



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 04/17/2013 01:17 PM CT
 Track Assigned: Special Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 04/17/2013

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/17/2013 03:23 PM
 First Team Leader Assigned: [REDACTED] Date/Time 04/17/2013 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/17/2013 12:00 AM

Allegations

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

Referent(s)

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

Open Court Custody: # [REDACTED] / FSW [REDACTED] / case name [REDACTED] / 7-5-11

Prior INV/ASMT of Abuse: Yes (5)
 Prior INV/ASMT of Neglect: Yes (3)
 Screen Outs: Yes (2)

Indicated: # [REDACTED] / SEE / [REDACTED] / 2-10-09

DUPLICATE REFERRAL: No

County: [REDACTED]
 Notification: Letter
 School/ Daycare: [REDACTED]
 Native American Descent: No
 Directions: none given



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

Reporters name/relationship | [REDACTED] [REDACTED]

Note: The address / phone numbers are listed under the oldest child victim.

Reporter states:

[REDACTED] (DOB [REDACTED]) used to live with her birth mother, [REDACTED] (16). The infant is now deceased. The infant wasnt in custody at the time of her birth or death.

[REDACTED] is in DCS custody and resides with her foster mother, [REDACTED]. [REDACTED] has no special needs / disabilities. Her DCS FSW is [REDACTED]

The purpose of this report is to inform DCS that [REDACTED] died on 4-16-13. The infant was born prematurely at [REDACTED] after the placenta separated from the child. The infant was transported to the NICU at [REDACTED] Hospital.

[REDACTED] was 6 months pregnant at the time of the premature labor. According to the information medical staff has provided to [REDACTED] [REDACTED] died because she had a lot of acidity in her blood. This was causing the infants organs to fail. Additionally the infant had brain bleed and she wasnt getting enough oxygen.

[REDACTED] had regular prenatal visits. Her last visit was 3-28-13. She was also seen on 3-1-13 and got an ultrasound. The report from this visit was good. There were no issues noted. There was nothing that could have been done to prevent the loss.

[REDACTED] has no other children in her care. The child has no A+D issues, mental health issues or DV issues. [REDACTED] has been in custody for 2 years. The child did not report experiencing trauma prior to going into labor.

This is all the information the reporter wants to add at this time.

**There is no SSMS history on [REDACTED] **

Per SDM: SIU Track / P1 - Child Fatality

[REDACTED] TL, on 4/17/13 @ 1:50p

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED]



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

Participant(s)

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:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 16 Yrs

Address: [REDACTED]

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: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 0 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:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 04/17/2013

Assignment Date: 04/17/2013

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 06/21/2013

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: SI received a referral with allegations of neglect death. Information gathered does not rise to the level of abuse. The case will be classified as allegation unfounded/perpetrator unfounded.

D. Case Workers

Case Worker: [REDACTED]

Date: 06/21/2013

Team Leader: [REDACTED]

Date: 06/21/2013

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:

It was reported that the ACV was born prematurely to a teenage mother who is in state custody. The ACV later died due to complications of her premature birth.

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

Collaterals report that the AP attended all prenatal medical visits as required. The premature birth was caused by medical complications that were not preventable and were no fault of the AP.

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

The AP attended all prenatal medical appointments and was exciting about the upcoming full term birth of her daughter on [REDACTED]

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

There are no witness descriptions that indicate the allegation of neglect death.



**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]

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

There is no other evidence or factors that support the investigative findings of neglect death.

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/02/2013

Contact Method:

Contact Time: 08:23 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/02/2013

Completed date: 08/02/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/02/2013 08:23 PM Entered By: [REDACTED]

TL [REDACTED] is making a notation that 740's were distributed to Juvenile Court, District Attorney, and 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: 07/25/2013

Contact Method:

Contact Time: 11:27 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/25/2013

Completed date: 07/25/2013

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: 07/25/2013 11:27 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/24/2013

Contact Method:

Contact Time: 02:50 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/24/2013

Completed date: 06/24/2013

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: 06/24/2013 02:51 PM Entered By: [REDACTED]

Case reviewed and approved for closure by 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: System Completed

Contact Date: 06/24/2013

Contact Method:

Contact Time: 02:18 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/24/2013

Completed date: 07/25/2013

Completed By: System Completed

Purpose(s):

Contact Type(s): Administrative Review

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: 06/21/2013

Contact Method:

Contact Time: 01:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/21/2013

Completed date: 06/21/2013

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: 06/21/2013 01:37 PM Entered By: [REDACTED]

SI is submitting the case for closure: Allegations Unfounded/Perpetrator Unfounded

DCS policy defines Neglect Death to be the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

SI received a referral with allegations of neglect death. It was reported that the ACV was born prematurely to a teenage mother who is in state custody. The ACV later died due to complications of her premature birth. The AP attended all prenatal medical visits as required. The premature birth was caused by medical complications that were not preventable and were no fault of the AP. Information gathered does not rise to the level of abuse. The case will be classified 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: 06/21/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/21/2013

Completed date: 06/21/2013

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: 06/21/2013 01:28 PM Entered By: [REDACTED]

SI obtained copies of Health confirmation and follow-up Notification regarding AP, [REDACTED] Prenatal appointments dated:

1-25-13/Purpose of Visit: Pregnancy/next appointment 2-29-13

2-29-13/Purpose of Visit: Pregnancy/next appointment 3-28-13

3-28-13/Purpose of Visit: Pregnancy/Next appointment 4-25-13

4-11-13/ Results of Visit/Special Instructions:

Patient came in complaining of severe cramping.
 Patient was crying in extreme pain
 Patient was examined notice vaginal bleeding.

Narrative Type: Addendum 1 Entry Date/Time: 06/21/2013 01:35 PM Entered By: [REDACTED]

Patient was instructed to go to Emergency Room.



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: 06/20/2013

Contact Method:

Contact Time: 03:19 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/20/2013

Completed date: 06/20/2013

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: 06/20/2013 03:24 PM Entered By: [REDACTED]

TL [REDACTED] staffed case with SI [REDACTED] on June 20, 2013. Infant was born prematurely and dies a couple days later after mom gave birth to the child. Grief counseling was offered to the biological mom. FSW reports that mom is stating that she does not want to put grief counseling in the home. SI [REDACTED] will need to update case recordings 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: 06/14/2013

Contact Method:

Contact Time: 09:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 06/21/2013

Completed date: 06/21/2013

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: 06/21/2013 01:56 PM Entered By: [REDACTED]

SI completed a walk-through of the resource home of [REDACTED] and [REDACTED]. There were no concerns noted. All medications are located in a locked box which is located in the master bedroom of the home. AP, [REDACTED] is the only child placed in the home.



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: 06/14/2013

Contact Method: Face To Face

Contact Time: 09:31 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 06/21/2013

Completed date: 06/21/2013

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: 06/21/2013 01:53 PM Entered By: [REDACTED]

Mrs. [REDACTED] reports that on the morning of 4-11-13 Mrs. [REDACTED] reports that [REDACTED] told her that she was spotting (bleeding). Mrs. [REDACTED] reports that she gave [REDACTED] a pad and asked her to if she could see the color of her discharge. Mrs. [REDACTED] explains that an appointment had been made on the previous day for [REDACTED] to see the doctor at 10:00 a.m. She assumed that the concerns would be addressed at the scheduled appointment. Mrs. [REDACTED] reports that [REDACTED] then told her that shed cancelled the appointment and she directed [REDACTED] to call the doctors again that put the appointment back on the schedule. Mrs. [REDACTED] explained that she allowed [REDACTED] to schedule all her appointments regarding her pregnancy. Mrs. [REDACTED] reports that she did not sit in on the appointment with [REDACTED] unless she was asked to enter. This is how the doctor handled his teenage patient to prepare for responsibility. Mrs. [REDACTED] reports that the appointment was rescheduled and she called her husband to transport [REDACTED] to the doctor. Mrs. [REDACTED] reports that she was contacted by her husband and was able to speak with the nurse. Mrs. [REDACTED] reports that she informed the nurse that she was leaving work and was on her way to take [REDACTED] to the hospital.

Mrs. [REDACTED] reports that she knew nothing about [REDACTED] going to the hospital the previous day. She received a text from [REDACTED] around 9:30 stating that her stomach was hurting down low. Mrs. [REDACTED] states that she then advised [REDACTED] to call the doctors office to schedule an appointment. The appointment was scheduled on 4-11-13 at 10:00a.m., reports Mrs. [REDACTED] At 2:00 p.m. Mrs. [REDACTED] reports that she received a text from [REDACTED] stating that she had to stay after school for a project. Mrs. [REDACTED] explains that this would not be unusual because [REDACTED] had stayed after school to work with the Home Economics teacher (takes out a lot of time with the students) previously. Mrs. [REDACTED] states that she did asked [REDACTED] about the length of time she stayed after school. Mrs. [REDACTED] reports that she has had some issues with [REDACTED] leaving the home and not returning that have been addressed with Ms. [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: 06/14/2013

Contact Method: Face To Face

Contact Time: 09:12 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Resource Home

Created Date: 06/20/2013

Completed date: 06/20/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Other Persons Living in Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/20/2013 11:17 AM Entered By: [REDACTED]

SI interviewed Mr. [REDACTED]. SI explained the purpose for contact. Mr. [REDACTED] reports that he transported [REDACTED] to the doctors office at his wifes request on 4-11-13. Mr. [REDACTED] reports that [REDACTED] called him to come and pick her up after the visit was complete. Mr. [REDACTED] explains that the doctor explained to him that [REDACTED] was about to go into labor and needed to be taken to the hospital. Mr. [REDACTED] reports that he explained that his wife was at work, but on her way home. Mr. [REDACTED] reports that he was advised to keep [REDACTED] comfortable until Ms. [REDACTED] arrived to take [REDACTED] to the hospital. Mr. [REDACTED] reports that it did not take Ms. [REDACTED] very long to return and transport [REDACTED] to the hospital (maybe about twenty-five minutes). SI asked Mr. [REDACTED] why he did not transport [REDACTED] to the hospital from the doctors office. He replied that he knew his wife was on her way and that she would be the most informed person to support [REDACTED]. Mr. [REDACTED] reports that he does not know any other detail regarding the circumstances.



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:	05/31/2013	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/31/2013
Completed date:	05/31/2013	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: 05/31/2013 12:55 PM Entered By: [REDACTED]

TL [REDACTED] staffed case with SI [REDACTED] for closure on May 31, 2013. Allegation of Physical abuse at [REDACTED]. Face to face contact made on April 3, 2013. SI [REDACTED] observed ACV to have no marks or bruises during initial face to face contact. ACV reports that he was placed in a hold, but he did not get hurt during the hold. ACV reports that he has a lot of clothes and is able to change clothes as needed. SI [REDACTED] has attempted to contact mom, but mom has not contacted SI [REDACTED] back. Facility reports that ACV went on pass with mom over the weekend and that is how information came out. ACV was administratively discharged from the facility due to mom's interference of services being provided. AP denies physically abusing ACV. No concerns were noted during the investigation. SI [REDACTED] will need to update case recordings and submit case for closure as allegation unfounded perpetrator unfounded.

Narrative Type: Created In Error Entry Date/Time: 06/20/2013 11:14 AM Entered By: [REDACTED]

Administrative hearing dated for May 31, 2013 will need to be marked in error. Information documented does not pertain to the investigation 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: 05/16/2013

Contact Method:

Contact Time: 01:05 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/21/2013

Completed date: 06/21/2013

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: 06/21/2013 12:42 PM Entered By: [REDACTED]

SI obtained the Resource Home Study and family Update Checklist [REDACTED] parent [REDACTED] and [REDACTED] dated 12-18-12.

Mr. and Mrs. [REDACTED] were approved to parent up to three children ages zero to eighteen years of age of either gender. Mr. and Mrs. [REDACTED] are also certified to work with Juvenile Justice Children. A complete copy of this document can be located in the DCS/Case file



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: 04/23/2013

Contact Method: Phone Call

Contact Time: 10:14 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/21/2013

Completed date: 06/21/2013

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: 06/21/2013 01:20 PM Entered By: [REDACTED]

SI made contact with [REDACTED] Agency Worker, [REDACTED]. SI explained the purpose for contact. Ms. [REDACTED] reports that alleged perpetrator, [REDACTED] has been placed in the resource home of [REDACTED] for over a year. Ms. [REDACTED] reports that there had been prior no concerns regarding [REDACTED] pregnancy before the premature birth of her daughter, [REDACTED]. Ms. [REDACTED] explains that [REDACTED] went into labor after complaining of stomach pains and bleeding. These symptoms seemed to appear out of the blue, expressed Ms. [REDACTED]. Ms. [REDACTED] admits that there had been previous concerns with [REDACTED] leaving the resource home and not returning. However, Ms. [REDACTED] states that [REDACTED] was very excited to be having the baby. [REDACTED] and kept all prenatal appointments and was very mindful that she was carrying her child. Ms. [REDACTED] states that [REDACTED] was not the cause of the premature birth of her child. It was explained to her that the placenta detached from the uterus which was an unfortunate occurrence.



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: 04/19/2013

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/18/2013

Completed date: 06/18/2013

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: 06/18/2013 10:22 PM Entered By: [REDACTED]

SI [REDACTED] completed a TFACTS/ CPS check on alleged victim [REDACTED] and alleged perpetrator, [REDACTED] No records were found on the alleged victim. Records found on the alleged perpetrator include:

CPS investigation # [REDACTED] /4-19-07/PHA/AUPU
 CPS investigation # [REDACTED] /12-07-07/SAE/AUPU
 CPS investigation # [REDACTED] /11-19-08/SAE/AIPI
 CPS investigation # [REDACTED] /9-2-10/DEC, LOS/AUPU
 CPS investigation # [REDACTED] /7-26-11/ABN/Unable to Complete
 CPS investigation # [REDACTED] /3-24-PHA, LOS/Services Required



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: 04/18/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/18/2013

Completed date: 06/18/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/18/2013 10:26 PM Entered By: [REDACTED]

SI staffed the case with DCS/Team Leader [REDACTED]. On 4/17/13 SI received a referral with allegations of neglect death. It was reported that ACV, [REDACTED] died (4/16/13) after being born ([REDACTED]) prematurely (six months) to mother [REDACTED] who is State custody. [REDACTED] entered custody on 7/5/11 and has been placed in the resource home of [REDACTED] since 7/5/11. SI spoke to DCS/FSW [REDACTED] who reports that the [REDACTED] (mother) attended all medical appointment as required. On the last visit (3-28-13) all reports were that the unborn baby was doing well and the pregnancy was normal. On Wednesday 4/10/12 [REDACTED] began to have some discharge and was taken to the emergency room. The mother was informed that discharge during pregnancy was normal and that she should only return to the hospital if she is bleeding or having pains. On Thursday [REDACTED] complained of having stomach cramps and bleeding and was taken to the hospital by her foster mother. Upon arrival, [REDACTED] was told that she was fully dilated and that the baby had separated from the placenta. ACV, [REDACTED] was born weighing 1.5 grams. An x-ray of [REDACTED] head revealed bleeding in the brain. [REDACTED] past away (died) on 4/16/13 at [REDACTED] Hospital from complications of a premature birth. DCS/FSW [REDACTED] reports that after [REDACTED] was born DCS legal was consulted regarding bringing baby [REDACTED] into custody. Legal advised Ms. [REDACTED] that the Department had no grounds to bring the baby into custody. Ms. [REDACTED] reports that there were no plans on bringing [REDACTED] into custody through a voluntary agreement signed by her mother who is also in state custody. [REDACTED] was discharged from the hospital on 4/12/13. DCS/FSW Ms. [REDACTED] reports that [REDACTED] and [REDACTED] were very excited about the expected birth of their child. Ms. [REDACTED] reports that both parents are very hurt by their daughters death. A memorial services was held at the hospital on 4/16/13 at 7:30.

ACV, [REDACTED] was born 4/11/13 prematurely (six months) at [REDACTED] Hospital. [REDACTED] was transferred to [REDACTED] Hospital NICU. On 4/16/13 [REDACTED] died from complications due to a premature birth.



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: 04/18/2013

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/20/2013

Completed date: 06/20/2013

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: 06/20/2013 10:44 AM Entered By: [REDACTED]

SI completed SIU-Strength and Risk/Safety Assessment. SI received a referral with allegations of neglect death. It was reported that the ACV was born prematurely to a teenage mother who is in state custody. The ACV later died due to complication of her premature birth.



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: 04/18/2013

Contact Method: Attempted Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 05/10/2013

Completed date: 05/10/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/10/2013 01:55 PM Entered By: [REDACTED]

SI received a P-1 referral with allegations of neglect death regarding child [REDACTED]. According to [REDACTED] mother, [REDACTED] was born prematurely and died on 4-16-13 due to complication of her premature birth.



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: 04/18/2013	Contact Method: Face To Face
Contact Time: 10:00 AM	Contact Duration: Less than 02 Hour
Entered By: [REDACTED]	Recorded For:
Location: Resource Home	Created Date: 06/20/2013
Completed date: 06/20/2013	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Alleged Perpetrator Interview, Collateral Contact	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 06/20/2013 10:57 AM Entered By: [REDACTED]

SI interviewed alleged perpetrator [REDACTED] (DOB [REDACTED]). Due to the recent death of her daughter, [REDACTED] requested that her foster mother, [REDACTED] be present during the interview. The interview took place outside at the request of the resource parent to allow nice scenery for [REDACTED]. [REDACTED] reports that she is in State custody and has been placed in the resource home of Ms. [REDACTED] for one year. [REDACTED] reports that her pregnancy was going well until Wednesday [REDACTED]. On Wednesday [REDACTED] reports that she started bleeding a little bit. She was taken to the hospital by her biological mother and was assessed to be okay. [REDACTED] reports that on the next morning when she woke up there was a lot of blood and Mr. [REDACTED] took her to the doctor. The doctor said that she was in labor and that he could feel the sac and to hurry up and take her to the hospital. [REDACTED] reports that Mr. [REDACTED] brought her home and then Ms. [REDACTED] came home and took her to the hospital. [REDACTED] states that she arrived to the hospital and was given an I.V. Thirty minutes later she delivered baby [REDACTED] vaginally. She was informed that [REDACTED] was real premature and would need to be transferred to [REDACTED] childrens Hospital. [REDACTED] states that she was able to see [REDACTED] before she was transferred. Ms. [REDACTED] states that [REDACTED] was fine after delivery. The doctors explained to [REDACTED] that her placenta tore away from her uterus which caused the premature birth. Ms. [REDACTED] states that [REDACTED] was able to visit with the baby on Saturday. Baby [REDACTED] passed away on April 16, 2013. A memorial was held on Tuesday at the hospital reports Ms. [REDACTED].

[REDACTED] explains that she was planning to sign the paperwork to have her baby voluntarily placed in State custody. Ms. [REDACTED] is her DCS/FSW. [REDACTED] states that Ms. [REDACTED] has said that she needs to get the medical records from the hospital regarding the death of [REDACTED]. [REDACTED] expressed that she informed Ms. [REDACTED] that she does not want to know what happened to her baby and did not want the death certificate. She just wants to heal and not be reminded of what happened. [REDACTED] and Ms. [REDACTED] expressed their concern with DCS and the agency's insensitivity. Ms. [REDACTED] reports that there was a meeting scheduled before baby [REDACTED] passed. The meeting was not canceled and [REDACTED] had to come to the agency office after delivering the baby. Ms. [REDACTED] feels that the meeting should have been held at her home.



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:	04/18/2013	Contact Method:	Face To Face
Contact Time:	09:40 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Resource Home	Created Date:	06/20/2013
Completed date:	06/20/2013	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: 06/20/2013 11:39 AM Entered By: [REDACTED]

SI interviewed alleged perpetrator [REDACTED]. It has been two months since the death of [REDACTED] daughter, [REDACTED]. [REDACTED] was able to speak with SI alone and not in the presence of her foster mother, [REDACTED]. SI asked [REDACTED] to explain why her biological mother had to transport her to the hospital on 4-10-13. [REDACTED] explained that she told Ms. [REDACTED] that she was bleeding that morning while at school which led to her calling her mom and informing her of what was going on. [REDACTED] states that Ms. [REDACTED] directed her to make a doctors appointment. The appointment was made for the next morning, [REDACTED] reports [REDACTED] reports that her mother came to pick her up after school. [REDACTED] reports that Ms. [REDACTED] did not know that her mother took her to the hospital. [REDACTED] reports that the hospital told her that they heard the babys heartbeat and that everything was okay. [REDACTED] states that she told Ms. [REDACTED] that she was working on a project after school. [REDACTED] states that she did not tell Ms. [REDACTED] the truth because she knew that Ms. [REDACTED] would not allow her mother to take her to the doctor. [REDACTED] reports that she had no concerns with Ms. [REDACTED] not transporting her to appointments during her pregnancy. [REDACTED] reports that her DCS/Case worker, Ms. [REDACTED] has been trying to put her in grief counseling. [REDACTED] expressed that she does not want to attend the counseling because she feel that it would not help. [REDACTED] states that she has expressed this to Ms. [REDACTED] but has also agreed to attend if she has to.

Narrative Type: Addendum 1 Entry Date/Time: 06/21/2013 01:49 PM Entered By: [REDACTED]

Date of contact is incorrect and should read 6-14-13.



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: 04/17/2013	Contact Method: Phone Call
Contact Time: 04:15 PM	Contact Duration: Less than 30
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 06/18/2013
Completed date: 06/18/2013	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: 06/18/2013 10:31 PM Entered By: [REDACTED]

SI spoke to DCS/FSW [REDACTED] who reports that the [REDACTED] (mother) attended all medical appointment as required. On the last visit (3-28-13) all reports were that the unborn baby was doing well and the pregnancy was normal. On Wednesday [REDACTED] began to have some discharge and was taken to the emergency room. The mother was informed that discharge during pregnancy was normal and that she should only return to the hospital if she is bleeding or having pains. On Thursday [REDACTED] complained of having stomach cramps and bleeding and was taken to the hospital by her foster mother. Upon arrival, [REDACTED] was told that she was fully dilated and that the baby had separated from the placenta. ACV, [REDACTED] was born weighing 1.5 grams. An x-ray of [REDACTED] head revealed bleeding in the brain. [REDACTED] past away (died) on 4/16/13 at [REDACTED] Hospital from complications of a premature birth. DCS/FSW [REDACTED] reports that after [REDACTED] was born DCS legal was consulted regarding bringing baby [REDACTED] into custody. Legal advised Ms. [REDACTED] that the Department had no grounds to bring the baby into custody. Ms. [REDACTED] reports that there were no plans on bringing [REDACTED] into custody through a voluntary agreement signed by her mother who is also in state custody. [REDACTED] was discharged from the hospital on 4/12/13. DCS/FSW Ms. [REDACTED] reports that [REDACTED] and [REDACTED] were very excited about the expected birth of their child. Ms. [REDACTED] reports that both parents are very hurt by their daughters death. A memorial services was held at the hospital on 4/16/13 at 7:30.

ACV, [REDACTED] was born [REDACTED] prematurely (six months) at [REDACTED] Hospital. [REDACTED] was transferred to [REDACTED] Hospital NICU. On 4/16/13 [REDACTED] died from complications due to a premature birth.

SI explained that the investigation is on-going and additional contact may be necessary.



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: 04/17/2013

Contact Method: Phone Call

Contact Time: 03:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/13/2013

Completed date: 06/13/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/13/2013 10:31 AM Entered By: [REDACTED]

SI made contact with the referent to obtain any additional information. The location of the alleged perpetrator was confirmed.



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: 04/17/2013

Contact Method:

Contact Time: 01:17 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/13/2013

Completed date: 06/13/2013

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: 06/13/2013 10:20 AM Entered By: [REDACTED]

SI received a P-1 referral with allegations of Neglect Death.

ACV: [REDACTED]

Reporter states:

[REDACTED] used to live with her birth mother, [REDACTED] (16). The infant is now deceased. The infant wasnt in custody at the time of her birth or death.

[REDACTED] is in DCS custody and resides with her foster mother, [REDACTED] [REDACTED] has no special needs / disabilities. Her DCS FSW is [REDACTED]

The purpose of this report is to inform DCS that [REDACTED] died on 4-16-13. The infant was born prematurely at [REDACTED] [REDACTED] after the placenta separated from the child. The infant was transported to the NICU at [REDACTED] Childrens Hospital.

[REDACTED] was 6 months pregnant at the time of the premature labor. According to the information medical staff has provided to [REDACTED] [REDACTED] died because she had a lot of acidity in her blood. This was causing the infants organs to fail. Additionally the infant had brain bleed and she wasnt getting enough oxygen.

[REDACTED] had regular prenatal visits. Her last visit was 3-28-13. She was also seen on 3-1-13 and got an ultrasound. The report from this visit was good. There were no issues noted. There was nothing that could have been done to prevent the loss.

[REDACTED] has no other children in her care. The child has no A+D issues, mental health issues or DV issues. [REDACTED] has been in custody for 2 years. The child did not report experiencing trauma prior to going into labor.

This is all the information the reporter wants to add at this time.

There is no SSMS history on [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: CPS Special Investigation



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 05/14/2013

Completed date: 05/14/2013

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: 05/14/2013 03:16 PM Entered By: [REDACTED]

I. Safety**A. Child Risk Behaviors**

Client has a history of elopement, self-harming behavior, marijuana use, and defiance. During this reporting period, the client has not engaged in any at-risk behaviors.

There were two serious incident noted during this reporting period. During the CFTM held on April 15 at approximately 5:00pm, it was disclosed that the client was transported to [REDACTED]. According to resource parent [REDACTED] when she transported the client to the [REDACTED] she was informed by the receptionist that the client was seen in the Emergency Room the previous day. Ms. [REDACTED] reported that the receptionist pulled the records and disclosed that [REDACTED], birth parent, had completed the paperwork. This RC and FSW [REDACTED] were not notified of the incident prior to the CFTM. According to the client, she was spotting so she contacted her mother to transport her to the emergency room. Client reported that there were no issues found, but she was informed to return to the emergency room if she begun to bleed. On [REDACTED] at approximately 11:49am, [REDACTED] resource parent, contacted RC [REDACTED] to report that the client had delivered her baby. At the time of delivery, the client was six months pregnant. Reportedly, the client was complaining of vaginal bleeding and pain. At 10:00am, client was transported to her prenatal appointment with Dr. [REDACTED]. Dr. [REDACTED] advised the client to go to the emergency room. Client was transported to [REDACTED] Medical Center, where she delivered. Client's early delivery was caused by placental abruption. After delivery, clients infant was transported to [REDACTED] Neonatal Intensive Care Unit (NICU). Client is being monitored and she is scheduled to be released on April 12. Clients birth parents were notified of the incident by Ms. [REDACTED]. Clients birth parents met with the client at the hospital.

B. Caregiver Safety Concerns

[REDACTED] birth mother, and [REDACTED], birth father, are the primary caregivers for the client. According to the Department, Ms. [REDACTED] has some mental health concerns. Reportedly, Ms. [REDACTED] is receiving services for her mental health issues. According to the Department, Ms. [REDACTED] is no longer residing in the home with her paramour.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

II. Well Being

A. Health / Development Functioning

Client is current on all of her medical, dental, and vision examinations. Her next medical exam is due August 2013 and bi-annual dental is due July 21, 2013. On April 24, client attended a follow-up orthodontist appointment.

The client is prescribed medication for eczema.

On April 11, the client delivered her baby. Client's early delivery was caused by placental abruption. Reportedly, placental abruption is the early separation of the placenta from the wall of the uterus. Normally the placenta does not separate from the uterus until right after the birth of the baby. This RC spoke with the nurse regarding the client potential discharge date. Client was released from the hospital on April 12. Client's baby was transported to [REDACTED] Neonatal Intensive Care Unit (NICU) shortly after delivery. Client infant passed on April 16.

B. Life Domain Functioning: School

Client is currently enrolled in the 10th grade at [REDACTED] High School. Client received her report card on March 20. She is currently enrolled in Broadcast I, Chemistry I Honors, English II Honors, Physical Education I, Algebra II Honors, Car Management Success, and Vocal Music Honors.

C. Child Strengths

Client is intelligent and very optimistic.

D. Child Emotional/ Behavioral Needs

Client needs counseling to address trauma, abuse and witnessing the death of her brother. Client has been diagnosed with a mood disorder, oppositional defiant disorder, and Post Traumatic Stress Disorder.

Client has been exhibiting crying spells since the loss of her baby. She has been journaling to express her feelings. Client is also in need of grief counseling due to the death of her baby.

E. Interdependent Living: Job/ Vocational

Client has completed the Casey Life Skill Assessment and the next assessment is due November 15, 2013. The assessment noted deficiencies in housing and money management.

F. Services

Client has refused to participate in therapy at the agency. A Release from Medical Responsibility was completed citing the client's refusal. Client is refusing grief counseling as well.

III. Permanency

A. Life Domain Functioning

Prior to entering care, client resided with her birth mother and siblings. Client is currently placed with [REDACTED] and [REDACTED]. Another foster youth also resides in the home. Client attends church weekly with her resource family. The client has a permanency goal of return to parent.

On April 15, the Child and Family Team participated in the Placement Stability CFTM. Previously, Ms. [REDACTED] reported that her home will not be available after the client gives birth. Ms. [REDACTED] reported that if the client continues doing well, then she can remain in the home.

B. Caregiver Strengths & Needs

Mr. and Mrs. [REDACTED] have been instructed to exercise extreme supervision to curb undesirable behaviors. Client's birth mother is not a viable option, due to her not being in compliance with the permanency plan. Mr. [REDACTED] has shown his inconsistency regarding being a viable placement option.

IV. Visitation/ Contacts

A. Parent/ Child Visits

Client has supervised visits with her birth mother and unsupervised visits with her birth father.

B. Worker/ Child Visits

The Omni Visions' Resource Coordinator conducted several face-to-face visits with the client during this reporting period. On April 4, the RC met with the client and resource parent individually and collectively in the resource home. The team discussed the client's placement and pregnancy. Mrs. [REDACTED] reported that she does not know if the client



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

will be allowed to reside in her home after giving birth. According to Mrs. [REDACTED] there are too many outside influences and she refuses to allow them to run her home. Client reported that she does not care if she allows to reside in the home. This RC spoke with the client regarding maintaining a positive attitude. On [REDACTED] this RC met with the client at [REDACTED] Medical Center after she gave birth. During the visit, this RC spoke with the client regarding giving birth and her emotional wellbeing. According to the client, she pushed three times and her baby was born. Client reported that her daughter weighed one pound and five ounces. Client denied having any thoughts of sadness or self-harm. She reported that she was being strong for her baby and her family. On April 15, this RC met with the client at the Placement Stability CFTM held at Omni Visions. On April 16, the RC met with the client at [REDACTED] Hospital after the death of her baby and for the memorial service.

C. Worker/ Parent Visits

During this reporting period, there were no visits conducted.

D. Sibling Visits

Due to the client being on runaway status, there were no visits conducted.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	05/01/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	████████████████████	Recorded For:	████████████████████
Location:	Resource Home	Created Date:	06/10/2013
Completed date:	06/10/2013	Completed By:	████████████████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

Children Concerning

████████████████████

Participant(s)

██

Narrative Details

Narrative Type:	Original	Entry Date/Time:	06/10/2013 05:40 PM	Entered By:	████████████████████
n/a					



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/24/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Resource Home	Created Date:	05/15/2013
Completed date:	05/15/2013	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: 05/15/2013 11:39 PM Entered By: [REDACTED]
n/a



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/20/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/18/2013

Completed date: 06/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Child Visit

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/18/2013 11:55 AM Entered By: [REDACTED]

The children were at the parents home this weekend from April 20-21.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/19/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/19/2013

Completed date: 04/19/2013

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: 04/19/2013 07:05 PM Entered By: [REDACTED]

FSW received [REDACTED] and [REDACTED] original social security today 4/19/13.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	04/19/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	████████████████████	Recorded For:	████████████████████
Location:	Resource Home	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	████████████████████
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

Children Concerning

████████████████████

Participant(s)

████████████████████

Narrative Details

Narrative Type:	Original	Entry Date/Time:	05/15/2013 11:40 PM	Entered By:	████████████████████
n/a					



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	04/16/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	████████████████████	Recorded For:	████████████████████
Location:	Other Community Site	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	████████████████████
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

Children Concerning

████████████████████

Participant(s)

████████████████████

Narrative Details

Narrative Type:	Original	Entry Date/Time:	05/15/2013 11:43 PM	Entered By:	████████████████████
n/a					



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	04/16/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	████████████████████	Recorded For:	████████████████████
Location:	Other Community Site	Created Date:	05/15/2013
Completed date:	05/15/2013	Completed By:	████████████████████
Purpose(s):	Well Being		
Contact Type(s):	Private Provider/Child Contact		
Contact Sub Type:			

Children Concerning

██

Participant(s)

██

Narrative Details

Narrative Type:	Original	Entry Date/Time:	05/15/2013 11:42 PM	Entered By:	████████████████████
n/a					



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2013

Contact Method:

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/16/2013

Completed date: 05/16/2013

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: 05/16/2013 08:36 AM Entered By: [REDACTED]

[REDACTED] baby passed today 4/16/13 and the family had a memorial for her at [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 06/18/2013

Completed date: 06/18/2013

Completed By: [REDACTED]

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

Contact Type(s): Parent/Child Visit

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/18/2013 11:53 AM Entered By: [REDACTED]

The parents visited with both girls at [REDACTED] for [REDACTED] burial services. [REDACTED] is [REDACTED] baby who passed away on 4/16/13.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Open

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/15/2013	Contact Method:	Face To Face
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:	Provider Office	Created Date:	04/18/2013
Completed date:	04/18/2013	Completed By:	[REDACTED]
Purpose(s):	CFTM (Child and Family Team Meeting)		
Contact Type(s):	CFTM (Child and Family Team Meeting)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/18/2013 04:30 PM Entered By: [REDACTED]

[REDACTED] placement may be disrupted due to issues in the home. It was stated that [REDACTED] had a baby on [REDACTED] [REDACTED] stated that her mother took her to the hospital on 04/10/13 because she began spotting while she was at school. [REDACTED] stated that she didnt tell the resource parent that she had gone to the hospital and that her mother had taken her after school. Ms. [REDACTED] the resource parent stated that [REDACTED] called and informed her that she had begun to spot while at school. Ms. [REDACTED] stated that she told [REDACTED] to call her doctor and schedule an appointment. It was stated that [REDACTED] had an appointment for the next day at 10:00 AM. Ms. [REDACTED] stated that she didnt find out that [REDACTED] had been to the hospital until she took [REDACTED] to the emergency room the next day. It was stated that initially there was a question regarding [REDACTED] remaining in the home upon the birth of the baby, now that the baby has arrived early the question still remains. Ms. [REDACTED] stated that her home was still available for [REDACTED] and the baby at this time. The child and family strengths were stated to be that Ms. [REDACTED] is involved with [REDACTED]. The child and family strengths and needs were stated to be that [REDACTED] mother taking her to the hospital unauthorized and [REDACTED] manipulating her mother and hiding information from the resource parent. It was determined that [REDACTED] remain in her current placement with Ms. [REDACTED] at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/15/2013	Contact Method:	
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/19/2013
Completed date:	04/19/2013	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: 04/19/2013 07:06 PM Entered By: [REDACTED]

FSW received all documents back today 4/15/13 from Ms. [REDACTED] that were taken to the social security office to obtain [REDACTED] and [REDACTED] original social security card.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/15/2013 Contact Method: Face To Face
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Provider Office Created Date: 05/14/2013
 Completed date: 05/14/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Case Manager/Child Contact, Case Manager/Provider Contact, Case Manager/Resource Parent Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2013 03:37 PM Entered By: [REDACTED]

Content: There was a placement stability CFTM held for the child today. This meeting was scheduled the previous week because the foster parent had given her notice and the FSW and Agency Worker wanted to make sure the child was going to have a stable foster placement for she and her new born baby. During the CFTM it was brought to the FSW, Agency Worker attention that the mother had taken the child to the emergency room [REDACTED] because she was spotting. The FSW asked the mother why didn't she tell the FSW that she had taken the child to the emergency room on 4/10/13 and the mother stated that she didn't know that she had done anything wrong that her daughter [REDACTED] called her and told her she needed to go to the hospital because she was bleeding. FSW told the mother that she did only what a concerned parent would do, but since she is in state custody that the FSW/foster mother and Agency Worker was to be notified immediately regarding this matter. The foster mother stated that she was not aware that the mother had taken the child to the hospital until they arrived at the emergency room on 4/11/13 and they informed the foster mother that the child had been there the previous day. The child then spoke up and said that she forced her mother to take her and it was not her mom's fault that no one knew that she had gone to the hospital on 4/10/13. The Agency Worker, Ms. [REDACTED] stated to [REDACTED] if she remembered their conversation that they had last week regarding her manipulating her mother to doing things and [REDACTED] stated that she remembered the conversation. FSW went on to ask the mother what did the doctor say and the mother stated that he told [REDACTED] that if she started heavy bleeding that she was to come back to the hospital.

Observation: the foster mother seemed a little disappointed in the fact that [REDACTED] went to the hospital the previous day and didn't inform her. [REDACTED] didn't appear to be sorry for her behavior and it also appeared that she didn't want to accept responsibility for her negligence in not reporting what the doctor stated to her the previous day. [REDACTED] seems to be in good health and was excited when she showed the FSW the pictures of her baby.

Next Steps: FSW will follow up with the child regarding her new born that is currently at [REDACTED] NICU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/15/2013

Contact Method: Face To Face

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location: Other Community Site

Created Date: 05/15/2013

Completed date: 05/15/2013

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: 05/15/2013 11:47 PM

Entered By: [REDACTED]

n/a



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Open

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	04/12/2013	Contact Method:	Phone Call
Contact Time:		Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/19/2013
Completed date:	05/13/2013	Completed By:	System Completed
Purpose(s):	Well Being		
Contact Type(s):	Case Manager/Provider Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/19/2013 06:34 PM Entered By: [REDACTED]

FSW contacted Ms. [REDACTED] this morning at 8:35 am to inquire about her conversation with [REDACTED] on last night regarding what took place the morning of 4/11/13 when she started bleeding and hurting. Ms. [REDACTED] stated that [REDACTED] informed her that she was bleeding that morning when she got up and she called the foster mother to let her know that she was bleeding and hurting and the foster mother told her to keep her appointment with the doctor at 10:00am that day and see if the doctor tell her she needs to go to the emergency room. Ms. [REDACTED] further stated that [REDACTED] informed her that the foster mother was at work so "uncle [REDACTED] (what [REDACTED] calls the foster mother's husband) took her to the doctor and when she got there the doctor told him to take her to the emergency room, but the foster father took [REDACTED] back to the foster home instead and Ms. [REDACTED] said that [REDACTED] informed her that she had to wait another 15 minutes at the foster home for the foster mother to arrive before she went to the emergency room. FSW asked Ms. [REDACTED] what time did [REDACTED] say that she started bleeding and Ms. [REDACTED] stated that she didn't get an exact time from [REDACTED] but [REDACTED] told her that it was when she got up getting ready for school. Ms. [REDACTED] said that [REDACTED] has to be at school at 7:30am. FSW then asked Ms. [REDACTED] if she had called in the CPS referral and she stated that she hadn't called it in, but she was going to talk with her Supervisor and dicuss the matter with her and she would inform the FSW about the referral.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/11/2013

Contact Method: Phone Call

Contact Time:

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2013

Completed date: 04/18/2013

Completed By: [REDACTED]

Purpose(s): 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: 04/18/2013 02:10 PM Entered By: [REDACTED]

FSW received a call from the foster mother this morning stating that [REDACTED] had delivered the baby. The FSW was at a lost of words because [REDACTED] was only 6 months pregnant and there had not been any reports of complications during the pregnancy. When FSW asked the foster mother what happened to cause the premature labor then the Foster mother stated that the doctor informed them that placenta had separated from the baby. The foster mother informed the FSW that they were going to let [REDACTED] see the baby (girl) and then transport her immediately to [REDACTED] Hospital NICU.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Open

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 04/11/2013 Contact Method: Phone Call

Contact Time: Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 04/18/2013

Completed date: 04/19/2013 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: 04/18/2013 02:14 PM Entered By: [REDACTED]

FSW made contact with the child [REDACTED] on 4/11/13 via phone at 6:30pm at the hospital ([REDACTED]). FSW asked the child how was she doing and she stated she was doing okay. FSW asked [REDACTED] who was at the hospital with her and she informed FSW that the foster mother, foster mother's sister and another family member was there. FSW asked the child was her mother and father still there and she stated that they had already left. FSW asked [REDACTED] if she had seen the baby and she said that she did, but they transported her to [REDACTED] Hospital NICU this morning. FSW informed [REDACTED] that she was not going to be able to come to the hospital because she was ill and was on her way to the urgent care center, but would check on her. [REDACTED] then stated that Aunt [REDACTED] (foster mother) told her that the FSW was sick. FSW asked [REDACTED] what happened and [REDACTED] stated that she woke up this morning hurting and bleeding like she was on her period. FSW asked [REDACTED] if she had informed Ms. [REDACTED] (foster parent) and she stated that she did. FSW asked [REDACTED] what did Ms. [REDACTED] tell her to do and [REDACTED] said that she already had an appointment scheduled with the doctor at 10:00am today (4/11/13) and Ms. [REDACTED] told her to keep that appointment with the doctor and see what he say and if he tell her that she needed to go to the emergency room then they will go to the emergency room. [REDACTED] then stated that when she got to the doctor she was told to go to the emergency room and when she got to the hospital ([REDACTED]) she was already dialated 10 centimeters.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Open

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/11/2013 Contact Method: Phone Call
 Contact Time: Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/19/2013
 Completed date: 04/19/2013 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Case Manager/Provider Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/19/2013 02:09 PM Entered By: [REDACTED]

FSW made contact with Ms. [REDACTED] (Worker) immediately after getting off the phone with [REDACTED] (child) to inform her of the information that was provided by [REDACTED] as it regards to her giving birth to her child today (4/11/13). FSW informed Ms. [REDACTED] that [REDACTED] told her that she was hurting and bleeding like she was on her period this morning. FSW went on to state that she asked [REDACTED] if she had informed the foster mother and she stated that she did and the foster mother told her to wait and go to her doctors appointment at 10:00am to see if he tells her that she needs to go to the emergency room. Ms. [REDACTED] asked the FSW if she knew what time this morning that [REDACTED] got up bleeding. FSW told her that she didn't ask and then FSW asked Ms. [REDACTED] what time the child has to be at school and Ms. [REDACTED] said that the child has to be at school at 7:00am. FSW then stated to Ms. [REDACTED] that we needed to get more details as to the time to see how long the child was in pain and bleeding before the 10:00am appointment and if was a long period of time then we needed to call in a referral regarding this matter. Ms. [REDACTED] stated that she was going to the hospital after she left her meeting and was going to get more details from [REDACTED] as it relates to the time frames and if need be that she would call in a referral. FSW asked Ms. [REDACTED] to make sure she call her back to inform her. Ms. [REDACTED] stated that she would text the FSW when she leaves the hospital tonight.

	Tennessee Department of Children's Services Special Investigation Unit - Strength and Risk/Safety Assessment
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Case Id [REDACTED]	Referral Date 04/17/2013	Date of Assessment 04/18/2013
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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. [REDACTED]	1. Yes	N = No Risk
			H = High Risk
			L = Low Risk
			IA = Insufficient Info
			NA = Not Applicable
			S = Strength
			I = Intermediate Risk

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

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

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

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	NA
23. Progress of Child/Family in Treatment	NA
Summary of Significant Risks/Strengths	NA

Overall Risk Assessment Not Applicable

Comments: SI received a referral with allegations of neglect death. It was reported that the ACV was born prematurely to a teenage mother who is in state custody. The ACV later died due to complication of her premature birth.

Case Worker's Signature

Date

Team Leader's Signature

Date