



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 03/02/2015 11:30 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/02/2015

Investigation

Investigation ID: [REDACTED]
 First County: [REDACTED]
 Date/Time Assigned : 03/02/2015 06:37 PM
 First Team Leader Assigned: [REDACTED] Date/Time 03/02/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 03/02/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: [REDACTED]

Notification: None

Narrative: TFACTS History

Family Case IDs: # [REDACTED] and # [REDACTED]

Open Court Custody/FSS/FCIP None found

Closed Court Custody None found

Open: None found

Substantiated: None found

Death: None found



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Number of Screen Outs: None found

History (not listed above): Yes

No history was found on anyone in the home with the exception of [REDACTED] TFACTS lists a [REDACTED] as a child in DCS custody from 7-28-2001 until 8-10-2004. This was out of [REDACTED] [REDACTED] has an extensive history as an alleged child victim through Case ID # [REDACTED] and # [REDACTED]

[REDACTED] was listed as the Alleged Perpetrator on the following cases.

9-9-2010/Case ID # [REDACTED] SEE/Unsubstantiated ACV was [REDACTED], AP was [REDACTED]

3-11-2008/Case ID # [REDACTED] SEE/Unsubstantiated ACV was [REDACTED], AP was [REDACTED]

County: [REDACTED]

Notification: None

School/ Daycare: None

Native American Descent: No

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

The child is not in state custody.

[REDACTED] (1 month) lived with her parents, [REDACTED] and [REDACTED]

[REDACTED] grandparents are [REDACTED] and [REDACTED]

[REDACTED] called 911 this morning because [REDACTED] was turning blue, cold, and lifeless. It is unknown if [REDACTED] was breathing or had a pulse at the time. [REDACTED] has been pronounced dead. It is unknown what time she was pronounced dead and if it was at home or the hospital. [REDACTED] father, [REDACTED] attempted CPR on her before an EMT got to the home.

[REDACTED] was home in bed with the parents when they found her. The mother said about an hour before calling 911 she had been up and feeding [REDACTED] It is unknown if she breastfed her or gave her formula. The mother, father, and [REDACTED] were visiting the grandparents' home at this time. [REDACTED] was lying in between the mother and father in the bed. It is unknown if one of them may have rolled over on her. The parents actually live in [REDACTED] [REDACTED] but were in [REDACTED] [REDACTED] when [REDACTED] died at the grandparent's home. Law Enforcement called DCS to inform them of the death. An autopsy will be conducted. The parents have no other children but [REDACTED] and [REDACTED] have four children who live their home. Their names are [REDACTED] (age 7), [REDACTED] (age 5), [REDACTED] (age 4), and [REDACTED] (age 2). All four of these children were visiting other relatives and were not in the home at the time of the death.

The DCS case manager has not been to the home yet and has not been able to interview the family. The police are currently interviewing the family. It is unknown if the parents have any additional information as to the cause of [REDACTED] death. It is unknown if [REDACTED] was lying on her back, side, or stomach when found. It is unknown what the current condition of the home environment is at this time. It is unknown if there are any hazards in the home which could have caused serious injury or death. There is no known history of any other children dying or suffering serious injuries in the home. There are no patterns of neglect in the home as far as the reporter knows. Neither the parents nor the grandparents have a history with the police. The reporter has never been in the home.



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The investigation has already been initiated and the District Attorney and the TBI are involved.

Note: Referent requested the time of the referral be back-dated to 11:30 A.M. when DCS was initially notified by Law Enforcement.

Per SDM: Investigative Track, P 1, Neglect Death / [REDACTED] [REDACTED] on 3-2-15 @ 3:38 P.M.

[REDACTED] [REDACTED] paged at 3:40 P.M.

Email notification sent to [REDACTED] [REDACTED]
[REDACTED], and the [REDACTED] email notification group.

[REDACTED] 03-02-15 03:45:42 PM [REDACTED] 03-02-15 03:46:49 PM [REDACTED] Received



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 11 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 4 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 5 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 7 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 1 Yr

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

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

Contact:

Contact Type:

Contact Comments:

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: 03/02/2015

Assignment Date: 03/02/2015

Street Address:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/12/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being closed as the child is deceased. The parents do not have any other children.

D. Case Workers

Case Worker: [REDACTED]

Date: 11/12/2015

Team Leader: [REDACTED]

Date: 11/12/2015

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:

CPSI [REDACTED] observed the site of the incident. CPSI [REDACTED] did not observe the deceased child which is permitted by policy.

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

The child was pronounced dead on March 2, 2015 at 11:33AM at [REDACTED] [REDACTED]. The body was sent to the Office of the Medical Examiner and an autopsy was conducted on March 3, 2015. The Autopsy report was obtained and the cause of death was "Asphyxia due to Overlay." The manner of death was ruled an Accident. The full Autopsy has been placed within the file.

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

Ms. [REDACTED] reported that she and Mr. [REDACTED] had gone to sleep around midnight on the night prior. She reported that she woke up around 3AM to [REDACTED] crying. Ms. [REDACTED] told investigators that she made the infant a bottle of formula. Ms. [REDACTED] reported that she initially placed the infant to sleep in the bassinet that



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

was next to the bed but due to the infant continuing to cry she placed the child on the bed. Ms. [REDACTED] told investigators that [REDACTED] was lying on her back and that she was lying on her side with [REDACTED] on her arm. Ms. [REDACTED] told Investigators that when she woke up on 3/2/2015 [REDACTED] was underneath her. She reported that she was on her stomach on top of [REDACTED] when she awoke. Ms. [REDACTED] reported that her husband attempted to do compression's on the infant's chest and blood came out of the infant's nose. Ms. [REDACTED] told investigators that the last time she observed [REDACTED] alive was around 3AM on March 2, 2015.

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

Mr. [REDACTED] reported that when he woke up around 10:30AM on March 2, 2015 he reported that Ms. [REDACTED] told him that [REDACTED] was not breathing. Mr. [REDACTED] reported that he pushed on [REDACTED] chest two or three times trying to get her to breath and blood started to come out of the right side of her nose. He reported that he shook her head a couple of times trying to get her to breath.

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

Both parents submitted to urine drug screens on March 2, 2015 and were negative for all substances.

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: 11/18/2015

Contact Method:

Contact Time: 11:25 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/18/2015

Completed date: 11/18/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2015 11:26 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been approved for closure.



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: 11/18/2015

Contact Method:

Contact Time: 10:50 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/18/2015

Completed date: 11/18/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

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

Narrative Type: Original Entry Date/Time: 11/18/2015 10:49 AM Entered By: [REDACTED]

The Department of Children's Services (DCS) Child Protection Services (CPS) Investigation team in [REDACTED] received a referral on 3/2/2015 as related to a neglect death allegation regarding the Alleged Child Victim (ACV) [REDACTED]

CPS-Investigator [REDACTED] responded to the [REDACTED] [REDACTED] after speaking with [REDACTED] [REDACTED] who had requested immediate assistance from DCS in this matter. Upon arriving at the [REDACTED] Investigator [REDACTED] spoke to [REDACTED] and [REDACTED], who explained that 911 had received a call regarding six week old [REDACTED] stating was she was blue, cold and lifeless. [REDACTED] was transported via ambulance to [REDACTED] where the infant was pronounced dead at 11:33AM on 3/2/2015.

The investigation into this incident was conducted by [REDACTED] [REDACTED] Lt. [REDACTED] [REDACTED] Detective [REDACTED] and [REDACTED] of the [REDACTED] Attorney's office, Tennessee Bureau of Investigation [REDACTED] and [REDACTED] as well as Child Protective Services Investigator [REDACTED].

The CPS referral cited [REDACTED] as the alleged perpetrator of Child Neglect Death. During interviews with [REDACTED] and [REDACTED] Ms. [REDACTED] admitted that she was co-sleeping with the child and woke up on top of the infant. She clarified that [REDACTED] had been asleep in between her and Mr. [REDACTED]. Mr. [REDACTED] was interviewed by Detective [REDACTED] and [REDACTED] and reported that he was awakened by Ms. [REDACTED] and attempted chest compressions on the infant. There was a delay in the parents calling 911, as they were at the home of the maternal grandmother and step-grandfather and were unaware of the address. The grandparents were not home at the time, but returned to the house shortly thereafter and initiated the call to 911. When EMS arrived, the infant's core temperature was 91 degrees and it was reported that [REDACTED] had blood coming out of her nose. Additional collateral contacts were interviewed as part of this investigation; however, there were no other witnesses to the incident.

[REDACTED] appears to have been appropriately caring for the child with the exception of the infant sleeping in the same bed. The mother admitted to co-sleeping with the infant. Both parents submitted to urine drug screens on the day of the incident and were negative for all substances ruling out that drug use contributed to the child's death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] [REDACTED]

DCS policy Work Aid 1 (E) defines the following criteria for Child Neglect Death:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

This case was presented to the [REDACTED] [REDACTED] Child Protective Investigation Team on 11/10/2015 and team members were in agreement that there is not sufficient evidence to substantiate the allegation of Child Neglect Death. Without a preponderance of evidence to substantiate this allegation, the case will be closed with a classification of Allegation Unsubstantiated/Perpetrator Unsubstantiated.



Tennessee Department of Children's Services
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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2015	Contact Method:	
Contact Time:	10:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/19/2015 01:25 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2015	Contact Method:	
Contact Time:	10:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
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Case Recording Summary

Case Id: [REDACTED]

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Case Status: Close

Organization: [REDACTED]

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Recording ID:	[REDACTED]	Status:	Completed
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Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/19/2015 01:25 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



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:	11/18/2015	Contact Method:	
Contact Time:	10:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/19/2015 01:25 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/18/2015	Contact Method:	
Contact Time:	10:40 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/19/2015
Completed date:	11/19/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/19/2015 01:25 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



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: 11/18/2015

Contact Method:

Contact Time: 10:40 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 11/19/2015

Completed date: 11/19/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/19/2015 01:25 PM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and has been approved for closure.



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:	11/10/2015	Contact Method:	Correspondence
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/12/2015
Completed date:	11/12/2015	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: 11/12/2015 08:09 AM Entered By: [REDACTED]

The [REDACTED] County Child Protective Investigative Team Convened on this date. All Members agreed to classify the allegation of Neglect Death of [REDACTED] by her mother, [REDACTED] as Allegation Unsubstantiated, Perpetrator Unsubstantiated. The team's decision was based on the collective evidence through the course of the investigation. The Autopsy reported that the cause of death was "Asphyxia due to overlay." [REDACTED] Judicial District Attorney [REDACTED] reported that at this time the parents were not facing any charges regarding this incident. CPSI [REDACTED] [REDACTED] and [REDACTED] Judicial District Attorney [REDACTED] all agreed to this classification. This form has been signed and placed within the 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: 11/02/2015

Contact Method:

Contact Time: 12:37 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/02/2015

Completed date: 11/02/2015

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: 11/02/2015 11:38 AM Entered By: [REDACTED]

This case was reviewed by [REDACTED] [REDACTED] This case is scheduled to be represented at CPIT on 11/12/2015 due to a recommended change in the classification to AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/29/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/29/2015

Completed date: 10/29/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/29/2015 04:34 PM Entered By: [REDACTED]

LI [REDACTED] completed a case staffing with CPS-I [REDACTED] and administrative review on this date. This case was presented to CPIT on 10/13/2015 with intentions to pursue case closure; however, CPIT team members did not want to classify the allegations without the involved DA and TBI agent present to confirm that charges and prosecution would not be sought. It was decided that this case would be presented at the next CPIT meeting on 11/10/2015 in order for CPS-I [REDACTED] to speak with those parties about the status of their cases and/or have them in attendance at the next CPIT meeting. CPS-I [REDACTED] has been advised to update documentation in this case and upload pertinent documents into TFACTS as further tasks to work towards case closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/30/2015

Contact Method:

Contact Time: 03:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/30/2015

Completed date: 09/30/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/30/2015 03:19 PM Entered By: [REDACTED]

LI [REDACTED] completed a case staffing with CPS-I [REDACTED] and an administrative review on this date. CPS-I [REDACTED] has been provided with a copy of the Child Death Checklist and will utilize this to ensure that all documentation and investigative tasks have been completed. CPS-I [REDACTED] will also utilize the review feedback previously provided by [REDACTED] to prepare this case for closure. Due to a need for reclassification, this case will need to be presented to CPIT on 10/13/2015 in [REDACTED] County.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/15/2015

Contact Method:

Contact Time: 09:10 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/15/2015

Completed date: 09/15/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/15/2015 09:11 AM Entered By: [REDACTED]

This case has been reviewed by [REDACTED] and feedback has been given to the team via email.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/20/2015

Contact Method:

Contact Time: 02:15 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/31/2015

Completed date: 08/31/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/31/2015 03:34 PM Entered By: [REDACTED]

During a monthly case conference with CPS-I [REDACTED], LI [REDACTED] and [REDACTED] completed an administrative review of this case. The Child Death Review Checklist was used to guide this discussion and additional investigative tasks were identified to prepare this case for closure. As the ACV was the lone child of the parents, there are no other children to be seen on a monthly basis. The other children in the home when the fatality occurred are the siblings of the mother in this case and do not reside with the parents currently. The parents were merely visiting the home of the maternal grandparents when the fatality occurred.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 07/20/2015 Contact Method:
 Contact Time: 09:20 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/20/2015
 Completed date: 08/20/2015 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/20/2015 09:32 AM Entered By: [REDACTED]

The Autopsy report regarding [REDACTED] was obtained on this date. This report has been scanned into TFACTS and a copy has been placed within the 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: 07/15/2015

Contact Method:

Contact Time: 10:54 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/15/2015

Completed date: 07/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/15/2015 10:55 AM Entered By: [REDACTED]

Lead Investigator [REDACTED] requested assistance from [REDACTED] in receiving the autopsy for this case. There have been no further home visits needed with the other children in the home because they are safe and no safety hazards observed.



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: 06/20/2015

Contact Method:

Contact Time: 11:43 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/20/2015

Completed date: 06/20/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/20/2015 11:45 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] is waiting on the autopsy from the medical examiners office. This case will not be closed within 60 days in accordance with DCS policy.



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: 04/28/2015

Contact Method:

Contact Time: 09:42 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/28/2015

Completed date: 04/28/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/28/2015 09:49 PM Entered By: [REDACTED]

Lead Investigator [REDACTED] requested assistance from [REDACTED] in receiving the autopsy for this case. There have been no further home visits needed with the other children in the home because they are safe and no safety hazards observed.



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:	04/07/2015	Contact Method:	Phone Call
Contact Time:	03:55 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/07/2015
Completed date:	04/07/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/07/2015 04:02 PM Entered By: [REDACTED]

CM [REDACTED] contacted [REDACTED] on this date. He reported that things were "pretty well." Mr. [REDACTED] denied that he had contacted the counseling service that CM [REDACTED] provided the number with. CM [REDACTED] provided Mr. [REDACTED] with the phone numbers to [REDACTED] Family Services, [REDACTED] and [REDACTED] and [REDACTED] on this date. Mr. [REDACTED] reported that he had not had time to call due to trying to find a job. He reported that he was living with Ms. [REDACTED] at her grandparents home in [REDACTED]. CM [REDACTED] advised Mr. [REDACTED] that [REDACTED] and [REDACTED] in [REDACTED] were hiring. Mr. [REDACTED] told CM that Ms. [REDACTED] had gone to the store with her grandpa and was not home at this time. CM [REDACTED] told Mr. [REDACTED] to call CM with any questions or if CM could help 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: 04/06/2015

Contact Method:

Contact Time: 11:25 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/06/2015

Completed date: 04/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/06/2015 11:28 AM Entered By: [REDACTED]

CM [REDACTED] requested medical records from [REDACTED] 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: 03/30/2015 Contact Method: Face To Face
 Contact Time: 05:15 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/06/2015
 Completed date: 04/06/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation, Other Persons Living in Home Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/06/2015 11:39 AM Entered By: [REDACTED]

Case Manager [REDACTED] visited the home on this date. CM [REDACTED] was welcomed into the home by Ms. [REDACTED] and Mr. [REDACTED]. CM [REDACTED] observed [REDACTED] sitting on the couch with [REDACTED]. CM [REDACTED] observed [REDACTED] and [REDACTED] in the livingroom. [REDACTED] and [REDACTED] reported that [REDACTED] was in the bedroom watching tv. Mr. and Ms. [REDACTED] reported that things had been going alright since the incident. [REDACTED] wanted to show CM [REDACTED] his bedroom. CM [REDACTED] observed [REDACTED] sitting on the bed watching television at this time. [REDACTED] and [REDACTED] began talking to CM [REDACTED]. [REDACTED] told CM that baby [REDACTED] had died. CM [REDACTED] asked [REDACTED] to tell CM more about that however [REDACTED] just starred at CM [REDACTED]. [REDACTED] reported that they stay with their dad in [REDACTED] most of the time and only come to their moms house on the weekends. [REDACTED] told CM that [REDACTED] is mean and reported that he gets in trouble for not listening. [REDACTED] ran off into the livingroom at this time. [REDACTED] showed CM [REDACTED] a toy truck. [REDACTED] showed CM [REDACTED] his truck but would not speak to CM [REDACTED] about anything else. CM [REDACTED] observed the children to be clean and appropriate.

CM [REDACTED] discussed counseling services for [REDACTED] at this time. Ms. [REDACTED] reported that she had considered getting the children into counseling. CM [REDACTED] agreed to provide Ms. [REDACTED] with counseling options. CM [REDACTED] observed the home to be clean and did not observe any immediate safety hazards 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: 03/23/2015

Contact Method:

Contact Time: 12:07 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/23/2015

Completed date: 03/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/23/2015 12:32 PM Entered By: [REDACTED]

This case was staffed by [REDACTED] with CPSI worker [REDACTED]. Debriefing with CPSI [REDACTED] occurred on this date. CPSI [REDACTED] will continue to work the case follow the case direction given below.

Case Direction:

Provide counseling opportunity for Parents.

Interview and observe Ms. [REDACTED] half siblings. They were not present when this event happened and she is not the caretaker for them, however they do live in the home where the incident occurred. Please note that Mr. and Mrs. [REDACTED] do not actually live in this home in [REDACTED] but were visiting. There place of residence is actually [REDACTED]

Request Medical Records.

Request assistance to obtain autopsy results [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: 03/09/2015 Contact Method: Face To Face
 Contact Time: 12:50 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/18/2015
 Completed date: 03/18/2015 Completed By: [REDACTED]
 Purpose(s): 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: 03/18/2015 08:04 AM Entered By: [REDACTED]

Investigator [REDACTED] observed [REDACTED] and [REDACTED] walking down the [REDACTED] by-pass in [REDACTED] on this date. CM [REDACTED] pulled over and spoke to the [REDACTED] who reported that they were walking to [REDACTED] to get some money that Mr. [REDACTED] cousin had sent them. The [REDACTED] accepted Investigator [REDACTED] offer to transport the parents to that location. The parents reported that they had a service for [REDACTED] and had buried her in [REDACTED]. Ms. [REDACTED] agreed that her mother had given her the phone number to [REDACTED] of the [REDACTED]. The parents agreed that they had support from family and were doing alright. Mr. [REDACTED] pointed to the [REDACTED] on the way back and told Ms. [REDACTED] that is the place he used to work and explained that they don't make any chocolate in there but that they make [REDACTED]. CM [REDACTED] advised the parents that the next few weeks, months and years would be hard on them and that they would have to be strong for each other. Investigator [REDACTED] dropped the parents off at Ms. [REDACTED] grandmother's house on [REDACTED] after taking them to [REDACTED]. Investigator advised the parents to contact Investigator [REDACTED] if they had any questions.

Narrative Type: Addendum 1 Entry Date/Time: 03/18/2015 08:05 AM Entered By: [REDACTED]

[REDACTED] DOB [REDACTED] was not present during this contact.



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:	03/03/2015	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/07/2015
Completed date:	03/07/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/07/2015 04:00 PM Entered By: [REDACTED]

CM [REDACTED] completed the SDM Safety Assessment on this date and has placed a copy within the file. Under section 1: Immediate harm factors question 1. Yes was selected due to "Death of a child due to abuse or neglect." The child is deceased and is listed as conditionally safe. There are no other children in the home or care of the parents.



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: 03/03/2015

Contact Method:

Contact Time: 09:57 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/07/2015

Completed date: 03/07/2015

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/07/2015 01:15 PM Entered By: [REDACTED]

Child Death Form completed, approved and forwarded to the Child Death notification Mailbox by [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: 03/02/2015

Contact Method: Face To Face

Contact Time: 11:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 03/03/2015

Completed date: 03/03/2015

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: 03/03/2015 02:59 PM Entered By: [REDACTED]

The following Child Protective Investigative Team Members were notified of this intake:

[REDACTED]
 [REDACTED]
 Judicial District Children's Advocacy Center
 Judicial District District Attorney's Office



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: 03/02/2015 Contact Method: Face To Face
 Contact Time: 11:45 AM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Detention/Jail Created Date: 03/06/2015
 Completed date: 03/06/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/06/2015 05:54 PM Entered By: [REDACTED]

On March 2, 2015 Child Protective Services Investigator [REDACTED] arrived at [REDACTED] after speaking to [REDACTED] who requested for DCS assistance. Upon arriving at [REDACTED] Investigator [REDACTED] spoke to [REDACTED] and [REDACTED] who explained that 911 had received a call regarding six week old [REDACTED]. Also at the [REDACTED] was [REDACTED] and [REDACTED] of the [REDACTED] Judicial District Attorney's office.

[REDACTED] explained to Investigator [REDACTED] that they had received a 911 call stating that six week old [REDACTED] was blue, cold and lifeless. It was reported that the mother [REDACTED] father [REDACTED] and step grandfather [REDACTED] were present when EMS and police arrived to the home at [REDACTED]. It was reported that the parents were calm and that the mother reported that she had fed the infant one hour prior to waking up and the child was not breathing. Further, the mother reported that [REDACTED] was between her and Mr. [REDACTED]. It was reported that Mr. [REDACTED] stated that he was asleep the whole time but upon waking up he attempted to do chest compression's. [REDACTED] explained that the parents reported that they called the grandparents who told them to call 911. When Mr. [REDACTED] arrived it was reported that the parents had not called 911 stating that they did not know the address. Further it was reported that the infant's core temperature was 91 degrees when EMS arrived. Further, it was reported that [REDACTED] had blood coming out of her nose. [REDACTED] reported that Detective [REDACTED] had obtained photographs of [REDACTED] at [REDACTED] where the child had been pronounced dead. [REDACTED] explained that the parents reported that the infant had been flown via helicopter to [REDACTED] in mid-February after falling off the couch and obtaining injuries. It was reported that these injuries occurred while at the grandparents' home in [REDACTED].

Investigator [REDACTED] completed an extensive search through TFACTS to locate any family history. No history was located regarding any previous allegations regarding [REDACTED] records from [REDACTED] regarding [REDACTED] were obtained at this time and have been placed within the file.

District Attorney [REDACTED] arrived at the Police station as well as TBI [REDACTED]



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Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] and [REDACTED] did a preliminary interview with Ms. [REDACTED] at this time. Officer [REDACTED] and [REDACTED] interviewed [REDACTED] at this time. Investigator [REDACTED] and [REDACTED] interviewed the step grandfather [REDACTED] at this time.

Detective [REDACTED] explained to Mr. [REDACTED] his rights at this time and consented to his home being searched by law enforcement. Mr. [REDACTED] explained that he works third shift and had got off work this morning and went to sleep around 7AM. He reported that his wife woke him up to go meet a gentleman about renting another property. He reported that he and his wife were at the [REDACTED] when he received a call from [REDACTED] and was told his wife was told that [REDACTED] was not breathing. He reported that they were told to call 911. He reported that he dropped his wife off at her mother's house two doors down and when he got to the home he asked if they called 911 and they stated that they did not because they didn't know the address.

Mr. [REDACTED] reported that they do not normally live with them but stated that they had come up on Saturday to allow [REDACTED] to spend time with [REDACTED]. He reported that the [REDACTED] normally live in [REDACTED] with their other grandparents. Mr. [REDACTED] told the Detective that he did not hold the baby much. He reported that he did not see any marks on the infant. He stated that his wife had told him that the baby was up crying the night before last but he believed that the infant had just got her days and nights mixed up.

Mr. [REDACTED] was questioned regarding the incident that happened in February. He reported that [REDACTED] was working at the [REDACTED] in [REDACTED] and had been picked up by [REDACTED] and [REDACTED]. He stated that [REDACTED] had the child. He reported that he did not suspect any foul play and stated that Ms. [REDACTED] would not cover up anything for Ms. or Mr. [REDACTED]. Mr. [REDACTED] reported that he was told by his wife that it was a small bleed and was told that the injury would heal itself. He reported that [REDACTED] was at [REDACTED] for approximately 24 hours. Mr. [REDACTED] denied that he had seen anyone being aggressive with the baby or that he was concerned that someone had been. He reported that his wife had never talked about any concerns but his wife had griped about the baby sleeping in the bed. Mr. [REDACTED] explained that he and his wife had told them not to sleep in the bed with the baby. Mr. [REDACTED] told the Detective that he didn't know if one of the parents rolled over on the baby. He reported that he did not particularly like [REDACTED] because he was not supporting his family. Mr. [REDACTED] told the detective that Mr. [REDACTED] has health problems including blood pressure, heart problems and may have seizures.

Mr. [REDACTED] reported that he found it odd that the baby was bleeding from the nose and that concerned him. He reported that [REDACTED] had told him he tapped the baby on the face to try to get her to wake up. Investigator [REDACTED] and Detective [REDACTED] thanked Mr. [REDACTED] for speaking at this time.

Investigator [REDACTED] visited [REDACTED] at approximately 3:00PM with [REDACTED] as well as [REDACTED] CM [REDACTED] observed the back bedroom of the home. CM [REDACTED] observed what appeared to be a blue queen size mattress with no sheets. The bed was in the corner of the room with the right side of the bed pushed up against the exterior wall. On top of the mattress were two pillows and a couple of blankets. Investigator [REDACTED] observed three blood stains on the left side of the mattress approximately eighteen inches from the side and eighteen inches from the top of the mattress. According to [REDACTED] the infant was located near the blood stains. CM [REDACTED] observed a bassinet approximately two feet from the end of the bed. CM [REDACTED] obtained photographs of the bedroom and have placed them within the file.

[REDACTED] of the [REDACTED] Judicial District Attorney's office and [REDACTED] of the Tennessee Bureau of Investigation interviewed the mother, [REDACTED] on March 2, 2015 at approximately 2:30PM. Ms. [REDACTED] reported that she as well as her husband [REDACTED] and [REDACTED] had been staying with her mother [REDACTED] and her step father [REDACTED] at [REDACTED] since Saturday, February 28, 2015. She reported that they live with her grandparents at [REDACTED]. Ms. [REDACTED] reported that she and Mr. [REDACTED] had gone to sleep around midnight on the night prior. She reported that she woke up around 3AM to [REDACTED] crying. Ms. [REDACTED] told investigators that she made the infant a bottle of formula. Ms. [REDACTED] reported that she initially placed the infant to sleep in the bassinet that was next to the bed but due to the infant continuing to cry she placed the child on the bed. Ms. [REDACTED] told investigators that [REDACTED] was lying on her back and that she was lying on her side with [REDACTED] on her arm. Ms. [REDACTED] told investigators that when she woke up on 3/2/2015 [REDACTED] was underneath her. She reported that she was on her stomach on top of [REDACTED] when she awoke. Ms. [REDACTED] reported that her husband attempted to do compression's on the infant's chest and blood came out of the infant's nose. Ms. [REDACTED] told investigators that the last time she observed [REDACTED] alive was around 3AM on March 2, 2015.

[REDACTED] was interviewed on March 2, 2015 by [REDACTED] and Detective [REDACTED]. Mr. [REDACTED] reported that [REDACTED] and he all went to sleep the night prior around 1AM-2AM. Mr. [REDACTED] denied that he woke up at any time in the night. Mr. [REDACTED] reported that when he woke up around 10:30AM on March 2, 2015 he reported that Ms. [REDACTED] told him that [REDACTED] was not breathing. Mr. [REDACTED] reported that he pushed on [REDACTED] chest two or three



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Case Status: Close

Organization: [REDACTED]

times trying to get her to breath and blood started to come out of the right side of her nose. He reported that he shook her head a couple of times trying to get her to breath. Mr. [REDACTED] reported that Ms. [REDACTED] called [REDACTED] on his telephone, she did not answer so she called [REDACTED]. Mr. [REDACTED] reported that he told spoke to [REDACTED] on Mr. [REDACTED] phone and told her that [REDACTED] was dead. He reported that Mr. [REDACTED] came running in the house minutes later and called 911. Mr. [REDACTED] reported that the last time he observed [REDACTED] alive was between 1AM-2AM on March 2, 2015.

Investigator [REDACTED] spoke to [REDACTED] on this date. She reported that she is [REDACTED] mother and the grandmother of [REDACTED]. She reported that she has four children, [REDACTED] and [REDACTED]. She reported that her oldest children are with their father [REDACTED] in [REDACTED] and [REDACTED] whose father is [REDACTED] is with her mom and had been since the day prior. Ms. [REDACTED] denied that she had any previous DCS history. She reported that [REDACTED] was with her other grandmother in February when she was transported to [REDACTED]. Ms. [REDACTED] denied that the parents were present during that and denied that she suspected someone to intentionally harm the infant. Ms. [REDACTED] reported that she had told [REDACTED] that [REDACTED] could not sleep in the same bed and reported that she had got [REDACTED] out of the parent's bed the morning prior and laid her in her bassinet. Investigator [REDACTED] thanked Ms. [REDACTED] for speaking.

Investigator [REDACTED] spoke to [REDACTED] and [REDACTED] privately on this date. Investigator [REDACTED] explained all forms and engaged the family during the paperwork process. Mr. and Ms. [REDACTED] signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form and the Notice of Equal Access to Programs and Services. The signed acknowledgements of such and copies have been placed into the file. Mr. [REDACTED] reported that [REDACTED] went to doctor in [REDACTED] but was unsure who the doctor was. He reported that they received approximately 500 dollars in food stamps as well as WIC. Mr. [REDACTED] denied that there was any domestic violence in the home. He reported that he and [REDACTED] got into arguments but denied anything was physical. He reported that he and his wife "wrestle" and "scuffle" but stated that he wouldn't hurt his wife. Mr. [REDACTED] reported that he was arrested once but those charges were dropped. He reported that this occurred in [REDACTED] approximately one year prior. Mr. [REDACTED] reported that he was in foster care when he was six to seven years old until his grandmother obtained custody. He reported that his grandmother raised him and that his mother died in 2009 and father died in 2013. Mr. [REDACTED] denied that he was using any drugs. He reported that he smoked and dipped tobacco. He reported that he was supposed to take blood pressure medicine but usually did not. Mr. [REDACTED] submitted to a urine drug screen administered by Investigator [REDACTED] and was negative for all substances.

CM [REDACTED] spoke to Ms. [REDACTED] at this time. She reported that [REDACTED] pediatrician was [REDACTED] and on [REDACTED]. She reported that she, her husband and [REDACTED] lived in [REDACTED] but had been staying with her mother the past weekend. Ms. [REDACTED] denied that she used any drugs. Ms. [REDACTED] agreed to submit to a urine drug screen and was negative for all substances. Ms. [REDACTED] agreed that she has support from her family and church to help her through this. CM [REDACTED] gave Ms. [REDACTED] Investigator [REDACTED] card if she had any questions or needed assistance.

Narrative Type: Addendum 1 Entry Date/Time: 03/07/2015 03:52 PM Entered By: [REDACTED]

Please note the following from DCS Policy 14, Work Aid 2 Child Protective Service Task by Allegation in the section for Child Death-Near Death:

Note: It is not required for the DCS case manager to observe the deceased child

CM [REDACTED] did not observe the deceased child.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/02/2015 Contact Method:
 Contact Time: 11:34 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/07/2015
 Completed date: 03/07/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/07/2015 01:05 PM Entered By: [REDACTED]

Child Protective Service Investigator (CPSI) [REDACTED] notified [REDACTED] that he had been notified by Law Enforcement (LE) in [REDACTED] that there was a possible Child Death that will be reported. CPSI [REDACTED] informed [REDACTED] that there was limited information at this time and that he would call back to give more information once he had it. [REDACTED] instructed CM [REDACTED] to make sure that he was present for interviews and to make sure that the referral was actually called in to the Child Abuse Hotline.

[REDACTED] notified [REDACTED] by email about the possible Child Death that would be called into the Child Abuse Hotline.

Next Steps: CPSI to be present with LE interviews with family. Assess for safety of any other children/siblings.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/02/2015

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/06/2015

Completed date: 03/06/2015

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: 03/06/2015 10:42 AM Entered By: [REDACTED]

Case Summary

DCS Child Abuse Hotline received a referral for a Child Death. This referral was assigned to CPSI [REDACTED] as a P-1 on 03/02/2014 this date with response due 03/03/2015 by 11:30 am. Notification to the Judge and District Attorney Office will be made per local protocol. The District Attorney's office has already been involved in the case. Reporter did not request a notification.

Number of Screen Outs: None found

History (not listed above): Yes

No history was found on anyone in the home with the exception of [REDACTED] TFACTS lists a [REDACTED] as a child in DCS custody from 7-28-2001 until 8-10-2004. This was out of [REDACTED] [REDACTED] has an extensive history as an alleged child victim through Case ID # [REDACTED] and # [REDACTED] [REDACTED] was listed as the Alleged Perpetrator on the following cases.
 9-9-2010/Case ID # [REDACTED]/SEE/Unsubstantiated ACV was [REDACTED] AP was [REDACTED]
 3-11-2008/Case ID # [REDACTED]/SEE/Unsubstantiated ACV was [REDACTED] AP was [REDACTED]

The child is not in state custody.

The Referral reads:

[REDACTED] (1 month) lived with her parents, [REDACTED] and [REDACTED] grandparents are [REDACTED] and [REDACTED] [REDACTED] called 911 this morning because [REDACTED] was turning blue, cold, and lifeless. It is unknown if [REDACTED] was breathing or had a pulse at the time. [REDACTED] has been pronounced dead. It is unknown what time she was pronounced dead and if it was at home or the hospital. [REDACTED] father [REDACTED] attempted CPR on her before an EMT got to the home. [REDACTED] was home in bed with the parents when they found her. The mother said about an hour before calling 911 she had been up and feeding [REDACTED] It is unknown if she breastfed her or gave her formula. The



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

mother, father, and [REDACTED] were visiting the grandparents' home at this time. [REDACTED] was lying in between the mother and father in the bed. It is unknown if one of them may have rolled over on her. The parents actually live in [REDACTED] but were in [REDACTED] when [REDACTED] died at the grandparent's home. Law Enforcement called DCS to inform them of the death. An autopsy will be conducted. The parents have no other children but [REDACTED] and [REDACTED] have four children who live their home. Their names are [REDACTED] (age 7), [REDACTED] (age 5), [REDACTED] (age 4), and [REDACTED] (age 2). All four of these children were visiting other relatives and were not in the home at the time of the death. The DCS case manager has not been to the home yet and has not been able to interview the family. The police are currently interviewing the family. It is unknown if the parents have any additional information as to the cause of [REDACTED] death. It is unknown if [REDACTED] was lying on her back, side, or stomach when found. It is unknown what the current condition of the home environment is at this time. It is unknown if there are any hazards in the home which could have caused serious injury or death. There is no known history of any other children dying or suffering serious injuries in the home. There are no patterns of neglect in the home as far as the reporter knows. Neither the parents nor the grandparents have a history with the police. The reporter has never been in the home. The investigation has already been initiated and the District Attorney and the TBI are involved.

Per SDM: Investigative Track, P 1, Neglect Death / [REDACTED] CM 2 on 3-2-15 @ 3:38 P.M.

[REDACTED] County paged at 3:40 P.M.

Email notification sent to [REDACTED]

[REDACTED] and the [REDACTED] email notification group.

[REDACTED] 03-02-15 03:45:42 PM [REDACTED] 03-02-15 03:46:49 PM [REDACTED] Received



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SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 3/2/15 11:30 AM

Date of Assessment: 3/2/15 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 1

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.



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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): The child is deceased.

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.



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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: _____