



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

Case # 2014.030

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	02/23/2014
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/23/2014	
Child's Name:	████████████████████	DOB:	██████████	Person ID:	██████████
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Other	
County/Region:	██████████				
Parents' Names:	Mother:	████████████████████	Father:	████████████████████	
Alleged Perpetrator's Name:	parents		Relationship to Victim:	parents	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:		
If child is in DCS custody, list placement type and name:					

Describe (in detail) circumstances surrounding death/near death:

R/S Law Enforcement responded to a call regarding an unresponsive 5 month old child in the home. When Law Enforcement arrived, the mother answered the door and stated that "the child is over there," referring to the child who was seen lying on the floor. Law Enforcement observed the 5 month old lying on the living room floor between the couch and a coffee table. The child was not breathing and was unresponsive. The table appeared to have been pushed out. The father was also in the living room area. The father stated that the child had been that way for 30 minutes. Law Enforcement did not observe any injuries on the child.

ACV pronounced deceased at 9:56 AM at ██████████ Hospital.

██████████ and ██████████ were interviewed at the hospital. ██████████ states that at 8:00 am ██████████ was dropped off at the family residence. ██████████ looked in on the ACV around 8:15 and it appeared the ACV was still sleeping. ██████████ fed ██████████ and began to run a bath for both ██████████ and ██████████. At 8:30 ██████████ went into get ██████████. ██████████ was cool and unresponsive. ██████████ brought the ACV into the living room and placed him on the couch. When ██████████ was asked why it took almost 30 minutes to call 911 he stated " He had tried to do CPR on his own". ██████████ also said they waited for ██████████ to move prior to the CPR. 911 was called and dispatch told ██████████ how to do CPR. Child was laying in the bed with two blankets, and a baby bottle with 5 ounces of formula that they put in the ACV's reach as he is reported by the parents to hold his own bottle. The mother states she had placed a bottle with 5 ounces of formula in the cradle. ACV's cradle is located in the master bedroom. However the mother reported she had spilled koolaid on her bed and did not feel like changing the sheets and slept in the other bedroom.

The ACV was last seen alive at 10:30 the night prior (2-22-14). ACV was given a bottle of formula and baby cereal before bed. ACV was noticed to be crankier than usual as exhibited by more whining.

The end of January the ACV was seen at medical Care in ██████████ and it was discovered ACV had a heart murmur. ACV was to be scheduled with a cardiologist. There is one prior case with this family for DEI. ACV ██████████ was a DEI and reported to be NAS. The mother was prescribed Subutex. The ACV staying in the hospital for about a month and was placed on Morphine. CPSI ██████████ handled this case. CPSI ██████████ went over safe sleep with the mother and made referrals for TIES and CHAD/HUGS. However the mother said she had got a different number and was never contacted by the services.

Due to this prior history LI ██████████ asked the parents if they were using any medications. The mother reported she had been taking Suboxone unprescribed. The birth father ██████████ states he would fail a drug screen for THC. Both ██████████ and ██████████ were drug screened and both failed for Buprenorphine and THC. Both parents admitted to using the Buprenorphine (Suboxone) within the last 3 days and the THC two weeks ago. The mother states she took 2 mg of Suboxone off a 8 mg Suboxone Strip. An IPA was completed where ██████████ and ██████████ would be supervised with the other two siblings in the home until a CFTM could be held. Supervision is going to be completed by the two grandmothers ██████████, ██████████, ██████████ and the aunt ██████████. Background checks completed on the all three persons agreeing to supervise, TFACTS, SSMS and Internet checks also completed. CPSI ██████████ completed home visits with supervisors and discussed safe sleep with the mother and supervisors.

Intake #:		Investigation #:		Date of Referral:	Case # 2014-030
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LE completed the SUIDI Form and CPSI [redacted] has a copy that will be placed in the hard file. Coroner [redacted] will be completing an autopsy on the ACV.

At this time LE has no reason to believe the parents had anything to do with the ACV's death. The ACV had no marks or bruises.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:		Telephone #	() -
Street Address:		City/State/Zip:	

Describe (in detail) interview with family:

Please see above

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

N/A

Describe disposition of body (Death):	Autopsy will be performed. No other details known at this time.		
Name of Medical Examiner/Coroner:	[redacted]	Was autopsy requested?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Type:		Case #:	

Describe law enforcement or court involvement, if applicable:

Please see above

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):

Please see above

Name:	[redacted]	Age: DOB:	[redacted] (6)
Name:	[redacted]	Age: DOB:	[redacted] (2)
Name:		Age:	
Name:		Age:	
Name:		Age:	

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
08/23/2013	[redacted]	DEI	[redacted]	[redacted]	AUPU
08/23/2013	[redacted]	DEC	[redacted]	[redacted]	AUPU
08/23/2013	[redacted]	DEC	[redacted]	[redacted]	AUPU
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:
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Intake #:	██████████	Investigation #:	██████████	Date of Referral:	Case # 2014-030 2/26/2014
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: () - - - -		
Case Manager: ██████████			Telephone Number: ██████████		
Team Leader: ██████████			Telephone Number: ██████████		
Team Coordinator: ██████████			Telephone Number: ██████████		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: ██████████</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 02/23/2014 08:35 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 02/23/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 02/23/2014 05:04 PM
First Team Leader Assigned: [REDACTED] Date/Time 02/23/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 02/23/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [REDACTED] Unknown	10 Mos (Est)	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Birth Mother
Unknown Participant [REDACTED] Unknown	10 Mos (Est)	Neglect Death	Yes	[REDACTED]	Birth Father

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: The child is not in state custody.

TFACTS:

Note: History found was for the father, [REDACTED], for previous custodial history.

Family Case IDs: [REDACTED] and [REDACTED]

Open Court Custody/FSS/FCIP None found

Closed Court Custody Yes - [REDACTED], 11/14/2005 6/6/2006



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

Open CPS - None found

Substantiated None found

Death None found

Screened out 5-28-2004/Intake # [REDACTED]

History (not listed above): None found

County: [REDACTED]

Notification: Letter

School/ Daycare: None

Native American Descent: None

Directions: None

Reporters name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

The child, Unknown (age 5 months) resides in the home with the mother (name Unknown). The father, [REDACTED] lives in a separate residence but was present today when Law Enforcement arrived in the home. There were no other children observed in the home. The parents may have two other children but there is no information available at this time about their names, ages, or who they live with.

Law Enforcement responded to a call regarding an unresponsive 5 month old child in the home. When Law Enforcement arrived, the mother answered the door and stated that "the child is over there," referring to the child who was seen lying on the floor. Law Enforcement observed the 5 month old lying on the living room floor between the couch and a coffee table. The child was not breathing and was unresponsive. The table appeared to have been pushed out. The father was also in the living room area. The father stated that the child had been that way for 30 minutes. Law Enforcement did not observe any injuries on the child.

EMS arrived at the home approximately one minute after Law Enforcement arrived. The infant was transported to [REDACTED] ER by EMS. The infant is currently in the ER being worked on for cardiac arrest. The father came to the ER with the child but the mother did not.

Law Enforcement is still actively seeking out more information regarding the circumstances surrounding the child's current condition. It is unknown if the child has any underlying medical conditions that would have contributed to the child's current condition. It is unknown who initially found the child or how the child ended up on the living room floor. It is unknown why the child had been in the condition found in for 30 minutes before 911 was called.

Special Needs or Disabilities: Unknown

Childs current location/is the child safe at this time: [REDACTED] ER

Perpetrators location at this time: Father at hospital, mother at home.

Any other safety concerns for the child(ren) or worker who may respond: Unknown

Per SDM: Investigative Track/Priority 1 on 02/23/14 @ 9:17 A.M. - [REDACTED] CM 3 on 2-23-14 at 9:17 A.M.

[REDACTED] County paged - Time Issued: 09:31:18 AM



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

Extended Intake on 2-23-14 at 10:01 A.M. - Sgt. [REDACTED] stated that the infant has died. Sgt. [REDACTED] is currently at the hospital with the Coroner. Sgt. [REDACTED] would like for the responding case manager to call him back at [REDACTED]

Allegations will be changed to Neglect Death. [REDACTED] TL [REDACTED] notified of child death at 10:09 A.M.

[REDACTED] and Regional Administrator [REDACTED] notified.
[REDACTED] email notification group notified.



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

Participant(s)

Name: [REDACTED]
Gender: Male **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: [REDACTED] **Race:** [REDACTED] **Age:** [REDACTED]
Address: [REDACTED]
Deceased Date: [REDACTED]
School/ ChildCare Comments: [REDACTED]

Alleged Perpetrator: Yes
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown
Gender: [REDACTED] **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: [REDACTED] **Race:** White **Age:** 10 Mos (Est)
Address: [REDACTED]
Deceased Date: [REDACTED]
School/ ChildCare Comments: [REDACTED]

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: 02/23/2014

Assignment Date: 02/23/2014

Street Address: [Redacted]

City/State/Zip: [Redacted]

B. Allegation

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

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [Redacted] is deceased. Another referral was received 03/20/2014 alleging physical abuse of [Redacted] by [Redacted]. Case is currently open.

D. Case Workers

Case Worker: [Redacted]

Date: 05/09/2014

Team Leader: [Redacted]

Date: 05/14/2014

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:

[Redacted] was deceased prior to response. [Redacted] (6) and [Redacted] (2) were observed numerous times and were always clean and appeared healthy.

No concerns were noted with the apartment.

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

05/08/2014 Autopsy results of [Redacted] received today. Cause of death: sudden unexpected infant death of a 6 1/2 month old boy associated with mild pneumonia, viral panel positive for Rhinovirus, bacterial cultures



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

Case Name : ██████████

Investigation ID: ██████████

positive for group B Streptococcus and E. coli, and unsafe sleep surface, and a history of neonatal abstinence syndrome.

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

██████████ and ██████████ have inconsistent statements during the case and could not explain the lapse of over 30 minutes when discovering ██████████ and calling 911. Both failed UDS for suboxone and THC at the time of the report.

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

The child is not in state custody.

The child, Unknown (age 5 months) resides in the home with the mother (name Unknown). The father, ██████████, lives in a separate residence but was present today when Law Enforcement arrived in the home. There were no other children observed in the home. The parents may have two other children but there is no information available at this time about their names, ages, or who they live with.

Law Enforcement responded to a call regarding an unresponsive 5 month old child in the home. When Law Enforcement arrived, the mother answered the door and stated that "the child is over there," referring to the child who was seen lying on the floor. Law Enforcement observed the 5 month old lying on the living room floor between the couch and a coffee table. The child was not breathing and was unresponsive. The table appeared to have been pushed out. The father was also in the living room area. The father stated that the child had been that way for 30 minutes. Law Enforcement did not observe any injuries on the child.

EMS arrived at the home approximately one minute after Law Enforcement arrived. The infant was transported to ██████████ ER by EMS. The infant is currently in the ER being worked on for cardiac arrest. The father came to the ER with the child but the mother did not.

Law Enforcement is still actively seeking out more information regarding the circumstances surrounding the child's current condition. It is unknown if the child has any underlying medical conditions that would have contributed to the child's current condition. It is unknown who initially found the child or how the child ended up on the living room floor. It is unknown why the child had been in the condition found in for 30 minutes before 911 was called.

Extended Intake on 2-23-14 at 10:01 A.M. - Sgt. ██████████ stated that the infant has died. Sgt. ██████████ is currently at the hospital with the Coroner

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

Although there are numerous concerns with this case, there is no concrete proof of abuse/neglect. Law enforcement did not follow up due to autopsy results.

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: 05/21/2014

Contact Method:

Contact Time: 03:18 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/21/2014

Completed date: 05/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/21/2014 02:19 PM Entered By: [REDACTED]

Date: 2-23-14

Purpose: Case Review for Closure

LI [REDACTED] reviewed this case and approving for closure. The Classification summary will be forwarded to the Juvenile Court. The case will be filed under the caregiver [REDACTED]

Date of Referral: 2-23-14

Initial Notification to Juvenile Court: 2-23-14

Notification to DA: 2-23-14

Law Enforcement Notification: 2-23-14

CAC Notification: 2-23-14

SDM Safety Assessment: 2-23-14

FAST: 3-7-14

CS-0740 Sent to [REDACTED] Juvenile Court: 5-21-14

Case Closure Date: 5-21-14



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: 05/21/2014

Contact Method: Face To Face

Contact Time: 01:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/21/2014

Completed date: 05/21/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/21/2014 01:43 PM Entered By: [REDACTED]

05/21/2014 Case presented to [REDACTED] CPIT this date. Present were: [REDACTED] (DA's office), Lt. [REDACTED] Sgt. [REDACTED] (PD), [REDACTED] (juvenile court), [REDACTED], [REDACTED] (CAC). All agreed with the allegation on [REDACTED] for neglect death to be classified as AUPU on [REDACTED] and [REDACTED]. Forms signed and placed in case file.



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: 05/14/2014

Contact Method:

Contact Time: 04:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2014

Completed date: 05/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 03:24 PM Entered By: [REDACTED]

05/14/2014 CPSI is presenting this case for closure. Allegation of Neglect Death is being classified as AUPU. Autopsy results of [REDACTED] received. Cause of death: sudden unexpected infant death of a 6 ½ month old boy associated with mild pneumonia, viral panel positive for Rhinovirus, bacterial cultures positive for group B Streptococcus and E. coli, and unsafe sleep surface, and a history of neonatal abstinence syndrome. Allegations classified as AUPU based on autopsy results. However there are concerns.

Safety assessment completed on 02/23/2014 and is in case file. IPA was implemented with the other children due to the unknown factors and substance abuse use in which the children were conditionally safe and placed with relative. Closing SDM identified no immediate harm factors on 05/14/2014 as temporary custody is with another party.

FAST completed on 03/10/2014 and placed in case file. Family scored moderate intensity. Referrals were made for services.

Thus far, Ms. [REDACTED] has not kept the initial appointment. [REDACTED] sees a counselor regularly while with the relative.

CPS Summary of Investigation Classification of Child Abuse/Neglect placed in case file and a copy was placed in the designated location by Lead Investigator to be forwarded to the [REDACTED] Juvenile Court. CPSI has on open case on allegations of PA.



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:	05/09/2014	Contact Method:	Correspondence
Contact Time:	10:45 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/09/2014
Completed date:	05/09/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/09/2014 09:48 AM Entered By: [REDACTED]

05/08/2014 Autopsy results of [REDACTED] received. Cause of death: sudden unexpected infant death of a 6 ½ month old boy associated with mild pneumonia, viral panel positive for Rhinovirus, bacterial cultures positive for group B Streptococcus and E. coli, and unsafe sleep surface, and a history of neonatal abstinence syndrome. Allegations classified as AUPU based on autopsy results. However there are concerns.



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:	05/08/2014	Contact Method:	Correspondence
Contact Time:	01:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/08/2014
Completed date:	05/08/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 05/08/2014 12:23 PM Entered By: [REDACTED]

05/08/2014 Autopsy results of [REDACTED] received today. Cause of death: sudden unexpected infant death of a 6 ½ month old boy associated with mild pneumonia, viral panel positive for Rhinovirus, bacterial cultures positive for group B Streptococcus and E. coli, and unsafe sleep surface, and a history of neonatal abstinence syndrome. Report placed in case file.



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: 04/17/2014 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/05/2014
 Completed date: 05/05/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/05/2014 06:34 AM Entered By: [REDACTED]

04/17/2014 Case was reviewed by [REDACTED] and [REDACTED]. Discussion included in part, the discrepancies between when the last bottle was given and parents timing of activities. It was recommended follow-up be obtained about the amount of time Mr. [REDACTED] other child spends with the family. It was determined ER records on [REDACTED] final visit were not in file. CPSI will request those as well as Ms. [REDACTED] records from [REDACTED] and [REDACTED]. CPSI will also attempt to obtain the records from Dr. [REDACTED] who was the former provider of Subutex for Ms. [REDACTED] during her pregnancy.

CPSIS received the records from [REDACTED] while the above parties were still at the office. They were reviewed and the following noteworthy items were highlighted: 03/10/14 not prescribed/inconsistent: Gabapentin; 03/17/2014 Alphahydroxyalprazolam (very high level of 123) and Gabapentin; 03/10/2014 Gabapentin. All the above screenings indicated there was a page 2 of the report which was not received. CPSI requested page 2s again and was submitted the same paperwork. However there was a UDS completed on 04/08/2014 which did not indicate nonprescribed or inconsistent substances and both pages were received.

During the initial visit Ms. [REDACTED] stated percocets is her drug of choice and first Opioid use was age 15 and first alcohol use was 16, first THC at 20 and disclosed a history of hydrocodone, codeine, oxycodone/oxycotin, dilaudid, fentanyl, tramadol, Xanax Suboxone, persistent desire to use opioid, inability or failed to stop, patient has not been to inpatient detox, compulsive use of opioid despite harm and prefers to be treated with Suboxone. While in treatment she admitted to buying Xanax off the street after two days worth of Klonopin were stolen.

Records placed in case file.

CPSI received medication list from [REDACTED] and copied to Ms. [REDACTED] and Ms. [REDACTED] Records placed in case file.



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: 04/09/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 09:09 AM Entered By: [REDACTED]

Admin Review

CPSI drug screened [REDACTED] which is the legal father of all the children. [REDACTED] was clean on his drug screen but going through withdraws which he admitted to. [REDACTED] is also being charged for Reckless Endangerment for shooting [REDACTED] with the BB Gun. [REDACTED] has not been in to take her random drug screen, when asked [REDACTED] stated she had plans and would not be done until at least 7:00. CPSI is planning on calling [REDACTED] for another attempt at a random drug screen. CPSI has already made referrals for Solution Source to come out to the home to work with the ACVs and their mother. [REDACTED] has missed the intake with Solution Source. [REDACTED] now has custody of the girls and CPSI will provide Solution Source with the address so they can provide services for the girls. CPSI will continue to monitor the case. CPSI will complete all required tasks. CPSI will be presenting this case to the CPIT team. The family does have a lot of family support. Needs are parenting and A&D for the mother and [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: 04/07/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 08:17 AM Entered By: [REDACTED]

04/07/2014 CPSI received birth records on [REDACTED] and placed in case file. Records indicate term male with neonatal abstinence syndrome.



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: 03/20/2014

Contact Method:

Contact Time: 11:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/25/2014 08:51 AM Entered By: [REDACTED]

03/20/2014 P1 Referral received on [REDACTED] CID: [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 04/03/2014 06:27 AM Entered By: [REDACTED]

For additional notes please refer to this case unless information pertains to [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: 03/19/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 09:53 AM Entered By: [REDACTED]

Admin Review

03/19/2014 Case was presented to [REDACTED] CPIT this date. The team wanted to await results of the autopsy before proceeding. CPSI [REDACTED] will not be able to classify the case within the 30 day time frame requirement due to pending autopsy. This waiver of classification past 30 days is being approved by LI [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: 03/19/2014

Contact Method: Attempted Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/25/2014

Completed date: 03/25/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/25/2014 08:50 AM Entered By: [REDACTED]

03/19/2014 CPSI spoke with [REDACTED], CHAD/HUGS and scheduled a HV for tomorrow at 1:30 PM.

CPSI phoned Ms. [REDACTED] and left message requesting call.



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: 03/19/2014

Contact Method: Face To Face

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/19/2014

Completed date: 03/19/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/19/2014 01:19 PM Entered By: [REDACTED]

03/19/2014 Case was presented to [REDACTED] CPIT this date. The team wanted to await results of the autopsy before proceeding.



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: 03/14/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 03:01 PM Entered By: [REDACTED]

03/14/2014 Referrals were submitted to [REDACTED] for counseling for [REDACTED] and A&D assessment with recommendations, counseling and case management on Ms. [REDACTED]

A DCS case service request was completed and forwarded to LI [REDACTED] to obtain A&D assessment on Mr. [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: 03/13/2014

Contact Method: Correspondence

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 01:56 PM Entered By: [REDACTED]

03/13/2014 Background checks were received from CCSD. Neither Ms. [REDACTED] nor Mr. [REDACTED] has a local record. Forms placed in case file.



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: 03/11/2014

Contact Method:

Contact Time: 04:35 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 01:54 PM Entered By: [REDACTED]

03/11/2014 IPA terminated due to receiving verification of medications.



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: 03/11/2014

Contact Method: Face To Face

Contact Time: 04:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/14/2014

Completed date: 03/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 01:52 PM Entered By: [REDACTED]

03/11/2014 around 4:15 PM EST Ms. [REDACTED] arrived at DCS with a filled prescription for Suboxone and the accompanying paperwork. A copy of the verification was placed in case file. CPSI advised Ms. [REDACTED] this documentation will terminate the IPA and no court action will be discussed at this time. CPSI advised again that random visits will be made with request for drug screens. Ms. [REDACTED] stated her mother already has plans to return home, but [REDACTED] ([REDACTED] is going to keep the girls until at least Friday and maybe over the weekend to give her and Mr. [REDACTED] their first alone time since [REDACTED] death. CPSI advised the CHAD/HUGS referral has been submitted. Ms. [REDACTED] requested CPSI accompany the assigned worker on the initial visit. CPSI advised the request will be forwarded to the assigned worker.



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: 03/11/2014 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 03/14/2014
 Completed date: 03/14/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/14/2014 01:31 PM Entered By: [REDACTED]

03/11/2014 around 11:00 AM EST CPSI made a visit to the [REDACTED] residence and was invited in by Ms. [REDACTED]. Also present were Mr. [REDACTED] Ms. [REDACTED] (MGM) and a couple of Mr. [REDACTED] siblings.

Ms. [REDACTED] showed CPSI paperwork from [REDACTED] Center [REDACTED] in [REDACTED] phone [REDACTED] and stated this is a new doctor. The program is geared towards getting people totally off medications in 6 months. Grief counseling is mandatory. Dr. [REDACTED] prescribed Ms. [REDACTED] Suboxone 8mg, BID; Klonopin 2mg qd and Neurotin 400mg, two BID. CPSI counted the Klonopin and Neurotin as the Suboxone requires prior approval. The Klonopin was short two pills, and the Neurotin three. Ms. [REDACTED] stated she had the prescriptions filled yesterday afternoon and took them. This morning she took two Klonopin and four Neurotin as the doctor told her to take them two and four a day but didnt tell her to take them in the morning and evening. she admitted that she didnt read the bottle for directions. She lost one Neurotin in the car which is a muscle relaxer. CPSI strongly encouraged her to take them as directed beginning tomorrow morning and she agreed. Ms. [REDACTED] stated she purchased one Suboxone strip for \$10.00 and should have approval anytime. Ms. [REDACTED] phoned [REDACTED] Pharmacy who advised approval has been received and the Suboxone prescription will be filled. Ms. [REDACTED] agreed to provide the verification by the end of the business day.

Ms. [REDACTED] submitted to a UDS and was positive for Suboxone only. Mr. [REDACTED] was positive for THC only. Forms placed in case file.

Ms. [REDACTED] next appointment at the clinic is 03/17/2014 @ 2:00 PM.

Ms. [REDACTED] and CPSI discussed [REDACTED] who was at school during the visit. Ms. [REDACTED] thinks [REDACTED] is delayed and has a meeting at school to discuss issues and possible testing. [REDACTED] also has speech issues. Ms. [REDACTED] agreed to contact CPSI if assistance is needed to determine [REDACTED] educational needs. CPSI advised there is an educational specialist available to assist if needed.

CPSI explained due process and provided copies of MRS pamphlet, DCS Privacy Practices/HIPPA information, Clients Rights Handbook and Notification of Equal Access to Programs, Services, and Grievance Procedures. Each document was explained and client acknowledgement forms were signed. Ms. [REDACTED] denied that anyone in the home is



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

members of a Native American tribe and signed the Veto Verification. All forms are placed in the case file. Genogram was reviewed. Photo was not taken as there was no camera available.

[REDACTED] was well dressed and playing in the living room during the visit. She appeared comfortable.

Ms. [REDACTED] voiced understanding CPSI must have verification of all prescriptions today or legal will be consulted about possible court action.



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: 03/10/2014

Contact Method:

Contact Time: 05:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2014

Completed date: 03/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2014 04:18 PM Entered By: [REDACTED]

03/10/2014 CPSI faxed CHAD referral to CCHD for [REDACTED] this date.



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: 03/10/2014

Contact Method:

Contact Time: 08:12 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 10:05 AM Entered By: [REDACTED]

Admin review-

Fast results reviewed and discussed this day. Fast reflects that Moderate Services are recommended for this family. CPSI will completed all required tasks for the investigation. CPSI is still awaiting the Autopsy and 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: 03/07/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2014

Completed date: 03/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2014 07:10 AM Entered By: [REDACTED]

03/07/2014 FAST completed this date. The recommended service intensity level is moderate. The following items scored 2 or 3: financial resources, resiliency, and adjustment to trauma experiences, mental health, education, and mental health. Any items scoring 2 or 3 will be incorporated in the family permanency plan. Form placed in case file



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: 03/06/2014 Contact Method: Face To Face
 Contact Time: 11:15 AM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/10/2014
 Completed date: 03/10/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Sibling Interview/Observation,Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2014 04:03 PM Entered By: [REDACTED]

03/06/2014 CFTM was held at [REDACTED] DCS. Present were [REDACTED], mother; [REDACTED], father of [REDACTED] PGM; [REDACTED], maternal aunt; [REDACTED], MGM; LI [REDACTED] and CPSI. The meeting was facilitated by [REDACTED]. Action Steps include: making a referral to CHAD, A&D assessments for the parents to complete and follow recommendations, counseling referral for [REDACTED] random drug screens, parents not to be impaired around the children or use unprescribed medications, have a safety plan if they are unable to care for the children for any reason, mother will provide prescription for medication or pass UDS by 03/11/14. The form is in the case file



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: 03/06/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/10/2014

Completed date: 03/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2014 04:17 PM Entered By: [REDACTED]

03/10/2014 FAST completed this date. The recommended service intensity level is moderate. The following items scored 2 or 3: financial resources, resiliency, and adjustment to trauma experiences, mental health, education, and mental health. Any items scoring 2 or 3 will be incorporated in the family permanency plan. Form placed in case file



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: 03/03/2014

Contact Method: Face To Face

Contact Time: 11:10 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/10/2014

Completed date: 03/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/10/2014 03:48 PM Entered By: [REDACTED]

03/03/2014 CPSI went to EPD and obtained a copy of the 911 call in which Ms. [REDACTED] advised she found her son unresponsive. CPSI also obtained a CD of the photos made and a copy of the police report. All are in case file.

Sgt. [REDACTED] advised a stated [REDACTED] who was present at the home denied knowledge of anything. He was awakened by the parents yelling about [REDACTED] Mr. [REDACTED] was charged 04/3/07 with child endangerment in which he was speeding with a child in the vehicle. He has lots of driving offenses but no DUIs. Ms. [REDACTED] has no criminal history and Mr. [REDACTED] was charged 09/25/11 with sale of Cocaine in [REDACTED] TN.



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: 02/28/2014

Contact Method: Attempted Phone Call

Contact Time: 04:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 01:00 PM Entered By: [REDACTED]

02/28/2014 around 4:45 PM CPSI received a voice mail that Inv. [REDACTED] has a copy of the 911 tape.



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:	02/28/2014	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	03/01/2014
Completed date:	03/01/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/01/2014 12:58 PM Entered By: [REDACTED]

02/28/2014 around 4:00 PM EST CPSI and LI [REDACTED] returned to the [REDACTED] residence and met the parents and other adults coming down the stairs as [REDACTED] was getting off the bus. She waved at CPSI and admitted to remembering CPSI. Parents stated they were on their way to tell Mr. [REDACTED] oldest child about [REDACTED] death before she heard about it at a birthday party this afternoon but agreed to speak a few minutes. Mr. [REDACTED] invited us into the home. There were several adults in the living room and there was stale smoke throughout the apartment. We spoke privately in the girls bedroom.

On Saturday night they put [REDACTED] to bed around 10:30 PM and last checked on him around midnight or 12:30 when Ms. [REDACTED] spilled the Kool Aid (watermelon, a light pink color) and showed CPSI an unopened package saying that is the only kind they have. Ms. [REDACTED] stated she sleeps on the back side of the bed and spilled it on the pillows and on the sheets. She placed a towel over the spot but denied it being an excessive spill. She didnt want to change the sheets that night so they slept in the girls rooms as neither of them were home. When she last checked on [REDACTED] he was lying on his back with the blanket draped over him at his waist, the way she put him to bed.

When asked again, Mr. [REDACTED] advised [REDACTED] returned home around 8:00 AM from spending the night with her Aunt [REDACTED] Parents were in the girls room, one on each mattress on the floor. Mr. [REDACTED] played with her a few minutes and prepared her bath. He observed [REDACTED] around 8:15 AM who appeared to be sleeping. He bathed [REDACTED] in the master bath and dressed her. He went to [REDACTED] who was unresponsive. He carried him out of the room. Mr. [REDACTED] denied remembering but Ms. [REDACTED] stated she had been sleeping and was trying to wake up Duck Dynasty had just gone off and the TV was black (there is a TV in the girls room), [REDACTED] came running to the door way saying What happened to my son and then he went back into the living room and put [REDACTED] on the loveseat. Mr. [REDACTED] then remembered going into the bedroom but cant remember if he did CPS first or carried him to the other bedroom. Mr. [REDACTED] stated he really didnt know how to do CPR but tried blowing into his mouth and pressing on his stomach.

Ms. [REDACTED] stated she couldnt look at [REDACTED] because was denying there was a problem. She was running back and forth around the apartment freaking out and crying. She called 911 from a dead phone as she remembered 911 calls can be made from any phone. She stated she tried not to look at [REDACTED] at all.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

They advised the friend who spent the night [REDACTED] or [REDACTED] was walking around the living room.

Both parents voluntarily discussed remembering safe sleep and the videos they watched at the hospital while [REDACTED] was in NICU.

When asked if they now have any thoughts about the cause of death, Ms. [REDACTED] stated she has thought of a couple of things.

[REDACTED] has had bad vomiting problems for the last two weeks of his life. He would throw up in his sleep. She heard it one night and placed him in the swing beside her bed so if it happened again, it wouldnt run down his throat. He has been known to projectile vomit and was called a spitter at NICU.

Her other fear is that his heart stopped in his sleep and she hopes this is the cause.

Both talked about how advanced [REDACTED] was in that he flip flopped around and was almost crawling and standing up.

The visit was concluded as the parents had to leave. Both stated next Thursday is good for the CFTM and agreed to call CPSI with questions or concerns.



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: 02/28/2014

Contact Method: Attempted Face To Face

Contact Time: 12:34 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 12:27 PM Entered By: [REDACTED]

02/28/2014 around 12:34 PM CPSI and LI [REDACTED] made a HV. Upon approach male voices were heard. CPSI knocked three different times and the voices stopped but no one answered the door. CPSI left a card requesting contact.

While in the car in the parking lot, CPSI phoned [REDACTED] who advised she is working but the parents should be home. [REDACTED] is at school and [REDACTED] is with her PGM. [REDACTED] will get off the bus at the apartment around 4:00 PM today. During this call LI [REDACTED] went back to the apartment door to see if the card had been removed but it was still there.



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: 02/28/2014

Contact Method: Correspondence

Contact Time: 11:47 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 12:22 PM Entered By: [REDACTED]

02/28/2014 around 11:47 AM EST CPSI received an email from LI [REDACTED] advising additional information is needed on [REDACTED] ASAP to include where the child was at specific times, where was he when dad did CPR, who the other involved adult was and what he was doing during this time, and clarification of the mothers location and actions during this time.



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:	02/28/2014	Contact Method:	Correspondence
Contact Time:	07:45 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/01/2014
Completed date:	03/01/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/01/2014 12:19 PM Entered By: [REDACTED]

02/28/2014 around 7:45 AM EST CPSI received an email from Inv. [REDACTED] that the preliminary results of the examination reveal nothing gross on examination.no significant trauma. Inv. [REDACTED] also reported Comm Center will make a copy of the call but are not sure if it will be today.



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: 02/27/2014

Contact Method: Phone Call

Contact Time: 04:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 12:15 PM Entered By: [REDACTED]

02/27/2014 around 4:30 PM CPSI received a call from [REDACTED] advising they are done with [REDACTED] funeral. [REDACTED] is not with it.not comprehendingnot wanting to leave grace sitefuneral director finally told her they had to leave due to having another funeral. She advised [REDACTED] allowed [REDACTED] to go with her father who is supposed to take her to school tomorrow but she doesnt have her back pack etc. Ms. [REDACTED] stated she wants to keep CPSI update on everything.



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: 02/27/2014

Contact Method: Phone Call

Contact Time: 12:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 12:11 PM Entered By: [REDACTED]

02/27/2014 around 12:45 PM EST CPSI and LI [REDACTED] discussed situation with [REDACTED]. A brief summary of the case was provided. Mr. [REDACTED] requested the following information: determine the color of Kool Aid and where it was spilled, listen to the 911 call, determine where father woke up that morning and where mother was during the incident, determine routine of each parent and talk with the male present at the time.

CPSI phoned Inv. [REDACTED] requesting a copy of the 911 tape. He advised he can probably get it but may take a few days. He advised that his investigation is pretty much done unless something comes back on the autopsy and then I will go after them.



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: 02/26/2014

Contact Method: Phone Call

Contact Time: 02:20 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 11:43 AM Entered By: [REDACTED]

02/06/2014 CPSI received a call from [REDACTED] asking if the CFTM could be rescheduled due to the viewing set for tomorrow at noon with services following. Due to schedules, the first available date is Thursday 03/06/2014. The time was set at 11:00 AM. (LI [REDACTED] notified facilitators of the change). Ms. [REDACTED] advised she only picked up and washed dishes when she went to the home. She didnt make any beds. She put toys up in the kids room and picked up a leopard blanket that was in the kids bedroom floor.



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: 02/25/2014

Contact Method: Attempted Phone Call

Contact Time: 04:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 11:33 AM Entered By: [REDACTED]

02/25/2014 CPSI phoned Inv. [REDACTED] PD and left message regarding the discrepancies found.



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: 02/25/2014 Contact Method:
 Contact Time: 02:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 03/01/2014
 Completed date: 03/01/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 11:13 AM Entered By: [REDACTED]

02/25/2014 Background checks were received from CCSD and placed in case file: [REDACTED] and [REDACTED] do not have a record.

[REDACTED], legal father of all children and biological father of [REDACTED] has the following:

07/22/08 Assault domestic violence and vandalism domestic violence
 06/29/09 Capias and attachment
 07/01/09 Violation of probation
 05/30/10 Violation of probation (2) and attachment pro corpus
 01/18/11 Violation of probation
 02/28/11 Violation of probation
 10/25/11 Failure to appear
 11/04/11 Capias
 06/13/13 Assault

Forms placed in case file.



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: 02/25/2014

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 11:28 AM Entered By: [REDACTED]

02/25/2014 CPSI received records from [REDACTED] OB/GYN Associates and reviewed. Notes of concern: 04/11/13 non-compliant with PN care, has missed several PN visits, on subutex, informed her that PN visits are mandatory for us to continue her care. The delivery note by Dr. [REDACTED] states The patient, during this pregnancy, was first seen at the office at 10 weeks, which she continued through 23 weeks, then she did not show up for prenatal care until she was 33 weeks and subsequently, the next time that she came was at 40 weeks and 3 days. Records placed in case file.



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: 02/25/2014

Contact Method:

Contact Time: 12:49 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/09/2014

Completed date: 04/09/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/09/2014 09:55 AM Entered By: [REDACTED]

Admin review

[REDACTED]
Strengths of the Family- Family support, the mother has stable housing.

Barriers to safety, permanency and well being- recent death of [REDACTED] unprescribed substance abuse, autopsy is pending.

Services deliver (perm Plan)challenges and or progress- Current IPA in place supervising the mothers and bio fathers contact with the ACVs.

Next steps needed to ensure case steps and compliance

Attend CFTM, and follow up with the autopsy report. CPSI has already requested back grounds.

Address A&D issues and education issues with the [REDACTED] school. To address attendance, home work, she is not passing as of now.



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: 02/25/2014

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 11:32 AM Entered By: [REDACTED]

02/25/2014 CPSI completed DCS background check on parents. [REDACTED] was in custody 01-28-04 until 3/3/04 DN and from 11/14/05 until 6/6/06 JJ.

[REDACTED] had an FCIP case 6/17/08 for truancy.



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: 02/25/2014

Contact Method: Face To Face

Contact Time: 09:55 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/01/2014 11:06 AM Entered By: [REDACTED]

02/25/2014 CPSI arrived at [REDACTED] Elementary and spoke with [REDACTED] teacher Ms. [REDACTED] who advised [REDACTED] never has her homework or book bag for class. She is very low functioning and will be repeating 1st grade next year. She transferred to this school from [REDACTED]. She gets upset and cries a lot. She cant deal with her emotions. She came into school this morning and was upset briefly and then calmed down. She told classmates that her brother died by falling off his crib and getting stabbed. CPSI obtained attendance records. When at [REDACTED] she had 8 unexcused absences, no call; 1 check out unexcused; and 4 unexcused tardies. She transferred to [REDACTED] Jan. 2013 she has 5 unexcused absences and 2 unexcused tardies. Reports are placed in case file.



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: 02/24/2014

Contact Method: Correspondence

Contact Time: 03:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/01/2014

Completed date: 03/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/01/2014 10:02 AM Entered By: [REDACTED]

02/24/2014 CPSI emailed with [REDACTED], DCS legal, who approved extending the IPA due to the CFTM scheduled on the 4th 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:	Completed
Contact Date:	02/24/2014	Contact Method:	Phone Call
Contact Time:	02:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/28/2014
Completed date:	02/28/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/28/2014 02:18 PM Entered By: [REDACTED]

02/24/2014 CPSI received medical records on [REDACTED] from Medical Care. [REDACTED] only had one visit and it was 12/31/13 at which time it was reported that he had not had vaccines yet. Vaccines were given during the visit.

CPSI received two different notes from the visit on 12/31/13 and both were signed by [REDACTED], MD. One indicates no heart murmur under the review of exams and under the examination section normal heart sounds, normal physiologic rhythm, no murmurs. On the second note dated same date, examination section II/VI sys murmur with a referral to cardiology persistent neonatal murmur/prenatal subutex dependent mother-peds cards. Follow up was recommended in four weeks delayed vaccines and OV for developmental check

CPSI called medical care around 2:50 PM asking about the conflicting reports dated same visit, same physician but different contents as well as inquiring which one is correct. There was no answer as to two notes with different information. However [REDACTED] was scheduled for 01/16/2014 @ 1:00 PM with [REDACTED] Cardiology [REDACTED] or [REDACTED]. Medical care received notification that the appointment was missed even though a letter and a detailed voice mail were given to the family. Medical Care did not see [REDACTED] for the 4 week recommended follow up and only had contact that one visit (12/31/13). Records placed in case file.

CPSI called [REDACTED] Cardiology and was advised [REDACTED] was a no show and the appointment has not been rescheduled.



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: 02/24/2014

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 01:41 PM Entered By: [REDACTED]

02/24/2014 CPSI scheduled CFTM for Thursday 02/27/2014 and notified all parties via phone calls or messages. CPSI submitted a request for a facilitator.

CPSI requested background checks on [REDACTED], mother; [REDACTED], legal father; and [REDACTED], alleged father of the two surviving 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: Completed

Contact Date: 02/24/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 08:32 AM Entered By: [REDACTED]

02/24/2014 CPSI requested medical records on [REDACTED] from [REDACTED] (birth) and [REDACTED] (current PCP) as well as OB/GYN records on Ms. [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: 02/24/2014

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 07:46 AM Entered By: [REDACTED]

02/24/2014 Fatality notification emailed to all parties and copy placed in case file.



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: 02/23/2014 Contact Method: Face To Face
 Contact Time: 04:35 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 02/24/2014
 Completed date: 02/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 08:42 AM Entered By: [REDACTED]

02/23/2014 around 4:35 PM CPSI arrived at the residence of [REDACTED] located at [REDACTED], TN and was invited in by Ms. [REDACTED] who had just arrived home with the girls. They immediately began playing with puppy [REDACTED] briefly and then put him back in his crate. They then played with dolls in the bedroom. Ms. [REDACTED] has a very neat 3 bedroom single wide mobile home. [REDACTED] has her own room and goes to sleep there but gets in bed with Ms. [REDACTED] sometime during the night. Ms. [REDACTED] advised [REDACTED] sleeps with her. CPSI explained safe sleep and strongly suggested this be corrected. Ms. [REDACTED] advised the play pen that is at the parents home was in her house for a long time but she took it to them two weeks ago. She will either purchase a toddler bed or get the play pen back for the time being. Ms. [REDACTED] advised [REDACTED] went to her fathers Friday night. When [REDACTED] was picked up there today she advised her father told her you dont have a brother nowHes dead. When Ms. [REDACTED] took [REDACTED] home to obtain clothing the neighbor children told her that her brother died when she got out of the car. Ms. [REDACTED] stated this upset [REDACTED] a lot. She also indicated there may be some attendance issues with [REDACTED] when she is with her mother.

Ms. [REDACTED] advised she dropped [REDACTED] off at home around 8:05-8:10 AM to go to work in [REDACTED] Her phone kept ringing and she ignored it as she was busy. She then received a text to call mother with a 911 code. She called and mom kept saying [REDACTED] is dead.hes not breathing.

Ms. [REDACTED] advised she sees the children daily and has noticed that [REDACTED] turns his head and tries to roll over, but to her knowledge is not able to do so.

SDM completed. Due to the fatality, the above mentioned IPA was implemented as the living children are considered conditionally safe at this time.



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: 02/23/2014

Contact Method: Face To Face

Contact Time: 03:45 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 08:41 AM Entered By: [REDACTED]

02/23/2014 around 3:45 PM CPSI went to [REDACTED] in [REDACTED] (home of Mr. [REDACTED] parents) and observed [REDACTED]. She was clean well dressed and playing with her cousins. While there, [REDACTED], maternal aunt arrived with [REDACTED] who was picked up from her fathers home who was also clean and well dressed. They appeared content in this home. Ms. [REDACTED] then left with both girls and she was going by the residence to obtain clothing and then keep them the night at her home. The [REDACTED] residence is an older home near the Childrens Advocacy Center. There are 3 bedrooms and one bath. Ms. [REDACTED] stated the children rarely spend the night there but [REDACTED] sleeps with her when she does spend the night. CPIS discussed safe sleep in depth and [REDACTED] advised she understands. Medication was observed (primarily OTC but some prescription meds) on a table beside the master bed and in the kitchen. CPSI encouraged them to put those out of [REDACTED] reach. Ms. [REDACTED] advised the bedroom door is always tightly closed and [REDACTED] isnt able to open it but will put the medication higher in the kitchen. The IPA was explained and she signed as a caretaker/supervisor.



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: 02/23/2014 Contact Method: Face To Face
 Contact Time: 01:30 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/24/2014
 Completed date: 02/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview
 Contact Sub Type:

Children ConcerningParticipant(s)Narrative Details

Narrative Type: Original Entry Date/Time: 02/24/2014 08:39 AM Entered By: [REDACTED]

02/23/2014 Around 1:30 PM Sgt. [REDACTED] LI and CPSI went to the residence at [REDACTED] in [REDACTED] for a re-enactment as needed by LE. Permission to enter was granted by [REDACTED] who was sitting outside on the steps smoking.

Sgt. [REDACTED] completed his necessary re-enactment, getting statements and photos and observed Mr. [REDACTED] urine in the test cup and left the residence.

Both [REDACTED] and [REDACTED] was drug screened, both failing for Buprenorphine and THC. Both parents admitted to using the Buprenorphine (Suboxone) within the last 3 days and the THC two weeks ago. The mother states she took 2 mg of Suboxone off a 8 mg Suboxone Strip. While observing the urine test with Ms. [REDACTED] CPSI noted there was no toilet paper in the master bath. Ms. [REDACTED] requested CPSI obtain some from the other bathroom. CPSI noted two rolls of toilet paper lying on the sink, but the cardboard brown center was removed from both with only the paper lying flat.

Present during the visit was [REDACTED] friend. It was determined he spent the night at the residence. Parents left the door unlocked and he came in around 12:00-12:30 AM and immediately went to sleep on the couch. He has stayed there a couple of nights. He didnt hear any noise from [REDACTED] and woke up when father was attempting CPR in the living room. His DOB is [REDACTED] and phone number is [REDACTED]

CPSI spoke with [REDACTED] legal father of all 3 as they are still married but quickly advised CPSI [REDACTED] is his only child. He initially stated he wants to keep [REDACTED] but when Ms. [REDACTED] further explained the situation to him agreed with an IPA until a CFTM can be held. He reported residing at [REDACTED] and his phone number is [REDACTED] His DOB is [REDACTED] and SSN is [REDACTED]. He only admitted to minimal criminal record with the last charge of drugs over 3 years ago. He was incarcerated for VOP and DOS. Ms. [REDACTED] and her family stated Mr. [REDACTED] has been incarcerated several months and this is the first weekend he has had [REDACTED] in almost a year.

An IPA was completed where [REDACTED] and [REDACTED] would be supervised with the other two siblings in the home until a CFTM could be held. Supervision of the children is going to be completed by the two grandmothers [REDACTED], [REDACTED], and the Aunt [REDACTED]. Background checks completed on these persons as well as TFACTS, SSMS and Internet checks. No areas of concern were noted. CPSI [REDACTED] completed home visits with supervisors and discussed safe sleep with the mother and supervisors [REDACTED] DCS legal approved the IPA.

CPSI observed the following in the home: the master bed was neat and appeared the sheets were straightened out at the bottom and the top covers were folded half-way down. There was a thin brown towel lying on the bed below the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

pillows did not appear to be wet. There was no evidence of Kool-Aid stain on the sheets but a clear liquid stain was noted at the bottom of the pillows.

The girls beds were made and the room was neat. Ms. [REDACTED] Aunt, advised when she came to the home to keep [REDACTED] she picked up toys and clothes in the girls room and didnt mention making the beds.

There was a thick wet towel in the sink in the master bathroom and no towels were observed in the other bathroom. No trash cans were observed in the house. Ms. [REDACTED] advised there was a bag of trash in the kitchen and she took it to the dumpster. She advised she was just trying to straighten the house for the parents.

Ms. [REDACTED] stated she dressed [REDACTED] upon her arrival to the residence.

She denied knowledge of where the parents slept last night

LE completed the SUIDI Form a copy that will be placed in the hard file. Coroner [REDACTED] will be requesting an autopsy on the ACV.

At this time LE has no reason to believe the parents had anything to do with the ACV's death. The ACV had no marks or bruises.



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: 02/23/2014 Contact Method: Face To Face
 Contact Time: 11:45 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 02/24/2014
 Completed date: 02/24/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 08:37 AM Entered By: [REDACTED]

ACV pronounced deceased at 9:56 AM at [REDACTED]
 Around 11:45 AM CPSI and LI [REDACTED] arrived at [REDACTED] Hospital and entered room one. Present at the time were an EMS person and Coroner [REDACTED]. Sgt. [REDACTED] arrived back in the room. Present was [REDACTED] lying on his back. Sgt. [REDACTED] made photos and arranged a room to speak with the parents as both were outside the hospital by this time.

Sgt. [REDACTED] LI, and CPSI met with [REDACTED] (Biological father of [REDACTED] and [REDACTED]), [REDACTED] (mother of all 3 children), and [REDACTED], MGM. Later during the interview [REDACTED] PGM entered the room. Sgt. [REDACTED] completed SUIDI form.

Household Composition/case members

ACV is [REDACTED] DOB [REDACTED]

Sibling [REDACTED]

Sibling- [REDACTED]

Mother [REDACTED]

Birth Father of [REDACTED] and [REDACTED] is [REDACTED] who advised he resides at [REDACTED] with his mother [REDACTED]. (Ms. [REDACTED] later advised CPSI she owns the [REDACTED] residence but she resides at [REDACTED] and her phone number is [REDACTED]).

Legal father of all three children is [REDACTED] as he and [REDACTED] are married.

[REDACTED] and [REDACTED] were interviewed at the hospital. [REDACTED] is currently with her father [REDACTED] and [REDACTED] is with her paternal grandparents. [REDACTED] states that at 8:00 am [REDACTED] was dropped off at the family residence after spending the night with her aunt. [REDACTED] looked in on the ACV around 8:15 and it appeared the ACV was still sleeping. [REDACTED] fed [REDACTED] and began to run a bath for both [REDACTED] and [REDACTED]. He bathed [REDACTED]. At 8:30 [REDACTED] went into get [REDACTED]. He had blankets on his feet and legs only but was reportedly swaddled when put to bed. [REDACTED] was cool and unresponsive. [REDACTED] brought the ACV into the living room and placed him on the couch. When [REDACTED] was asked why it took almost 30 minutes to call 911 he stated I had tried to do CPR on my own and stated he tried for 5-10 minutes. [REDACTED] also said they waited for [REDACTED] to move prior to the CPR. 911 was called and dispatch told [REDACTED] how to do CPR.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

Prior to being taken into the living room child was laying in the bed with two blankets, and a baby bottle with 5 ounces of formula that they put in the ACV's reach as he is reported by the parents to hold his own bottle and be able to turn over. He rolls around a lot. The mother states she had placed a bottle with 5 ounces of formula in the cradle. ACV's cradle is located in the master bedroom. However the mother reported she had spilled Kool-Aid on her bed and did not feel like changing the sheets and slept in the other bedroom at the other end of the apartment.

The ACV was last seen alive at 10:30 the night prior (2-22-14). (This is contrary to what father told the nurse in that father reported seeing him at 4:00 AM. ACV was given a bottle of formula and baby cereal before bed. ACV was noticed to be crankier than usual as exhibited by more whining. There were various statements given as to if ██████████ drank from the bottle as it was reported he didn't drink any, drank one ounce, and drank it all. (Aunt reported finding an empty bottle in the cradle).

The end of January the ACV was seen at Medical Care in ██████████ and it was discovered ACV had a heart murmur. ACV was to be scheduled with a cardiologist but mother denies receiving an appointment at this time.

There is one prior case with this family for DEI. ACV ██████████ was a DEI and reported to be NAS. The mother was prescribed Subutex. The ACV stayed in the hospital for about a month and was placed on Morphine. CPSI ██████████ handled this case. CPSI ██████████ went over safe sleep with the mother and made referrals for TEIS and CHAD/HUGS. However the mother said she had got a different phone number and was never contacted by the services.

Due to this prior history LI ██████████ asked the parents if they were using any medications. The mother reported she had been taking Suboxone unprescribed. The birth father ██████████ states he would fail a drug screen for THC.



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: 02/23/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 08:34 AM Entered By: [REDACTED]

Date referral received and assigned: 02/23/2014

Allegations: Neglect Death

Response Priority: 11

Reporter states:

The child is not in state custody.

The child, Unknown (age 5 months) resides in the home with the mother (name Unknown). The father, [REDACTED], lives in a separate residence but was present today when Law Enforcement arrived in the home. There were no other children observed in the home. The parents may have two other children but there is no information available at this time about their names, ages, or who they live with.

Law Enforcement responded to a call regarding an unresponsive 5 month old child in the home. When Law Enforcement arrived, the mother answered the door and stated that "the child is over there," referring to the child who was seen lying on the floor. Law Enforcement observed the 5 month old lying on the living room floor between the couch and a coffee table. The child was not breathing and was unresponsive. The table appeared to have been pushed out. The father was also in the living room area. The father stated that the child had been that way for 30 minutes. Law Enforcement did not observe any injuries on the child.

EMS arrived at the home approximately one minute after Law Enforcement arrived. The infant was transported to [REDACTED] ER by EMS. The infant is currently in the ER being worked on for cardiac arrest. The father came to the ER with the child but the mother did not.

Law Enforcement is still actively seeking out more information regarding the circumstances surrounding the child's current condition. It is unknown if the child has any underlying medical conditions that would have contributed to the child's current condition. It is unknown who initially found the child or how the child ended up on the living room floor. It is unknown why the child had been in the condition found in for 30 minutes before 911 was called.

Special Needs or Disabilities: Unknown



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Child's current location/is the child safe at this time: [REDACTED] ER
 Perpetrators location at this time: Father at hospital, mother at home.
 Any other safety concerns for the child(ren) or worker who may respond: Unknown

Per SDM: Investigative Track/Priority 1 on 02/23/14 @ 9:17 A.M. - [REDACTED] CPSI 3 on 2-23-14 at 9:17 A.M.

[REDACTED] paged - Time Issued: 09:31:18 AM

Extended Intake on 2-23-14 at 10:01 A.M. - Sgt. [REDACTED] stated that the infant has died. Sgt. [REDACTED] is currently at the hospital with the Coroner. Sgt. [REDACTED] would like for the responding case manager to call him back at [REDACTED]

Allegations will be changed to Neglect Death.

History:
 08/2013 DEI & DEC classified as AUPU by CPSI [REDACTED]

Around 7:15 PM CPSI completed the Confidential Notification Letter for Reporter and placed in outgoing mail.

Around 7:15 PM Referral was placed in the designated location for clerical to submit to [REDACTED] Juvenile Court on this date.

Around 7:00 PM CPSI forwarded a copy of this report to the [REDACTED] Child Protective Investigative Team, including: [REDACTED] Juvenile Court, [REDACTED] District Attorneys Office, [REDACTED] Police Dept., and the Childrens Advocacy Center via US mail or fax.



**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: 02/23/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/24/2014

Completed date: 02/24/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/24/2014 08:35 AM Entered By: [REDACTED]

02/23/2014 around 11:00 AM CPSI received a call from LI [REDACTED] regarding a referral in which the infant has passed away. CPSI was advised to contact the officer and meet LI at the office.

Around 11:12 AM CPSI phoned [REDACTED] PD officer and left a message.

Around 11:30 AM CPSI phoned [REDACTED] ER and spoke with [REDACTED] nurse in charge of infant who advised he is [REDACTED]. She has limited information but advised that CPS was begun at 9:24 AM with no signs of life. He was reportedly last seen by his father at 4:00 AM. At this time LI advised she just spoke with Sgt. [REDACTED] PD, who requested we come 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: 02/23/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/05/2014

Completed date: 06/05/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/05/2014 10:17 AM Entered By: [REDACTED]

admin Review

CPSI assigned Neglect Death. CPSI will get all information needed to the Child death notification form and send this out within 48 hours. CPSI will convene CPIT complete all required investigative tasks.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 2/23/14 8:35 AM

Date of Assessment: 2/23/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____