



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 09/04/2013 06:34 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 09/04/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 09/04/2013 10:37 AM
First Team Leader Assigned: [REDACTED] Date/Time 09/04/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 09/04/2013 12:00 AM

Allegations

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

Referent(s)

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

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: Letter

Narrative: TFACTS:

Family Case IDs: [REDACTED]

Open Court Custody/FSS/FCIP No
Closed Court Custody - No

Open CPS - 08-07-13 [REDACTED] SEE/CM-[REDACTED]
Indicated 10-11-12 [REDACTED] SEE [REDACTED]
Fatality None
Screened Out None

History (not listed above):
03-17-07 [REDACTED] /SRP/SEE/Unfounded



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

12-03-03/[REDACTED]/LOS/Unfounded
08-07-02/[REDACTED]/ENN/DEC/SRP/Unfounded
08-07-02/[REDACTED]/SRP/DEC/ENN/08-07-02/Unable to Complete

DUPLICATE REFERRAL: No

County: [REDACTED]
Notification: Letter
School/ Daycare: Unknown
Native American Descent: None Reported
Directions: None Provided

Reporters name/relationship: [REDACTED]

Reporter states: The following child is not in DCS custody.

[REDACTED] (2months) lives with his mother, [REDACTED] and father (name unknown). There are four unknown children that also reside in the home.

Today (9/4/13), the [REDACTED] Sheriffs Department was dispatched to the family home around 6:15am due to a child that was unresponsive. The mother reports that [REDACTED] was sleeping in the bed with her, along with [REDACTED]s father. The mother stated that she woke up and found [REDACTED] unresponsive.

It is unknown if [REDACTED] had been sick prior to his mother finding him unresponsive. The referent was not aware of any visible signs of trauma. [REDACTED] was transported to [REDACTED] by ambulance where he was pronounced deceased around 7:05am today.

The attending physician has suggested an autopsy. The referent has no knowledge of prior DCS or law enforcement history with the family [REDACTED] DCS worker, [REDACTED], has arrived on scene at [REDACTED]. The referent reports that the mother and the four unknown children are currently at the [REDACTED]. The referent stated that they have limited information at this time and basically only have demographics.

This is all the information available at this time.

Note: TFACTS history shows the following children in past TFACT history: [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED] unknown DOB.

No special needs or disabilities are known.

Per SDM: Investigative Track, P1 - Child Death
[REDACTED], TC, on 9/4/13 @ 8:26am

Notified Child Death/Child Near Death Notification Group via Email:

[REDACTED] and [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: **Race:** White **Age:** 0 Yrs
Address: [REDACTED]
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]
Gender: Female **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]
SSN: **Race:** White **Age:** 30 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: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED], Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 09/04/2013 Assignment Date: 09/04/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

B. Allegation

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

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: Upon interviewing both parents, they both admitted to co-sleeping with the infant ever since they brought [Redacted] home from the hospital. The parents did have a crib for the infant that they reported using when [Redacted] would take a nap during the day. There is documentation in medical records showing that the parents were made aware of Safe Sleep. Based on the fact that the parents admitted to co-sleeping with the infant in the bed, based on medical records, the recommendation of CPIT, and based on the preliminary cause of death that the infant died of suffocation by overlying, CPSI [Redacted] finds enough evidence to support the allegation against both parents. [Redacted] is currently providing in-home services for [Redacted]'s mother and siblings.

D. Case Workers

Case Worker: [Redacted] Date: 11/05/2013
Team Leader: [Redacted] Date: 11/05/2013

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:

On 9/4/13 CPSI [Redacted], Det. [Redacted], and Cornor, [Redacted] observed the infant, [Redacted] to take pictures and observe the body for any marks or bruises. Upon observing [Redacted] CPSI [Redacted] and Det. [Redacted] took several pictures. [Redacted] was already modeled and blue in color. He had several pressure marks mainly on the face with what appeared to be a crease of a sheet, blanket, or pillow (possibly). He had no visible marks or bruises other than a small scratch on his nose and a scratch on his index finger on his right hand. [Redacted]'s fingernails and toe nails were clean as well as his diaper area. [Redacted] appeared to be well nourished with no apparent signs of abuse.



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

Case Name : ██████████

Investigation ID: ██████████

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 10/14/13 CPSI ██████ called and talked to Det. ██████ with the ██████ Sheriff's Department regarding preliminary autopsy reports on ██████. Det. ██████ attended the autopsy and informed CPSI ██████ that there were no evidence of foul play or abuse. He stated that the medical examiner stated that it appears that the child died of suffocation by overlying due to the parents co-sleeping with the infant. There was an actual crease on the infant's face consistent with a pillow. Det. ██████ stated that it will be approximately six months before the full autopsy report is completed. CPSI ██████ presented the Neglect Death allegations against the parents, ██████ and ██████ to CPIT at the District Attorney's Office on this date. People present were ADA ██████, Det. ██████, Det. ██████, Lt. ██████, TL ██████, Det. ██████, CAC therapist, ██████, CAC ██████, and YSO ██████. After discussing the case it was determined that based on the fact that the parents were aware of safe sleep, had a crib for the infant but chose to co-sleep with the infant, causing his death, the team all agreed that both parents would be indicated for Neglect Death. CPSI ██████ informed the team that the mother has moved to ██████ and that she and the father have separated. CPSI ██████ explained that ██████ was providing in-home services and that I would be following up with the family to ensure that counseling was being received as well as for ██████ as she was seeing ██████ before moving. A copy of the CPIT form is in the file.

A copy of pictures taken of ██████ and the residence are in the file.

A copy of ██████'s medical records are in the file.

On 10/18/13

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

On 9/4/13 CPSI ██████, Det. ██████ and Det. ██████ interviewed the parents of ██████, ██████ and ██████. Both parents reported that ██████ was fine and provided a timeline of ██████'s day and evening. Both parents admitted to co-sleeping with ██████ in their bed since bringing him home from the hospital. Both parents denied rolling over on top of ██████ but the mother reported that ██████ was on his back when she went to sleep and when she woke up the next morning he was on his stomach face down. Both parents denied doing anything to harm their son.

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

On 9/4/13 CPSI ██████ arrived at ██████ (████████) on this date. Det. ██████, Administrative Captain, ██████, Det. ██████, and Deputy ██████ were all present at the hospital in the emergency room. CPSI ██████ was notified that the infant is 2-month old ██████ and he was pronounced dead at approximately 7:02 am ET. CPSI ██████ was informed that law enforcement was notified at 6:02 am ET and Deputy ██████ arrived on the scene at 6:25 am ET. Deputy ██████ stated that the parents are ██████ and ██████ and the informed him that they did sleep in the bed with the infant. The parents reported that ██████ had fed the infant approximately 5 ounces of formula at around 11:00 pm and again at 2:00 am. CPSI ██████ asked Deputy ██████ if he observed a crib at the residence and he said yes. He stated that the mother reported that ██████ had developed a cold but nothing serious. The parents reported that the ██████ slept between them in the bed and was laid down on this back but ██████ reported finding ██████ face down on the sheets in the bed this morning a little before 6:00 am, that she went to pick him up, he didnt act like he normally did and she realized that something was wrong.

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

At the closing of this case all interviews have been completed and all dictation has been entered. CPSI ██████ received a referral in September of 2013 with the allegation of Neglect Death against the parents, ██████ and ██████ on their infant son, ██████. ██████ was found by his mother on the morning of 9/4/13 unresponsive and not breathing. Upon interviewing both parents, they both admitted to co-sleeping



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

with the infant ever since they brought [REDACTED] home from the hospital. The parents did have a crib for the infant that they reported using when [REDACTED] would take a nap during the day. There is documentation in medical records showing that the parents were made aware of Safe Sleep. Based on the fact that the parents admitted to co-sleeping with the infant in the bed, based on medical records, the recommendation of CPIT, and based on the preliminary cause of death that the infant died of suffocation by overlying, CPSI [REDACTED] finds enough evidence to support the allegation against both parents. There are four other children in the home, [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. CPSI [REDACTED] made a referral to [REDACTED] to provide case management services and grief counseling for the family. The mother and children have moved from [REDACTED] to [REDACTED]. [REDACTED] continues to provide in-home services for the family. The mother and father, [REDACTED] have separated and are no longer together at the closing of this case due to a sexual abuse allegation made by the mother against [REDACTED] on [REDACTED] which CPSI [REDACTED] has been investigating and will be unfounding. The in-home provider is working with the mother on getting the children into counseling at [REDACTED] in [REDACTED] and [REDACTED] will be going back for counseling with [REDACTED] at [REDACTED] in the [REDACTED] Office. The case has been presented to CPIT and staffed with TL [REDACTED] prior to closure. The initial safety assessment has been completed. A closing assessment will not be completed due to [REDACTED] being deceased.

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:	11/07/2013	Contact Method:	
Contact Time:	10:14 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	11/07/2013
Completed date:	11/07/2013	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: 11/07/2013 09:14 AM Entered By: [REDACTED]

TL [REDACTED] did review and approve this case for closure on November 7, 2013. Notification of the Classification Decision will be provided to DCS Legal and the Court per local protocol.



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: 11/05/2013

Contact Method: Correspondence

Contact Time: 01:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2013

Completed date: 11/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Notification of Classification

Contact Sub Type: Letter A - Notice of Indication to Perpetrator

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2013 12:47 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the Letter A and Request for Formal File Review regarding the parents, [REDACTED] and [REDACTED] being indicated for Neglect Death on their son, [REDACTED] on this date. CPSI [REDACTED] mailed both letters certified to [REDACTED]. CPSI [REDACTED] attempted to make contact with the father, [REDACTED] to get an accurate address but his number was no longer in service so the letter for him will be mailed to where the mother and children are residing.



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:	11/05/2013	Contact Method:	
Contact Time:	10:52 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/05/2013
Completed date:	11/05/2013	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: 11/05/2013 10:02 AM Entered By: [REDACTED]

At the closing of this case all interviews have been completed and all dictation has been entered. CPSI [REDACTED] received a referral in September of 2013 with the allegation of Neglect Death against the parents, [REDACTED] and [REDACTED] on their infant son, [REDACTED]. [REDACTED] was found by his mother on the morning of 9/4/13 unresponsive and not breathing. Upon interviewing both parents, they both admitted to co-sleeping with the infant ever since they brought [REDACTED] home from the hospital. The parents did have a crib for the infant that they reported using when [REDACTED] would take a nap during the day. There is documentation in medical records showing that the parents were made aware of Safe Sleep. Based on the fact that the parents admitted to co-sleeping with the infant in the bed, based on medical records, the recommendation of CPIT, and based on the preliminary cause of death that the infant died of suffocation by overlying, CPSI [REDACTED] finds enough evidence to support the allegation against both parents. There are four other children in the home, [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. CPSI [REDACTED] made a referral to [REDACTED] to provide case management services and grief counseling for the family. The mother and children have moved from [REDACTED] to [REDACTED]. [REDACTED] continues to provide in-home services for the family. The mother and father, [REDACTED] have separated and are no longer together at the closing of this case due to a sexual abuse allegation made by the mother against [REDACTED] on [REDACTED] which CPSI [REDACTED] has been investigating and will be unfounding. The in-home provider is working with the mother on getting the children into counseling at [REDACTED] in [REDACTED] and [REDACTED] will be going back for counseling with [REDACTED] at [REDACTED] in the [REDACTED] Office. The case has been presented to CPIT and staffed with TL [REDACTED] prior to closure. The initial safety assessment has been completed. A closing assessment will not be completed due to [REDACTED] being deceased. The FAST has been completed and the FFA has been updated. The referent has been contacted. Background, SSMS, and Internet Checks were completed in August of 2013 prior to CPSI [REDACTED] receiving this new referral. All appropriate forms have been discussed, signed, and are in the file (HIPPA, Native American Veto, Notification of Equal Access, Releases of Information, and Client Right Handbook). The 740 has been completed and a copy will be given to the supervisor for closure. A copy of the 740 will also be submitted to juvenile court per their request.



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:	11/04/2013	Contact Method:	Phone Call
Contact Time:	04:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/05/2013
Completed date:	11/05/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2013 12:24 PM Entered By: [REDACTED]

CPSI [REDACTED] talked to the [REDACTED] in-home case manager, [REDACTED] on this date regarding the [REDACTED] Family. CPSI [REDACTED] requested that CM [REDACTED] provide [REDACTED] with additional sessions on boundaries referring back to the sexual abuse allegation against him on [REDACTED]. CPSI [REDACTED] also discussed with CM [REDACTED] the concern that CPSI [REDACTED] has with [REDACTED]'s multiple paramours that she allows in her home around her children after a short period of time and that two of her previous boyfriends have been accused of sexual abuse on her children. CPSI [REDACTED] also discussed with CM [REDACTED] that I had talked to the mother today about scheduling a counseling appointment with [REDACTED] with [REDACTED] for [REDACTED] as she was [REDACTED]'s therapist prior to the family moving from [REDACTED]. CM [REDACTED] stated that he is currently in the home once a week and is working with the mother on setting up counseling appointments for the children at [REDACTED] in [REDACTED]. CM [REDACTED] stated that he has met [REDACTED]'s new boyfriend, [REDACTED] and he appeared to be a nice guy and the children really seem to like him. CM [REDACTED] reported no concerns at the present time and that he would continue to work with the family as long as he was needed. He stated that TnCare turned down three times a week but he is working with insurance to be able to provide more time and services. CPSI [REDACTED] informed CM [REDACTED] to call with any concerns.



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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: 11/04/2013 Contact Method: Face To Face
 Contact Time: 01:00 PM Contact Duration: Less than 03 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/05/2013
 Completed date: 11/05/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2013 08:07 AM Entered By: [REDACTED]

CPSI [REDACTED] conducted a face to face on all four children, [REDACTED], [REDACTED], [REDACTED], and [REDACTED] at Child Help in [REDACTED] on this date as all four children attended a forensic interview regarding a sexual abuse allegation against [REDACTED] on [REDACTED]. CPSI [REDACTED] will document these interviews under the other investigation. CPSI [REDACTED] will document that the children made no disclosures of sexual abuse against [REDACTED] but did talk about [REDACTED] touching [REDACTED] which has already been investigated and safety measures have been taken and a plan in place. [REDACTED] and [REDACTED] did talk about [REDACTED] who was living in the sky now.

3:30 pm

CPSI [REDACTED] conducted a home visit on this date at the home located at [REDACTED] in [REDACTED] on this date. The home is a three to four bedroom, one bathroom house. The home appeared to be a very clean and safe environment for the children to reside in. CPSI [REDACTED] observed the door alarm on [REDACTED]'s bedroom door which is adjoined to her mother's room. [REDACTED] and [REDACTED] share a room which had bunk beds, and [REDACTED] sleeps in an open room out from the living room. There was also plenty of food in the home. [REDACTED] fixed the children hamburgers and pizza while CPSI [REDACTED] was there. CPSI [REDACTED] received a hug from [REDACTED] and [REDACTED]. CPSI [REDACTED] inquired about counseling for [REDACTED] and [REDACTED] stated that since [REDACTED] does counseling in [REDACTED] that she would like to take [REDACTED] back to see [REDACTED]. CPSI [REDACTED] provided [REDACTED] with the number to [REDACTED] and told her to call by tomorrow to schedule an appointment. CPSI [REDACTED] did inform [REDACTED] that the children made no disclosures of sexual abuse against [REDACTED] and she said that she is glad to hear that. She said that she asks [REDACTED] every day if someone has touched her. CPSI [REDACTED] asked her why she did that and she said that she is worried that it will happen to her again. CPSI [REDACTED] asked [REDACTED] to try and not do that as it can do more harm than good as [REDACTED] would tell her if someone did touch her because she has in the past. She said that [REDACTED], the in-home worker gave her a coloring book that she uses with [REDACTED] which goes over good touch/bad touch. CPSI [REDACTED] asked [REDACTED] who [REDACTED] is and she said that [REDACTED] is her new boyfriend and she has been seeing him for about a month. She stated that he comes over to the house on occasion and has spent the night a couple of times. CPSI [REDACTED] asked [REDACTED] if she has talked to [REDACTED] and she said that she hasn't really talked to him since [REDACTED]'s funeral. She said that is the main reason that they separated was because her family had to pay for [REDACTED]'s funeral and he didn't do anything to help out. She said that she really needed [REDACTED] to be there for her and he wasn't. CPSI [REDACTED]



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] explained to [REDACTED] that [REDACTED] is grieving too and they needed to be there for each other as they both lost a child. CPSI [REDACTED] explained to [REDACTED] about the letter of indication. [REDACTED] became emotional and CPSI [REDACTED] explained policy and informed her that no one is saying that she or [REDACTED] are bad parents but due to Safe Sleep being discussed with them and having a crib that she would be indicated. CPSI [REDACTED] explained the file review process and told her to call with questions. CPSI [REDACTED] did attempt to console [REDACTED] by encouraging her and talking about her other children and how sweet they are. [REDACTED] said that she has put in an application at DHS for day care for [REDACTED] as she is wanting to go back to work and thinks that will help her. CPSI [REDACTED] commended her and told her that would be great. She said that she will be putting in an application at [REDACTED] as one of her mother's friends works there and can help her get a job.

[REDACTED] and [REDACTED] were playing a video game together in the living room and [REDACTED] was playing a video game in his room. [REDACTED] and [REDACTED] take turns playing games with [REDACTED]. [REDACTED] stayed with her mom and with CPSI [REDACTED]. All four children appeared to be clean and healthy and had no visible marks or bruises. Before leaving [REDACTED] asked CPSI [REDACTED] not to leave. [REDACTED] said that [REDACTED] loves having company. CPSI [REDACTED] told [REDACTED] to come and see me sometime and she smiled. CPSI [REDACTED] also talked to the mother about letting CPSI [REDACTED] give the FOP her children's names for Shop with a Cop which will be in December and she said that they would love that and she would be interested and was ok with CPSI [REDACTED] giving their names for this event. [REDACTED] told CPSI [REDACTED] before I left that [REDACTED] was an angel and that he had wings and would fly all day long. CPSI [REDACTED] told [REDACTED] that [REDACTED] was for sure that coolest angel ever and she smiled. CPSI [REDACTED] thanked the family for their time and told [REDACTED] to continue working with services which she assured CPSI [REDACTED] that she would do.



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: 11/04/2013

Contact Method:

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2013

Completed date: 11/05/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/05/2013 12:26 PM Entered By: [REDACTED]

CPSI [REDACTED] completed the FAST on the family on this date.

The score was Low

The children and mother are all receiving grief counseling and individual counseling. [REDACTED] in-home services are currently in the home.

[REDACTED] will be going back to therapy with [REDACTED] with [REDACTED]

The boys will be attending individual therapy with [REDACTED] in [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:	10/30/2013	Contact Method:	Phone Call
Contact Time:	02:30 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/05/2013
Completed date:	11/05/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2013 07:47 AM Entered By: [REDACTED]

CPSI [REDACTED] called and talked to the mother, [REDACTED] on this date to check on her and the children. [REDACTED] said that she was glad to hear from CPSI [REDACTED]. CPSI [REDACTED] engaged [REDACTED] and asked her how things were going as I know that things are still hard. She said that things are getting better. She said that [REDACTED] with [REDACTED] came out and done the assessments on the boys and he is in the home once a week. She said that [REDACTED] is going to [REDACTED] and [REDACTED] and [REDACTED] are going to [REDACTED] in [REDACTED]. CPSI [REDACTED] asked [REDACTED] why she moved and she said that she needed a fresh start and her mother and grandmother live nearby. CPSI [REDACTED] asked about the father, [REDACTED] and she said that they have separated and all she knows is that he is living somewhere in [REDACTED]. CPSI [REDACTED] asked her why they separated and she said that [REDACTED] told her that her daddy touched her on her private part. CPSI [REDACTED] asked [REDACTED] if she has reported this and she said "no". She said that she was going to be calling CPSI [REDACTED] or talk to the in-home worker, [REDACTED] about it. She said that she hasn't allowed him back around the kids since [REDACTED] told. CPSI [REDACTED] told her that I would be scheduling a forensic interview on all four children and would call her with a date and time. CPSI [REDACTED] also explained that I needed to come out and complete a home visit and see the children. She said that all of the children are home after 4:30 pm.

CPSI [REDACTED] called [REDACTED] with Child Help and scheduled the forensics for 11/4/13 beginning at 1:00 pm.

CPSI [REDACTED] called [REDACTED] back and informed her of the interviews. CPSI [REDACTED] explained that I would follow her home after the interviews on Monday. CPSI [REDACTED] asked [REDACTED] if she has the door alarms regarding [REDACTED] and the allegation against him on [REDACTED] and she said "no" but that she was going back to [REDACTED] tomorrow and would be picking those up as she had to get some more of hre things from her other house. She said that [REDACTED] sleeps in a room that is adjoined to hers and she is safe. CPSI [REDACTED] thanked [REDACTED] for her time and told her to call if she needed anything.



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: 10/18/2013

Contact Method: Correspondence

Contact Time: 10:00 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/05/2013

Completed date: 11/05/2013

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: 11/05/2013 07:50 AM Entered By: [REDACTED]

CPSI [REDACTED] presented the Neglect Death allegations against the parents, [REDACTED] and [REDACTED] to CPIT at the District Attorney's Office on this date. People present were ADA [REDACTED], Det. [REDACTED], Det. [REDACTED], Lt. [REDACTED], TL [REDACTED], Det. [REDACTED], CAC therapist, [REDACTED], CAC [REDACTED], and YSO [REDACTED]. After discussing the case it was determined that based on the fact that the parents were aware of safe sleep, had a crib for the infant but chose to co-sleep with the infant, causing his death, the team all agreed that both parents would be indicated for Neglect Death. CPSI [REDACTED] informed the team that the mother has moved to [REDACTED] and that she and the father have separated. CPSI [REDACTED] explained that [REDACTED] was providing in-home services and that I would be following up with the family to ensure that counseling was being received as well as for [REDACTED] as she was seeing [REDACTED] before moving. A copy of the CPIT form is in 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:	10/14/2013	Contact Method:	Phone Call
Contact Time:	05:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/05/2013
Completed date:	11/05/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2013 07:39 AM Entered By: [REDACTED]

CPSI [REDACTED] called and talked to [REDACTED] with [REDACTED] to check on the progress of the [REDACTED] Family regarding grief counseling. [REDACTED] informed CPSI [REDACTED] that she completed the assessment on 9/17/13 and was working with the family but the mother and father have separated and the mother has moved to [REDACTED]. [REDACTED] stated that she talked to the mother about her choice of moving with everything that has happened that more change could cause problems for her and the children. [REDACTED] stated that [REDACTED] moved to [REDACTED] in [REDACTED]. [REDACTED] said that she sent referrals to the [REDACTED] and [REDACTED] made contact on 10/13/13 and completed the assessments on the boys. She stated that the new supervisor is [REDACTED]. [REDACTED] sent CPSI [REDACTED] a copy of the assessments that she completed via email and the assessments are in 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: 10/14/2013 Contact Method: Phone Call
 Contact Time: 10:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/05/2013
 Completed date: 11/05/2013 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)**

[REDACTED]; [REDACTED], Detective [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/05/2013 07:35 AM Entered By: [REDACTED]

CPSI [REDACTED] called and talked to Det. [REDACTED] with the [REDACTED] Sheriff's Department regarding preliminary autopsy reports on [REDACTED]. Det. [REDACTED] attended the autopsy and informed CPSI [REDACTED] that there were no evidence of foul play or abuse. He stated that the medical examiner stated that it appears that the child died of suffocation by overlying due to the parents co-sleeping with the infant. There was an actual crease on the infant's face consistent with a pillow. Det. [REDACTED] stated that it will be approximately six months before the full autopsy report is completed.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	10/07/2013	Contact Method:	
Contact Time:	03:20 PM	Contact Duration:	Less than 15
Entered By:	██████████	Recorded For:	
Location:	DCS Office	Created Date:	10/07/2013
Completed date:	10/07/2013	Completed By:	██████████
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/07/2013 02:20 PM Entered By: ██████████

Engagement- CM ██████ has engaged the Mother and Father and the siblings along with the maternal grandfather.
 Team Formation- Formal supports include CPIT and RN ██████. There is family support.
 Assessment- Allegations are for Neglect Death. There is a current open case regarding sex abuse allegations. The child was found by the mother unresponsive after sleeping the bed with her and the father. This incident appears to be accidental and there was no further evidence of abuse. There is not currently any immediate harm factors regarding the other children in the house hold.
 Planning- Childs medical records have been gathered. A referral for grief counseling has been completed.
 Implementation- CM will contact the service provider to ensure they have begun working with the family. Case will be prepared for presentation to CPIT.
 Tracking- CM will complete a home visit with the family prior to case closure.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	09/24/2013	Contact Method:	
Contact Time:	07:51 PM	Contact Duration:	Less than 15
Entered By:	██████████████████	Recorded For:	
Location:	DCS Office	Created Date:	09/24/2013
Completed date:	09/24/2013	Completed By:	██████████
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/24/2013 06:53 PM Entered By: ██████████

CM has completed the Initial SDM Safety Assessment. It has been reviewed on this date by TL ██████████. Immediate harm factors identified are: Caretaker caused serious physical harm to the child, or made plausible threat to cause serious physical harm in the current investigation by: Death of a child due to abuse or neglect.

There is a pattern of Prior investigations and/or behavior that suggests an escalating threat to child safety.

Safety interventions are: The use of family, neighbors or other individuals in the community as safety resources.

Use of community agencies or services as immediate safety resources.

The child/ children are currently "conditionally safe".



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: 09/13/2013

Contact Method:

Contact Time: 10:59 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/06/2013

Completed date: 10/06/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/06/2013 08:36 PM Entered By: [REDACTED]

CPSI [REDACTED] made a referral to [REDACTED] requesting in-home grief counseling for the parents, [REDACTED] and [REDACTED] and also for the siblings. [REDACTED] with [REDACTED] will be providing these services.



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:
 Contact Time: 08:39 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 09/08/2013
 Completed date: 09/08/2013 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: 09/08/2013 02:44 PM Entered By: [REDACTED]

On 9/4/13 8:39 am CST, a referral was assessed and assigned to [REDACTED] CPS as a P1 Investigation by Central Intake with allegations of Neglect Death against [REDACTED] and [REDACTED]. The alleged victim is [REDACTED]. The referral was assigned to CM [REDACTED] Response is due on 9/5/13 7:34 am EST (Immediate response was met). The children are not of Native American descent. The referent was notified. A TFACTS search was completed on this date by CM [REDACTED] Notification of the case assignment was provided to Juvenile Court by TL [REDACTED].

TFACTS History:

12/4/03-Investigation-Lack of Supervision against [REDACTED] on [REDACTED], Allegation Unfounded/Alleged Perpetrator Unfounded

3/16/07-Investigation-Sexual Abuse against [REDACTED] on [REDACTED], Allegation Unfounded/Alleged Perpetrator Unfounded; Substantial Risk of Sexual Abuse against [REDACTED] on [REDACTED], Allegation Unfounded/Alleged Perpetrator Unfounded

10/5/12-Investigation-Sexual Abuse against [REDACTED] on [REDACTED], Allegation Indicated/Alleged Perpetrator Indicated

8/6/13-Investigation-Sexual Abuse against [REDACTED] on [REDACTED], case not classified, still open

In order to engage the family, this CM explained to them that some concerns had been reported to DCS and that this CM was in the home to discuss these concerns with the family. In addition, I explained to the family the MRS/Investigative process.

All appropriate forms were discussed during the month of August 2013 by CPS [REDACTED] (HIPPA, Native American Veto, Notification of Equal Access, Releases of Information, and Client Right Handbook).

Family Composition:

[REDACTED]-child/victim

DOB: [REDACTED]

DOD: 9/4/13

SS#: [REDACTED]

Address: [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED]-brother
DOB: [REDACTED]
SS#: [REDACTED]
Address: [REDACTED]

[REDACTED]-sister
DOB: [REDACTED]
SS#: [REDACTED]
Address: [REDACTED]

[REDACTED]-half-brother
DOB: [REDACTED]
SS#: [REDACTED]
Address: [REDACTED]

[REDACTED]-half-brother
DOB: [REDACTED]
SS#: [REDACTED]
Address: [REDACTED]

[REDACTED]-mother to all children/alleged perpetrator
DOB: [REDACTED]
SS#: [REDACTED]
Address: [REDACTED]

[REDACTED]-father of [REDACTED] and [REDACTED]/alleged perpetrator
DOB: [REDACTED]
SS#: [REDACTED]
Address: [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: 09/04/2013

Contact Method: Phone Call

Contact Time: 06:50 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/08/2013

Completed date: 09/08/2013

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)**

[REDACTED]; [REDACTED], Detective [REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/08/2013 02:33 PM Entered By: [REDACTED]

Det. [REDACTED] with the [REDACTED] Sheriffs Department contacted CPSI [REDACTED] on this date to inform CPSI [REDACTED] that he was calling in a referral on an unresponsive 2-month old infant that was found by the parents this morning not breathing. He stated that the infant is on the way to the hospital via ambulance and that Det. [REDACTED] was on the scene at the home. CPSI [REDACTED] informed Det. [REDACTED] that I was on my way and would meet him at the hospital. CPIT was convened at this time.

7:20 am

CPSI [REDACTED] contacted ADA [REDACTED] and left a message regarding the situation and also sent her a text message.



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: 06:50 AM

Contact Duration: Less than 05 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 09/08/2013

Completed date: 09/08/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact,Alleged Perpetrator Interview,Initial ACV Face To Face,Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview,Referent Interview,Sibling Interview/Observation,Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED], Det. [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/08/2013 02:35 PM Entered By: [REDACTED]

6:50 am

Det. [REDACTED] with the [REDACTED] Sheriffs Department contacted CPSI [REDACTED] on this date to inform CPSI [REDACTED] that he was calling in a referral on an unresponsive 2-month old infant that was found by the parents this morning not breathing. He stated that the infant is on the way to the hospital via ambulance and that Det. [REDACTED] was on the scene at the home. CPSI [REDACTED] informed Det. [REDACTED] that I was on my way and would meet him at the hospital. CPIT was convened at this time.

7:15 am

CPSI [REDACTED] contacted TL [REDACTED] to notify her of the situation and informed her that the name was unknown at this time but the referral was being called in.

7:20 am

CPSI [REDACTED] contacted ADA [REDACTED] and left a message regarding the situation and also sent her a text message.

7:30 am

CPSI [REDACTED] arrived at [REDACTED] ([REDACTED]) on this date. Det. [REDACTED], Administrative Captain, [REDACTED], Det. [REDACTED], and Deputy [REDACTED] were all present at the hospital in the emergency room. CPSI [REDACTED] was notified that the infant is 2-month old [REDACTED] and he was pronounced dead at approximately 7:02 am ET. CPSI [REDACTED] was informed that law enforcement was notified at 6:02 am ET and Deputy [REDACTED] arrived on the scene at 6:25 am ET. Deputy [REDACTED] stated that the parents are [REDACTED] and [REDACTED] and the informed him that they did sleep in the bed with the infant. The parents reported that [REDACTED] had fed the infant approximately 5 ounces of formula at around 11:00 pm and again at 2:00 am. CPSI [REDACTED] asked Deputy [REDACTED] if he observed a crib at the residence and he said yes. He stated that the mother reported that [REDACTED] had developed a cold but nothing



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████

serious. The parents reported that the ██████ slept between them in the bed and was laid down on this back but ██████ reported finding ██████ face down on the sheets in the bed this morning a little before 6:00 am, that she went to pick him up, he didnt act like he normally did and she realized that something was wrong.

8:00 am

CPSI ██████ contacted TL ██████ and informed her of the infant and parents names. CPSI ██████ informed her that it is believed that there may be an open Sex Abuse case regarding ██████'s siblings that is open to CPS ██████ but was unsure if it had been closed. TL ██████ stated that she would check and to call back with more information.

8:45 am

CPSI ██████ took a moment to talk to the parents and express my sympathys for their loss. ██████ and ██████ remembered CPSI ██████ from previous DCS involvement. CPSI ██████ told the parents to take as much time as they needed with ██████, that we needed to take some pictures for a few minutes and then they could go back into the room and spend time with ██████. CPSI ██████ asked the parents if they would be ok with answering some questions in a little bit regarding ██████ and both parents said that would be fine and thanked CPSI ██████.

9:00 am

CPSI ██████, Det. ██████, and Cornor, ██████ observed the infant, ██████ to take pictures and observe the body for any marks or bruises. Upon observing ██████ CPSI ██████ and Det. ██████ took several pictures. ██████ was already modeled and blue in color. He had several pressure marks mainly on the face with what appeared to be a crease of a sheet, blanket, or pillow (possibly). He had no visible marks or bruises other than a small scratch on his nose and a scratch on his index finger on his right hand. ██████'s fingernails and toe nails were clean as well as his diaper area. ██████ appeared to be well nourished with no apparent signs of abuse.

9:15 am

CPSI ██████, Det. ██████, and Det. ██████ interviewed the mother, ██████ in the Family Room at ██████ on this date. CPSI ██████ again expressed my deepest sympathies for her loss. CPSI ██████ explained that all infant deaths were investigated and to know that she wasnt being accused of doing anything wrong and she said that she understood and knew that CPS and law enforcement were just doing our job.

Det. ██████ asked ██████ to recall how ██████ was yesterday and what all happened. ██████ said that they all got up around 6:00 am like they normally do to get the kids ready for school. ██████ said that ██████ was fine, that he had developed a small cold but nothing serious. CPSI ██████ asked if his cold was nasal or in his chest and she said that it was all in his nose. ██████ asked if she or ██████ usually fed ██████ and ██████ said that she and ██████ both would feed ██████. CPSI ██████ asked if they burped ██████ after feeding him and she said yes, he always burped. CPSI ██████ asked if ██████ was bottle fed or breast fed and she said bottle fed. CPSI ██████ asked what kind of formula ██████ was on and she said that he is on Simulac Gentle but her WIC had ran out so she bought Infamil which is just a different brand. She said that he had been on Infamil for about a week. Det. ██████ asked how often during the day would ██████ sleep and she said that he was up pretty much during the day but would sleep but he would sleep 4 to 5 hours at a time which was mainly during the night. ██████ said that everything was fine during the day, they ate supper at around 7:00 pm and then she and ██████ got the children ready for bed at around 8:00 pm which is what time the kids go to bed during the week so that they can get up for school. ██████ said that around 8:30 pm she and ██████ went downstairs for alone time together and ██████ was in his swing. CPSI ██████ asked ██████ if she could see ██████ in the swing and she said yes, but we had a baby monitor too. She said that she fed ██████ at 6:00 pm and again at 8:00 pm. She said that she and ██████ got ready for bed between 11:30 pm and 12:00 am and she fed ██████ between 12:00 am and 1:00 am. She said that he did burp and she laid him down between her and ██████ in their bed. CPSI ██████ asked ██████ how often she and ██████ slept in the bed with ██████ and she said we have slept with him since he was born. She said that they did have a crib and he would take naps in his crib or his swing. ██████ said that she fed ██████ again between 2:30 and 3:00 am, he burped and she laid him back down on his back. She said that she always laid him on his back. She said that she woke up a little before 6:00 am and ██████ was lying on his belly face down and she went to pick him and took him to the living room and he wasnt acting like he normally does and noticed that he wasnt breathing. She said that she yelled for ██████ to call 911. She said that she began breathing into ██████'s nose and mouth because she knew to do that. She said that ██████ ran into the living room, gave her the phone and he started breathing into his nose and mouth. She said that ██████ was making noises. CPSI ██████ asked what kind of noises and she said could kind of hear a



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

breath come out. CPSI [REDACTED] asked [REDACTED] if she saw anything lying on top of [REDACTED] and she said no, just his baby blanket. CPSI [REDACTED] asked if [REDACTED] had been spitting up or anything and she said that he would spit up one time every couple of days and he did spit up on [REDACTED]'s shirt yesterday and had a little diarrah. She said that she just had his one month check up in August and he had an appointment for his 2-month check up sometime this month. She said that she did find a knot on the right side of his neck a week or so ago and she called to make an appointment with his doctor, [REDACTED] at [REDACTED] in [REDACTED] but they had car trouble and she had to cancel and hadnt rescheduled. She said that [REDACTED] was a perfectly healthy baby and he was born with a really pink color. She said that he was already starting to talk and would say oh, mama, and dada. She said that I think he was getting ready to start crawling because of the way he was moving his legs. She said my baby was really going to be something special. [REDACTED] became very emotional during the interview and CPS and law enforcement would give her time and give her tissue.

CPSI [REDACTED] asked [REDACTED] about the other children who were at the hospital in the waiting room with the maternal grandfather. CPSI [REDACTED] asked if the other children were ever alone with [REDACTED] and she said no. She said that [REDACTED] was so excited about his baby brother and this morning he couldnt understand why the ambulance was taking his baby brother away. CPSI [REDACTED] asked if anyone else was around the baby over the last couple of days and she said that her father, [REDACTED] was at the house yesterday helping [REDACTED] fix the breaks on the vehicle, he stayed for supper, visited, and went home. The other children, [REDACTED] age 11, [REDACTED] age 9, [REDACTED] age 5, and [REDACTED] age 4 all live in the home with the parents. CPSI [REDACTED] asked if [REDACTED] was taking any kind of medication or if any child in the home was taking medications and she said no. [REDACTED] reported taking anxiety medication called Bostrom but reports that she isnt a sound sleeper and will wake up at any noise.

[REDACTED] was asked about her relationship with [REDACTED] and she said that they have been together for on and off for 5-years, that he is the father of [REDACTED], [REDACTED], and [REDACTED] but he got into some trouble, was in jail, but they have been back together for over a year and get along well. She said that they fuss sometimes like all couples but everything was going well.

CPSI [REDACTED] and law enforcement met with the parents together after [REDACTED]'s interview to again express our sympathies and they said that they just dont understand and have no idea how they are going to explain what has happened to their other children. CPSI [REDACTED] explained to the family that it is not going to be easy and inquired about family support which the family has via the maternal and paternal sides of the family. CPSI [REDACTED] discussed the examples that other families has given to siblings who have lost a sibling such as God getting an angel, a child being in Heaven, etc. CPSI [REDACTED] offered grief counseling to the family and explained that DCS wouldnt force them to attend but that counseling could be made available. The parents stated that they would like counseling for themselves and for their children and CPSI [REDACTED] explained that one day next week I would call them and give them information for a counselor and if they needed anything prior to next week to call me and if they have questions to call any time.

9:55 am

CPSI [REDACTED], Det. [REDACTED], and Det. [REDACTED] interviewed the father, [REDACTED] at [REDACTED] in the Family Room on this date. Det. [REDACTED] explained to [REDACTED] that any time there is a child death that CPS and law enforcement is involved and it doesnt mean that he is being accused of doing anything to harm the child. [REDACTED] said that he understood and knows that we are just doing our job. Det. [REDACTED] asked [REDACTED] if he works and he said that he works for [REDACTED]'s uncle, [REDACTED] doing work on Cabins. He said that [REDACTED] is a stay at home mom. Det. [REDACTED] asked how long he and [REDACTED] have been together and he said that they have been together on and off for 5-years, separated for a while, but have been back together for over a year now and things are going well. Det. [REDACTED] asked [REDACTED] to over the day yesterday with [REDACTED]. He said that [REDACTED] was fine all day and acted like he normally does. He said that he and [REDACTED] both change his diaper and feed him. He said that he didnt work yesterday and [REDACTED]'s father came over to help him work on their van. He said that he came in to eat supper around 7:00 pm and he and [REDACTED] put the kids to bed at around 8:00 pm. He said that [REDACTED] fed [REDACTED] around 8:00 and he and [REDACTED] went downstairs to watch a movie. CPSI [REDACTED] asked [REDACTED] where the other children sleep and he said that [REDACTED] and [REDACTED] share a room, [REDACTED] has his own room, and [REDACTED] has her room. He said that they do have a crib for [REDACTED] but he has always slept in the bed with him and [REDACTED] between them. He said that [REDACTED] was in his swing across from him and [REDACTED] while they watched a movie. He said that [REDACTED] fell asleep in his swing. He said that he fixed [REDACTED] a bottle and [REDACTED] fed him between 11:00 pm and 11:30 pm. CPSI [REDACTED] asked [REDACTED] if he witnessed [REDACTED] feed [REDACTED] and he said yes. CPSI [REDACTED] asked if he and [REDACTED] both burp [REDACTED] after a feeding and he said yes. He said that he went to sleep and [REDACTED] had told him that she last fed him around 2:00 am. He said that he sets



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the alarm on his cell phone and it goes off at 6:00 am so he and [REDACTED] can get up, take care of [REDACTED], drink coffee, and relax before the other kids get up to get ready for school. He said that he kissed [REDACTED] goodnight and went to sleep. He said that when he went to sleep that [REDACTED] was lying on his back between him and [REDACTED]. He said he woke up a split second before the alarm went off and heard [REDACTED] yelling oh God, oh God, call 911. He said that he called 911 as he was running into the living room and [REDACTED] wasnt moving. He said that he and [REDACTED] took turns breathing over [REDACTED]s nose and mouth. [REDACTED] was asked if anyone performed any chest compressions and he said no. He said that [REDACTED] was making some kind of breathing sounds but he just wasnt right. CPSI [REDACTED] asked [REDACTED] why [REDACTED] didnt sleep in his crib and he said that [REDACTED] wanted [REDACTED] with them, she is very adamant about paying attention and wanting him right with them. CPSI [REDACTED] asked [REDACTED] if [REDACTED] was sick and he said that he had developed a small cold in his nose, not in his chest and when he was breathing over his nose that snot came out and he wiped it on his pants. CPSI [REDACTED] asked [REDACTED] if [REDACTED] would spit up and he said not usually. He said that he did spit up on his yesterday just a little but enough to get on his shirt. CPSI [REDACTED] asked if [REDACTED] ever vomited or slept a lot and he said no, he didnt sleep a lot during the day but would usually sleep most of the night and he didnt vomit other than a little spit up. CPSI [REDACTED] asked if the other children were ever alone with [REDACTED] and he said no, me or [REDACTED] are always with [REDACTED]. CPSI [REDACTED] asked if there were any medications in the home that [REDACTED] was taking or could have been given and he said no, we have cough medicine, Ibutophren, fever medicine, etc.. He said that [REDACTED] takes anxiety medication called Bostrom but it is out of reach of the children. He said that [REDACTED] is a good mom and takes real good care of the kids. He denies any drug or alcohol use in the home.

[REDACTED] asked how could something like this happen? Det. [REDACTED] told [REDACTED] that we couldnt answer that right now but that was why we are working on it to find out. CPSI [REDACTED] again expressed my sympathies with [REDACTED] and his family over the loss and told him to call with any questions and that I would check with him and the family next week.

CPSI [REDACTED] did observe the other children, [REDACTED], [REDACTED], [REDACTED], and [REDACTED] who were sitting in the living room with the maternal grandfather, [REDACTED]. CPSI [REDACTED] didnt talk to the children due to the sensitive nature of the case and the children being confused and just needing family time. The children appeared to be clean and healthy and had no visible marks or bruises. CPSI [REDACTED] did say hi to the children and shook [REDACTED]s hand before leaving.

There were several family members at the hospital and [REDACTED]s parents had just arrived from [REDACTED] when CPSI [REDACTED] was leaving.

CPSI [REDACTED] completed the Death Report on [REDACTED] on this date and emailed it to appropriate DCS personnel.

CPSI [REDACTED] did talk with [REDACTED] who is now on the Child Fatality Review Team and she assisted CPSI [REDACTED] with requesting medical records on [REDACTED] from [REDACTED] and from [REDACTED] on this date.



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SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 8/6/13 11:06 AM

Date of Assessment: 8/6/13 12:00 AM

Assessment Type: [X] Initial [] Closing [] Other

Number of Children in the Household: 4

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: 9/4/13 6:34 AM

Date of Assessment: 9/4/13 12:00 AM

Assessment Type: [X] Initial [] Closing [] Other

Number of Children in the Household: 5

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.
- [X] 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]

Date of Referral: 8/6/13 11:06 AM

Date of Assessment: 9/18/13 12:00 AM

Assessment Type: [] Initial [X] Closing [] Other

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.



Tennessee Department of Children's Services
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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: _____