



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 07/01/2013 10:43 PM CT
Track Assigned: Special Investigation Priority Assigned: 2
Screened By: [REDACTED]
Date Screened: 07/02/2013

Investigation

Investigation ID [REDACTED]
First County/Region [REDACTED]
Date/Time Assigned : 07/02/2013 02:29 PM
First Team Leader Assigned: [REDACTED] Date/Time 07/02/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 07/02/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED], Unknown	Other Non-relative

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: Yes ([REDACTED])

Open Court Custody/FSS/FCIP Yes/# [REDACTED] /FSW [REDACTED]
Yes/# [REDACTED] /FSW [REDACTED]

Closed Court Custody No

Open CPS Yes 06-26-13/# [REDACTED] /ENN/Case Manager [REDACTED] /Supervisor [REDACTED]

Indicated Yes, 06-05-13/# [REDACTED] /DEI [REDACTED]
Yes, 08-29-12/[REDACTED] /DEI [REDACTED]

Fatality No



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 0 Yrs

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: 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:



**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: 0 Yrs

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

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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 07/01/2013

Assignment Date: 07/02/2013

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/09/2013

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 08/09/2013

Team Leader: [REDACTED]

Date: 08/09/2013

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:

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

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

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

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



**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]

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: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2013

Contact Method:

Contact Time: 10:33 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/09/2013

Completed date: 09/09/2013

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: 09/09/2013 10:34 AM Entered By: [REDACTED]

Closing notification sent on 9/9/2013 to individuals listed on notification via e-mail by Lead Investigator [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: 08/13/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/13/2013

Completed date: 08/13/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/13/2013 04:48 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/09/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/09/2013

Completed date: 08/20/2013

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: 08/09/2013 10:20 AM Entered By: [REDACTED]

DCS policy defines Child Death Abuse/Neglect as: 1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report; 2. 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; 3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities.

There was not evidence found to support the allegation that the ACV death was the result of abuse or neglect. SI will submit the case for closure and classify the allegation of neglect death as allegation unfounded, perpetrator unfounded.

ACV was born prematurely on 06/20/2013 at 28 weeks gestation accompanied by a twin sibling. On the morning of 07/01/2013, the ACV presented symptoms of a condition called necrotizing enterocolitis, a complication commonly found with prematurely born children. The condition causes rapid tissue death of the bowels. According to Department of Pediatrics, University of Maryland School of Medicine, Baltimore, USA, "necrotizing enterocolitis is the second most common cause of morbidity in premature infants". According to attending medical staff, the ACV's condition deteriorated rapidly and after exploratory surgery it was determined there was nothing that could be done for the ACV. A limited autopsy report (nothing above the head) performed the day after the ACV's passing confirms the ACV passed due to necrotizing enterocolitis and determined the condition was "appropriate for a gestational age infant". Culture samples were taken from the ACV and the ACV's living twin received preventive antibiotics customized for the type of infection ACV died from. The sibling is doing well at the time of this case's closure and was discharged and is placed in a DCS foster home.



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:	08/07/2013	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	08/09/2013
Completed date:	08/09/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 08/09/2013 09:33 AM Entered By: [REDACTED]

SI staffed the case with [REDACTED] County CPIT in [REDACTED]. Also present was FSW [REDACTED] who is assigned the local CPS investigation regarding a meth lab in the mother's home. FSW [REDACTED] reported [REDACTED] was indicated for severe abuse drug exposure regarding the meth lab found in her home while her son was on a trial home visit with [REDACTED]. [REDACTED] was also indicated for environmental neglect.

SI presented case information including the autopsy report for [REDACTED] and stated SI intentions to close as allegation unfounded, perpetrator unfounded as the medical report and collateral attending medical staff report [REDACTED]'s passing was the result of a condition commonly found with premature children called necrotizing enterocolitis. The team agreed to close the case AUPU and signed the investigation's CPIT staffing form.



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: 10:45 AM

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/02/2013 12:41 PM Entered By: [REDACTED]

This case is ready to be closed. The medical reports have been received and a being reviewed. This is set for CPIT next week in [REDACTED]. All documents have been scanned into TFACTs. The case will be closed AUPU as there are no concerns that point to abuse or neglect being a cause of death. This case will be submitted next week after CPIT.



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:	07/19/2013	Contact Method:	
Contact Time:	04:47 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/09/2013
Completed date:	08/09/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2013 10:51 AM Entered By: [REDACTED]

SI received medical records from Dr. [REDACTED] for Ms. [REDACTED]'s prenatal care. Records show [REDACTED] met monthly appointments up until the pre-term birth of [REDACTED] and [REDACTED]. Care provided included various urine screens, blood work and ultrasound work.



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:	07/16/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	07/16/2013
Completed date:	07/16/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2013 04:55 PM Entered By: [REDACTED]

SI picked up requested medical documentation for [REDACTED] from [REDACTED] including the autopsy report and 900 pages of information. SI will scan and upload pertinent documentation into TFACTS on 07/17/2013.



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: 07/16/2013

Contact Method:

Contact Time: 10:32 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/09/2013

Completed date: 08/09/2013

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: 08/09/2013 10:46 AM Entered By: [REDACTED]

SI faxed medical records request to [REDACTED] prenatal doctor, [REDACTED], requesting all prenatal documentation for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/16/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/09/2013

Completed date: 08/09/2013

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: 08/09/2013 09:48 AM Entered By: [REDACTED]

Autopsy summary of [REDACTED].

The autopsy was performed on 07/02/2013 by Dr. [REDACTED]. The autopsy was limited or "not above the neck". The summary states:

The patient is an 11-day-old baby girl, 1,210g at birth, born at 28 weeks gestation to a 33-year-old mother. Pregnancy was a twin gestation and the mother presented with pre-term labor. The patient was delivered by c-section due to breech presentation. She was incubated minutes after birth due to apnea and admitted to the neonatal intensive care unit for prematurity, respiratory distress and possible sepsis. The morning of 07/01/2013, she presented with a bloody stool; followup x-rays showed pneumatosis intestinalis and portal venous air. A diagnosis of necrotizing enterocolitis was made. Pediatric surgeons were planning to operate, but the patient rapidly decompensated. They then performed an emergency in-room exploratory laparotomy where pneumatosis was observed, but no necrotic bowel. Intestinal loops remained externalized and placed in a silo. The patient required extensive resuscitative measures to survive the operation. Her clinical condition continued to be poor post-op and the aforementioned loops of bowel were noted to be "dark consistent with bowel necrosis." The decision was made to end life supportive measures on 07/01/2013.

Informed consent for an autopsy, limited to nothing above the neck, was given by the patient's mother.

Finding and Diagnosis

- I. Appropriate for gestational age female infant.
- II. Clinical history of necrotizing enterocolitis, A. Ischemia, small and large bowels
- III. Acute tubular necrosis, right and left kidneys
- IV. Subcapsular hematoma, right lobe, liver



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: System Completed
 Contact Date: 07/11/2013 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 08/09/2013
 Completed date: 08/11/2013 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2013 11:08 AM Entered By: [REDACTED]

SI met with [REDACTED] and [REDACTED] at [REDACTED] NICU. [REDACTED] was holding [REDACTED] when SI arrived. [REDACTED] reported [REDACTED] was doing a lot better and was able to tell SI about feeding increases, [REDACTED]'s treatment plan and other details. [REDACTED] stated [REDACTED] just looked better overall and was relieved to see her doing better. [REDACTED] stated [REDACTED] had blood in her stool the day prior and was under close watch for the intestinal issue [REDACTED] had. [REDACTED] stated she was very busy dealing recent DCS involvement and trying to work her plan, secure housing, income and other tasks. SI brought releases for [REDACTED] to sign and asked about [REDACTED] prenatal care. [REDACTED] signed the forms and gave SI her doctor's information, Dr. [REDACTED] stated she planned to continue using Dr. [REDACTED] for her prenatal doctor. [REDACTED] stated she was staying at the hospital for only a few hours that day, but was working to come back in the next couple of days.



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:	System Completed
Contact Date:	07/08/2013	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	07/08/2013
Completed date:	08/08/2013	Completed By:	System Completed
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/08/2013 10:02 AM Entered By: [REDACTED]

TL [REDACTED] and SI [REDACTED] staffed this case. SI spoke with Bio mom firday. There were no concerns from the interveiw. Mom was appropriately emotional. Mom was holding the sibling when SI came in the hospitial room. She demonstrated appropriate parenting. Mom is brest feeding the sibling. There is a lot going on in the local CPS case. Mom has not had any positive drug screens. The doctors have stated taht [REDACTED] condition is similar to cocaine babys but not characteristic of a meth baby. SI er with the primary doctor for the sibling and this doctor had no concerns. SI is still waiting on the autopsy report. The records request is still being processed. A home visit has not been done yet due to mom not having a home. SI will clarify later.



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: 07/05/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/09/2013

Completed date: 08/09/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2013 10:42 AM Entered By: [REDACTED]

SI reviewed TFACTS case recording for contact by the Department and drug screens given to [REDACTED]. [REDACTED]'s first screen was on 09/06/2012 where she tested positive for hydrocodone. Since then, [REDACTED] tested negative for all subsequent urine and fair follicle tests. SI counted 13 screens given since 09/06/2012.



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:	07/04/2013	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/09/2013
Completed date:	08/09/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2013 10:38 AM Entered By: [REDACTED]

SI [REDACTED] met at length with biological mother [REDACTED]. [REDACTED] was cooperative and open while speaking with SI about recent events though emotional at times, which is to be expected. [REDACTED] recounted the days events on 7/1/2013 leading up to [REDACTED] passing. [REDACTED] stated she understood [REDACTED] s condition was a risk with premature children and was able to describe [REDACTED] s condition informatively. [REDACTED] also described [REDACTED] s current status and treatments received that week in a knowledgeable and concerned manner. [REDACTED] stated she was set to stay until Monday to be with [REDACTED]. SI talked with [REDACTED] about her involvement with the Department beginning with the birth of her son [REDACTED]. [REDACTED] admitted to using methamphetamine early in her pregnancy, before she knew she was pregnant with [REDACTED]. [REDACTED] stated she quit using meth and smoking oxycotton once she found out she was pregnant. [REDACTED] stated since the Department has been involved she has tested negative for all screens. [REDACTED] stated she was two weeks from the end of her trial home visit with [REDACTED] when she was removed after a meth lab was found in her apartment. [REDACTED] stated her boyfriend operated the meth lab and she had no knowledge of it. However, [REDACTED] stated she was she paying for it (past meth use) when [REDACTED] was removed, now her twin daughters then [REDACTED] s passing. [REDACTED] described her meth use as haunting her even after she quit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	████████████████████
Case Status:	Close	Organization:	████████████████████

Case Recording Details

Recording ID:	██████████	Status:	System Completed
Contact Date:	07/03/2013	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	Less than 15
Entered By:	██████████ M	Recorded For:	
Location:	DCS Office	Created Date:	07/03/2013
Completed date:	08/03/2013	Completed By:	System Completed
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: 07/03/2013 04:48 PM Entered By: ██████████

SI ██████████ contacted CPS Investigator ██████████ who has an open CPS case with the mother, ██████████. FSW ██████████ stated she had met with ██████████ that morning at court. FSW ██████████ stated ██████████ was dealing with a lot between the CPS investigations, her oldest son in custody, ██████████'s passing and other issues. FSW ██████████ stated ██████████ wanted DCS out of her life. FSW ██████████ stated she talked with ██████████ about SIUs open investigation and that an SIU investigator would be speaking with her soon. FSW ██████████ stated ██████████ was planning to come to ██████████ possibly the next day, 7/4, but definitely on 7/5 as ██████████ had arranged transportation for that day.



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: System Completed
 Contact Date: 07/03/2013 Contact Method: Phone Call
 Contact Time: 01:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/03/2013
 Completed date: 08/03/2013 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2013 04:47 PM Entered By: [REDACTED]

SI [REDACTED] contacted Doctor [REDACTED]. [REDACTED] stated he was on the on call doctor 07/02/2013 when [REDACTED] passed. [REDACTED] stated [REDACTED] passed due to NEC complications which were common enough with premature infants that [REDACTED] did not have concerns [REDACTED] passed due to neglect issues. [REDACTED] stated with [REDACTED] in the Departments custody he was not sure who would give consent for a do not resuscitate order (DNR) or autopsy and had to contact the Department after hours. [REDACTED] stated someone from the Department eventually called him back and stated [REDACTED] could sign consents for [REDACTED]. [REDACTED] stated [REDACTED] was at the hospital with [REDACTED] until she passed. [REDACTED] stated no concern about [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: System Completed
 Contact Date: 07/03/2013 Contact Method: Phone Call
 Contact Time: 09:15 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/03/2013
 Completed date: 08/03/2013 Completed By: System Completed
 Purpose(s): Safety - Child/Community
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2013 04:46 PM Entered By: [REDACTED]

SI [REDACTED] contacted [REDACTED] Social Worker [REDACTED] by phone. SI talked with [REDACTED] about the autopsy and if SI could be notified once the autopsy was completed. [REDACTED] added SI on the child's information to notice SI and to also contact SI if the mother, [REDACTED], comes to the hospital.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/03/2013

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/03/2013

Completed date: 07/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/03/2013 09:05 AM Entered By: [REDACTED]

TL [REDACTED] and SI [REDACTED] reviewed this case. Staffed this case yesterday and a summary was sent to SIU Upper management. At this time the infant appears to have passed due to complications of a premature birth. Next steps in this case will be: The cultures from the autopsy should be in today and SI will check to see the results. The autopsy may also be available and SI will request this as well. The infant was about 1.7kg at birth which equates to about 2 lbs. SI will attempt to talk with the doctor on duty the night of the incident. [REDACTED] is head of the NICU and is now involved. SI will attempt to speak with him as well today. SI will put together a timeline to review the order of events. SI will explain why they drug tested bio mom on the 24th but not at birth of the twins. SI will get report from law enforcement regarding the extent of the meth lab in the home prior to removal. SI will enter notation of sibling observation. SI will upload all documents in TFACTS within the next three days. Medical records for full history are expected to be sent to DCS today. SI has asked the hospital to call if the mom shows up so SI can interview her as she is homeless.



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:	System Completed
Contact Date:	07/02/2013	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Resource Home	Created Date:	07/05/2013
Completed date:	08/02/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/05/2013 04:09 PM Entered By: [REDACTED]

SI [REDACTED] observed [REDACTED] (10 month old) at his resource home. [REDACTED] was observed to be clean and appropriately dressed. Due to his age SI was unable to interview him. [REDACTED] was smiling and laughing while SI played with him. He appears well adjusted in his resource home. No concerns were noted.



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:	System Completed
Contact Date:	07/02/2013	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Resource Home	Created Date:	07/05/2013
Completed date:	08/02/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/05/2013 04:08 PM Entered By: [REDACTED]

SI [REDACTED] met with [REDACTED], foster parent for [REDACTED]. [REDACTED] stated that [REDACTED] has been back in her home for about 5 weeks. [REDACTED] stated that she was his former foster parent and then after he went home she closed her resource home. She stated that they opened their home back up when [REDACTED] came back into custody. She stated that [REDACTED] is doing well. She stated that he has had one visit with his mother since he has been back in her home. She stated that [REDACTED] is a very happy baby. She has no concerns with him.



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:	07/02/2013	Contact Method:	Phone Call
Contact Time:	03:00 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):	Safety - Child/Community		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2013 11:10 AM Entered By: [REDACTED]

SI interviewed the referent for additional information.



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:	System Completed
Contact Date:	07/02/2013	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/03/2013
Completed date:	08/02/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2013 04:15 PM Entered By: [REDACTED]

SI [REDACTED] met face to face with attending physician Dr. [REDACTED]. Dr. [REDACTED] stated she was not attending the night prior when [REDACTED] passed, but had been and was currently providing care for [REDACTED].

Dr. [REDACTED] stated [REDACTED]'s passing was due to NEC (necrotizing enterocolitis). Dr. [REDACTED] regarded NEC as a common problem with premature infants and that [REDACTED]'s condition had a rapid onset in a 12 hour period starting with a bloody diaper followed by a bloated stomach from gases escaping the bowels. Dr. [REDACTED] stated NEC was caused by bacteria that rotted the bowels and sometimes the bacteria punctures the bowels letting gas escape into the stomach area causing swelling; this was the case for [REDACTED]. Dr. [REDACTED] stated the child is then opened up to see how far the necrosis had gotten then determine if the infected bowels could be removed. Dr. [REDACTED] stated in many cases, such as [REDACTED]'s, the bacteria is spread beyond control and there is nothing to be done for the child as the human body cannot survive without an intestinal track.

Dr. [REDACTED] stated feeding an infant breast milk was the best preventative measure for NEC. Dr. [REDACTED] stated there were issues getting in contact with [REDACTED] to get consent to use donor milk for [REDACTED] and [REDACTED]. Dr. [REDACTED] looked up attending notes showing [REDACTED] had made efforts to contact [REDACTED] on 6/25, 26 and 27 without success. Dr. [REDACTED] stated though research has shown breast milk is the best prevention, it was impossible to determine if that was a cause for NEC as there are so many other variables with a premature child.

Dr. [REDACTED] stated concerns the type of premature issues [REDACTED] and [REDACTED] were dealing with have physiological characteristics of cocaine exposure. Dr. [REDACTED] stated cocaine exposure decreases blood flow, especially to the gut which can contribute to NEC issues. Dr. [REDACTED] stated there had not been a positive screen for drugs with the children and there had not been a meconium test performed. Dr. [REDACTED] stated the window for a meconium test in premature infants is triggered by a social work concerns that drugs use might have occurred during pregnancy. Dr. [REDACTED] stated no knowledge of such information on file for the family.



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:	System Completed
Contact Date:	07/02/2013	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/03/2013
Completed date:	08/02/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2013 04:08 PM Entered By: [REDACTED]

SI [REDACTED] met face to face with social worker [REDACTED], LMSW for the Neonatal Intensive Care Unit (NICU) at [REDACTED] Medical Center. [REDACTED] was aware of [REDACTED] s passing the night prior. [REDACTED] stated she worked with [REDACTED] s mother, [REDACTED], since she gave birth. [REDACTED] stated she works with all families who have children in the NICU.

[REDACTED] stated [REDACTED] was a transfer from [REDACTED] Medical Center. [REDACTED] stated she was not aware of any special issues with [REDACTED] other than going into labor prematurely. [REDACTED] stated [REDACTED] receives many transfers from other area hospitals, especially for premature issues. [REDACTED] stated when [REDACTED] came to [REDACTED] the children had not been birthed. [REDACTED] stated the two children were born by c-section minutes apart with one just prior to midnight on 06/20 and the other just after on 06/21.

[REDACTED] stated [REDACTED] was discharged on 06/24, but [REDACTED] and [REDACTED] remained in the NICU and would be there for the next couple of months.

[REDACTED] stated since [REDACTED] was discharged it had been difficult to contact her. [REDACTED] stated [REDACTED] s approval to use donor breast milk was needed, but they were unable to reach [REDACTED] and she had not contacted the hospital over a period of several days.

[REDACTED] stated [REDACTED] tested positive for amphetamine through a urine drug screen on 06/20/2013. [REDACTED] stated [REDACTED] was given medication that included amphetamines though it was not clear what she was given while at [REDACTED].

[REDACTED] stated [REDACTED] seemed appropriate during the limited times they met and that [REDACTED] was open and concerned about her children. [REDACTED] stated [REDACTED] was unable to stay locally and had to go back to [REDACTED]. [REDACTED] stated she offered [REDACTED] local accommodations during the week and [REDACTED] stated she was working a plan in [REDACTED] with her other child and staying in [REDACTED] for a length of time would disrupt her plan.



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:	System Completed
Contact Date:	07/02/2013	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/03/2013
Completed date:	08/02/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2013 04:10 PM Entered By: [REDACTED]

SI [REDACTED] observed sibling [REDACTED] in the NICU at [REDACTED] Hospital while speaking with hospital staff. [REDACTED] was hooked up to several machines and isolated in an incubator as is the case for most prematurely born children.



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:	System Completed
Contact Date:	07/02/2013	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	07/03/2013
Completed date:	08/02/2013	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2013 04:11 PM Entered By: [REDACTED]

SI [REDACTED] met face to face with attending NICU nurse [REDACTED]. [REDACTED] stated she was attending to [REDACTED] and had assisted with her sibling [REDACTED]. [REDACTED] stated she was aware of [REDACTED]'s passing. [REDACTED] stated she understood [REDACTED] passed due to necrotizing enterocolitis (NEC for short). [REDACTED] stated it was a condition where bacteria killed off the bowels and was a common issue in premature children. [REDACTED] stated there were cultures taken from [REDACTED] to determine what kind of bacteria then they were going to give [REDACTED] antibiotics based on those culture results. [REDACTED] stated the onset of NEC could be very rapid and sudden and appeared to be the case for [REDACTED].

[REDACTED] stated [REDACTED] was doing well despite being prematurely born at 29 weeks. [REDACTED] stated [REDACTED]'s issues seemed like a result of cocaine use, but was only speculative. [REDACTED] stated [REDACTED] had good lungs, bad guts which was a characteristic of premature children exposed to cocaine.



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: 07/02/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 07/03/2013

Completed date: 07/12/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation, Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2013 04:16 PM Entered By: [REDACTED]

Due to the ACV [REDACTED] passing, SI is unable to make face to face contact with ACV. Note created to ensure TFACTS compliance.



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: System Completed
Contact Date: 07/01/2013 Contact Method:
Contact Time: 10:43 PM Contact Duration: Less than 05
Entered By: [REDACTED] Recorded For:
Location: Created Date: 07/03/2013
Completed date: 08/01/2013 Completed By: System Completed
Purpose(s): Safety - Child/Community
Contact Type(s): Notation
Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2013 04:50 PM Entered By: [REDACTED]

TFACTS: Yes ([REDACTED])

Open Court Custody/FSS/FCIP Yes/# [REDACTED] /FSW [REDACTED] [REDACTED] [REDACTED]
Yes/# [REDACTED] /FSW [REDACTED] [REDACTED]

Closed Court Custody No

Open CPS Yes 06-26-13 [REDACTED] /ENN/Case Manager [REDACTED] /Supervisor [REDACTED]

Indicated Yes, 06-05-13/# [REDACTED] /DEI [REDACTED] [REDACTED]
Yes, 08-29-12/# [REDACTED] /DEI [REDACTED] [REDACTED]

Fatality No

Screened out 0

History (not listed above):

DUPLICATE REFERRAL: No

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

Reporter states:

[REDACTED] (10 days) and [REDACTED] (11 days) were born to their mother, [REDACTED], at [REDACTED]

