



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 08/25/2013 11:20 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 08/25/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 08/26/2013 07:09 AM
First Team Leader Assigned [REDACTED] Date/Time 06/27/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 06/27/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	7 Yrs (Est)	Physical Abuse	Yes	[REDACTED]	Birth Mother
[REDACTED]	7 Yrs (Est)	Physical Abuse	Yes	[REDACTED]	Other Non-relative
[REDACTED]	5 Yrs (Est)	Physical Abuse	Yes	[REDACTED]	Birth Mother
[REDACTED]	5 Yrs (Est)	Physical Abuse	Yes	[REDACTED]	Other Non-relative
Unknown Participant [REDACTED] Unknown	1 Yr 7 Mos	Physical Abuse	Yes	[REDACTED]	Birth Mother
Unknown Participant [REDACTED] Unknown	1 Yr 7 Mos	Physical Abuse	Yes	[REDACTED]	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: [REDACTED]
Notification: Letter
Narrative: TFACTS: Yes, extensive history
Family Case IDs: [REDACTED] [REDACTED]
Open Court Custody/FSS/FCIP: No
Prior INV/ASMT of Abuse: Yes



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

Prior INV/ASMT of Neglect: Yes
Prior INV/ASMT of both Abuse & Neglect: Yes
Screen Outs: 11

Open: # [REDACTED] NUN, PYA, DEI/ 6-25-13/ CM [REDACTED]

Indicated: # [REDACTED] DEC/ 2-4-12/ [REDACTED]
[REDACTED] MDM/ 6-14-01/ [REDACTED]

County: [REDACTED]
Notification: Letter
School/ Daycare: None
Native American Descent: None
Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] (6), [REDACTED] (4), and Unknown (2 months) live with their mother, [REDACTED]. Also in the home is [REDACTED] fiancé, [REDACTED].

Today there was a fire in the home. [REDACTED], and the 2 month old were downstairs and noticed the fire. [REDACTED] tried to get [REDACTED] and [REDACTED] from upstairs, but he ended up jumping out of a window. [REDACTED] and [REDACTED] were trapped in the home for some period of time. There is a possibility of a meth lab or bomb being involved in the explosion. It is unknown at this time why this is suspected.

[REDACTED], and [REDACTED] are in the hospital now. [REDACTED] and [REDACTED] are believed to be stable, but are in a trauma room. [REDACTED] and the baby are at the hospital.

[REDACTED] is currently on probation for a bomb threat. [REDACTED] is prescribed Subutex.

Law enforcement is requesting immediate DCS assistance to the [REDACTED] Hospital. The detective working the case is [REDACTED].

No special needs or disabilities are known.

NOTE: The complete address for the family is unknown.

Per SDM: Investigative Track / P1, LE requesting immediate assistance. - [REDACTED] CM 3 on 8-25-13 at 11:46 A.M.

[REDACTED] County paged at 11:46 A.M. Event [07]Group Started ([REDACTED] / [REDACTED]) Status: [07]Group Started, [REDACTED] 2_ [REDACTED] #1

[REDACTED] paged again at 12:00 P.M. Event [07]Group Started ([REDACTED]), Status: [07]Group Started, [REDACTED] 2_ [REDACTED] #1

@ 12:18 PM- [REDACTED] responded and was notified of the intake. CM2 [REDACTED]



**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: 25 Yrs

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:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 7 Yrs (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 5 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 23 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 1 Yr 7 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 08/25/2013

Assignment Date: 06/27/2013

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/25/2013
2	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/25/2013
3	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/25/2013
4	[REDACTED]	[REDACTED] [REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED] [REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 10/25/2013
5	[REDACTED]	[REDACTED] [REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED] [REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 10/25/2013
6	[REDACTED]	[REDACTED] [REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED] [REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 10/25/2013
7	[REDACTED]	[REDACTED] [REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED] [REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 10/25/2013
8	[REDACTED]	[REDACTED] [REDACTED]	Drug Exposed Infant	[REDACTED]	[REDACTED] [REDACTED]	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED] 10/25/2013
9	[REDACTED]	[REDACTED] [REDACTED]	Physical Abuse	[REDACTED]	[REDACTED] [REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/25/2013



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

Case Name : ██████████

Investigation ID: ██████████

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
10	██████████	██████████	Physical Abuse	██████████	██████████	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	██████████
		██████████			██████████			10/25/2013
11	██████████	██████████	Physical Abuse	██████████	██████████	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	██████████
		██████████			██████████			10/25/2013
12	██████████	██████████	Lack of Supervision	██████████	██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████
		██████████			██████████			10/25/2013
13	██████████	██████████	Lack of Supervision	██████████	██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████
		██████████			██████████			10/25/2013
14	██████████	██████████	Drug Exposed Child	██████████	██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████
		██████████			██████████			10/25/2013
15	██████████	██████████	Drug Exposed Child	██████████	██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████
		██████████			██████████			10/25/2013
16	██████████	██████████	Drug Exposed Infant	██████████	██████████	Allegation Substantiated / Perpetrator Substantiated	No	██████████
		██████████			██████████			10/25/2013

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: This case has been investigated and allegations will be indicated and perpetrators will be indicated.

D. Case Workers

Case Worker: ██████████

Date: 10/25/2013

Team Leader: ██████████

Date: 10/25/2013

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:



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]

On 8/25/13, the alleged child victims were observed by CM [REDACTED], the CM on call, at [REDACTED] Medical Center. the infant, [REDACTED] appeared healthy and with no visible marks or bruises. [REDACTED] and [REDACTED] were both admitted to [REDACTED] Hospital in [REDACTED], due to excessive smoke inhalation. They were later released to [REDACTED] and [REDACTED] on 8/31/13.

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

On 8/26/13, this CM received a copy of the police report stating that marijuana plants and drug paraphernalia were found in the basement bedroom of [REDACTED] and [REDACTED]. On, 8/26/13, this CM spoke with detective [REDACTED] who stated that charges would be filed on [REDACTED] and [REDACTED] for child endangerment. There were also pending charges of drug possession due to the marijuana plants on the residence. On 9/12/13, [REDACTED] and [REDACTED] were interviewed at the [REDACTED]. They both disclosed that they were consistently left upstairs by themselves.

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

On 8/26/13, this CM interviewed [REDACTED] denied the allegations of lack of supervision. [REDACTED] believes that she adequately watches her children. [REDACTED] denied that there was drug paraphernalia and states that the police put the items there. This CM has not addressed the allegations with [REDACTED], as he has cancelled two scheduled meetings with this CM.

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

Reporter states: [REDACTED] (6), [REDACTED] (4), and Unknown (2 months) live with their mother, [REDACTED]. Also in the home is [REDACTED] fiancé, [REDACTED]. Today there was a fire in the home. [REDACTED] and the 2 month old were downstairs and noticed the fire. [REDACTED] tried to get [REDACTED] and [REDACTED] from upstairs, but he ended up jumping out of a window. [REDACTED] and [REDACTED] were trapped in the home for some period of time. There is a possibility of a meth lab or bomb being involved in the explosion. It is unknown at this time why this is suspected. [REDACTED] are in the hospital now. [REDACTED] and [REDACTED] are believed to be stable, but are in a trauma room. [REDACTED] and the baby are at the hospital. [REDACTED] is currently on probation for a bomb threat. [REDACTED] is prescribed Subutex. Law enforcement is requesting immediate DCS assistance to the [REDACTED] Hospital. The detective working the case is [REDACTED].

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

There is no other information to support the allegations.

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: 11/01/2013 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 11/01/2013
 Completed date: 11/01/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/01/2013 03:18 PM Entered By: [REDACTED]

Date: 11/1/13

Purpose: Case Review for Closure

TL [REDACTED] reviewed this case for closure. The following tasks were completed on the dates indicated and documented by TL as directed by the CPS Corrective Action Plan.

Date of Referral: 6/25/13 & 8/25/13

Initial Notification to Juvenile Court: 6/26/13 & 8/26/13

Notification to DA: 6/26/13 & 8/26/13

Law Enforcement Notification: 6/26/13 & 8/26/13

[REDACTED] Notification: 6/26/13 & 8/26/13

SDM Safety Assessment: 6/26/13 result Safe, 8/26/13 result Conditionally Safe

FAST: 8/28/13 result Moderate Intensity

Administrative Reviews: 11/1/13

CS-0740 Sent to [REDACTED] County, [REDACTED] Juvenile Court: 11/1/13

Other tasks completed include: genogram updated, background and internet checks, FFA, IPA, EHS, CFTM, CPIT, drug screens, hair follicle testing, Court, notification of near fatality, Police Report, Photographs of fire damage, diligent search for father, referral for [REDACTED] in-home services, [REDACTED] and [REDACTED] referrals, [REDACTED] Linkage.

Case opened for FSS to continue monitoring.

Letter A and Attachment mailed to indicated perpetrators certified USPS this date.

Closure Date: 11/1/13

File will be placed in closed file room under the name of the caregiver, [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:	10/25/2013	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/25/2013
Completed date:	10/25/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 10/25/2013 02:16 PM Entered By: [REDACTED]

This case is being submitted for closure on this day; October 25, 2013 to TL [REDACTED]. The 740 will be forwarded to the appropriate designees per local protocol by TL [REDACTED]. See below for a summary of the 740 Classification of this assessment.

This case has been investigated and allegations will be indicated and perpetrators will be indicated.

On 8/25/13, the alleged child victims were observed by CM [REDACTED], the CM on call, at [REDACTED] Medical Center. the infant, [REDACTED] appeared healthy and with no visible marks or bruises. [REDACTED] and [REDACTED] were both admitted to [REDACTED] Hospital in [REDACTED], due to excessive smoke inhalation. They were later released to [REDACTED] and [REDACTED] on 8/31/13.

On 8/26/13, this CM received a copy of the police report stating that marijuana plants and drug paraphernalia were found in the basement bedroom of [REDACTED] and [REDACTED]. On, 8/26/13, this CM spoke with detective [REDACTED] who stated that charges would be filed on [REDACTED] and [REDACTED] for child endangerment. There were also pending charges of drug possession due to the marijuana plants on the residence. On 9/12/13, [REDACTED] and [REDACTED] were interviewed at the [REDACTED]. They both disclosed that they were consistently left upstairs by themselves.

On 8/26/13, this CM interviewed [REDACTED] denied the allegations of lack of supervision. [REDACTED] believes that she adequately watches her children. [REDACTED] denied that there was drug paraphernalia and states that the police put the items there. This CM has not addressed the allegations with [REDACTED], as he has cancelled two scheduled meetings with this CM.



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: 10/24/2013

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:46 PM Entered By: [REDACTED]

This CM went to court for the scheduled 30 day hearing. [REDACTED] and [REDACTED] were present with [REDACTED] mother, [REDACTED]. Before the hearing, this CM presented [REDACTED] with the court petition and order, as well as the noncustodial permanency plan. [REDACTED] stated that [REDACTED] had given [REDACTED] a copy. [REDACTED]'s assigned attorney was [REDACTED]. Mr. [REDACTED] approached this CM. He stated that his client requested unsupervised overnight visitation at [REDACTED] home. This CM explained to Mr. [REDACTED] that would be a concern as [REDACTED] lived next door to [REDACTED] and [REDACTED] while the pot plants were in the home. Also she was aware that there was a serious lack of supervision issue, and felt that her video cameras were enough supervision of little [REDACTED]. The 30 day was reset for December 19 at 9:30 am. [REDACTED] requested a court appointed 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: 10/23/2013 Contact Method: Face To Face
 Contact Time: 09:45 AM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 10/25/2013
 Completed date: 10/25/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): ACV Interview/Observation,Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:34 PM Entered By: [REDACTED]

This CM went to [REDACTED] and [REDACTED] home to visit with them, [REDACTED] and [REDACTED] invited this CM into his home. The home was very neat and clean. [REDACTED] was holding [REDACTED] [REDACTED] had gotten so big. She appeared very content and healthy. She was wearing clothing that was appropriate for the weather. [REDACTED] was sitting on the couch watching a tv program. [REDACTED] appeared very healthy and was wearing clothing that was adequate for the weather. [REDACTED] addressed this CM. He stated that he was doing really well. This CM told [REDACTED] that she had been to see [REDACTED] at school earlier. This CM stated that she heard he was going to be a ninja for halloween. [REDACTED] stated that he was going to be spider man for Halloween. [REDACTED] stated that they were working on getting costumes. [REDACTED] and [REDACTED] stated that they were both enjoying the kids so much. They were nervous about the court hearing scheduled for today. They did not want the kids to leave. [REDACTED] stated that they were willing to keep the children in thier care as long as need be. She stated that they were all doing really good. [REDACTED] and [REDACTED] stated that [REDACTED] was a very content little baby. They stated that she eats really well, adn sleeps well. [REDACTED] stated that she had gone to DHS and they only qualified for WIC and TN Care. She stated that she and [REDACTED] made too much money for child care or food stamps. [REDACTED] stated that her and [REDACTED] employment has worked well with them to provide them with schedules which allow one of them to be home with the children. She stated that if they work overtime then [REDACTED] sister help with the children. [REDACTED] showed this CM some of [REDACTED] school work that she had saved. [REDACTED] stated that she had gone to [REDACTED] parent teacher conference 2 weeks ago. She stated that when [REDACTED] started at [REDACTED] he could not even do kindergarten work. She stated that now he is doing well over first grade work. [REDACTED] stated that [REDACTED] does very well at school. She stated that he his in a Thanksgiving play and he is going to be a Turkey. [REDACTED] and [REDACTED] stated that [REDACTED] and [REDACTED] have visited with the children on 10/9 and 10/19. [REDACTED] stated that on 19th visit, [REDACTED] came into the house and sat on the couch with the children for a whole 35 minutes before [REDACTED] came in. [REDACTED] had told them that [REDACTED] had a headache and was in the car. [REDACTED] stated that [REDACTED] appeared like she was sleepy or something. She stated that they were only at thier home for about 30 minutes more before they left. [REDACTED] and [REDACTED] informed this CM that [REDACTED] and [REDACTED] were recently arrested. They believed it was for stealing [REDACTED] uncles car and for drug possession, but they were not sure. [REDACTED] stated that [REDACTED] had told them that the charges were going to be dropped. [REDACTED] and [REDACTED] stated that they would both be at court today at 2 PM. They informed this CM that she was welcome



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization | [REDACTED]

to come by thier home anytime.



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: 10/23/2013

Contact Method: Face To Face

Contact Time: 08:25 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/25/2013 01:22 PM Entered By: [REDACTED]

This CM met with [REDACTED] at [REDACTED] Elementary School. [REDACTED] appeared very healthy and did not have any unusual marks or bruises. [REDACTED] was adequately dressed. [REDACTED] stated that he and his brother and sister were doing really well. He stated that he wanted to be a blue ninja for halloween. [REDACTED] stated that [REDACTED] was going to be a black Ninja. [REDACTED] stated that he and [REDACTED] still share a room. [REDACTED] stated that his mamaw gets him up for school and that he rides the bus home every day. He stated that he liked his new school better than [REDACTED] School. [REDACTED] stated that he liked living with his mawmaw and papaw.



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: 10/21/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:18 PM Entered By: [REDACTED]

This CM received a phone call from [REDACTED]. SHE stated that [REDACTED] and [REDACTED] just left her home. She stated that they had gone to a friend's home. [REDACTED] informed this CM that they were not staying with her, but with a friend. [REDACTED] did not know where the friend lived, their name, or contact information. She stated that she knew that [REDACTED] phone did not have any minutes. [REDACTED] stated that she had told them that this CM had left them a message. [REDACTED] stated that they were planning on attending the court hearing on October 24 at 2.



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: 10/21/2013

Contact Method: Phone Call

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:15 PM Entered By: [REDACTED]

This CM called [REDACTED] phone number asking her if [REDACTED] and [REDACTED] were staying with her and asking her to have them contact this CM.



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: 10/21/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:14 PM Entered By: [REDACTED]

This CM attempted to contact [REDACTED] by both a phone call and a text message requesting her to contact this CM. This CM did not receive a response.



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: 10/08/2013

Contact Method: Phone Call

Contact Time: 12:43 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:10 PM Entered By: [REDACTED]

This CM received text message from [REDACTED] apologizing for missing an appointment that was scheduled for 10/7.



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: 09/30/2013

Contact Method: Attempted Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:48 PM Entered By: [REDACTED]

[REDACTED] and [REDACTED] did not show up for thier scheduled appointment with this CM.



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: 09/25/2013

Contact Method: Phone Call

Contact Time: 09:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2013 11:21 AM Entered By: [REDACTED]

This CM contacted [REDACTED] and left a message asking her to contact this CM.



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: 09/25/2013

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2013 11:20 AM Entered By: [REDACTED]

This CM contacted one of the secretaries at [REDACTED] Health. She informed this CM that they do keep a record of when an individual would call to give information or to schedule an intake. The secretary stated that their records showed that [REDACTED] had called Monday, September 23, to give her information, that she called yesterday, 9/24, and was told to call back today. The secretary stated that at the present time they have an availability for an intake for today and if [REDACTED] called she could schedule.



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: 09/24/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2013 11:17 AM Entered By: [REDACTED]

This CM contacted [REDACTED]. She informed this CM that she and [REDACTED] had submitted to their hair follicles this morning at 9 am. She stated that they were scheduled to meet with someone from [REDACTED] for their parenting assessment later today. [REDACTED] stated that she was having difficulty getting and intake at [REDACTED] for their A&D assessments and Mental Health Assessments. [REDACTED] stated that she and [REDACTED] have received notification that they were no longer have TN Care after the month of September because the children are no longer in their care. This CM explained to [REDACTED] that the month was not over yet, and she still had time. [REDACTED] stated that she had called this morning and she was instructed to again call tomorrow morning.

Narrative Type: Addendum 1 Entry Date/Time: 10/25/2013 01:09 PM Entered By: [REDACTED]

This CM informed [REDACTED] that this CM needed to meet with her and [REDACTED]. A visit was scheduled to take place at the office on 9/30.



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: 09/24/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:08 PM Entered By: [REDACTED]

This CM contacted [REDACTED] and inquired to her about her and [REDACTED] A&D assessments. [REDACTED] stated that she has attempted to contact [REDACTED] on several different occasions and has been told to call back. [REDACTED] stated that [REDACTED] had met with her and [REDACTED] yesterday to do parenting assessment and he stated that he could do that if DCS did a PSG to pay for it. This CM explained to [REDACTED] that at the CFTM that was done on 9/4/13, this CM had offered to do referrals for the assessments and she had stated that she wanted [REDACTED] to do them, and she had agreed to follow through with that. [REDACTED] stated that the problem is that their TN Care is ending at the end of September because the kids are not in their custody. This CM informed [REDACTED] that she was aware of the need for the assessment in the beginning of September. This CM stated that at this time DCS could not do a PSG.



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: 09/24/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:03 PM Entered By: [REDACTED]

On this date [REDACTED] and [REDACTED] had thier hair follicles done. [REDACTED] results showed that she tested negative for every substance on the five panel test. [REDACTED] tested positive for Opiates, Hydros and Oxys. Due to his current burn injuries that result is plausible.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/12/2013

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

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

Contact Type(s): ACV Interview/Observation, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2013 11:24 AM Entered By: [REDACTED]

On this date, [REDACTED] and [REDACTED] were forensically interviewed at the [REDACTED] by Forensic Interviewer, [REDACTED].
 A note of the interview will later be entered.

[REDACTED] appeared healthy and was adequately dressed.

[REDACTED] appeared healthy and was adequately dressed.

After the interview this CM met with [REDACTED]. She stated that [REDACTED] was home with her daughter [REDACTED]. She reported that [REDACTED] was doing great in school, and that [REDACTED] behaviors were improving at home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview, Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2013 11:37 AM Entered By: [REDACTED]

On this date the CFTM took place at the DCS office in [REDACTED] Present: CM [REDACTED] TL [REDACTED], CM [REDACTED], [REDACTED] It was discussed that [REDACTED] is still in the hospital in [REDACTED] [REDACTED] thought she was going back to [REDACTED] tomorrow to be with [REDACTED] but [REDACTED] reported that [REDACTED] mother, was attempting to make arrangements for [REDACTED] to be transferred to a facility in [REDACTED] where he can be taken care of and be closer to home. [REDACTED] reports that she is living with her grandmother, [REDACTED] at [REDACTED]. She stated that [REDACTED] number is [REDACTED] and [REDACTED] # is [REDACTED] [REDACTED] and [REDACTED] report that the children are doing really well. They have more than enough clothes for the children. [REDACTED] is doing really well in school. [REDACTED] is sleeping well through the night. [REDACTED] and [REDACTED] stated that they have some minor behavior issues with [REDACTED] but they feel he is improving.

The action steps of the non custodial perm plan are as follows: [REDACTED] and [REDACTED] will have parenting assessments and follow all recommendations; [REDACTED] and [REDACTED] will have mental Health Assessments and follow all of the recommendations; [REDACTED] and [REDACTED] will have A&D assessments and follow all recommendations; [REDACTED] and [REDACTED] will acquire adequate housing for the children; and [REDACTED] and [REDACTED] will submit to hair follicle analysis.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/04/2013

Contact Method: Phone Call

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/25/2013 11:41 AM Entered By: [REDACTED]

This CM received a phone call from [REDACTED] stated that she was just talking with [REDACTED] and going over the perm plan. [REDACTED] wanted to know how [REDACTED] was supposed to do the Action Steps of the the plan when he is in [REDACTED]. This CM explained to [REDACTED] that obviously it will take [REDACTED] some time to complete and attempt to start some of the actions steps. This CM explained that health is taken into consideration. [REDACTED] informed this CM that she is in the process of trying to find a facility for [REDACTED] to transfer to to assisst with his care. She stated that he wants to come home. This CM asked [REDACTED] for her to keep this CM informed of his progress, and explained that when [REDACTED] is up to talking or if he had any questions, he can contact this CM.



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: 09/03/2013

Contact Method: Face To Face

Contact Time: 03:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Caretaker Home

Created Date: 09/25/2013

Completed date: 09/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2013 11:49 AM Entered By: [REDACTED]

This CM went to [REDACTED] and [REDACTED]' residence. The home was more than adequately clean and there were no visible safety hazards. The family and the children were sitting in the living room. [REDACTED] was sitting in a baby bouncy seat sleeping. [REDACTED] daughter, [REDACTED] was also present. [REDACTED] and [REDACTED] immediately want to show this CM their room. They both had Angry Bird bed covers that were recently purchased. They had a 32" flat screen TV and a DVD player. [REDACTED] showed this CM that she and her daughter had painted a room purple for [REDACTED]. [REDACTED] stated that would be her bedroom.

This CM and [REDACTED] then brought into the home all of the clothes, supplies, and the crib for [REDACTED]. Both [REDACTED] and [REDACTED] were excited and went through all of thier things.

[REDACTED] and [REDACTED] explained that [REDACTED] had told them that she was leaving for [REDACTED] on Thursday and they were planning on taking the children to see her tomorrow afternoon. This CM explained that a CFTM would need to be held, and this CM suggested that one be done tomorrow at the DCS office. This CM explained that she would be in contact with [REDACTED] tonight. Both [REDACTED] and [REDACTED] stated that they would be 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: 08/30/2013

Contact Method: Attempted Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:01 PM Entered By: [REDACTED]

On this date the 3 day hearing was done for the D&N petition. [REDACTED] was still in the hospital on [REDACTED] and could not participate. [REDACTED] were called in by telephone to the court. Judge [REDACTED] was the presiding Judge. [REDACTED] asked for a court appointed attorney. The 30 day was set for October 24, 2013, at 2 PM.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2013

Contact Method:

Contact Time: 02:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original

Entry Date/Time: 10/25/2013 02:06 PM

Entered By: [REDACTED]

Expedited was approved by TL [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/26/2013 Contact Method: Face To Face
 Contact Time: 12:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 10/25/2013
 Completed date: 10/25/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Collateral Contact
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/25/2013 01:57 PM Entered By: [REDACTED]

This CM and CM [REDACTED] went to [REDACTED] and [REDACTED] residence to meet with [REDACTED] and [REDACTED]. This CM and CM [REDACTED] arrived and also present were [REDACTED] father and stepmother, [REDACTED] and [REDACTED]. This CM met with [REDACTED] and informed her that after the fire had taken place yesterday, [REDACTED] has reported that there was drug paraphernalia and pot plants found in the basement of her residence. [REDACTED] stated that she has no idea where those things came from and stated that she believed that the police had planted that stuff there. This CM stated that DCS would take the word of [REDACTED] and explained that at the present time it was necessary for another person be appointed in care of the children. At that time [REDACTED] brother got upset with this CM and got in this CM's face in a threatening manner. At that time this CM immediately contacted [REDACTED] dispatch. They stated that they would be glad to send officer's out to [REDACTED].

Once law enforcement arrived [REDACTED] was cooperative. [REDACTED] and [REDACTED] offered to help with the children at first, but after discussing the issues it was decided that it would be best if [REDACTED] and [REDACTED] take temporary custody of the children, as they were taking [REDACTED] and [REDACTED] to [REDACTED] to be with [REDACTED] and [REDACTED] had suffered some burns to her feet and hands in the fire. Also [REDACTED] had a indicated referral for physical abuse in 2006. This CM contacted CODE X to have background checks done on [REDACTED] and [REDACTED]. This CM was contacted by CODE X and informed that both [REDACTED] and [REDACTED] had no criminal history. This CM, CM [REDACTED], and [REDACTED] left and went with [REDACTED] and [REDACTED] to their mobile home to perform the expedited.



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: 08/26/2013

Contact Method:

Contact Time: 11:20 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 02:05 PM Entered By: [REDACTED]

This CM and TL [REDACTED] conferred with DCS attorney [REDACTED] about the current circumstances of this case. [REDACTED] gave permission for an IPA to be done.



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: 08/26/2013

Contact Method:

Contact Time: 10:55 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 02:03 PM Entered By: [REDACTED]

This CM received a fax from [REDACTED] of the police report stating that marijuana plants and drug paraphernalia were found in the basement of [REDACTED] and [REDACTED] home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/26/2013

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 02:01 PM Entered By: [REDACTED]

This CM contacted [REDACTED] reported that [REDACTED] and [REDACTED] were presently in hospitals in [REDACTED]. [REDACTED] stated that [REDACTED] was heading to [REDACTED] this morning with her father and stepmother. She stated that she was not sure where [REDACTED] was now, but she was coming to her home later to get some of her and [REDACTED] things. This CM asked [REDACTED] to contact this CM when she arrived.



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: 08/26/2013

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/25/2013

Completed date: 10/25/2013

Completed By: [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/25/2013 01:59 PM Entered By: [REDACTED]

This CM made several attempts at contacting [REDACTED] by phone. This CM had no success.



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:	08/26/2013	Contact Method:	Phone Call
Contact Time:	08:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/25/2013
Completed date:	09/25/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/25/2013 11:52 AM Entered By: [REDACTED]

This CM contacted [REDACTED] Hospital in [REDACTED]. This CM spoke [REDACTED], Social Worker, at the hospital. [REDACTED] stated that at the present time, both boys are still listed in critical condition. [REDACTED] has been taken off the ventilator this morning, but [REDACTED] remains on a ventilator. [REDACTED] was aware that [REDACTED] was admitted to [REDACTED] Hospital, and 40 percent of his body is covered in burns. [REDACTED] informed this CM that [REDACTED] mother, [REDACTED] and her grandmother [REDACTED], are at the [REDACTED] Hospital. [REDACTED] stated that the grandparents have stated to her that [REDACTED] cannot care for the children. This CM informed [REDACTED] that this CM has been working with [REDACTED] and her family since the end of June. This CM explained that [REDACTED] does have some issues and has been working with [REDACTED] in her home. This CM informed [REDACTED] that [REDACTED] and [REDACTED] also have some issues that they need to work on as well. [REDACTED] stated that she is starting to realize that they have issues as well. This CM and [REDACTED] exchanged contact information. [REDACTED] could be reached at [REDACTED] and her fax was [REDACTED]. [REDACTED] stated that she had spoken with [REDACTED] mother, [REDACTED] had told [REDACTED] that [REDACTED] was not taking any calls at the moment, but [REDACTED] and [REDACTED] were staying at her home. [REDACTED] stated that [REDACTED] had suffered some burn to her feet and hands. [REDACTED] gave this CM contact numbers for [REDACTED] as [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/25/2013	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	Less than 03 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	08/28/2013
Completed date:	08/28/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Alleged Perpetrator Interview, Collateral Contact, Initial ACV Face To Face, Referent Interview		

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2013 02:04 PM Entered By: [REDACTED]
 8-25-13

CM was paged at 1:00pm regarding a house fire and three children. CM was advised that the allegations are severe physical abuse. CM was advised that the family and R/S are presently at [REDACTED] Hospital. CM arrived at [REDACTED] Hospital at 1:34pm. CM was met by R/S, Officer [REDACTED] with the [REDACTED] Police Dept. Officer [REDACTED] advised that two of the children are in critical care and that the mother and baby are going to be discharged and that they are fine. He advised that the mother, [REDACTED] is meeting with Det. [REDACTED]. Officer [REDACTED] took CM to the mother's ER room where she was feeding the baby, [REDACTED] and giving a statement to Det. [REDACTED]. Det. [REDACTED] completed the statement with [REDACTED]. CM noted that [REDACTED] reported that she "and her "old man" were down stairs. She said that they smelled something and that [REDACTED] had gone upstairs to try and get the boys. She said that he could not get to them and he was burned very badly. She reported that the night before they had a "normal Saturday night and [REDACTED] cousin, [REDACTED] and his girlfriend [REDACTED] and her daughter, [REDACTED] had watched movies and talked etc. She said that she woke up and took some of her medicine and that before [REDACTED] went upstairs she told him to grab her medicine. She said that [REDACTED] had told her to get out with the baby and go to his mom's. Officer [REDACTED] advised that [REDACTED] was formerly on probation for making a bomb threat to the police dept. He said that the bomb squad is at the home presently. He said that the meth people were also coming because they suspected that there may have possibly been a meth lab. CM advised [REDACTED] of the referral to DCS. She reported that she has a case manage, [REDACTED] and that she has passed all of her drug screens. CM asked her why she is involved with DCS and she said that she was on the subutex when [REDACTED] was born. She said that [REDACTED] has given her drug screens and she denies using anything illegal. CM asked [REDACTED] to submit to a drug screen. She did and she tested positive only for the subutex. CM had her sign the Drug Screen consent and results. [REDACTED] reported to CM that she used to be "real bad addicted to lortab, Percocet and other pain medications. She admitted to former buying seboxin off the streets to try to get help.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Officer [REDACTED] advised CM that the scene had been cleared for bombs and meth lab. He reported that there were no signs of any of that in the home. Det. [REDACTED] asked [REDACTED] if there were any other problems in the home. [REDACTED] admitted that there were no smoke detectors and reported that the landlord had never installed them. She also reported that there were a few outlets that did not work and that their light downstairs had stopped working last night. She said that it was not due to a light bulb as they had tried to change it and it didn't make a difference. [REDACTED] was advised that her two eldest children would have to be transported to [REDACTED] for medical treatment as they inhaled so much smoke that there are internal problems. CM observed the two boys to be in the critical ER station with constant monitoring by a male nurse. They were unconscious. CM asked to take pictures for documentation purposes and was advised that the hospital staff would have to get consent from the mother. The nurse obtained her permission and CM took their picture for documentation purposes. Det. [REDACTED] advised that there is no evidence of anything that the parents may have done to be responsible for this tragedy.

CM completed all initial paperwork with the family.

The HIPAA form was reviewed, signed and dated.

The MRS Brochure was reviewed.

The Releases of Information was reviewed, signed and dated.

The family signed the Native American Heritage Veto Verification. The family is not Native American.

The Clients' Rights Handbook was discussed. Family signed and dated acknowledgement page and received the Handbook.

The Notification of Equal Access to Programs and Services and Grievance Procedures was reviewed signed and dated.

Household composition includes:

[REDACTED], father to [REDACTED] and to [REDACTED]

[REDACTED], mother

[REDACTED], ACV

[REDACTED], ACV

[REDACTED], ACV



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: 08/25/2013

Contact Method:

Contact Time: 11:20 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 08/28/2013

Completed date: 08/28/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/28/2013 02:09 PM Entered By: [REDACTED]

This assessment came into central intake on August 25, 2013, at 11:20 am as a P1 with the allegations being; physical abuse, the victim being [REDACTED] and the alleged perpetrators being [REDACTED] and [REDACTED]. The assessment was assigned to CM [REDACTED] on 8/26/13 at 8:30 am by TL [REDACTED]. Notification was sent to the [REDACTED] County Juvenile Court, [REDACTED] and District Attorney's office per local protocol.



Family Functional Assessment

Case Name: _____ Case ID: _____
 Primary Case Worker: _____ Begin Date: 08/27/2013
 Last Review By: _____ Last Review Date: _____

I. Current Circumstances:

A. Reason For Involvement:

08/15/2014 - _____ - FFA - Family - On August 1, 2014, the department received a referral, alleging psychological harm towards _____ by _____ and _____.

10/25/2013 - _____ - FFA - Family - On 8/26/13, DCS received a referral with allegations alleging that the children _____, and _____ were physically abused as there was a fire in the home and it was possible that it was a pipe bomb explosion or meth lab.

B. Family Story:

08/15/2014 - _____ - FFA - Family - The family denies any type of psychological harm occurring in the home. In addition, the child did not disclose any type of psychological harm occurring.

II. Assessment of Family Strengths and Needs/Risks:

A. Family Significant Strengths:

B. Family Significant Needs/Risks/Concerns:

III. Person Information:

A. Children:

02/04/2012 - _____ - FAST - _____ - Child appears developmentally delayed.

08/27/2013 - _____ - FAST - _____ is presently going into the temporary custody of his maternal grandfather and his wife.

It has been reported via the mother, that _____ has had no contact with his biological father, _____. _____ is presently a patient at _____ Hospital in _____ due to smoke inhalation that occurred during a house fire.

08/27/2013 - _____ - FAST - _____ currently in the temporary custody of her paternal grandfather and his wife, _____ and _____.

08/27/2013 - _____ - FAST - _____ is going into the temporary custody of his maternal grandfather and his wife, _____ and _____. _____ is presently a patient at _____ Hospital in _____ due to excessive smoke inhalation caused during a house fire.

B. Adults:

02/04/2012 - _____ - FAST - _____ - Domestic violence exists in the home.

02/04/2012 - _____ - FAST - _____ admits to abusing her prescriptions .

Intake ID		Decision Date / Time		Intake Type	Investigation ID/ Assessment ID
[REDACTED]		[REDACTED]		CPS	[REDACTED]
Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
04/25/2002	Court Order	Exit Custody D&N/Unruly	[REDACTED]	[REDACTED]	
10/22/2001	Court Order	Custody Removal (Initial)	[REDACTED]	[REDACTED]	

IV. Assessment of Safety:

10/05/2011 - [REDACTED] - Safety - [REDACTED]
[REDACTED] tested positive for Benzo's. A family plan has been put into place.

06/13/2012 - [REDACTED] Safety - [REDACTED],
[REDACTED] -

10/16/2012 - [REDACTED] - Safety - [REDACTED] -

11/16/2012 - [REDACTED] - Safety - [REDACTED],
[REDACTED] -

06/27/2013 - [REDACTED] - Safety - [REDACTED]
[REDACTED] -

08/27/2013 - [REDACTED] - Safety - [REDACTED],
[REDACTED] prescription for Subutex was filled on 8/23 and he was
prescribed 12. One was left on the morning of 8/25.
On 8/25/13, [REDACTED] Police Detectives found drug paraphenalia and marijuana plants in the residence where the
children and parents were living.

08/15/2014 [REDACTED] - Safety - [REDACTED]
[REDACTED] -

08/15/2014 - [REDACTED] - FFA - Family - The family denies any type of psychological harm occurring in
the home. In addition, the child did not disclose any type of psychological harm occurring.

V. Assessment of Well Being:

08/15/2014 - [REDACTED] FFA - Family - The family denies any type of psychological harm occurring in
the home. In addition, the child did not disclose any type of psychological harm occurring.

VI. Assessment of Permanence:

08/15/2014 - [REDACTED] - FFA - Family - The family denies any type of psychological harm occurring in
the home. In addition, the child did not disclose any type of psychological harm occurring.

VII. Assessment of Resources:

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	12/03/2013	12/31/2013
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	11/14/2013	11/30/2013

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Behavioral Services/ Non tennicare eligible A&D	Approved	[REDACTED]	09/10/2013	09/30/2013
[REDACTED]	Support Services/ Family Support Services	Approved	Department of Children Services	11/01/2013	02/28/2014
[REDACTED]	Support Services/ Family Support Services	Approved	[REDACTED]	08/27/2013	08/30/2013
[REDACTED]	Support Services/ Family Support Services	Approved	Department of Children Services	11/01/2013	02/28/2014
[REDACTED]	Support Services/ Family Support Services	Approved	Department of Children Services	11/01/2013	02/28/2014
[REDACTED]	Support Services/ Parenting	Approved	[REDACTED]	09/10/2013	10/15/2013
[REDACTED]	Support Services/ Assessments	Approved	DCS Central Office (FCI-TCM)	08/01/2014	08/22/2014
[REDACTED]	Support Services/ Assessments	Approved	DCS Central Office (FCI-TCM)	08/01/2014	08/22/2014
[REDACTED]	Support Services/ Assessments	Approved	DCS Central Office (FCI-TCM)	08/01/2014	08/22/2014

Worker's Signature

Date

Supervisor's Signature

Date



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]
 County: [REDACTED]
 Date of Referral: 8/25/13 11:20 AM
 Assessment Type: Initial

TN DCS Intake ID #: [REDACTED]
 Worker:
 Date of Assessment: 8/26/13 12:00 AM
 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.



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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.



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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: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 8/1/14 8:16 AM Date of Assessment: 8/15/14 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.
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13. Other (specify)

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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.
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- 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.
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Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____