that he told her that it was 7:40 am and they had to go to ██████ and she had to get up. He stated that Mrs. ██████ walked back into the living room and he heard her say "call 911". He stated that he called 911 and Mrs. ██████ began CPR. Mr. ██████ stated he never had a concern

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

DCS policy defines Child Death as any unexplained death when the cause of death is unknown or pending an autopsy report. This also includes any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretakers failure to stop another persons direct action that resulted in the death of a child. The ACV was appropriately supervised throughout the night prior to her death. The AP was also the ACV's home health nurse that provided care for the child for several months. SI spoke with the AP's employer and there was not a concern for the care that the AP provided the ACV at any time. It appears that the child's death was due to her medical condition. SI recommends that this case is closed as Allegation Unfounded/Perpetrator Unfounded.

Distribution Copies:



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/19/2013	Contact Method:	
Contact Time:	05:03 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/19/2013
Completed date:	08/19/2013	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: 08/19/2013 05:03 PM      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: 08/09/2013

Contact Method:

Contact Time: 04:23 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/09/2013

Completed date: 08/09/2013

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: 08/09/2013 04:23 PM      Entered By: [REDACTED]

Case reviewed and approved for closure by SIU Director, [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: 08/01/2013

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/02/2013

Completed date: 08/02/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/02/2013 03:22 PM Entered By: [REDACTED]

SI spoke with [REDACTED], Assistant Regional Director for Omni Visions. SI recommended that the agency offer the resource family grief counseling. Mr. [REDACTED] reported that the agency has offered grief counseling to the resource family and to [REDACTED] (AP) and both denied counseling at this time.



**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: 08/01/2013

Contact Method:

Contact Time: 10:39 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/01/2013

Completed date: 08/01/2013

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: 08/01/2013 01:47 PM Entered By: [REDACTED]

TL [REDACTED] staffed case with SI [REDACTED] on August 1, 2013. SI reports that the ACV had several medical issues that were going on prior to death. The ACV was diagnosed with having severe seizures, had a shunt placed in head to help regulate seizures. Case presented to CPIT and CPIT was in agreement with the classification of Allegation Unfounded Perpetrator Unfounded. TL [REDACTED] asked that SI [REDACTED] follow-up with the agency regarding offering grief counseling to the family. SI [REDACTED] will need to make a notation of this and submit case for closure as 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: 07/29/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2013

Completed date: 08/02/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2013 12:03 PM Entered By: [REDACTED]

SI received this case due to a Child Death. The ACV is [REDACTED] 10 month old female. The ACV was a medically fragile foster child placed in the Omni Visions foster home of [REDACTED]. The ACV had the following diagnosis:

Schizencephaly- underdeveloped brain- a rare grey matter malformation of the brain. It belongs to the group of malformations of the central nervous system.

Septo-optic dysplasia- impaired vision- a congenital malformation syndrome made manifest by hypoplasia (underdevelopment) of the optic nerve and absence of the septum pellucidum (a midline part of the brain). Vision in each eye can be unaffected, partially lost, or in some patients, completely absent. Although not included in the name, hypopituitarism is sometimes included in the definition. Neuroradiologically, intracranial malformations associated with septo-optic dysplasia include agenesis of the septum pellucidum, schizencephaly, and lobar holoprosencephaly.

New onset seizures- shunt recently put into her head to help regulate seizures

Panhypopituitarism- pituitary system didnt operate well. ACV could not regulate her body temperature. Hypopituitarism is the decreased (hypo) secretion of one or more of the eight hormones normally produced by the pituitary gland at the base of the brain. If there is decreased secretion of most pituitary hormones, the term panhypopituitarism (pan meaning "all") is used. The signs and symptoms of hypopituitarism vary, depending on which hormones are undersecreted and on the underlying cause of the abnormality. The diagnosis of hypopituitarism is made by blood tests, but often specific scans and other investigations are needed to find the underlying cause, such as tumors of the pituitary, and the ideal treatment. Most hormones controlled by the secretions of the pituitary can be replaced by tablets or injections. Hypopituitarism is a rare disease, but may be significantly underdiagnosed in people with previous traumatic brain injury.

Adrenal insufficiency- a condition in which the adrenal glands do not produce adequate amounts of steroid hormones, primarily cortisol; but may also include impaired production of aldosterone (a mineralocorticoid), which regulates sodium conservation, potassium secretion, and water retention.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Diabetes insipidus- a condition characterized by excessive thirst and excretion of large amounts of severely diluted urine, with reduction of fluid intake having no effect on the concentration of the urine.

At the time of death, the ACV was at the home of her home health nurse, [REDACTED] (AP). Mrs. [REDACTED] has provided home health for the ACV since December 31, 2012. Mrs. [REDACTED] developed a strong relationship with the foster family and the ACV and helped care for the ACV outside of her working hours. Mrs. [REDACTED] reported that the ACV was very fussy the night prior to her death and was up and down all night long. Mrs. [REDACTED] stated that the last feeding/bottle was at 6:44 am. She stated that she remembers the time because she looked at the clock on the stove in the kitchen when she went to get the bottle. Mrs. [REDACTED] stated that the ACV was crying and she went to pick her up and gave her another 4 1/2 oz bottle. She stated that she added a little bit more water to the solution to prevent constipation. Mrs. [REDACTED] stated that about 7:15 or 7:20 am, the ACV burped 2-3 times. Mrs. [REDACTED] stated that she laid the ACV down on her right side and then she lay down on the couch in the living room where the play pin is located. Mrs. [REDACTED] stated that her husband came into the living room and told her that it was 7:40 am and she needed to wake up (they had errands to run on that day). Mrs. [REDACTED] stated that she got up off the couch, walked past the play pin into her bedroom to brush her hair, put on a sun dress, came back through to use the bathroom, and then went to the kitchen to get the ACV's medication. She stated that each time that she passed the play pin; it looked as if the ACV was sleeping. Mrs. [REDACTED] stated that she got the ACV's medication and walked back to the play pin and that is when she noticed that the ACV's lips were blue tinged and she had a white milky like substance coming out of her mouth. Mrs. [REDACTED] stated that the ACV looked as if she had a seizure because she was stiff. Mrs. [REDACTED] stated that she called for her husband to call 911. She stated that she began CPR. SI spoke with the Emergency Room doctor, [REDACTED] Dr. [REDACTED] noted that there were no signs of trauma, abuse, or neglect. SI spoke with the ACV's medical doctors that provided medical care for the ACV during her 10 months of life. All of the doctors noted that the ACV was very well cared for and no one had a concern for the care of the child. SI was advised that due to the ACV's medical condition, she was predisposed to a shortened life expectancy. The certificate of death was received and the cause of death is noted as A) Asphyxia- is a condition of severely deficient supply of oxygen to the body that arises from being unable to breathe normally. An example of asphyxia is choking. B) Encephalopathy- means disorder or disease of the brain. C) Seizure.

DCS policy defines Child Death as any unexplained death when the cause of death is unknown or pending an autopsy report. This also 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. The ACV was appropriately supervised throughout the night prior to her death. The AP was also the ACV's home health nurse that provided care for the child for several months. SI spoke with the AP's employer and there was not a concern for the care that the AP provided the ACV at any time. It appears that the child's death was due to her medical condition. SI recommends that this case is closed as 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: 07/29/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2013

Completed date: 07/29/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/29/2013 12:01 PM      Entered By: [REDACTED]

SI received a copy of the Certificate of Death for the ACV, [REDACTED]. The listed chain of events that directly cause the death are: A) Asphyxia- is a condition of severely deficient supply of oxygen to the body that arises from being unable to breathe normally. An example of asphyxia is choking. B) Encephalopathy- means disorder or disease of the brain. C) Seizure. Copy of the certificate is uploaded in the documents section of TFACTS.



**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: 07/26/2013

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2013

Completed date: 07/29/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2013 11:45 AM Entered By: [REDACTED]

SI spoke with [REDACTED], Omni Visions Assistant Regional Director. The ACV was at the home of [REDACTED] during the alleged incident. [REDACTED] (AP) is not an approved foster home. An Omni Visions CM has not been to the home of Mrs. [REDACTED]. Mr. [REDACTED] stated that it is Omni Visions policy allows the foster children to stay with family/extended family of the foster family. He stated that Best Practice would be for the foster family to notify the Omni Visions CM of the whereabouts of the child at all times especially during the overnight stays. It is SI's understanding that the foster family did not notify the Omni Visions CM of the overnight stay. Mr. [REDACTED] stated that the [REDACTED] (foster parents of the ACV) have worked with Omni Visions for a very long time and are policy driven. He described them as upper tier foster parents and trusts their judgment in appropriate baby sitters. Mrs. [REDACTED] was the most appropriate baby sitter for the ACV given the ACV's medical diagnosis.



**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: 07/25/2013

Contact Method: Phone Call

Contact Time: 05:30 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/29/2013

Completed date: 07/29/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/29/2013 10:55 AM Entered By: [REDACTED]

SI spoke with [REDACTED], husband of [REDACTED] (AP). SI spoke with Mr. [REDACTED] on the phone. Mr. [REDACTED] is a truck driver and driving to New Jersey. Mr. [REDACTED] stated that he was not with Mrs. [REDACTED] when she picked up the ACV on 06/23/2013 from the foster home. He stated that he was at home when Mrs. [REDACTED] arrived at the home with the ACV. Mr. [REDACTED] stated that the ACV has stayed at the home multiple times before but not sure how many times. He stated that he and Mrs. [REDACTED] treated the ACV like one of their own grandchildren. SI asked Mr. [REDACTED] to detail the day that he spent with the ACV prior to her death. Mr. [REDACTED] stated that he went with Mrs. [REDACTED] and the ACV to Wal-Mart. He described the ACV as being "cranky", as if she couldn't get comfortable. He stated that he held her because she wanted to lie on her stomach. He stated that during the night the ACV was up and down all night. He stated that Mrs. [REDACTED] gave her a bottle and then the ACV would rest a little while and then the ACV would be awake again. He stated that he eventually went to bed in the bedroom and Mrs. [REDACTED] stayed in the living room where the ACV was laying in her play pen. Mr. [REDACTED] stated that Mrs. [REDACTED] was up and down with the ACV all night long. Mr. [REDACTED] stated that he had his alarm set for 7 am because they had to go to [REDACTED]. He stated that around 7:30 am that Mrs. [REDACTED] gave the ACV her meds and then came into the bedroom to lie down. Mr. [REDACTED] stated that he told her that it was 7:40 am and they had to go to [REDACTED] and she had to get up. He stated that Mrs. [REDACTED] walked back into the living room and he heard her say "call 911". He stated that he called 911 and Mrs. [REDACTED] began CPR. Mr. [REDACTED] stated he never had a concern for the ACV in the care of Mrs. [REDACTED]. He stated that Mrs. [REDACTED] was a good care giver to the ACV and they both loved [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: 07/25/2013	Contact Method: Phone Call
Contact Time: 12:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/26/2013
Completed date: 07/26/2013	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning	
Contact Type(s): Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 07/26/2013 12:48 PM      Entered By: [REDACTED]

SI spoke with [REDACTED] [REDACTED] was also a home health nurse for the ACV. [REDACTED] stated that she worked at the home 3 days per week. She and [REDACTED] rotated shifts. [REDACTED] explained that she was trained by [REDACTED] (AP). She stated that she never had a concern for the care that the ACV received. She stated that the ACV appeared to be very loved. She stated that she didn't know that the ACV was treated as a regular member of the family and she didn't initially know that the ACV was a foster child. [REDACTED] stated that she never baby sat the ACV and only cared for the ACV during her regular working hours.

SI spoke with [REDACTED] grandmother of [REDACTED] [REDACTED] was adopted by the [REDACTED] family when she was 3 1/2 years old and she is now 9 years old. [REDACTED] stated that the [REDACTED] family adopted her grandchild [REDACTED] and adopted her as well. She stated that her granddaughter is in the best placement possible given the situation. She stated that she has been at the home often and seen the foster parents and the nurses care for the ACV and she never had a concern for the care that the ACV received.

SI spoke with [REDACTED] Vision Therapist for the ACV. Ms. [REDACTED] was also the ACV's Early Intervention Specialist through [REDACTED] and at saw the ACV weekly. Ms. [REDACTED] stated that she never had a concern for the care that the ACV received. She stated that the care that the ACV received "was better than others in regular homes". She stated that the foster mother was incredibly attentive to the ACV's needs, all appointments were kept, and there was never a lack of care. She stated that the ACV had positive care in her lifetime.

SI spoke with [REDACTED] sister of [REDACTED] [REDACTED] stated that she saw [REDACTED] (ACV) at the home about 5-6 times. She stated that she would visit with her sister on holidays and Birthdays. She stated that she never had a concern for the care or wellbeing of the ACV. She stated that she was aware of the ACV's medical condition and the foster mother talked about her care often. She stated that the ACV received a lot of attention from the entire family and a lot of love.

SI spoke with [REDACTED] - Home Health Nurse Supervisor. [REDACTED] stated that she supervises the nurses in the home and acts as a liaison between the nurses and the doctors to ensure that the nurses are aware of the doctor's orders. [REDACTED] stated that she never had a concern for the care and wellbeing of the ACV. She stated that the foster mother had a very close relationship with the ACV's doctor and did a good job with the ACV. [REDACTED] stated that she never had any complaints about [REDACTED]. She stated that Nurse [REDACTED] did a good job for the



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

family. She stated that it is against [REDACTED] policy for the nurses to fraternize with the families that they service. She stated that the nurses do tend to build relationships with the families and this is hard to prevent at times.

SI spoke with [REDACTED] sister in law of [REDACTED]. [REDACTED] stated that she only saw [REDACTED] with the ACV 1 time but it was for several hours. The ACV was at [REDACTED] home. She stated that [REDACTED] and [REDACTED] husband appeared to be very attached to the child. She stated that she didn't have any concerns for the care that [REDACTED] provided the ACV. [REDACTED] stated that she didn't know that the ACV was a foster child. She stated that she thought that [REDACTED] was babysitting the child for the foster parents.



**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: 07/24/2013	Contact Method: Face To Face
Contact Time: 05:00 PM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 07/26/2013
Completed date: 07/26/2013	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning	
Contact Type(s): Other Child Living in the Home Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 07/26/2013 12:26 PM      Entered By: [REDACTED]

SI completed a home visit at the [REDACTED] foster home to speak with the other children that reside in the home that were not present during SI's initial visit.

SI spoke with [REDACTED] DOB [REDACTED]. [REDACTED] is a foster child placed in the [REDACTED] foster home. [REDACTED] appeared neat and clean and dressed appropriately for the weather. SI and [REDACTED] spoke about her upcoming transition to an adoptive home in [REDACTED]. [REDACTED] stated that [REDACTED] (ACV) was always well taken care of by the family and Nurse [REDACTED]. She stated that the ACV was never mistreated. She stated that everyone loved [REDACTED] and would help to take care of her.

SI spoke with [REDACTED] DOB [REDACTED]. [REDACTED] was adopted by the [REDACTED] on 08/23/1997. [REDACTED] appeared neat and clean and dressed appropriately for the weather. She is going into the 10th grade at [REDACTED] High School. [REDACTED] stated that [REDACTED] (ACV) was well taken care of. She stated that she rarely held the ACV because she is "not into babies" but she would help her foster mother get things that the ACV needed. She stated that the nurses did a good job with the baby. She stated that Nurse [REDACTED] did a good job with the ACV and the ACV was always taken care of while in her care.

The foster parents provided a list of collateral contacts for SI to contact.

Narrative Type: Addendum 1      Entry Date/Time: 07/26/2013 12:29 PM      Entered By: [REDACTED]

SI spoke with [REDACTED] DOB [REDACTED]. [REDACTED] is in the Omni Visions Adult Program and was recently placed in the [REDACTED] home on Sunday. [REDACTED] is a special needs adult. [REDACTED] appeared neat and clean and dressed appropriately for the weather. [REDACTED] stated that she has been at the home multiple times for respite care prior to being placed in the home. [REDACTED] stated that she remembers [REDACTED] (ACV) and stated that she required around the clock care. She stated that she remembered her foster mother and the nurses always being with the ACV. She stated that everyone loved the ACV and was always being held by someone.



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:	07/24/2013	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/26/2013
Completed date:	07/26/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 07/26/2013 12:19 PM      Entered By: [REDACTED]  
 SI staffed this case with TL [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:	07/16/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	08/01/2013
Completed date:	08/01/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/01/2013 10:36 AM      Entered By: [REDACTED]  
SI [REDACTED] presented this case to the [REDACTED] County CPIT. The case was classified 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: 07/10/2013

Contact Method: Phone Call

Contact Time: 09:19 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2013

Completed date: 07/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/26/2013 12:18 PM      Entered By: [REDACTED]

SI spoke with Dr. [REDACTED] Neurologist. He stated that the ACV was last seen in his office in March. He stated that at her last appointment it appeared that the ACV was "doing a little better. However, her medical condition predisposed her to a shorten life span". Dr. [REDACTED] also noted that the ACV had terrible seizures. Dr. [REDACTED] stated that he did not have a concern for the wellbeing and the care provided for the child.



**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: 07/09/2013

Contact Method: Phone Call

Contact Time: 03:50 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/09/2013

Completed date: 07/09/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/09/2013 02:54 PM Entered By: [REDACTED]

SI contacted the office of Dr. [REDACTED] and left a voice mail requesting a call and medical records.

SI contacted the office of Dr. [REDACTED] and left a voice mail requesting a call and medical records.

SI received a phone call from Dr. [REDACTED] nurse. SI sent a request for medical records. The nurse stated that she would ask Dr. [REDACTED] to contact SI.

Medical records uploaded in TFACTS.

Narrative Type: Addendum 1 Entry Date/Time: 07/26/2013 11:53 AM Entered By: [REDACTED]

Dr. [REDACTED] Neurology

Dr. [REDACTED] Endocrinology



**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: 07/08/2013

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/09/2013

Completed date: 07/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/09/2013 03:03 PM Entered By: [REDACTED]

SI spoke with Dr. [REDACTED]. Dr. [REDACTED] was the ACV's PCP. Dr. [REDACTED] stated that the ACV was up to date on all medical visits. She stated that the foster mother brought the ACV to all of the medical appointments and stayed in constant communication with her. SI asked about the ACV's life expectancy. Dr. [REDACTED] stated that the ACV had a lot of chronic problems (Underdeveloped brain, seizures, impaired vision, diabetes, etc..) and it would be hard to put a "number" on the ACV's life expectancy. Dr. [REDACTED] stated that she believes that the ACV was well taken care of by the foster parents (Mr. and Mrs. [REDACTED] and she never had a concern for the care that the ACV was provided. Dr. [REDACTED] stated that she went to the hospital after the ACV's death. She stated that she spoke with the ER doctor and was told that the ACV may have died from Aspiration or a possible brain bleed.

Dr. [REDACTED] medical records (including the ACV's medical diagnosis) uploaded in TFACTS.



**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: 06/26/2013

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2013

Completed date: 06/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/26/2013 02:40 PM      Entered By: [REDACTED]

Medical Records uploaded in TFACTS. Please see the documents section.



## 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: Created In Error  
 Contact Date: 06/25/2013 Contact Method: Face To Face  
 Contact Time: 02:00 PM Contact Duration: Less than 30  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 06/28/2013  
 Completed date: 07/08/2013 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: 06/28/2013 02:03 PM Entered By: [REDACTED]

SI was arrived at the [REDACTED] Medical Center. SI spoke with [REDACTED] (Emergency Room RN). RN stated that she was present when the ACV, [REDACTED], was brought to the emergency room by the emergency medical service (EMS). RN [REDACTED] stated that the EMS performed CPR on the ACV the entire time they were in route to the hospital. CPR was continued when the ACV arrived. The ACV was asystole (In medicine, asystole /s&#601;&#712;s&#618;st&#601;li&#720;/, colloquially known as flatline, is a state of no cardiac electrical activity; hence no contractions of the myocardium and no cardiac output or blood flow. Asystole is one of the conditions that may be used for a medical practitioner to certify clinical or legal death.). RN stated that the child was pronounced dead at 8:38 am. RN stated that there were no signs of abuse or neglect noted on the ACV.

SI spoke with Dr. [REDACTED], attending emergency room physician. Dr. [REDACTED] stated that he did not note any abuse, neglect, or trauma on the ACV. He stated that he was advised that the ACV was fed and laid down to sleep. When the adult [REDACTED] returned to check on the ACV, the ACV was unresponsive. Dr. [REDACTED] stated Mrs. [REDACTED] noticed that the ACV was shaking, a milky substance coming out of the ACV's mouth, and then the ACV went limp. Mrs. [REDACTED] reported that she began CPR. Dr. [REDACTED] stated that when the ACV arrived at the hospital, CPR was continued and the ACV was intubated. A pulse or respiration was never obtained. CPR continued for 30 minutes. The ACV was pronounced dead at 8:38 am. Dr. [REDACTED] stated that the ACV was a high risk child with multiple birth defects. Dr. [REDACTED] stated that the ACV had a low life expectancy. Dr. [REDACTED] stated that his determination, at this time, of the ACV's death is Aspiration (Pulmonary aspiration, the entry of secretions or foreign material into the trachea and lungs) due to the malformation of the brain. Due to the child's medical history and multiple birth defects, there will not be an autopsy.

Narrative Type: Created In Error Entry Date/Time: 07/08/2013 11:49 AM Entered By: [REDACTED]

Error- Date of contact is incorrect.



**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:	System Completed
Contact Date:	06/25/2013	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Resource Home	Created Date:	07/09/2013
Completed date:	07/26/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 07/09/2013 02:52 PM      Entered By: [REDACTED]

SI spoke with [REDACTED] (16 y/o). [REDACTED] appeared neat and clean and dressed appropriately for the weather. [REDACTED] stated that she is going to be a senior at [REDACTED] High School. She stated that she misses the ACV. She stated that she liked to hold her and sing to her. [REDACTED] stated that before the ACV had a shunt put in, she seemed like a sad baby. She stated that after the shunt was put in, the ACV seemed happy. She stated that she feels that the ACV was very well taken care of and loved by everyone. [REDACTED] stated that the ACV loved music and hearing the voices of the foster mother and [REDACTED]. [REDACTED] stated that the ACV always had to be supervised due to her medical condition and everyone helped care for her. [REDACTED] stated that she looked forward to teaching the ACV how to crawl.

SI spoke with [REDACTED] (8y/o). [REDACTED] appeared neat and clean and dressed appropriately for the weather. [REDACTED] is diabetic and her levels must be monitored consistently. She wears a medical insulin pump as well. [REDACTED] stated that she misses the ACV. She stated that she will miss loving and taking care of the ACV.



## 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: System Completed  
 Contact Date: 06/25/2013 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Resource Home Created Date: 07/09/2013  
 Completed date: 07/26/2013 Completed By: System Completed  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/09/2013 01:37 PM Entered By: [REDACTED]

SI met with the resource parents, [REDACTED] and [REDACTED] at the family home. SI completed a walkthrough of the home. There were no safety hazards found in the home.

SI spoke with the foster mother (FM), [REDACTED]. FM stated that she has been a resource parent for 19 yrs. She stated that the ACV has been placed with her since the ACV was released from the hospital. She stated that she was planning to adopt the ACV. The FM stated listed all of the ACV's diagnosis and reported all of the ACV's doctors. FM stated that the ACV recently had a shunt put in (her head) and this seemed to help with the seizures. She stated that the ACV seemed to be a happier baby. FM stated that all of the children loved the ACV and fought to hold her. The FM stated that [REDACTED] was the ACV's home health nurse. She stated that Ms. [REDACTED] was an excellent nurse. She stated that she felt very comfortable with leaving the ACV with Ms. [REDACTED].

SI asked about the day prior to the ACV's death. The FM stated that on 06/23/2013, Ms. [REDACTED] picked up the ACV between 8-9am. She stated that Ms. [REDACTED] had been out of town on vacation and wanted to see the ACV. She stated that Ms. [REDACTED] had text while she was away to check on the ACV. FM stated that she had some appointments on June 23rd so she allowed Ms. [REDACTED] to babysit the ACV. FM stated that Ms. [REDACTED] has baby sat the ACV many times. She stated that most recently, the FM and her family went on vacation and did not take the ACV with them. Ms. [REDACTED] came to the house and stayed with the ACV while the resource family was away on vacation. The FM stated that on the day that Ms. [REDACTED] stated that she had noticed that prior to the ACV's death, the ACV started tilting her head all the way back and she had to push her head back down. She stated that the other home health nurse, [REDACTED] noticed this as well. She stated that she took the ACV to see Dr. [REDACTED] and [REDACTED] told her that everything was fine. FM stated that on last Monday, the ACV had a urine check and the next day (Tuesday), the ACV had a procedure to check her kidneys and bladder. She stated that the ACV had a catheter and was injected with dye to see if urine was going back into her system instead of flowing outward. There was a small amount of back flow found. FM stated that the ACV was placed on an antibiotic. The FM stated that all of the ACV's doctor's appointments were up to date. FM stated that the ACM wasn't sleeping well but this wasn't too unusual in that she rarely slept well. FM stated that the ACV didn't seem sick or unhappy. She stated that she floated with the ACV in the pool on Saturday.

FM stated that she met Ms. [REDACTED] through [REDACTED]. She stated that Ms. [REDACTED] was their first nurse. She stated that she had cleared it with Omni Visions ([REDACTED]) to allow Ms. [REDACTED] to keep the ACV. Ms. [REDACTED] stated that Omni Visions increased her pay so that the ACV could go to a babysitter. FM stated that Ms. [REDACTED] loved the ACV and she never had a concern for Ms. [REDACTED] keeping the ACV. She stated that Ms. [REDACTED] was an excellent



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

nurse and was familiar with all of the ACV's needs.

FM stated that Ms. [REDACTED] called her while she was administering CPR and she could hear her saying "Come on [REDACTED] and heard Ms. [REDACTED] husband in the background talking to the 911 operator.

FM stated that she didn't know the ACV's life expectancy and she stated that the doctor's didn't know either. She stated that she was very optimistic about the ACV's life expectancy.

FM stated that she is a stay at home mother and took the ACV to all of her doctor appointments. She stated that Ms. [REDACTED] would help her with staying at the hospital overnight when the ACV was hospitalized.

FM stated that they were preparing to celebrate the ACV's first birthday and were recently notified that the ACV would be available for adoption soon.

SI spoke with [REDACTED], foster father (FF). FF is employed at [REDACTED] Monday- Friday 6am-5pm. He stated that the FM was mostly responsible for taking the ACV to doctor's appointments and the general care of the child. FF stated that he was home the day that the ACV left with Ms. [REDACTED]. He stated that Ms. [REDACTED] came and picked up the ACV around 9 am. He stated that the ACV had not been sleeping much. He stated that usually if the ACV is not sleeping much, she is prone to seizures. FF stated that the shunt put in helped a great deal with preventing the seizures. He stated that the ACV began to smile more. FF stated that the FM was providing all of the care for the baby the first 6 weeks the ACV was in the home and was rarely sleeping. He stated that Ms. [REDACTED] [REDACTED] was brought to the home as a home health nurse. He stated that Ms. [REDACTED] provided excellent care for the ACV. He stated that he and his family went away on vacation and Ms. [REDACTED] stayed at the home to provide care for the ACV. FF stated that the ACV has been to Ms. [REDACTED] home multiple times in the past and he never had a concern for her while in Ms. [REDACTED] care.



**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: 06/25/2013 Contact Method: Face To Face  
 Contact Time: 11:30 AM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Other Caretaker Home Created Date: 07/08/2013  
 Completed date: 07/09/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2013 12:11 PM Entered By: [REDACTED]

SI met with [REDACTED] (DOB [REDACTED]). Ms. [REDACTED] met SI at her home at [REDACTED]. Ms. [REDACTED] stated that she didn't stay at her home last night due to the fatality occurring there. Ms. [REDACTED] invited SI into the home. There was a play pin that was in the living room. Ms. [REDACTED] identified the play pin as the place that [REDACTED] (ACV) was sleeping. SI took pictures of the play pin (please see the pictures uploaded in TFACTS). Ms. [REDACTED] stated that she is an LPN with [REDACTED]. She stated that she has been employed with [REDACTED] for 1 year and was assigned to [REDACTED] on December 31, 2012. Ms. [REDACTED] stated that she was employed at [REDACTED] as a nurse prior to being employed at [REDACTED]. She stated that she is still employed at [REDACTED] on a "as needed basis" or PRN. She stated that she has been an LPN a total of 11 years. She stated that she was a CNA for 9 years prior to that. Ms. [REDACTED] stated that she has never been investigated for child neglect. She stated that she was involved in an internal investigation about 3 years ago at [REDACTED]. She stated that one of her staff members found a pill on the floor and she told the staff person to throw it away. Ms. [REDACTED] stated that this was not the correct procedure to just throw away medication without identifying it and properly disposing of it. Ms. [REDACTED] stated that she was cleared of any misconduct and a new policy is now in place detailing the proper disposal of medication. Ms. [REDACTED] stated that her job duties as a home health nurse for [REDACTED] (ACV) was to generally take care of her. She stated that she would administer medications, feed her, bathe her, change diapers, etc. She stated that she worked 12 hour shifts 5pm- 5 am. Ms. [REDACTED] stated that she stayed at the family home with the ACV. Ms. [REDACTED] stated that she became very close to the family and to the ACV. Ms. [REDACTED] stated that she would babysit for the foster mother when the foster mother had a lot of appointments she had to attend. Ms. [REDACTED] stated that she stayed with the ACV while she was in the hospital as well. SI asked Ms. [REDACTED] to recall the 24 hrs prior to the ACV's death. Ms. [REDACTED] stated that she had been away on vacation in [REDACTED] and missed the ACV. She stated that she called the foster mother, [REDACTED] and asked to see the ACV. She stated that she picked up the ACV at the resource home at 9 am on 06/23/2013. She stated that the ACV had a very good day. She stated that they went to Wal-Mart, the bank, post office, and went walking in the stroller. She stated that the ACV was in a good mood and not fussy. Ms. [REDACTED] stated that she administered all of the ACV's medication for the day. She stated that at 8pm, the ACV took a nap. She stated that around 9:15 pm, the ACV woke up and was given her medication and a bottle. Ms. [REDACTED] stated that the ACV burped really well. Ms. [REDACTED] stated that the ACV was up for a little while and she laid her across her legs. She stated that the ACV seemed



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

to like this position and it soothed her. She stated that the ACV fell asleep and she laid her down in the play pin on her side. Ms. [REDACTED] stated that around 1 am, the ACV woke up again and was given another 4 oz bottle. Ms. [REDACTED] described the ACV as being fussy and stayed up longer than usual this time. She stated that the ACV didn't have a temperature. She stated that she didn't take the ACV's temperature but she was not warm to the touch. Ms. [REDACTED] stated that the ACV was fussy all night long. She stated that her husband got up around 5:30 am to use the bathroom and asked the ACV if she was pulling an all-nighter. Ms. [REDACTED] stated that she never left the ACV's side during the night. She stated that she lay on the couch in the living room where the ACV's play pin is located. Ms. [REDACTED] stated that around 5:30 am, the ACV fell asleep and Ms. [REDACTED] laid the ACV down in her play pin. Ms. [REDACTED] stated that the next bottle was at 6:44 am. She stated that she remembers the time because she looked at the clock on the stove in the kitchen when she went to get the bottle. Ms. [REDACTED] stated that the ACV was crying and she went to pick her up and gave her another 4 1/2 oz bottle. She stated that she added a little bit more water to the solution to prevent constipation. Ms. [REDACTED] stated that about 7:15 or 7:20 am, the ACV burped 2-3 times. Ms. [REDACTED] stated that she laid the ACV down on her right side and then she laid down on the couch in the living room where the play pin is located. Ms. [REDACTED] stated that her husband came into the living room and told her that it was 7:40 am and she needed to wake up (they had errands to run on that day). Ms. [REDACTED] stated that she got up off the couch, walked past the play pin into her bedroom to brush her hair, put on a sun dress, came back through to use the bathroom, and then went to the kitchen to get the ACV's medication. She stated that each time that she passed the play pin; it looked as if the ACV was sleeping. Ms. [REDACTED] stated that she got the ACV's medication and walked back to the play pin and that is when she noticed that the ACV's lips were blue tinged and she had a white milky like substance coming out of her mouth. Ms. [REDACTED] stated that the ACV looked as if she had a seizure because she was stiff. Ms. [REDACTED] stated that she called for her husband to call 911. She stated that she began CPR. She stated that she called the foster mother, [REDACTED], at 7:49 am. She stated that her husband was on the phone with 911 when she called the foster mother. Ms. [REDACTED] stated that she cleaned out the ACV's mouth and then began 911. She stated that this was the first time that she had performed CPR on an infant. She stated that she continued CPR until the police and the paramedics arrived and took over. She stated that the police said that they could feel a faint pulse. The child was transported to the [REDACTED] Medical Center.

Ms. [REDACTED] stated that she changed the ACV's diaper about 3 times during the night/morning. She stated that the ACV doesn't urinate a lot due to her endocrine system not functioning properly. Ms. [REDACTED] stated that this was not the first time that the ACV has spent the night at her home. She stated that because she is very familiar with the ACV's diagnosis and the type of care that the ACV needed, she would babysit for the foster parents.

Ms. [REDACTED] stated that she was present when the ACV had a seizure on 06/12/2013. She stated that during a seizure, the ACV would become very stiff, her eyes would go up to the left or right and would stay fixed. She stated that the seizure on 06/12/2013 lasted about 10 minutes. Ms. [REDACTED] stated that during a seizure she would administer the Diastat medication (administered through the rectum). Afterwards, the ACV would be very lethargic and the medicine would help her rest.

Ms. [REDACTED] stated that she never accompanied the foster mother and the ACV to the doctor's appointments. She stated that the foster mother would bring back any medical instructions for her.

Ms. [REDACTED] stated that she is not sure about her future employment with [REDACTED]. She stated that she completed an incident report. She stated that she was not on the clock when the incident occurred and was babysitting the ACV as a friend. Ms. [REDACTED] stated that the company looked at her actions (babysitting) as fraternizing.



**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: 06/25/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/09/2013

Completed date: 07/09/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/09/2013 11:22 AM      Entered By: [REDACTED]

SI spoke with Detective [REDACTED]. He stated that he was called to the hospital on yesterday. He stated that he alerted the ADA of the fatality. He stated that he and the ADA made the decision that an autopsy would not be done on the child. Det. [REDACTED] stated that it was his understanding that the child had a low life expectancy. Det. [REDACTED] stated that his office will not be conducting an investigation.



**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: 06/24/2013

Contact Method: Phone Call

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/08/2013

Completed date: 07/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2013 12:07 PM Entered By: [REDACTED]

SI spoke with [REDACTED]. She was very distraught. She stated that she could not be at the home right now due to the ACV dying there this morning.

SI staffed this case with TL [REDACTED] SI will interview [REDACTED] on tomorrow.

SI contacted [REDACTED] and advised her that I would meet her at her home on tomorrow morning.

Narrative Type: Addendum 1 Entry Date/Time: 07/08/2013 12:09 PM Entered By: [REDACTED]

Correction-

SI spoke with [REDACTED]. She was very distraught. She stated that she could not be at the home right now due to the ACV dying there this morning.

SI staffed this case with TL [REDACTED] SI will interview [REDACTED] on tomorrow.

SI contacted [REDACTED] and advised her that I would meet her at her home on tomorrow morning



**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: 06/24/2013

Contact Method: Attempted Phone Call

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/09/2013

Completed date: 07/09/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/09/2013 11:18 AM      Entered By: [REDACTED]

Convene CPIT

SI attempted to contact Detective [REDACTED] of the [REDACTED] County Police Department [REDACTED]. The voice mail was not set up and SI was unable to leave a voice mail.

SI contacted the [REDACTED] County Sherriff's Department at [REDACTED]. SI left a voice mail with the dispatch officer requesting Det. [REDACTED] to contact SI.



**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: 06/24/2013 Contact Method: Face To Face  
 Contact Time: 03:30 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 07/08/2013  
 Completed date: 07/08/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/08/2013 11:48 AM Entered By: [REDACTED]

SI spoke with [REDACTED] and [REDACTED]. Both are Omni Visions Case Managers and worked with the ACV and the resource family. [REDACTED] worked with the ACV and family since the ACV was placed with the family. [REDACTED] then changed positions about 1 month and 1/2 ago and that is when [REDACTED] began working with the ACV and the family. [REDACTED] stated that [REDACTED] had multiple diagnoses and was in and out of the hospital a lot. She stated that in January, the ACV began having seizures. She stated that in February, the ACV had a shunt put in her head and this seemed to help with the seizures. She stated that [REDACTED] appeared to be a happy child and recently learned how to roll over. She stated that the doctors believed that the child was blind. However, [REDACTED] stated that the ACV was able to follow light. [REDACTED] stated that the ACV was very loved by the resource family. She stated that the resource mother, [REDACTED] was up to date on all medical appointments and was very attentive to the ACV's needs. She stated that the resource family was in the process of adopting the ACV. [REDACTED] stated that [REDACTED] is the home health nurse. She stated that the home health services began on December 31, 2012. Home health was provided 16 hrs per day every day. She stated that it began with 8 hrs but was increased to 16 hrs with the recommendation of the PCP. She stated that [REDACTED] was very good with the ACV and attentive to the ACV's needs.

[REDACTED] stated that the resource family resides in [REDACTED] and have been resource parents for a very long time. She stated that the foster mother is a stay at home mother and the foster father is gainfully employed by [REDACTED]. There are a total of 3 other children that reside in the home:

[REDACTED] (12y/o)- foster child  
 [REDACTED] (8 y/0)- adoptive child  
 [REDACTED] (16 y/o)- adoptive child

She stated that every child had their own room and there were never any safety concerns. She stated that the foster mother would take the ACV to the doctor any time it was needed or just for a quick check up. She stated that if an appointment was not available, the foster mother would sit in the waiting room at the doctor's office to have the ACV seen just for safe measure. The ACV's life expectancy was low but the family was very optimistic. The ACV recently had 2 seizures on 06/06 and 06/12. Both [REDACTED] and [REDACTED] stated that they were aware that the ACV would visit and spend the night with the home health nurse, [REDACTED]. However, they did not know that the child was spending the night with Ms. [REDACTED] last night. [REDACTED] has spent the night with the ACV at the hospital during the ACV's hospital stays and this was cleared by [REDACTED] DCS Nurse. [REDACTED] stated that it is Omni Visions policy that a child can stay with a baby sitter that is not a foster family. She stated that Ms. [REDACTED] would be the best possible baby sitter for the ACV considering the



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

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ACV's medical condition.

[REDACTED] reported that Ms. [REDACTED] told her what occurred this morning. [REDACTED] stated that Ms. [REDACTED] gave the ACV a bottle around 6:45 am and burped her and laid the ACV down to sleep (placing her on her side). Ms. [REDACTED] went back to the crib about 15-20 minutes later and the ACV's lips were a bluish tint and a white substance was coming out of her mouth. Ms. [REDACTED] told her husband to call 911 and Ms. [REDACTED] started CPR until the paramedics arrived.



**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: 06/24/2013

Contact Method: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/28/2013

Completed date: 07/08/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/28/2013 02:06 PM      Entered By: [REDACTED]

SI arrived at the [REDACTED] [REDACTED] Medical Center. The ACV was pronounced dead at 8:38 am. SI observed the ACV's body in the hospital morgue (accompanied by RN [REDACTED]). There were no signs of abuse, neglect, or trauma observed by SI.



## 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:	06/24/2013	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/08/2013
Completed date:	07/08/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/08/2013 11:51 AM Entered By: [REDACTED]

SI was arrived at the [REDACTED] Medical Center. SI spoke with [REDACTED] (Emergency Room RN). RN stated that she was present when the ACV, [REDACTED], was brought to the emergency room by the emergency medical service (EMS). RN [REDACTED] stated that the EMS performed CPR on the ACV the entire time they were in route to the hospital. CPR was continued when the ACV arrived. The ACV was asystole (In medicine, asystole, colloquially known as flatline, is a state of no cardiac electrical activity; hence no contractions of the myocardium and no cardiac output or blood flow. Asystole is one of the conditions that may be used for a medical practitioner to certify clinical or legal death.). RN stated that the child was pronounced dead at 8:38 am. RN stated that there were no signs of abuse or neglect noted on the ACV.

SI spoke with Dr. [REDACTED], attending emergency room physician. Dr. [REDACTED] stated that he did not note any abuse, neglect, or trauma on the ACV. He stated that he was advised that the ACV was fed and laid down to sleep. When the adult [REDACTED] returned to check on the ACV, the ACV was unresponsive. Dr. [REDACTED] stated Mrs. [REDACTED] noticed that the ACV was shaking, a milky substance coming out of the ACV's mouth, and then the ACV went limp. Mrs. [REDACTED] reported that she began CPR. Dr. [REDACTED] stated that when the ACV arrived at the hospital, CPR was continued and the ACV was intubated. A pulse or respiration was never obtained. CPR continued for 30 minutes. The ACV was pronounced dead at 8:38 am. Dr. [REDACTED] stated that the ACV was a high risk child with multiple birth defects. Dr. [REDACTED] stated that the ACV had a low life expectancy. Dr. [REDACTED] stated that his determination, at this time, of the ACV's death is Aspiration (Pulmonary aspiration, the entry of secretions or foreign material into the trachea and lungs) due to the malformation of the brain. Due to the child's medical history and multiple birth defects, there will not be an autopsy.



**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: 06/24/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/28/2013

Completed date: 07/08/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/28/2013 02:16 PM Entered By: [REDACTED]

The ACV was medically fragile; Sehizencephay (clef brain), Ceptooptic dysplasia (blind), has seizures, diabetes, etThe ACV could hear you talk to her but could not see. The family had a nurse in the home 12 hours a day to care for her provided by [REDACTED]

The ACV was taken into custody prior to being release from the hospital at birth. The Bio mother is schizophrenic and the hospital called DCS in after deciding that the bio mother was not capable of caring for the ACV. Bio mom was talking to people who were not there, spitting on the floor, yelling at staff, et Termination of the mother's rights began in June and the foster parents were preparing to adopt the ACV.

The child was in a pre-adoptive Omni home of [REDACTED] [REDACTED] started coming to the hospital before the child was release IOT receive training from hospital staff on how to care for the ACV. The ACVs nurse was [REDACTED] [REDACTED] At the time of the alleged incident, the ACV was on respite at [REDACTED] home. The respite was approved by Omni. This morning the ACV was fed, burped, and placed back down for a nap. [REDACTED] went in to check on the ACV 15-20 min later and found the ACV to have a white substance coming from her mouth and blue lips. [REDACTED] husband (name unknown) called 911 while [REDACTED] cleared the airway and began CPR. The ambulance arrived at the home and the child was taken to [REDACTED] Medical Center. When the ACV left the home she still had a faint pulse.

FSW stated that she has met the nurse on multiple occasions and stated that she was just like family.

Narrative Type: Addendum 1 Entry Date/Time: 07/10/2013 09:36 AM Entered By: [REDACTED]

## Diagnosis-

Schizencephaly- underdeveloped brain- a rare grey matter malformation of the brain. It belongs to the group of malformations of the central nervous system.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Septo-optic dysplasia- impaired vision- a congenital malformation syndrome made manifest by hypoplasia (underdevelopment) of the optic nerve and absence of the septum pellucidum (a midline part of the brain). Vision in each eye can be unaffected, partially lost, or in some patients, completely absent. Although not included in the name, hypopituitarism is sometimes included in the definition. Neuroradiologically, intracranial malformations associated with septo-optic dysplasia include agenesis of the septum pellucidum, schizencephaly, and lobar holoprosencephaly.

New onset seizures- shunt recently put into her head to help regulate seizures

Panhypopituitarism- pituitary system didnt operate well. ACV could not regulate her body temperature. Hypopituitarism is the decreased (hypo) secretion of one or more of the eight hormones normally produced by the pituitary gland at the base of the brain. If there is decreased secretion of most pituitary hormones, the term panhypopituitarism (pan meaning "all") is used. The signs and symptoms of hypopituitarism vary, depending on which hormones are undersecreted and on the underlying cause of the abnormality. The diagnosis of hypopituitarism is made by blood tests, but often specific scans and other investigations are needed to find the underlying cause, such as tumors of the pituitary, and the ideal treatment. Most hormones controlled by the secretions of the pituitary can be replaced by tablets or injections. Hypopituitarism is a rare disease, but may be significantly underdiagnosed in people with previous traumatic brain injury.

Adrenal insufficiency- a condition in which the adrenal glands do not produce adequate amounts of steroid hormones, primarily cortisol; but may also include impaired production of aldosterone (a mineralocorticoid), which regulates sodium conservation, potassium secretion, and water retention.

Diabetes insipidus- a condition characterized by excessive thirst and excretion of large amounts of severely diluted urine, with reduction of fluid intake having no effect on the concentration of the urine.



**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:	06/24/2013	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/29/2013
Completed date:	07/29/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 07/29/2013 01:23 PM      Entered By: [REDACTED]

TFACTS History- [REDACTED]  
06/07/2011

Investigation # [REDACTED]

AP- [REDACTED]

ACV- [REDACTED]

Allegation- Abandonment

Classification- Services Recommended and Accepted

Summary (as noted in TFACTS)-

Upon entering State custody, Mrs. [REDACTED] took [REDACTED] into her home because [REDACTED] was friends with her daughter. Mrs. [REDACTED] participated in all of the required training in order to become a foster parent to [REDACTED]. As of May 2010, the Department divested custody of [REDACTED] to Mrs. [REDACTED] through Subsidized Permanent Guardianship.

After the divestment, [REDACTED] appeared to be doing well and participated in the normal family activities. However, when school started again, Mrs. [REDACTED] noticed that [REDACTED] grades were dropping and that she had mood swings. Mrs. [REDACTED] stated that she thought that [REDACTED] was cheating her medication. In addition, Mrs. [REDACTED] was concerned that [REDACTED] was bulimic. Mrs. [REDACTED] reported that [REDACTED] had lost a lot of weight and that she noticed that [REDACTED] went to the bathroom after every meal. As the year progressed, she noticed that [REDACTED] was becoming withdrawn, as was her biological daughter. Mrs. [REDACTED] discovered that the girls had a suicide pact. Mrs. [REDACTED] addressed this with the girls, but they acted like it was no big deal. A couple of days later, both of the girls took large amounts of unknown medications. Both girls were taken to the hospital and certified through Crisis. Mrs. [REDACTED] biological daughter was placed at [REDACTED] and [REDACTED] was placed at [REDACTED] in [REDACTED] TN. Mrs. [REDACTED] expressed extreme concern for both girls. Mrs. [REDACTED] stated that she would not be able to take both girls back into the home because they would be toxic for each other. Mrs. [REDACTED] requested that an alternative non-custodial placement be secured for [REDACTED]. Mrs. [REDACTED] wanted the Department to know that she is committed to [REDACTED] and wants to make sure that she receives the help that she needs.

The Team discussed several options. Given that [REDACTED] will be 18 years old in less than 30 days, the goal was to find her placement/agency that will be able to continue to help her after her 18th birthday. [REDACTED] Permanency Specialist and [REDACTED], Permanency Specialist TL, were contacted for resources for children whom exited custody through SPG. Contact information for Health Connect and [REDACTED] ASAP were provided. The Team contacted these



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

programs to see which was going to be the best fit for [REDACTED] [REDACTED] [REDACTED] reported that their services are meant for the child to return to their guardian and that they only had temporary respite services. [REDACTED] reported that they had a CCFT program that assisted teenagers with the transition to adulthood. [REDACTED] will be able to provide a placement for [REDACTED] until she is able to transition to stable housing of her own. They are able to continue to provide these services even after she turns 18 years old. The Team felt like this was going to be the best option for [REDACTED]. Omni reported that they would be willing to find a placement for [REDACTED] if [REDACTED] was able to provide services to [REDACTED] in the Omni foster home. [REDACTED] reported that they would be able to provide services for [REDACTED] in the Omni foster home; all they would just need information regarding the placement and consent from the caregiver. As a back-up option, TL [REDACTED] requested a special approval to pay a foster home with flex-funding until [REDACTED] turns 18 years old. The request was approved, but will only cover [REDACTED] until she is 18 years old. Omni reported that they would be willing to absorb the cost to ensure that [REDACTED] transitions to adulthood safely.

Since [REDACTED] is ready to be discharged from [REDACTED] Mrs. [REDACTED] agreed to go and pick her up. In the meantime, Omni will secure a placement for [REDACTED] and DCS/CPS will submit the referral for the CCFT program through [REDACTED].

TFACTS History- [REDACTED]

05/01/2006

Investigation # [REDACTED]

AP- [REDACTED]

ACV- [REDACTED] (biological children of AP)

Allegation- Lack of Supervision

Classification- Allegation Unfounded/Perpetrator Unfounded

Summary (as reported in TFACTS)

Closing Summary (04/27/06)--CM [REDACTED] received this referral on 04/21/06 with allegations of Lack of Supervision of [REDACTED] [REDACTED] [REDACTED], and [REDACTED] by their mother, [REDACTED]. According to statements made by Ms. [REDACTED] her children, and collaterals, the children are left at home alone a maximum of two hours per day. [REDACTED] is 15 years old, and [REDACTED] and [REDACTED] are 11 years old. The family regularly calls to check up on the children when an adult family member is not at the home, and have an established plan for the children in case of an emergency. These allegations are unfounded, and this case is being recommended 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: 06/24/2013

Contact Method:

Contact Time: 09:03 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/28/2013

Completed date: 06/28/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/28/2013 02:12 PM Entered By: [REDACTED]

TFACTS: Family Case ID - # [REDACTED] (for [REDACTED] / # [REDACTED] (for [REDACTED] and [REDACTED])

Open Court Custody: Yes - # [REDACTED] - [REDACTED]

Closed Court Custody: None

Open CPS - None

Indicated: None

Fatality: None

Screened out: None

History (not listed above):

ASMT - 8/29/12 - # [REDACTED] PYA Services Required

ASMT 4/12/11 - # [REDACTED] ABN Services Recommended/Accepted

County: [REDACTED]

Notification: Letter

School/ Daycare: None

Native American Descent: None

Directions: None Given

Reporters name/relationship: [REDACTED]

Reporter States:

[REDACTED] (10mos) was currently placed in foster care with [REDACTED] and [REDACTED]

It is reported that [REDACTED] was placed in a medically fragile placement. [REDACTED] was in respite with her continued care nurse, [REDACTED] when she passed. It is unknown at this time the official cause of death. [REDACTED] suffered from severe problems with her brain and it is believed that she may have had a cerebral bleed or something of the like. [REDACTED] had been in her placement since 10/22/2012. Currently, [REDACTED] her foster parents, and the nurse are at [REDACTED] Hospital. [REDACTED] did initiate CPR until EMS arrived and the official time of death is unknown. This



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

occurred somewhere around the hour of 8:00 a.m. [REDACTED]

\*\*The reporter was not [REDACTED] [REDACTED] and had very limited information at this time.

Per SDM: Investigative Track, P1 - Child Fatality  
[REDACTED] Interim TC, on 6/24/13 @ 9:24am

Notified Fatality/Near Fatality Notification Group via Email:  
[REDACTED] Child-Fatality-Notification EI-DCS, [REDACTED]  
[REDACTED]  
and SIU TC, [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2012

Contact Method:

Contact Time: 04:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/12/2012

Completed date: 09/12/2012

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/12/2012 03:31 PM      Entered By: [REDACTED]

Case closure as child was placed in DCS custody. A CFTM was attempted but due to the mother's mental health issues, nothing could be discussed and explained to her. FSW supervisor and FSW CM along with the facilitator tried very hard to communicate with the mother, to no avail. FSW will continue to engage with the mother to develop a perp plan. The baby will remain in the hospital and it is requested that assigned foster parent begins bonding with the baby as soon as possible.

740 sent to the [REDACTED] County Juvenile Court.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2012

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/04/2012

Completed date: 09/04/2012

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2012 10:07 AM Entered By: [REDACTED]

The case is being closed as Services required on 9/4/12. Cm received a P3, on 8/10/12. The allegation was PSY, the alleged victim was [REDACTED] and the alleged perpetrator was the childs mother [REDACTED]. Cm spoke to the hospital social worker, who explained that this was a medical fragile child. And that the mother was diagnosed as paranoid schizophrenic and currently not on medication. The staff had many concerns that the mother would not be able to care for this child, who will need special care after her discharge. Cm staffed the case with TL and legal and was advised to place the child in custody. The petition was filed on 8/30/12, the preliminary was held on 9/4/12.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2012

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/04/2012

Completed date: 09/04/2012

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: 09/04/2012 09:55 AM      Entered By: [REDACTED]

The preliminary hearing was held for the removal of the child. The mother did not appear in court. The next hearing will be held 9/27/12 @ 1:30 PM



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/31/2012

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/04/2012

Completed date: 09/04/2012

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/04/2012 09:49 AM Entered By: [REDACTED]

DCS staff attempted to meet with the child's mother, [REDACTED] to discuss with her the custody of the child. At the meeting Ms [REDACTED] was very belligerent and would not fully participate in the meeting. Ms [REDACTED] left without giving any details.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/30/2012

Contact Method: Phone Call

Contact Time: 03:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/30/2012

Completed date: 08/30/2012

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 08/30/2012 02:18 PM      Entered By: [REDACTED]

Cm reached Ms [REDACTED] after speaking to [REDACTED] a church member, Cm was given a contact number. Cm informed her of the meeting. Ms [REDACTED] was adamant that the child was coming home with her after being discharged. Cm stressed that the meeting was happening to discuss the plan after the discharge of the child and the safety of the child. The mother stated that she was unsure if she was coming to the meeting or not, because it had been discussed the child was coming home with her.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/30/2012	Contact Method:	Phone Call
Contact Time:	02:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/30/2012
Completed date:	08/30/2012	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 08/30/2012 02:12 PM      Entered By: [REDACTED]

Cm contacted the paternal grandmother of Ms [REDACTED] other child, [REDACTED] Ms [REDACTED] is not sure if her son is the father of the newborn. She reported that she has not seen or spoken to her son in over a year. She informed Cm that she asked him to leave after he began using drugs. She stated he is not contacted his sister since earlier this summer.

Ms [REDACTED] reported that Ms [REDACTED] has an elderly grandmother [REDACTED] but has no relationship with her. She has a restraining order in place a since she attempted to kill her several times.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2012

Contact Method: Face To Face

Contact Time: 10:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 08/30/2012

Completed date: 08/30/2012

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/30/2012 11:16 AM Entered By: [REDACTED]

Date: 8/13/12

Time: 1030 AM

Type of Contact: f2f

Location of Contact: [REDACTED] NICU

Primary person(s) interviewed / relationship: [REDACTED], client and [REDACTED] social worker

Content

Cm received a P3 on 8/10/12, allegation of PSY, the alleged victim is new born, [REDACTED] and the alleged perpetrator is [REDACTED]. The child is currently in the NICU at [REDACTED] Hospital. The child was born at 24 weeks and weighed only 2 lbs and 2 ounces. The actual due date for the birth was [REDACTED]. At this time the mother has been discharged.

Collateral Interview, [REDACTED] social worker

Cm spoke to Ms [REDACTED] who advised that that the mother has been diagnosed as Paranoid Schizophrenic; she is currently not on any medications. The mother has no family support and several people from the church have concerns about the welfare of the child. Ms [REDACTED] reported that Dr. [REDACTED] conducted a psychiatric counsel with the mother and believes that the mother is incapable of caring the child. He believes that the mother has poor judgment but would not intentionally harm the child. The child was born with one part of the brain not developed. The child will have medical issues for some time. And the developments of seizures are possible.

The mother has not given the name of the child's father and will not give a contact number for emergencies. The mother stated she has no family in the area.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/13/2012

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 03 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/30/2012

Completed date: 08/30/2012

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/30/2012 12:01 PM Entered By: [REDACTED]

Case name: [REDACTED]

Date of Contact: 8/13/12

Location of Contact: [REDACTED] NICU

Intake ID #: [REDACTED]

**DOCUMENTATION/CASE RECORDINGS FORM**

Date of Referral: 8/10/12

Victim(s): [REDACTED]

Victims Mother: [REDACTED]

Victims Father: unknown

Caretaker (if applicable): N/A

**Allegations and Presenting Problems: PSY**

[REDACTED] has a long history of psychiatric concerns, including psychiatric hospitalizations. She has also had a psychiatric evaluation since the birth of [REDACTED]. The psychiatrist does not think that [REDACTED] would be able at the present point in time to be able to care for a baby. It is too early to tell about bonding between [REDACTED] and [REDACTED]. [REDACTED] claims that she does not have any support system, and does not have any family in the area. It is unconfirmed that she came from [REDACTED]. [REDACTED] did not have any prenatal care. [REDACTED] claims that she did make one visit, but this has not been verified. [REDACTED] has not been in treatment for her mental health concerns. She has a diagnosis of schizophrenia (paranoid type). [REDACTED] has a history of marijuana use but was clean/negative upon admission. [REDACTED] had been at a hospital in 12/11 (unrelated to and probably before the pregnancy) and she was positive for marijuana at that time. [REDACTED] is being discharged today. [REDACTED] was born at 29 weeks gestation, so



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] will remain in the hospital for an undetermined amount of time. The psychiatrist notes that [REDACTED] should be not be left alone with [REDACTED] and that CPS should become involved in this matter.

## CPS/DCS History:

[REDACTED]: DEI closed 10/11/09 as Services Required

## Criminal Background checks:

[REDACTED]	SPEEDING 78/55	10/11/2002	10/22/2002	11/13/2002
[REDACTED]	SEAT BELT LAW VIOLATION	10/11/2002	10/22/2002	11/13/2002
[REDACTED]	ASSAULT - OFFENSIVE CONDUCT	11/4/2009	11/4/2009	11/19/2009
[REDACTED]	POSSESSION OF DRUG PARAPHERNALIA	11/11/2009	11/11/2009	11/19/2009

Victim(s) Initial Face to Face: [REDACTED]

Date of Contact: 8/13/12

Siblings: N/A

Date of Contact:

AP Interview: [REDACTED]

8/13/12

Cm went to [REDACTED] to speak to Ms [REDACTED] regarding the allegations that had been presented to the department. Cm arrived and knocked several times, but no one came to the door. Cm at that time left a card.

8/16/12

Cm made a call to Ms [REDACTED] asking if she had been given any contact numbers for Ms [REDACTED]. Cm was informed that she, the mother, had failed to provide any. Cm asked if she could be contacted when the mother returns to the hospital. Ms [REDACTED] stated she would.

8/16/12

Cm staffed the case with TL [REDACTED] she advised to schedule at meeting with all concern parties.

8/16/12

Cm contacted Ms [REDACTED]. She stated that the staff would not feel comfortable to meet with the mother and discuss the issues because of the mothers current mental state. Ms [REDACTED] stated the mother has been shouting profanity in the NICU and speaking to someone, who is not visible to others.

8/20/12 Cm attempted to go by the mothers home and make contact with her. Cm arrived and found no one at the home.

8/24/12

Cm spoke to Ms [REDACTED] who agreed to meet with DCS to discuss the condition of the child. The meeting will be held on 8/29/12 at 1030 AM at [REDACTED].

8/29/12 : preliminary meeting, attendants: [REDACTED] social worker, [REDACTED] NICU nurse, Dr [REDACTED] [REDACTED] DCS nurse, [REDACTED], TL and [REDACTED], CM.

The staff stated that the mothers behavior has escalated. The mother is currently very psychotic and not on medication. The mother has not been able to complete small task when asked by the hospital staff. The hospital stated that they will not discharge the baby with the mother.

The hospital would like the foster parent to begin bonding with the child.

The child will need long term care. She was born with an undeveloped brain, which is described as cleft. The child will need a G/I tube in the future. The child has high salt levels. The child may develop seizures and have issues with mobility. There is a possibility of many hospitalizations. The child may need monitors in the future.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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8/30/12

TL [REDACTED] contacted legal, which advised to file a petition for custody.  
Cm filed for emergency custody.

8/30/12

TL [REDACTED] informed [REDACTED] that the child was placed in DCS custody.

8/30/12

Cm informed Ms [REDACTED] that she will be faxed a copy of the court order after the Preliminary Hearing.



**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: 06/26/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2013

Completed date: 06/26/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Case Manager/Parent Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/26/2013 11:50 AM      Entered By: [REDACTED]

FSW was notified that [REDACTED] was in [REDACTED] FSW call [REDACTED] the social worker for [REDACTED] and left her a message.



**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: 06/26/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/26/2013

Completed date: 06/26/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/26/2013 02:52 PM      Entered By: [REDACTED]

FSW spoke with [REDACTED], [REDACTED] Social worker at [REDACTED]. Informed her of the passing of [REDACTED] and the funeral arrangements. [REDACTED] stated that she will let [REDACTED] know. [REDACTED] is being discharge today from [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: 06/25/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/25/2013

Completed date: 06/25/2013

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: 06/25/2013 10:54 AM      Entered By: [REDACTED]

FSW spoke with the Grandmother, Mrs. [REDACTED] to inform her of [REDACTED] passing away and if she know any where abouts of where [REDACTED] was. Ms. [REDACTED] stated that she was glad that the baby was "dead" and do not contact her of anything else due to her dealing with cancer herself.



**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: 06/24/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/24/2013

Completed date: 06/24/2013

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: 06/24/2013 10:50 AM      Entered By: [REDACTED]

FSW was notified today of [REDACTED] passing away. call was made to Administrator, hotline, and notification was given to SIC unit, and child fatality. FSW will mail out letter to [REDACTED] and Make a call to [REDACTED] Grandmother, Mrs. [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: 06/17/2013

Contact Method: Missed Family Visit

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/17/2013

Completed date: 06/17/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Parent/Child Visit

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/17/2013 01:15 PM      Entered By: [REDACTED]

Mother will not present herself to DCS



**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: 06/01/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 06/16/2013

Completed date: 06/16/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Provider Monthly Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/16/2013 11:04 PM Entered By: [REDACTED]

. Safety

A. Child Risk Behaviors: [REDACTED] is a 10 month old medically fragile child. She had no medical emergencies this month.

B. Caregiver Safety Concerns: Ms. [REDACTED] has not attended any meetings and did not attend [REDACTED] most recent court hearing. She has not participated in the permanency plan or requested visitation with her daughter. The last contact Omni Visions had with [REDACTED] mother was at court in November, 2012. Ms. [REDACTED] has a history of mental illness and has been in and out of jail since [REDACTED] entered custody.

## II. Well Being

A. Health / Development Functioning: [REDACTED] is a 10 month old baby with severe health problems. [REDACTED] was born with Schizencephaly, Septo-optic dysplasia and Diabetes insipidus. Schizencephaly is a rare developmental disorder that is characterized by an abnormal grey matter malformation of the brain. Schizencephaly is reportedly very rare and can be very serious. In addition to the schizencephaly, [REDACTED] has diabetes insipidus and septo-optic dysplasia. It is likely that [REDACTED] will be blind or vision impaired. [REDACTED] body has a hard time maintaining and monitoring her hormones and her body temperature. [REDACTED] is on medication to control her urine output so that she does not become dehydrated. She also began taking Keppra this month to control her seizures. [REDACTED] regular doctors are as follows: Dr. [REDACTED] - PCP Dr. [REDACTED] - Ophthalmology Dr. [REDACTED] - Endocrinology Dr. [REDACTED] - Neurosurgery Dr. [REDACTED] - Neurology [REDACTED] temperature, heart rate and waste output are all monitored by her foster parents and reported to her doctors. [REDACTED] temperature fluctuates frequently and she occasionally stops breathing for short periods of time. [REDACTED] is up to date on her well child visits. [REDACTED] receives nursing services in her home at night however the neurology department requested additional nursing hours last month following [REDACTED] surgery and hospital stays. These hours have now been implemented and have been a big help to [REDACTED] and her foster family. [REDACTED] health remained fairly stable this month with no major concerns or emergency room visits. [REDACTED] family has had trouble getting [REDACTED] to eat babyfood and [REDACTED] has been teething which has affected her sleep and her mood.

B. Life Domain Functioning: School: Not applicable due to age.

C. Child Strengths: [REDACTED] is doing well in her foster home. She seems like a happy and resilient baby despite her





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:	05/28/2013	Contact Method:	Missed Family Visit
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/28/2013
Completed date:	05/28/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Parent/Child Visit		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/28/2013 11:33 AM      Entered By: [REDACTED]  
 Mother has not made any attempt to see daughter since [REDACTED] has been in custody.



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:	05/28/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	06/21/2013
Completed date:	06/21/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/21/2013 08:18 PM      Entered By: [REDACTED]  
n/a



**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: 05/22/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 05/28/2013

Completed date: 05/28/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 05/28/2013 11:31 AM Entered By: [REDACTED]

FSW went to visit [REDACTED] at the resource home. [REDACTED] was alert and was not crying much as she use to. Resource parent, [REDACTED], stated that [REDACTED] has been slowly progressing, although she has her moments where she constantly cries only because she is hurting. [REDACTED] is learning to hold her head up while she is on the floor. She looks around when she hears a person voive but is unable to look directly at the person due to her vision. [REDACTED] has a nurse who comes in and relieve the resource parent a weekly. no safety concerns noted. [REDACTED] is up to date with her physicals. [REDACTED] mother, [REDACTED] whereabouts are unknown at this time. [REDACTED] has not made any effort since [REDACTED] been in state custody to see her.



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:	05/22/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	06/21/2013
Completed date:	06/21/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/21/2013 08:19 PM      Entered By: [REDACTED]  
n/a



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:	05/16/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	06/21/2013
Completed date:	06/21/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/21/2013 08:20 PM      Entered By: [REDACTED]  
n/a



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:	05/09/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	06/21/2013
Completed date:	06/21/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/21/2013 08:22 PM      Entered By: [REDACTED]  
n/a



**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: 05/01/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 05/07/2013

Completed date: 05/07/2013

Completed By: [REDACTED]

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

Contact Type(s): Provider Monthly Summary

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 05/07/2013 02:22 PM Entered By: [REDACTED]

## I. Safety

## A. Child Risk Behaviors

[REDACTED] is a 9 month old medically fragile child. She had no medical emergencies this month.

## B. Caregiver Safety Concerns

Ms. [REDACTED] has not attended any meetings and did not attend [REDACTED] most recent court hearing. She has not participated in the permanency plan or requested visitation with her daughter. The last contact Omni Visions had with [REDACTED] mother was at court in November, 2012. Ms. [REDACTED] has a history of mental illness and has been in and out of jail since [REDACTED] entered custody.

## II. Well Being

## A. Health / Development Functioning

[REDACTED] is an 9 month old baby with severe health problems. [REDACTED] was born with Schizencephaly, Septo-optic dysplasia and Diabetes insipidus. Schizencephaly is a rare developmental disorder that is characterized by an abnormal grey matter malformation of the brain. Schizencephaly is reportedly very rare and can be very serious. In addition to the schizencephaly, [REDACTED] has diabetes insipidus and septo-optic dysplasia. It is likely that [REDACTED] will be blind or vision impaired. [REDACTED] body has a hard time maintaining and monitoring her hormones and her body temperature. [REDACTED] is on medication to control her urine output so that she does not become dehydrated. She also began taking Keppra this month to control her seizures. [REDACTED] regular doctors are as follows:

Dr. [REDACTED] - PCP

Dr. [REDACTED] - Ophthalmology

Dr. [REDACTED] - Endocrinology

Dr. [REDACTED] - Neurosurgery

Dr. [REDACTED] - Neurology

[REDACTED] temperature, heart rate and waste output are all monitored by her foster parents and reported to her doctors. [REDACTED] temperature fluctuates frequently and she occasionally stops breathing for short periods of time. [REDACTED] is up to date on her well child visits. [REDACTED] receives nursing services in her home at night however the neurology department requested additional nursing hours last month following [REDACTED] surgery and hospital stays. These hours have now



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

been implemented and have been a big help to [REDACTED] and her foster family. [REDACTED] health remained fairly stable this month with no major concerns or emergency room visits. [REDACTED] family has had trouble getting [REDACTED] to eat babyfood and [REDACTED] has been teething which has affected her sleep and her mood.

## B. Life Domain Functioning: School

Not applicable due to age.

## C. Child Strengths

[REDACTED] is doing well in her foster home. She seems like a happy and resilient baby despite her health concerns. [REDACTED] seems to be bonding well with her foster family and smiles often. She is very strong and holds her head and trunk up well. [REDACTED] loves to be held and does not seem to mind being held by a variety of people. [REDACTED] mastered rolling over this month which was a huge developmental milestone for her.

## D. Child Emotional/ Behavioral Needs

[REDACTED] is 9 months old and was born premature. [REDACTED] foster family is working on building their bond with [REDACTED] and helping her to form healthy attachments. [REDACTED] is with her foster mother at almost all times. [REDACTED] receives regular stimulation, love and attention. [REDACTED] has a consistent routine and is well loved by her foster siblings. No emotional or behavioral concerns have surfaced at this time.

## E. Interdependent Living: Job/ Vocational

Not applicable due to age.

## F. Services

[REDACTED] was evaluated by TEIS and receives physical and vision therapy in the foster home.

## III. Permanency

## A. Life Domain Functioning

[REDACTED] is placed in an Omni Visions medically fragile foster home. [REDACTED] is in a very loving and nurturing environment. She has her own room which is next door to her foster parent's bedroom. [REDACTED] nursery is well furnished and appropriate. [REDACTED] has older foster sisters who have enjoyed participating in her care. [REDACTED] foster family is active and involved in their community and church.

At this time, Ms. [REDACTED] has not participated in [REDACTED] permanency plan or shown any interest in gaining custody of her child.

## B. Caregiver Strengths &amp; Needs

The treatment team has no concerns about [REDACTED] care in her foster home.

## IV. Visitation/ Contacts

## A. Parent/ Child Visits

[REDACTED] has not had visitation with her biological family since entering custody.

## B. Worker/ Child Visits

This RC attends weekly visits with [REDACTED] in her foster home, at medical appointments or in the community. Due to [REDACTED] age, this RC primarily plays with [REDACTED] during visits and talks to the foster parents and medical professionals about [REDACTED] care and needs. This RC also speaks to the foster parents by phone several times a week to discuss progress, appointments, scheduling, etc. In addition to spending time with the foster family and doctors, this RC spent one on one time with [REDACTED] home health nurse this month to discuss her thoughts on [REDACTED] care and any concerns she may have. She reported that she felt [REDACTED] could not be with a better family and she had no concerns whatsoever.

## C. Worker/ Parent Visits

This RC saw Ms. [REDACTED] at court on 11/29/12 but has had no further contact with her.

## D. Sibling Visits

[REDACTED] has no known siblings.



**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: 04/11/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 04/11/2013

Completed date: 04/11/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/11/2013 02:17 PM      Entered By: [REDACTED]

FSW went to see [REDACTED] today. no safety concerns noted. [REDACTED] was on the floor working her back muscles and trying to pull up. [REDACTED] has improved physically but has a long way to go. [REDACTED] was not able to look at FSW. [REDACTED] will be legally blind per her doctor. [REDACTED] has been more calmer and does not cry that much. Foster parents states that she had a temp. today and she was a little fussy. When [REDACTED] is hurting she will scratch her head and her stomach and that is where the most pain is. [REDACTED] is receiving 12 hour nursing care and will start physical therapy next week. Foster Parents are still willing to adopt [REDACTED] [REDACTED] [REDACTED] mother, has not contacted DCS nor tried to set up visits with [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: 04/04/2013

Contact Method: Missed Family Visit

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/04/2013

Completed date: 04/04/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Parent/Child Visit

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/04/2013 10:40 AM Entered By: [REDACTED]

[REDACTED] has not presented herself to DCS nor call to check on [REDACTED] [REDACTED] had set in court previously that the baby is the states and it is "retarded". FSW continues to do diligent searches for the mother.



**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:  
 Contact Time: Contact Duration:  
 Entered By: [REDACTED] Recorded For: [REDACTED]  
 Location: Created Date: 04/26/2013  
 Completed date: 04/26/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Well Being  
 Contact Type(s): Provider Monthly Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/26/2013 01:55 PM Entered By: [REDACTED]

## I. Safety

## A. Child Risk Behaviors

[REDACTED] is an 8 month old medically fragile child. See "Health and Wellbeing" for information regarding medical emergencies. [REDACTED] was taken to TC [REDACTED] emergency room twice this month and also had to have an unexpected surgery.

## B. Caregiver Safety Concerns

Ms. [REDACTED] has not attended any meetings and did not attend last month's court date. She has not participated in the permanency plan or requested visitation with her daughter. The last contact Omni Visions had with [REDACTED] mother was at court in November, 2012. She was incarcerated at the time. Since then, it has been reported that Ms. [REDACTED] has acquired more charges in differing counties. Ms. [REDACTED] has a history of mental illness

## II. Well Being

## A. Health / Development Functioning

[REDACTED] is an 8 month old baby with severe health problems. [REDACTED] was born with Schizencephaly, Septo-optic dysplasia and Diabetes insipidus. Schizencephaly is a rare developmental disorder that is characterized by an abnormal grey matter malformation of the brain. Schizencephaly is reportedly very rare and can be very serious. In addition to the schizencephaly, [REDACTED] has diabetes insipidus and septo-optic dysplasia. It is likely that [REDACTED] will be blind or vision impaired. [REDACTED] body has a hard time maintaining and monitoring her hormones and her body temperature. [REDACTED] is on medication to control her urine output so that she does not become dehydrated. She also began taking Keppra this month to control her seizures. [REDACTED] regular doctors are as follows:

Dr. [REDACTED] - PCP  
 Dr. [REDACTED] - Opthomology  
 Dr. [REDACTED] - Endocrinology  
 Dr. [REDACTED] - Neurosurgery  
 Dr. [REDACTED] - Neurology

[REDACTED] temperature, heart rate and waste output are all monitored by her foster parents and reported to her doctors. [REDACTED] temperature fluctuates frequently and she occasionally stops breathing for short periods of time. [REDACTED] is up to



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

date on her well child visits. [REDACTED] receives nursing services in her home at night however the neurology department requested additional nursing hours this month following [REDACTED] surgery and hospital stays. [REDACTED] began having seizures this month and had to be taken to [REDACTED] Hospital on 3/7 following a fever and possible seizure. [REDACTED] was released again on 3/8 and returned to her foster home. On 3/10 [REDACTED] was taken back to the hospital, admitted and had surgery to place a shunt on 3/12. Following the shunt placement, [REDACTED] returned to her regular room and then had some complications and was placed in the PICU for several day. [REDACTED] was not released to go home until 7/18.

B. Life Domain Functioning: School

Not applicable due to age.

C. Child Strengths

[REDACTED] is doing well in her foster home. She seems like a happy and resilient baby despite her health concerns. [REDACTED] seems to be bonding well with her foster family and smiles often. She is very strong and holds her head and trunk up well. [REDACTED] loves to be held and does not seem to mind being held by a variety of people.

D. Child Emotional/ Behavioral Needs

[REDACTED] is 8 months old and was born premature. [REDACTED] foster family is working on building their bond with [REDACTED] and helping her to form healthy attachments. [REDACTED] is with her foster mother at almost all times. [REDACTED] receives regular stimulation, love and attention. [REDACTED] has a consistent routine and is well loved by her foster siblings. No emotional or behavioral concerns have surfaced at this time.

E. Interdependent Living: Job/ Vocational

Not applicable due to age.

F. Services

[REDACTED] was evaluated by TEIS and receives physical and vision therapy in the foster home.

### III. Permanency

A. Life Domain Functioning

[REDACTED] is placed in an Omni Visions medically fragile foster home. [REDACTED] has her own room next to her foster parent's bedroom. [REDACTED] nursery is well furnished and appropriate. [REDACTED] has older foster sisters who have enjoyed participating in her care. [REDACTED] foster family is active and involved in their community and church.

At this time, Ms. [REDACTED] has not participated in [REDACTED] permanency plan or shown any interest in gaining custody of her child.

B. Caregiver Strengths & Needs

The treatment team has no concerns about [REDACTED] care in her foster home.

### IV. Visitation/ Contacts

A. Parent/ Child Visits

[REDACTED] has not had visitation with her biological family since entering custody.

B. Worker/ Child Visits

This RC attends weekly visits with [REDACTED] in her foster home, at medical appointments or in the community. Due to [REDACTED] age, this RC primarily plays with [REDACTED] during visits and talks to the foster parents and medical professionals about [REDACTED] care and needs. This RC also speaks to the foster parents by phone several times a week to discuss progress, appointments, scheduling, etc. [REDACTED] spent a significant time in the hospital this month so this RC had regular visitation with her there.

This RC visited with [REDACTED] in her foster home on 3/1 and 3/28. The majority of this RC's visits had to take place at the [REDACTED] Hospital this month. There visits occurred on 3/8, 3/11, 3/13, 3/14 and 3/20.

C. Worker/ Parent Visits

This RC saw Ms. [REDACTED] at court on 11/29/12 but has had no further contact with her.

D. Sibling Visits

[REDACTED] has no known siblings.



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:	03/28/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	04/11/2013
Completed date:	04/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/11/2013 02:57 PM      Entered By: [REDACTED]  
n/a



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:	03/20/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	04/11/2013
Completed date:	04/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/11/2013 02:54 PM      Entered By: [REDACTED]  
n/a



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:	Missed Family Visit
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/19/2013
Completed date:	03/19/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Parent/Child Visit		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/19/2013 12:46 PM      Entered By: [REDACTED]

Mother has not called DCS to set up visits since [REDACTED] has been in custody.



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:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	04/11/2013
Completed date:	04/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 04/11/2013 02:51 PM    Entered By: [REDACTED]  
n/a



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:	03/13/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	04/11/2013
Completed date:	04/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 04/11/2013 02:56 PM    Entered By: [REDACTED]  
n/a



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:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	04/11/2013
Completed date:	04/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/11/2013 03:08 PM      Entered By: [REDACTED]  
n/a



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:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	04/11/2013
Completed date:	04/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 04/11/2013 02:50 PM    Entered By: [REDACTED]  
n/a



## 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: 03/07/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/10/2013

Completed date: 03/10/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2013 04:35 PM Entered By: [REDACTED]

FSW went to visit [REDACTED] in the hospital. [REDACTED] was admitted due to high fever and vomiting. [REDACTED] resource parent, stated that [REDACTED] has not been eating alot like she normally does. [REDACTED] had received a MRI and CAT-scan in the hospital and it show she has some fluid on the brain.FSW spoke with the nurse who explained that [REDACTED] will be discharge today and will be seen by her Doctor in the morning. [REDACTED] reported that [REDACTED] might need surgery to release the fluid from her brain. [REDACTED] also has been diagnosed with seizures and is now taking kepra [REDACTED] Mother, [REDACTED] has not made any effort to visit [REDACTED] nor follow through on the perm plan.FSW did a diligent search and has sent out certified letters. No response form the mother at this time.



**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: 03/01/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 03/20/2013

Completed date: 03/20/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Provider Monthly Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/20/2013 11:28 AM Entered By: [REDACTED]

. Safety

**A. Child Risk Behaviors**

[REDACTED] is a 7 month old medically fragile child. See "Health and Wellbeing" for information regarding medical emergencies. No medical emergencies occurred this month.

**B. Caregiver Safety Concerns**

Ms. [REDACTED] has not attended any meetings and did not attend court this month. She has not participated in the permanency plan. The last contact Omni Visions had with [REDACTED] mother was at court in November, 2012. She was incarcerated at the time. Reportedly she has been released but may have returned to jail in another county. It has been reported that Ms. [REDACTED] has a history of mental illness and several assault charges. At this time, Ms. [REDACTED] has not given any indication of a desire to be reunited with her daughter.

**II. Well Being****A. Health / Development Functioning**

[REDACTED] is a 7 month old baby with significant health problems. [REDACTED] was born with Schizencephaly, Septo-optic dysplasia and Diabetes insipidus. Schizencephaly is a rare developmental disorder that is characterized by an abnormal grey matter malformation of the brain. Schizencephaly is reportedly very rare and can be very serious. In addition to the schizencephaly, [REDACTED] has diabetes insipidus and septo-optic dysplasia. It is likely that [REDACTED] will be blind or vision impaired. [REDACTED] ophthalmologist is Dr. [REDACTED]. [REDACTED] diabetes insipidus needs to continue to be closely monitored. [REDACTED] sees Dr. [REDACTED] regarding her diabetes and kidney function. [REDACTED] urine output is weighed by her foster parents and reviewed by her doctors. [REDACTED] temperature and heart rate are monitored and also reviewed by Dr. [REDACTED] and Dr. [REDACTED] her PCP. [REDACTED] temperature fluctuates frequently and she occasionally stops breathing for short periods of time. [REDACTED] is up to date on her well child visits. [REDACTED] receives nursing services in her home at night. It has been very difficult to sleep train [REDACTED]. She wants to be held at all times and when she is put down to sleep she gets upset and cannot control her temperature or breathing well. [REDACTED] had her 6 month well child check up this month with Dr. [REDACTED]. Dr. [REDACTED] referred [REDACTED] to Dr. [REDACTED] with concerns about her tear ducts. Dr. [REDACTED] also examined [REDACTED] and determined that her tear ducts were normal. He shared no other major concerns.





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:	03/01/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	04/11/2013
Completed date:	04/11/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/11/2013 02:55 PM      Entered By: [REDACTED]  
n/a



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:	02/26/2013	Contact Method:	Missed Family Visit
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/26/2013
Completed date:	02/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Parent/Child Visit		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/26/2013 11:45 AM      Entered By: [REDACTED]  
FSW continues to look for mother whereabouts. [REDACTED] has not contacted DCS for visits with [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: 02/22/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 02/25/2013

Completed date: 02/25/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/25/2013 09:33 AM      Entered By: [REDACTED]

FSW went to [REDACTED] today. [REDACTED] appeared to be well kept dress neatly and comfortable in her surroundings. [REDACTED] is now 16lbs at 6 months. [REDACTED] attends her regular appointments and is retina therapy. [REDACTED] resource parent states that the therapy seems to be doing well. Doctor stated that she will be legally blind but will be able to see certain objects. [REDACTED] appeared to be complacent in the arms of the resource parent. [REDACTED] was smiling and looking around. No safety concerns noted. [REDACTED] stated that she is willing to adopt [REDACTED] and that her family loves her. FSW has tried to locate the Mother by diligent search and letters. Mother has been out of jail since December and has not contact DCS for a visit with the child. Court was held on 2/14/2013. Mother did not show up. Diligent search was done on the Father by sending out letters. No contact was made.



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: 02/18/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Other Community Site

Created Date: 03/25/2013

Completed date: 03/25/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Private Provider/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 03/25/2013 04:18 PM

Entered By: [REDACTED]

n/a



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: System Completed
Contact Date: 02/14/2013	Contact Method:
Contact Time:	Contact Duration:
Entered By: [REDACTED]	Recorded For: [REDACTED]
Location:	Created Date: 03/25/2013
Completed date: 03/26/2013	Completed By: System Completed
Purpose(s):	
Contact Type(s):	
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: Close

Organization: CPS Special Investigation

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/14/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	03/25/2013
Completed date:	03/25/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/25/2013 04:17 PM      Entered By: [REDACTED]  
n/a



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:	02/05/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	03/25/2013
Completed date:	03/25/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/25/2013 04:19 PM      Entered By: [REDACTED]  
n/a



**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: 02/01/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 02/16/2013

Completed date: 02/16/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Provider Monthly Summary

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/16/2013 01:46 PM      Entered By: [REDACTED]

## I. Safety

## A. Child Risk Behaviors

[REDACTED] is a 6 month old medically fragile child. See "Health and Wellbeing" for information regarding medical emergencies.

## B. Caregiver Safety Concerns

Ms. [REDACTED] has not attended any meetings or joined the permanency plan. The last contact Omni Visions had with [REDACTED] mother was at court in November, 2012. She was incarcerated at the time and it is unknown if she is still in jail. It has been reported that Ms. [REDACTED] has a history of mental illness and her ability to care for her daughter is questionable.

## II. Well Being

## A. Health / Development Functioning

[REDACTED] is a 6 month old baby with significant health problems. [REDACTED] was born with Schizencephaly, Septo-optic dysplasia and Diabetes insipidus. Schizencephaly is a rare developmental disorder that is characterized by an abnormal grey matter malformation of the brain. Schizencephaly is reportedly very rare and can be very serious. In addition to the schizencephaly, [REDACTED] has diabetes insipidus and septo-optic dysplasia. It is likely that [REDACTED] will be blind or vision impaired. [REDACTED] ophthalmologist is Dr. [REDACTED]. [REDACTED] diabetes insipidus needs to continue to be closely monitored. [REDACTED] sees Dr. [REDACTED] regarding her diabetes and kidney function. [REDACTED] urine output is weighed by her foster parents and reviewed by her doctors. [REDACTED] temperature and heart rate are monitored and also reviewed by Dr. [REDACTED] and Dr. [REDACTED] her PCP. [REDACTED] temperature fluctuates frequently and she occasionally stops breathing for short periods of time. [REDACTED] is up to date on her well child visits. [REDACTED] contracted a virus this month and was admitted to the [REDACTED] Hospital at [REDACTED] on 1/16 and was released on 1/17 after having recieved fluids and tests.

[REDACTED] foster family and treatment team will closely monitor [REDACTED] health and report any concerns to her doctors.

[REDACTED] regular doctors are as follows:

Dr. [REDACTED] (ophthalmology - retinas)

Dr. [REDACTED] (Ophthalmology - optic dysplasia)



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Dr. [REDACTED] and colleagues (endocrinology)

Dr. [REDACTED] (PCP)

B. Life Domain Functioning: School

NA due to age

C. Child Strengths

[REDACTED] is doing well in her foster home. She seems like a happy and resilient baby despite her health concerns. [REDACTED] seems to be bonding well with her foster family and smiles often. She is very strong and holds her head and trunk up well. [REDACTED] loves to be held and does not seem to mind being held by a variety of people.

D. Child Emotional/ Behavioral Needs

[REDACTED] is 6 months old and was born premature. [REDACTED] foster family is working on building their bond with [REDACTED] and helping her to form healthy attachments. [REDACTED] is with her foster mother at almost all times. [REDACTED] receives regular stimulation, love and attention.

E. Interdependent Living: Job/ Vocational

NA due to age

F. Services

[REDACTED] was evaluated by TEIS and receives physical and vision therapy in the foster home.

III. Permanency

A. Life Domain Functioning

[REDACTED] is placed in an Omni Visions medically fragile trained foster home. [REDACTED] has her own room next to her foster parent's bedroom. [REDACTED] nursery is well furnished and appropriate. [REDACTED] has older foster sisters who have enjoyed participating in her care. [REDACTED] foster family is active and involved in their community and church.

It is unknown whether or not Ms. [REDACTED] wishes to participate in [REDACTED] treatment plan.

B. Caregiver Strengths &amp; Needs

The treatment team has no concerns about [REDACTED] care in her foster home.

IV. Visitation/ Contacts

A. Parent/ Child Visits

At this time, [REDACTED] has had no visits with her biological family since being released from the [REDACTED] Hospital NICU.

B. Worker/ Child Visits

This RC attends weekly visits with [REDACTED] in her foster home, at medical appointments or in the community. Due to [REDACTED] age, this RC primarily plays with [REDACTED] during visits and talks to the foster parents and medical professionals about [REDACTED] care and needs. This RC also speaks to the foster parents by phone several times a week to discuss progress, appointments, scheduling, etc.

This RC had the flu this month and [REDACTED] was seen by another RC for the first week of the month. This RC visited with [REDACTED] in her foster home on 1/3, 1/11 and 1/23. This RC also visited [REDACTED] in the hospital on 1/16.

C. Worker/ Parent Visits

This RC saw Ms. [REDACTED] at court on 11/29/12 but has had no further contact with her.

D. Sibling Visits

[REDACTED] has no known siblings.



**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: 01/30/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/31/2013

Completed date: 01/31/2013

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: 01/31/2013 08:56 AM      Entered By: [REDACTED]

FSW spoke with the paternal Grandmother. Mrs. [REDACTED] Mrs. [REDACTED] stated to FSW that she thinks that the alleged father is [REDACTED] who works at the casual cuts barbershop on [REDACTED]. Mrs. [REDACTED] also told FSW that the new address FSW found was [REDACTED] father address but has no number for her son because he has some behaviors as well. FSW will visit casual cuts barbershop.



**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: 01/29/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/29/2013

Completed date: 01/29/2013

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: 01/29/2013 10:06 AM      Entered By: [REDACTED]

FSW contacted Child Support to see if there was DNA for the allege father, [REDACTED] no evidence was found. FSW sent a certified letter out last week to his address and his mother.



**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: 01/29/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 01/30/2013

Completed date: 01/30/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 01/30/2013 12:19 PM Entered By: [REDACTED]

FSW went to see [REDACTED] today. FSW held and fed the baby. Resource parent, [REDACTED] reported [REDACTED] was seen by Dr. [REDACTED] this month and has a follow up appointment to continue monitoring the formation of her retinas. Mrs. [REDACTED] states that she has a nurse who comes out and sits with [REDACTED] for approximately 4 hours. [REDACTED] also receives sensory stimulation therapy for her eyes at home. It is likely that [REDACTED] will be blind or vision impaired. [REDACTED] diabetes insipidus needs to continue to be closely monitored. [REDACTED] sees Dr. [REDACTED] for her diabetes and kidney function. [REDACTED] has gained weight and weighs about 10lbs. no safety concerns noted. [REDACTED] mother, [REDACTED] has not contacted DCS in regards to [REDACTED] FSW did a diligent search and found a new address and sent her a certified letter. FSW found a telephone number and it was [REDACTED] grandmother, [REDACTED]. She explained how she has not spoken with [REDACTED] and has a restraint order out on her. [REDACTED] ask how was the baby doing and that she is not able to care for the baby because she has cancer. FSW gave her a brief update on [REDACTED] progress. next court date 2/14/2013.



**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: 01/29/2013

Contact Method: Correspondence

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/11/2013

Completed date: 02/11/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Case Manager/Parent Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/11/2013 01:54 PM      Entered By: [REDACTED]

FSW did a diligent search and found a new address and sent her a certified letter. FSW found a telephone number and it was [REDACTED] grandmother, [REDACTED]. She explained how she has not spoken with [REDACTED] and has a restraint order out on her. [REDACTED] ask how was the baby doing and that she is not able to care for the baby because she has cancer. FSW gave her a brief update on [REDACTED] progress. next court date 2/14/2013.



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:	01/29/2013	Contact Method:	Missed Family Visit
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/26/2013
Completed date:	02/26/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency		
Contact Type(s):	Parent/Child Visit		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/26/2013 11:43 AM      Entered By: [REDACTED]

FSW did a diligent search and found a new address for [REDACTED] and sent her a certified letter for visitation.



**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: 01/24/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/24/2013

Completed date: 01/24/2013

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: 01/24/2013 01:55 PM      Entered By: [REDACTED]

FSW sent out certified letter to the allege father, [REDACTED] and his mother [REDACTED] on behalf of [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:	01/23/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	02/25/2013
Completed date:	02/25/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 02/25/2013 04:21 PM    Entered By: [REDACTED]  
na



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:	01/16/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	02/25/2013
Completed date:	02/25/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/25/2013 04:22 PM      Entered By: [REDACTED]  
na



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:	01/11/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	02/25/2013
Completed date:	02/25/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 02/25/2013 04:23 PM    Entered By: [REDACTED]  
na



**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: 01/09/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/09/2013

Completed date: 01/09/2013

Completed By: [REDACTED]

Purpose(s): Permanency

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/09/2013 12:56 PM      Entered By: [REDACTED]

FSW contacted [REDACTED] to check on [REDACTED]. [REDACTED] has been released as of 12/19/12. [REDACTED] has made no effort in contacting DCS upon her release. FSW sent out a certified letter today to [REDACTED] home address concerning visitation and the perm plan.



**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: 01/03/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Other Community Site

Created Date: 02/25/2013

Completed date: 02/25/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Private Provider/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 02/25/2013 04:21 PM

Entered By: [REDACTED]

na



**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: 01/01/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 01/07/2013

Completed date: 01/07/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Provider Monthly Summary

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/07/2013 08:06 PM      Entered By: [REDACTED]

## I. Safety

## A. Child Risk Behaviors

[REDACTED] is a 5 month old medically fragile child. See "Health and Wellbeing" for information regarding medical emergencies.

## B. Caregiver Safety Concerns

Ms. [REDACTED] has not attended any meetings or joined the permanency plan. The last contact Omni Visions had with [REDACTED] mother was at court in November, 2012. She was incarcerated at the time and it is unknown if she is still in jail. It has been reported that Ms. [REDACTED] has a history of mental illness and her ability to care for her daughter is questionable.

## II. Well Being

## A. Health / Development Functioning

[REDACTED] is a 5 month old baby with significant health problems. [REDACTED] was born with Schizencephaly, Septo-optic dysplasia and Diabetes insipidus. Schizencephaly is a rare developmental disorder that is characterized by an abnormal grey matter malformation of the brain. Schizencephaly is reportedly very rare and can be very serious. In addition to the schizencephaly, [REDACTED] has diabetes insipidus and septo-optic dysplasia. [REDACTED] was seen by Dr. [REDACTED] this month and has an additional follow up appointment to continue monitoring the formation of her retinas. Once [REDACTED] retina's are fully formed, Dr. [REDACTED] will then take over her vision care. It is likely that [REDACTED] will be blind or vision impaired. [REDACTED] diabetes insipidus needs to continue to be closely monitored. [REDACTED] sees Dr. [REDACTED] regarding her diabetes and kidney function. [REDACTED] urine output is weighed by her foster parents and reviewed by her doctors. [REDACTED] temperature and heart rate are constantly monitored and also reviews by Dr. [REDACTED] and Dr. [REDACTED] her PCP. [REDACTED] temperature fluctuates frequently and she occasionally stops breathing for short periods of time. [REDACTED] had her 4 month well child visit last month and saw Dr. [REDACTED] again this month after having contracted a virus. [REDACTED] foster family and treatment team will closely monitor [REDACTED] health and report any concerns to her doctors. Dr. [REDACTED] requested night time nursing services for [REDACTED] in her foster home. On 12/31/12 this RC heard that TennCare approved nursing and agreed to provide 8 hours a night each day of the week. Continue Care is providing the nursing services and began on 12/31/12. [REDACTED] had no medical emergencies this month.



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

[REDACTED] physicians are as follows:

- Dr. [REDACTED] (ophthalmology - retinas)
- Dr. [REDACTED] (Ophthalmology - optic dysplasia)
- Dr. [REDACTED] and colleagues (endocrinology)
- Dr. [REDACTED] (PCP)

B. Life Domain Functioning: School

NA due to age

C. Child Strengths

[REDACTED] is doing well in her foster home. She seems like a happy and resilient baby despite her health concerns. [REDACTED] seems to be bonding well with her foster family and smiles often. She is very strong and holds her head and trunk up well. [REDACTED] loves to be held and does not seem to mind being held by a variety of people.

D. Child Emotional/ Behavioral Needs

[REDACTED] is 5 months old and was born premature. [REDACTED] foster family is working on building their bond with [REDACTED] and helping her to form healthy attachments. [REDACTED] is with her foster mother at almost all times. [REDACTED] receives regular stimulation, love and attention.

E. Interdependent Living: Job/ Vocational

NA due to age

F. Services

[REDACTED] was evaluated by TEIS last month and will receive some therapies in the foster home as needed.

### III. Permanency

A. Life Domain Functioning

[REDACTED] is placed in an Omni Visions medically fragile trained foster home. [REDACTED] has her own room next to her foster parent's bedroom. [REDACTED] nursery is well furnished and appropriate. [REDACTED] has older foster sisters who have enjoyed participating in her care. [REDACTED] foster family is active and involved in their community and church.

It is unknown whether or not Ms. [REDACTED] wishes to participate in [REDACTED] treatment plan.

B. Caregiver Strengths & Needs

The treatment team has no concerns about [REDACTED] care in her foster home.

### IV. Visitation/ Contacts

A. Parent/ Child Visits

At this time, [REDACTED] has had no visits with her biological family since being released from the NICU.

B. Worker/ Child Visits

This RC attends weekly visits with [REDACTED] in her foster home, at medical appointments or in the community. Due to [REDACTED] age, this RC primarily plays with [REDACTED] during visits and talks to the foster parents and medical professionals about [REDACTED] care and needs. This RC also speaks to the foster parents by phone several times a week to discuss progress, appointments, scheduling, etc.

This RC visited with [REDACTED] on 12/6 in her foster home for about 2 hours.

Log Entry

This RC had a face to face visit with [REDACTED] in the foster home. This RC stayed with [REDACTED] while FP picked up one of her kids from school. [REDACTED] was sleeping when this RC arrived. [REDACTED] continues to have diarrhea and some vomiting. RC gave her some pedialite as well as some of her regular bottle. [REDACTED] has gone to her PCP several times in the past week to check for dehydration and any other problems. [REDACTED] has also started to stop breathing at times and her machine has been regular in alerting when problems arise. With stimulation, [REDACTED] usually begins breathing again. FP to keep RC posted on progress and upcoming appt.

[REDACTED] is scheduled to return to the PCP on 6/11 for a follow up. On 12/13/12 this RC attended [REDACTED] 4 month well child visit at Dr. [REDACTED] office. On 12/18 this RC visited with [REDACTED] for almost 3 hours in her foster home. This RC was unable to visit with [REDACTED] the week of 12/24-12/28 due to being sick so [REDACTED] was seen by a coworker in the foster home and this RC spoke to the foster parents by phone.

C. Worker/ Parent Visits

This RC saw Ms. [REDACTED] at court on 11/29/12 but has had no further contact with her.

D. Sibling Visits

[REDACTED] has no known siblings.



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:	12/27/2012	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	01/20/2013
Completed date:	01/20/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/20/2013 08:35 PM      Entered By: [REDACTED]  
na



**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: 12/26/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 12/26/2012

Completed date: 12/26/2012

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/26/2012 07:46 AM      Entered By: [REDACTED]

FSW went to visit the [REDACTED] [REDACTED] appears to be doing well. she has gain weight but still have problems with her temperature elevating up and down. [REDACTED] has been sick with a virus but is recovery very well. The doctors are weaning her off the caffeine. [REDACTED] weighs 10 pounds and has adjusted to her new environment. The children at the home helps the resource parent by holding and loving [REDACTED] No safety concerns noted. [REDACTED] will be going back to the retina doctor for her eyes in two weeks. [REDACTED] Mother is currently incarcerated and is serving her 30 day sentence.



**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: 12/18/2012

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/18/2012

Completed date: 12/18/2012

Completed By: [REDACTED]

Purpose(s): Permanency

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/18/2012 02:16 PM      Entered By: [REDACTED]

FSW contacted [REDACTED] [REDACTED] is still incarcerated as of today. [REDACTED] had a court hearing today in criminal court. FSW spoke with the clerks office and will receive an update in the morning. FSW mail a letter out (12/17/2012) to the allege Father's Mother explaining that DCS needs to contact him for a DNA test so we can rule him out. FSW will visit [REDACTED] 12/21/2012.



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: 12/18/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Other Community Site

Created Date: 01/20/2013

Completed date: 01/20/2013

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Private Provider/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 01/20/2013 08:34 PM

Entered By: [REDACTED]

na



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: 12/17/2012

Contact Method: Missed Family Visit

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/26/2013

Completed date: 02/26/2013

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Parent/Child Visit

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 02/26/2013 11:40 AM      Entered By: [REDACTED]

Parent is still incarcerated at [REDACTED] FSW explained to [REDACTED] to notify DCS when she gets release so we can set up visits.



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:	12/13/2012	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	01/20/2013
Completed date:	01/20/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/20/2013 08:34 PM      Entered By: [REDACTED]  
na



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:	12/06/2012	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	01/20/2013
Completed date:	01/20/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/20/2013 08:33 PM      Entered By: [REDACTED]

na



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:	12/06/2012	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	01/20/2013
Completed date:	01/20/2013	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/20/2013 08:36 PM      Entered By: [REDACTED]  
na



**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:	12/01/2012	Contact Method:	
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	12/16/2012
Completed date:	12/16/2012	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Provider Monthly Summary		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/16/2012 01:10 PM      Entered By: [REDACTED]

## I. Safety

## A. Child Risk Behaviors

[REDACTED] is a 4 month old medically fragile child. She did not have any risky behaviors.

See "Health and Wellbeing" for information regarding medical emergencies.

## B. Caregiver Safety Concerns

Little is known about [REDACTED] mother at this time, she is scheduled to attend court on 11/29/12. It is reported that she wishes to surrender her parental rights.

## II. Well Being

## A. Health / Development Functioning

[REDACTED] is a 4 month old baby with significant health problems. [REDACTED] was born with Schizencephaly, Septo-optic dysplasia and Diabetes insipidus. Schizencephaly is a rare developmental disorder that is characterized by an abnormal grey matter malformation of the brain. Schizencephaly is reportedly very rare and can be very serious. In addition to the schizencephaly, [REDACTED] has diabetes insipidus and septo-optic dysplasia. [REDACTED] was seen by Dr. [REDACTED] twice this month to monitor [REDACTED] retinas. Dr. [REDACTED] and Dr. [REDACTED] will be working together to determine [REDACTED] vision. It is possible that [REDACTED] will be blind or vision impaired. [REDACTED] diabetes insipidus needs to continue to be closely monitored. [REDACTED] urine output is weighed by her foster parents and reviewed by her doctors. [REDACTED] temperature and heart rate are constantly monitored. [REDACTED] temperature fluctuates frequently and she has been admitted to [REDACTED] Hospital at [REDACTED] since being released from the NICU. [REDACTED] was admitted on 11/3/12 after having a 4 minute long seizure and running a high fever. [REDACTED] was transported to the hospital via ambulance and admitted for observation until 11/7/12. Dr. [REDACTED] (endocrinology) has asked the foster parents to bring [REDACTED] in if her fever exceeds 101. Aside from 11/3/12, the foster parents brought [REDACTED] to see the PCP once this month following a high fever. [REDACTED] had her 4 month check up with Dr. [REDACTED] this month and her formula was changed from milk based to soy based. It is hoped that this change will help with [REDACTED] stomach and gas concerns. [REDACTED] foster family and treatment team will closely monitor [REDACTED] health and report any concerns to her doctors.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

[REDACTED] physicians are as follows:

Dr. [REDACTED] (ophthalmology - retinas)

Dr. [REDACTED] (Ophthalmology - optic dysplasia)

Dr. [REDACTED] and colleagues (endocrinology)

Dr. [REDACTED] (PCP)

B. Life Domain Functioning: School

NA due to age

C. Child Strengths

[REDACTED] is doing well in her foster home. She seems like a happy and resilient baby despite her health concerns. [REDACTED] began smiling this month and is making some progress on begin sleep trained. [REDACTED] loves to be held and does not seem to mind being held by a variety of people.

D. Child Emotional/ Behavioral Needs

[REDACTED] is 4 months old and was born premature. [REDACTED] foster family is working on building their bond with [REDACTED] and helping her to form healthy attachments. [REDACTED] is with her foster mother at almost all times. [REDACTED] receives regular stimulation, love and attention.

E. Interdependent Living: Job/ Vocational

NA due to age

F. Services

[REDACTED] was evaluated by TEIS this month. The report has not been returned however physical, occupation, feeding and/or vision therapy are likely to be recommended.

### III. Permanency

#### A. Life Domain Functioning

[REDACTED] is placed in an Omni Visions medically fragile trained foster home. [REDACTED] has her own room next to her foster parent's bedroom. [REDACTED] nursery is well furnished and appropriate. [REDACTED] has older foster sisters who have enjoyed participating in her care. [REDACTED] foster family is active and involved in their community and church.

[REDACTED] has court on 11/29/12 to discuss her permanency plan.

#### B. Caregiver Strengths & Needs

The treatment team has no concerns about [REDACTED] care in her foster home.

### IV. Visitation/ Contacts

#### A. Parent/ Child Visits

At this time, [REDACTED] has had no visits with her biological family since being released from the NICU.

#### B. Worker/ Child Visits

This RC attends weekly visits with [REDACTED] in her foster home, at medical appointments or in the community. Due to [REDACTED] age, this RC primarily plays with [REDACTED] during visits and talks to the foster parents and medical professionals about [REDACTED] care and needs. On 11/2 this RC attended [REDACTED] appt with the endocrinologist. This RC saw [REDACTED] again on 11/5 and 11/6 at the [REDACTED] Hospital at [REDACTED] after [REDACTED] had been admitted following a fever and seizure. This RC helped take [REDACTED] to see Dr. [REDACTED] on 11/8 to get her retinas checked. On 11/16 this RC tried to attend [REDACTED] appt with Dr. [REDACTED] however this RC was home sick with a stomach bug. On 11/21 this RC watched [REDACTED] in the community and then had a face to face visit with her again on 11/27.

#### C. Worker/ Parent Visits

This RC has had no contact with the biological family this month. This RC is scheduled for a visit on 11/29 at court.

#### D. Sibling Visits

[REDACTED] has no known siblings.



**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: 11/29/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/30/2012

Completed date: 11/30/2012

Completed By: [REDACTED]

Purpose(s): Permanency

Contact Type(s): Case Manager/Parent Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/30/2012 01:19 PM      Entered By: [REDACTED]

FSW went to court today . The Mother, [REDACTED] was present. She is currently in [REDACTED] and stated that she does not want the baby.. FSW will go visit her next week to discuss surrendering her rights.



**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: 11/27/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Other Community Site

Created Date: 12/17/2012

Completed date: 12/17/2012

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Private Provider/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 12/17/2012 12:17 PM

Entered By: [REDACTED]

na



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:	11/21/2012	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	12/17/2012
Completed date:	12/17/2012	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/17/2012 12:16 PM      Entered By: [REDACTED]  
na



**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: 11/14/2012

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/14/2012

Completed date: 11/14/2012

Completed By: [REDACTED]

Purpose(s): Permanency

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 11/14/2012 12:52 PM      Entered By: [REDACTED]

FSW called [REDACTED] to see if [REDACTED] was still out there and she is. Court was held today for the perm plan to be ratified. FSW spoke with the resource parent. [REDACTED] is doing well. [REDACTED] went back to [REDACTED] on 11/8/2012 and the doctors stated that her retina is not fully developed yet. [REDACTED] will have to follow up in three weeks.



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:	11/08/2012	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	12/17/2012
Completed date:	12/17/2012	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/17/2012 12:19 PM      Entered By: [REDACTED]

na



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: 11/06/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Other Community Site

Created Date: 12/17/2012

Completed date: 12/17/2012

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Private Provider/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 12/17/2012 12:20 PM

Entered By: [REDACTED]

na



**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: 11/05/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 11/05/2012

Completed date: 11/05/2012

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/05/2012 11:42 AM      Entered By: [REDACTED]

FSW went to see [REDACTED] in the hospital . Resource parent, [REDACTED] called FSW saturday to let FSW know [REDACTED] was running a high temp of 109 and was rush to the the hospital. FSW held [REDACTED] and spoke with the nurse. Nurse explained that [REDACTED] had coded and aspirated and was getting an EEG done today. FSW will check later today for an update.



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:	11/05/2012	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	12/17/2012
Completed date:	12/17/2012	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original    Entry Date/Time: 12/17/2012 12:21 PM    Entered By: [REDACTED]  
na



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:	11/02/2012	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Other Community Site	Created Date:	12/17/2012
Completed date:	12/17/2012	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/17/2012 12:18 PM      Entered By: [REDACTED]

na



**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: 10/29/2012 Contact Method: Face To Face  
 Contact Time: Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Resource Home Created Date: 10/30/2012  
 Completed date: 10/30/2012 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Case Manager/Child Contact, Case Manager/Resource Parent Contact, Case Manager/Parent Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/30/2012 12:22 PM Entered By: [REDACTED]

FSW went to see [REDACTED] in the resource home. [REDACTED] is adjusting very well to her new placement. FSW held her and fed her. Resource parent, [REDACTED] stated that she is doing really well medically. [REDACTED] has gain two pounds and is now 20 inches long. They went to [REDACTED] hospital for an eye appointment and everything went OK. TEIS has been set up for an appointment. [REDACTED] continues to receives medical treatment and Omni checks on her once a week. FSW checked on [REDACTED] mother, [REDACTED] she is currently at [REDACTED] for assault charges.



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:	10/24/2012	Contact Method:	Phone Call
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/24/2012
Completed date:	10/24/2012	Completed By:	[REDACTED]
Purpose(s):	Permanency, 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: 10/24/2012 01:51 PM      Entered By: [REDACTED]

FSW spoke with [REDACTED] today. [REDACTED] is adjusting very well to her new environment. [REDACTED] stated that they will be going to [REDACTED] on 10/25/2012 to see the eye specialist. FSW set up a visit on 10/29/2012.



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: 10/23/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Resource Home

Created Date: 11/26/2012

Completed date: 11/26/2012

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Private Provider/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 11/26/2012 11:11 PM

Entered By: [REDACTED]

n/a



**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: 10/22/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/22/2012

Completed date: 10/22/2012

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/22/2012 01:08 PM      Entered By: [REDACTED]

FSW went to see [REDACTED] today. FSW met [REDACTED] at the hospital. [REDACTED] is doing well and will be discharge today from 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: 10/18/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/18/2012

Completed date: 10/18/2012

Completed By: [REDACTED]

Purpose(s): Permanency, Well Being

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/18/2012 10:26 AM      Entered By: [REDACTED]

FSW went to see [REDACTED] today. FSW fed and change her while visiting. [REDACTED] LSW) stated that [REDACTED] will be discharge Monday after 2pm. FSW spoke with [REDACTED] ( resource parent) to let her know the discharge 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: 10/13/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/15/2012

Completed date: 10/15/2012

Completed By: [REDACTED]

Purpose(s): Well Being

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

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/15/2012 01:35 PM Entered By: [REDACTED]

FSW went to see [REDACTED] today. [REDACTED] had a set back and is on antibiotics, Eye doctor came to see her and stated that [REDACTED] will have some vision problems and might loose her eyesight in the future. FSW will continue to check on [REDACTED] Resource parent ([REDACTED]) has been going to see [REDACTED]

FSW check on [REDACTED] Mother, [REDACTED] and she still at [REDACTED] Facility.



**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: 10/09/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/09/2012

Completed date: 10/09/2012

Completed By: [REDACTED]

Purpose(s): Permanency, Well Being

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/09/2012 08:08 AM      Entered By: [REDACTED]

FSW went to see [REDACTED] today. [REDACTED] is doing very well. FSW spoke with nurse to let them know we have a resource parent that will be coming to visit the hospital. [REDACTED] will be receiving her immunizations and a MRI this week.

Spoke with [REDACTED] to check on Mother status, [REDACTED] is still at [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: 10/08/2012 Contact Method:  
 Contact Time: Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 10/09/2012  
 Completed date: 10/12/2012 Completed By: [REDACTED]  
 Purpose(s): Permanency, Safety - Child/Community, Well Being  
 Contact Type(s): Notation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/09/2012 11:34 AM Entered By: [REDACTED]

Placement Specialist, PS [REDACTED] had been searching for placement for [REDACTED] since 08/30/12. The medical staff at [REDACTED] wanted [REDACTED] to start bonding with the resource family as soon as [REDACTED] was out of th incubator.

PS [REDACTED] sent a referral to these agencies [REDACTED], Youth Villages, and Omni Visions for [REDACTED] a medically fragile placement. On 08/31/12, PS [REDACTED] attended the CFIM for [REDACTED] PS [REDACTED] was able to get more updated information on [REDACTED] and set updated information to Omni Visions, [REDACTED] and Youth Villages. [REDACTED] and Youth Villages were not able to identify a medically fragile resource home for [REDACTED]

[REDACTED] with Omni Visions stated that Omni Visions had a potential option with [REDACTED] a resource family that had not been fully approved but was going through the process of becoming an approved Omni Visions' resource parent. PS [REDACTED] spoke with [REDACTED] on a regular basis since 8/30/12 regarding the status of the [REDACTED] resource home and [REDACTED] updated progress at [REDACTED] Hospital.

On 9/26/12, [REDACTED] stated that Omni Visions had another potential resource home but the resource home was in [REDACTED] TN. On 9/27/12, [REDACTED] Social Worker at [REDACTED] stated that [REDACTED] The Team felt that [REDACTED] needed to be closer as possible to the [REDACTED] vicinity due to [REDACTED] medical condition.

10/4/12, [REDACTED] with Omni Visions searched for another resource family locally since the [REDACTED] resource home still had not been approved and [REDACTED] was closer to her discharge approximately 3weeks. The potential resource family, [REDACTED] was interested in taking [REDACTED] and went to visit [REDACTED]

On this date, 10/8/12, PS [REDACTED] spoke with [REDACTED] with Omni Visions via [REDACTED] in regards to placement for [REDACTED] [REDACTED] stated that Omni Visions Resource Parent [REDACTED] resource parent with Omni Visions had concerns with taking [REDACTED] due to the families busy schedule. [REDACTED] declined placement. Omni Visions Resource Parent [REDACTED] stated that she would accept placement of [REDACTED] once [REDACTED] is released from [REDACTED] Hospital. [REDACTED] will be placed on a medically fragile contract with Omni Visions ( Resource home of [REDACTED] ).

The anticipated released date for [REDACTED] to be released from [REDACTED] is approximately 3weeks or sooner if [REDACTED] continues to make progress and improvements.



**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: 10/04/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/04/2012

Completed date: 10/04/2012

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 10/04/2012 01:44 PM      Entered By: [REDACTED]

FSW went to see [REDACTED] and held her today. [REDACTED] is slowly improving. [REDACTED] gets the bottle at least twice a day per the nurse. The nurse stated that she is slowly improving and can see her being discharge in approximately 3 weeks if she continues to progress.



**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: 10/01/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/04/2012

Completed date: 10/04/2012

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/04/2012 01:46 PM      Entered By: [REDACTED]

FSW went to see [REDACTED] today. [REDACTED] had a little set back and was unable to be fed by the bottle due to her oxygen flow intake. FSW will continue to monitor and visit.



**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: 09/28/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/28/2012

Completed date: 09/28/2012

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/28/2012 10:03 AM      Entered By: [REDACTED]

FSW went to see [REDACTED] today. [REDACTED] was very alert and looking around. FSW spoke with the nurse. [REDACTED] will be seen by speech therapy today for bottle feeding.



## 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: 09/26/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/26/2012

Completed date: 09/26/2012

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/26/2012 10:06 AM Entered By: [REDACTED]

Fsw went to see [REDACTED] today. [REDACTED] is slowly improving. She was crying, constantly moving and opened her eyes today. FSW held her and talk to her while she calmed down and went off to sleep. [REDACTED] weight is now 4lbs as of 9/26/2012. EEG was done but no seizure activity noted. [REDACTED] continues to be fed through a feeding tube.



**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: 09/17/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/17/2012

Completed date: 09/17/2012

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/17/2012 10:46 AM      Entered By: [REDACTED]

FSW went to see [REDACTED] at the hospital. [REDACTED] is slowly improving. She is out of the incubator. The doctors are doing a video EEG due to seizures. FSW was able to hold [REDACTED] today. Baby was quietly sleeping. Fsw also found mother who is currently in [REDACTED] Facility. FSW set up a meeting on September 24/2012 at 10:00am at [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: 09/10/2012

Contact Method: Correspondence

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/10/2012

Completed date: 09/10/2012

Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Parent Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/10/2012 08:31 AM      Entered By: [REDACTED]

FSW sent a letter out to Mother concerning setting up a meeting for the permanency plan.



**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: 09/07/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/07/2012

Completed date: 09/10/2012

Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/10/2012 08:26 AM      Entered By: [REDACTED]

FSW went to see the [REDACTED] at the hospital. FSW spoke with [REDACTED] (LCSW). The baby is slowly improving. [REDACTED] is now on C- Pap and continues to be monitored. FSW will visit once a week.



**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: 08/31/2012

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/04/2012

Completed date: 09/06/2012

Completed By: [REDACTED]

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

Contact Type(s): Case Manager/Child Contact

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 09/04/2012 11:44 AM      Entered By: [REDACTED]

FSW went to visit [REDACTED] (the baby) in the hospital. FSW spoke with [REDACTED] who is the [REDACTED] CSW for the child. [REDACTED] is currently in NICU and is in an incubator. her weight is 2lbs. Mrs. [REDACTED] stated that her prognosis is Cleft brain which means [REDACTED] brain will not be fully developed and she will be medically fragile. FSW will continue to keep in contact with Mrs. [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:	08/31/2012	Contact Method:	Meeting
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	DCS Office	Created Date:	09/05/2012
Completed date:	09/05/2012	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: 09/05/2012 11:27 AM Entered By: [REDACTED]

[REDACTED] is a medically fragile child who was born premature (29weeks). She had no prenatal care and will remain in the hospital for one to two months. She has a clef brain and is sensitive to salt. Her prognosis: she is prone to seizures, has a G tube, and will have frequent hospitalizations. She will possibly have monitors and require an attachment to oxygen. Her mother has mental health issues (paranoid schizophrenia and alcohol dependency) and has 7 to 8 admissions to [REDACTED]. Her mother is delusional, causes a scene, talks to herself, spits, and yells using profanity. Her mother is very argumentative. Her older brother, [REDACTED], was drug exposed child and his birth father was [REDACTED]. Ms. [REDACTED] believes [REDACTED] is deceased but he lives with his paternal grandparents. She told our TEAM that [REDACTED] was the birth father of [REDACTED] also. Ms. [REDACTED] talked with the paternal grandmother yesterday and she says she hasnt seen the father in over a year and believes he is living on drugs. DCS is requesting a medically fragile trained foster home for this child. DCS wants the home identified so the foster parent can visit the child and develop a bond with her as well as learn how to care for [REDACTED] before she leaves the hospital. Mr. [REDACTED] said he has known [REDACTED] since 2009 and is willing to support her. [REDACTED] is not on her medications and refuses to take them for the past year. She told the TEAM that her treatment at [REDACTED] was malpractice. She admitted that she had no pre-natal care for [REDACTED]. [REDACTED] became angry with the TEAM during this meeting and told DCS we had no reason to be involved with her and her child. She got up and angrily left the meeting saying she was going to [REDACTED] to talk with the doctor and get her child. DCS called [REDACTED] staff to warn them that [REDACTED] was coming.



Tennessee Department of Children's Services  
 Special Investigation Unit - Strength and Risk/Safety Assessment

Case Id [REDACTED] Referral Date 06/24/2013 Date of Assessment 06/24/2013

**A. Decision to be Influenced By This Assessment (Check All Being Considered)**

Initial RA                       Placement                       FCRB/Judicial Review                       Final RA  
 Removal / Custody                       Return Home                       Invest/Service Update                       Other

B. Children's Name		C. Adult's Name		Alleged Perpetrator		D. Risk Ratings
List children's name below C1. (Child 1) Check in checkbox if Child is alleged victim(s). (List alleged child victims first)		List Adult' names below in A1. (Adult 1) List Alleged Perpetrator(s) first		Choose Below (Yes/No/Unknown)		(Used in Risk matrix below) Rate factors 11-18 as they relate to adults interaction with victims
C1.	[REDACTED]	<input checked="" type="checkbox"/>	A1. Unknown, Unknown	1.	Yes	N = No Risk
			A2. [REDACTED]	2.	Yes	IA = Insufficient Info
			A3. Unknown, Unknown	3.	No	L = Low Risk
						H = High Risk
						NA = Not Applicable
						S = Strength
						I = Intermediate Risk

Incident Factors	C1
1. Severity/Frequency of Abuse	N
2. Location of Injury	N
3. Severity/Frequency of Neglect	N
4. History of Abuse	L
Summary of Significant Risks/Strengths	L

Child Factors	C1
5. Age and Developmental Status	H
6. Perpetrator's Access to Child	N
7. Child's Presenting Behavior	N
8. Child's Attachment/Interaction with Caregiver	N
9. Child's Community Visibility/Isolation	N
10. Peer/Sibling Interaction	N
Summary of Significant Risks/Strengths	H

Primary Caregiver Factors	A1	A2
11. Caregiver's Attachment/Interaction with Child	N	NA
12. Knowledge of Parenting Skills	N	NA
13. Caregiver's History of Maltreatment	N	NA
14. Caregiver's Physical/Developmental/Intellectual Status	N	NA
15. Caregiver's Emotional/Mental Health	N	NA
16. Caregiver's Substance Misuse: Alcohol, Illegal or Prescription	N	NA
17. Marital/Cohabitant Relationship	N	NA
18. Caregiver's Criminal Behavior	N	NA
Summary of Significant Risks/Strengths	N	NA

Family/Environmental Factors	A
19. Precipitating Events/Stresses	N
20. Environmental Conditions	N
21. Availability of Family Support Systems	N
Summary of Significant Risks/Strengths	N

Service Provision Factors	A
22. Caregiver's/Family Participation or Cooperation with Agency Staff and/or Service Plan	N
23. Progress of Child/Family in Treatment	N
Summary of Significant Risks/Strengths	N

**Overall Risk Assessment**    No Risk

**Comments:** The overall risk assessment is No Risk. The ACV's risk assessment was high due to age (10 months) and multiple birth defects. The ACV had a low life expectancy due to her multiple diagnoses and was a medically fragile child. The ACV was in an appropriate foster placement. The ACV was pronounced deceased on 06/24/2013 at 8:38 am. The ACV was transported to the [REDACTED] hospital via ambulance due to being non responsive. There were no signs of trauma, abuse, or neglect noted by medical personnel.

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Case Worker's Signature

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Date

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Team Leader's Signature

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Date