



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 10/02/2013 05:06 PM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 10/02/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 10/03/2013 11:23 AM  
First Team Leader Assigned: [REDACTED] Date/Time 10/03/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 10/03/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Neglect Death	Yes	[REDACTED]	Other Non-relative
[REDACTED]	11 Mos	Neglect Death	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: I-3 Phone  
Notification: Letter  
Narrative: TFACTS: [REDACTED]  
Open Court Custody/FSS/FCIP No None  
Closed Court Custody No  
Open CPS 7/18/2013-[REDACTED] ENN-[REDACTED]  
Fatality None previous  
Indicated: No  
Screened out 0



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History (not listed above):  
None

County: [REDACTED]  
Notification: Letter  
School/ Daycare: with [REDACTED] through the week.  
Native American Descent: None  
Directions: Immediate response requested.

Reporters name/relationship: [REDACTED]

Reporter states: This is child is not in custody.

[REDACTED] (3), [REDACTED] (1), [REDACTED] (4 months old), and [REDACTED] // deceased) lives with the Birth Mother [REDACTED] (26). [REDACTED] (31) is the Caretaker who has the children throughout the week. [REDACTED] Paramour is [REDACTED].

[REDACTED] woke up today and noticed that [REDACTED] and [REDACTED] were asleep in the crib at about 2:50PM. Later [REDACTED] awoke and checked on [REDACTED] and [REDACTED] but [REDACTED] was not breathing which is when the 911 was called. There is no police history with [REDACTED] or [REDACTED] [REDACTED] was seen moving about 12:00PM today (last time she was seen alive). Law Enforcement is aware of this situation and is currently on the scene.

The children are currently with a neighbor [REDACTED]

[REDACTED] attempted CPR on [REDACTED] and a person working at the Hotel came and also tried to perform CPR since [REDACTED] was allegedly doing CPR incorrectly. It is not known if [REDACTED] has any physical injuries. There will probably be an autopsy done according to Law Enforcement.

Special Needs or Disabilities: [REDACTED] and [REDACTED] were born premature for an unknown reason.  
Childs current location/is the child safe at this time: deceased  
Perpetrators location at this time: unknown/ likely home.  
Any other safety concerns for the child(ren) or worker who may respond: None known.

Per SDM: Investigative Track, P1: [REDACTED], Team Leader, 10/02/2013 @ 6:05 pm, county paged

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	10-02-13 06:10:25 PM CDT	10-02-13 06:11:13 PM CDT	PRIVATE	Received
[REDACTED]	10-02-13 06:10:29 PM CDT	---	PRIVATE	Email Sent

Notification submitted to Child Death/Child Near Death group via [REDACTED]

CC: [REDACTED], [REDACTED] RA



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

**Participant(s)**

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 32 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: Race: Black/African Age: 29 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:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 11 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 3 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:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 27 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: [REDACTED] Race: Black/African Age: 2 Yrs 6 Mos

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 11 Mos

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

A. Investigation

Case Name: [Redacted] Investigation ID: [Redacted]
Referral Date: 10/02/2013 Assignment Date: 10/03/2013
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: Assessed and Closed
Comments: Allegations of Neglect Death against the non-relative, [Redacted] regarding the child, [Redacted] (Allegations Unsubstantiated/Perpetrator Unsubstantiated).

D. Case Workers

Case Worker: [Redacted] Date: 01/31/2014
Team Leader: [Redacted] Date: 01/31/2014

E. Investigation Summary

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

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

The child, [Redacted] was unable to conduct and interview due to the child being deceased.
The other children ([Redacted]) were observed and there were no concerns regarding the children.

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

This case manager received the autopsy report from the medical examiners office. The report stated the cause of death is Sudden Unexplained Infant Death and the manner of death cannot be determined. The



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

Case Name : ██████████

Investigation ID: ██████████

results of the investigation in the report stated that there was no foul play or trauma was reported

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

Mr. ██████ stated that he fixed him something to eat and then went to bed. Mr. ██████ stated that at about 7am his children woke up to get ready for school. He stated that he woke up at this time to see them off and ██████ and ██████ then went and fell asleep on the couch. Mr. ██████ stated that he was in and out of sleep and Ms. ██████ was caring for the children. Mr. ██████ stated that around 1pm or so the maintenance man arrived to work on the air conditioner. He stated that a little while after that everyone took a nap. He stated that him, ████████████████████ woke up around 245pm; he stated that he remembers the time because his alarm went off. He stated that shortly after that Ms. ██████ walked into the room and told him that the television was too loud and then she went into the restroom. Mr. ██████ stated that Ms. ██████ finished in the restroom and then went back into the room with the babies and very shortly after that she screamed out that one of the babies was not breathing and to call 911. Mr. ██████ stated that he picked up the phone to call 911 and the phone initially went to the front desk. Mr. ██████ stated that he then hung up and dialed 9 for an outside line and called 911. Mr. ██████ stated that he observed Ms. ██████ performing CPR. Mr. ██████ stated that hotel security then came to the room and asked did someone call 911 and he informed him of what happened. Mr. ██████ stated that hotel security contacted 911 to confirm that the call was made and that paramedics are needed at the scene. Mr. ██████ stated that the front desk clerk, ██████ then came in and took over CPR from Ms. ██████ and then the paramedics and police arrived.

Ms. ██████ stated that between 12 and 1 the maintenance man arrived to fix the air conditioner. She stated that shortly after that everyone took a nap. Ms. ██████ stated that she remembers waking up close to 3pm because she remembered it was close to time to for her children to get home from school. Ms. ██████ stated that peeked in the crib and saw both twins and then went to the restroom. Ms. ██████ stated that she also remembers being prompted to wake up because the television in the front room was too loud. She stated that she informed her boyfriend that the television was too loud and then went to the restroom. Ms. ██████ stated that when she came out the restroom she noticed that ██████ was lying awkward. Ms. ██████ stated that she immediately ran to the crib and checked ██████ breathing and she was not breathing. Ms. ██████ stated that she immediately began CPR and told her boyfriend to call 911. Ms. ██████ stated that shortly after, the front desk clerk at the hotel came in and took over CPR and then the paramedics arrived. Ms. ██████ reported that she swaddled both infants and placed them on their back when she put them down for their nap. She reported that there were no other items in the crib with the infants.

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

This agency received a referral on 10/2/2013 stating allegations of Neglect Death. The referral stated that ██████ woke up today and noticed that ██████ and ██████ were asleep in the crib at about 2:50PM. Later ██████ awoke and checked on ██████ and ██████ but ██████ was not breathing which is when the 911 was called. There is no police history with ██████ or ██████ ██████ was seen moving about 12:00PM today (last time she was seen alive). Law Enforcement is aware of this situation and is currently on the scene. The children are currently with a neighbor ██████ ██████ attempted CPR on ██████ and a person working at the Hotel came and also tried to perform CPR since ██████ was allegedly doing CPR incorrectly. It is not known if ██████ has any physical injuries. There will probably be an autopsy done according to Law Enforcement.

This case manager spoke with Ms. ██████ concerning the referral. Ms. ██████ stated that she is a good friend of Ms. ██████ and stated that she was at the home with the family when the baby passed away. She stated that Ms. ██████ loved that child and took care of the children as if they were her own. She stated that Ms. ██████ is hurting due to the death of the child. Ms. ██████ stated that she has been talking with Ms. ██████ and letting her know that it was nothing that she did to harm that child. Ms. ██████ stated that she also help the mother with her children because she pick them up from school and take them to school every day.

This case manager spoke with Ms. ██████ (manager) and she told this case manager that she will always see



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

Case Name : ██████████

Investigation ID: ██████████

the children with Ms. ██████████ and that she cared for the children. She stated that she also helped Ms. ██████████ with CPR concerning the child because at that time, Ms. ██████████ was not doing it correct. She stated that Ms. ██████████ no longer lives in the same room and asked to be moved because of what happened to the child.

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

DEATH/NEAR DEATH:DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

This agency received a referral on 10/2/2013 stating allegations of Neglect Death. The child, ██████████ was unable to be interviewed due to the death of the child. The children (██████████) were unable to be interviewed due to the children not being age appropriate. This case manager received the medical records on the child, ██████████ and observed that the child death was a result of Sudden Unexplained Infant Death and the report stated that there were no indications of foul play reported. This case manager completed a JSSI Background Check on, Ms. ██████████, Ms. ██████████ and Mr. ██████████. This case manager observed that Ms. ██████████ has a traffic ticket with ██████████ Police Department (2013; Driving while license S/R/C). This case manager observed that the family has past history with this agency (2/007; PHA; UABC; 7/2004; DEC; AUPU). This case manager conducted a JSSI Background Check on Mr. ██████████ (2013; Driving without License S/R/C) and Ms. ██████████. This case manager did not observe any records on Ms. ██████████. This case manager conducted a Felony, Health and Abuse, Meth and Sex Offender Registry on Mr. ██████████ and Ms. ██████████ and there were no records. This case manager conducted a TFACTS Search on the family and observed that the mother has past history with this agency (2013; ENN; No Services Needed). This case was presented in morning CPIT and it was recommended that there was not enough evidence to substantiate the allegations. This case manager completed the safety assessment on the family and the score was safe. This case manager attended a court hearing on the family due to the maternal grandmother, ██████████ filing a petition. At the hearing, Ms. ██████████ dismissed her petition and the children remained in the custody of their mother.

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 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:	02/19/2014	Contact Method:	
Contact Time:	08:40 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/19/2014
Completed date:	02/19/2014	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: 02/19/2014 08:43 AM      Entered By: [REDACTED]  
Case reviewed and approved for closure by [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/31/2014	Contact Method:	
Contact Time:	02:10 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/31/2014
Completed date:	01/31/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/31/2014 02:11 PM Entered By: [REDACTED]

DEATH/NEAR DEATH:DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child.

This agency received a referral on 10/2/2013 stating allegations of Neglect Death. The child, [REDACTED] was unable to be interviewed due to the death of the child. The children ([REDACTED]) were unable to be interviewed due to the children not being age appropriate. This case manager received the medical records on the child, [REDACTED] and observed that the child death was a result of Sudden Unexplained Infant Death and the report stated that there were no indications of foul play reported. This case manager completed a JSSI Background Check on Ms. [REDACTED], Ms. [REDACTED] and Mr. [REDACTED]. This case manager observed that Ms. [REDACTED] has a traffic ticket with [REDACTED] Police Department (2013; Driving while license S/R/C). This case manager observed that the family has past history with this agency (2/007; PHA; UABC; 7/2004; DEC; AUPU). This case manager conducted a JSSI Background Check on Mr. [REDACTED] (2013; Driving without License S/R/C) and Ms. [REDACTED]. This case manager did not observe any records on Ms. [REDACTED]. This case manager conducted a Felony, Health and Abuse, Meth and Sex Offender Registry on Mr. [REDACTED] and Ms. [REDACTED] and there were no records. This case manager conducted a TFACTS Search on the family and observed that the mother has past history with this agency (2013; ENN; No Services Needed). This case was presented in morning CPIT and it was recommended that there was not enough evidence to substantiate the allegations. This case manager completed the safety assessment on the family and the score was safe. This case manager attended a court hearing on the family due to the maternal grandmother, [REDACTED] filing a petition. At the hearing, Ms. [REDACTED] dismissed her petition and the children remained in the custody of their mother.



## 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: 01/31/2014 Contact Method: Face To Face  
 Contact Time: 01:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Court Created Date: 01/31/2014  
 Completed date: 01/31/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Court Hearing,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning****Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/31/2014 02:19 PM Entered By: [REDACTED]

This case manager visited ([REDACTED]; Juvenile Court) and observed the children ([REDACTED]). This case manager observed the children to be dressed appropriately and appeared healthy and happy. This case manager did not observe any visible marks or bruises on the children. This case manager did not observe any safety concerns. This case manager observed the children to interact appropriately with each other.

At the hearing, the maternal grandmother, [REDACTED] dismissed her petition regarding custody of the children. Magistrate [REDACTED] presided in the court. The mother, [REDACTED] was present at the court hearing. This case manager spoke with Ms. [REDACTED] and she informed this case manager that she and the children are doing well. She told this case manager that she is currently residing at [REDACTED] and provided this case manager with her contact information [REDACTED] Ms. [REDACTED] told this case manager that she continue to work at [REDACTED] and that the children are currently in daycare ([REDACTED]). She told this case manager that their first day was yesterday and stated that the paternal family is assisting her with the children. Ms. [REDACTED] stated that she does not want her mother to know her address of the name of the daycare the children attend. Ms. [REDACTED] told this case manager that she does not need additional counseling and feel that she is doing well. She stated that she did file a petition for child support against the father and they have a court hearing next week. This case manager informed Ms. [REDACTED] that this case manager is preparing to close her case, but she can contact this case manager at 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:	01/24/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/31/2014
Completed date:	01/31/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 01/31/2014 03:08 PM      Entered By: [REDACTED]

This case was presented in morning CPIT with the DA at the [REDACTED] Child Advocacy Center. It was recommended that there was not enough evidence to substantiate the allegations.



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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: 01/16/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 03:12 PM Entered By: [REDACTED]

This case manager received the autopsy report from the medical examiners office. The report stated the cause of death is Sudden Unexplained Infant Death and the manner of death cannot be determined. The results of the investigation in the report stated that there was no foul play or trauma was reported.



**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: 01/06/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/07/2014

Completed date: 01/07/2014

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: 01/07/2014 10:41 AM Entered By: [REDACTED]

Case staffed with CPSI, [REDACTED] IC, [REDACTED] and LI, [REDACTED] CPSI informed that services have been put into the home with the mother and children as they reside with the mother's sister. The CPSI conducted a CFTM to address all concerns. CPSI has made initial request for autopsy report. CPSI was directed to follow up monthly and dictate regarding the autopsy report. CPSI needs to make monthly contact with the mother and the children until case can be prepared for closure.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/06/2014

Contact Method:

Contact Time: 01:31 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/31/2014 03:34 PM      Entered By: [REDACTED]

This case manager reviewed the medical records and observed that the diagnosis of the child stated Sudden Infant Death Syndrome (SIDS) according to [REDACTED] medical records



**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: 12/26/2013 Contact Method: Face To Face  
 Contact Time: 05:00 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 01/31/2014  
 Completed date: 01/31/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 02:25 PM Entered By: [REDACTED]

This case manager visited [REDACTED] and observed the children ([REDACTED]) in the home with the mother, [REDACTED]. This case manager observed the children to be dressed appropriately and appeared healthy and happy. This case manager did not observe any visible marks or bruises on the children. This case manager did not observe any safety concerns. Ms. [REDACTED] told this case manager that she is in the process of receiving her own place and stated that she will be moving around January 14, 2014. She stated that everything is going well in the home with her sister, but she want her own place. She stated that she has been in contact with the counselor (Ms. [REDACTED]) concerning services and was informed that she has not received the authorization for additional services. Ms. [REDACTED] stated that she feel that her mother and her stepfather is following her because everywhere she go, they know about it. She stated that her stepfather has been asking people have she been back to the hotel with Ms. [REDACTED] and asked if the children been at the hotel with children. Ms. [REDACTED] told this case manager that she can not wait until this is over. Ms. [REDACTED] also told this case manager that she take her children with her and stated that she does not leave them with her sister often because she want them with her. She stated that her sister does not like that she has her children with her often and do not leave them 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: 11/24/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 02:32 PM Entered By: [REDACTED]

This case manager visited [REDACTED] and observed the children [REDACTED] in the home. This case manager observed the children to be dressed appropriately in their bed clothes. This case manager did not observe any visible marks or bruises on the children. This case manager did not observe any safety concerns. This case manager attended the counseling session with Ms. [REDACTED] ([REDACTED]; counselor). Ms. [REDACTED] stated that the mother has been compliant with the services and feel that she is using the tools regarding the parenting. She stated that the mother is not ready to discuss the child [REDACTED] so at this time, she is not ready for grief counseling. Ms. [REDACTED] stated that she will be submitting a request for additional services for parenting and grief counseling. This case manager informed Ms. [REDACTED] that this case manager will resubmit the request once this case manager has received the request. This case manager spoke with the mother and she stated that she is doing well at home and the children are doing well. She stated that she feel that the services are helping her with dealing with the children. She stated that she is not at that point of talking about the death of the child and feel that she is coping with the death in her own way. Ms. [REDACTED] stated that she does feel that her stepfather and mother are having her followed because they are aware of her whereabouts at all time.



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/21/2013	Contact Method:	
Contact Time:	09:36 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/31/2014
Completed date:	01/31/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/31/2014 03:17 PM      Entered By: [REDACTED]

This case manager called to check on the status of the medical records. This case manager was informed that the records are not completed at this time.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/15/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Court

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Court Hearing,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/31/2014 02:56 PM Entered By: [REDACTED]

This case manager visited [REDACTED]; Juvenile Court) and attended a court hearing on the children. Present at the hearing was the mother, [REDACTED], the maternal grandparents ([REDACTED] and [REDACTED]). This case manager observed the children ([REDACTED]) at the hearing. This case manager observed the children to be dressed appropriately and appeared healthy and happy. This case manager did not observe any visible marks or bruises on the children. This case manager did not observe any safety concerns. At the hearing, the case was continued until January 31, 2014 due to the grandmother expressing that she does not want to dismiss her petition and the concerns regarding the death of the child, [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: 11/04/2013

Contact Method:

Contact Time: 09:33 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

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

This case manager faxed the TEIS referral regarding the child, [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: 10/31/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 02:52 PM Entered By: [REDACTED]

This case manager visited [REDACTED] and observed the children, [REDACTED] in the home with the mother. This case manager observed the children to be dressed appropriately. This case manager did not observe any visible marks or bruises on the children. This case manager did not observe any safety concerns. This case manager informed Ms. [REDACTED] that this case manager spoke with Mr. [REDACTED] (GAL) and was informed that there were allegations of drug usage. Ms. [REDACTED] stated that she does not use drugs and stated that she is willing to submit to a drug screen. This case manager submitted a drug screen on the mother and the results were negative for all drugs.



**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: 10/31/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 01/31/2014 03:27 PM      Entered By: [REDACTED]

This case manager completed the referral for TEIS concerning the child, [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: Face To Face

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 02:48 PM Entered By: [REDACTED]

This case manager visited [REDACTED] and observed the children ([REDACTED]). This case manager observed the children to be dressed appropriately and appeared healthy and happy. This case manager did not observe any safety concerns. This case manager did not observe any visible marks or bruises on the children.

This case manager spoke with the child, [REDACTED] and he stated that [REDACTED] went to the doctor. The child did not disclose additional concerns to this case manager.

This case manager spoke with Ms. [REDACTED] concerning the case and informed her that this case manager will continue to monitor the case and provide services. Ms. [REDACTED] stated that she will participate in the services and stated that she will do what she need to do to keep her children. This case manager informed Ms. [REDACTED] that this case manager will print her an application from MLGW to begin paying on her utility bill balance. This case manager also informed Ms. [REDACTED] that if her sister is going to allow her and her children to remain in her home for 90 days, then this is the opportunity for her to take care of her business.



## 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: Face To Face

Contact Time: 02:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/31/2014 02:39 PM Entered By: [REDACTED]

This case manager visited ([REDACTED]) and attended a Child and Family Team Meeting. Present at the meeting, the mother, [REDACTED], the maternal grandparents, [REDACTED] and [REDACTED]. At the meeting, the grandparents expressed that their concerns of the child, [REDACTED] passing away and also expressed concerns of the mother allowing the children with be other people. The mother expressed to the family that she want her children to remain in her custody. In the meeting, it was discussed that the maternal stepgrandfather is on the sex offender registry and that the children need to be removed from their home in [REDACTED] and returned to the care of the mother. The family was informed that the mother has custody of her children and the state did not remove her children. At that time, it was stated that the grandparents was informed on the night of the referral that if the children did not go with the grandparents m they will go into state custody.

This case manager informed the family that this case manager will continue to monitor the case on the children and provide services to the mother to ensure that she will continue to be able to care for the children. This case manager informed the mother that this case manager will come to the home this evening to see the children once they have been returned to the mother. The mother informed this case manager that the she and her children will be residing in the home with her sister.

Narrative Type: Addendum 1 Entry Date/Time: 01/31/2014 03:24 PM Entered By: [REDACTED]

The date on the CFTM is incorrect. The CFTM was held on 10/28/2013



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/30/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 03:22 PM Entered By: [REDACTED]

This case manager completed a JSSI Background Check on Mr. [REDACTED] and there were no records observed.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/29/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 03:21 PM Entered By: [REDACTED]

This case manager completed a Sex Offender Registry on Mr. [REDACTED] and observed that Mr. [REDACTED] is on the sex offender registry



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/29/2013

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 03:51 PM Entered By: [REDACTED]

This case manager spoke with Ms. [REDACTED] (maternal grandmother). She informed this case manager that the children are currently at her home and stated that she resides [REDACTED]. She stated that when the family was together, the DCS worker told Ms. [REDACTED] that if she did not allow the children to go with the grandparents, then the children will go into state custody. Ms. [REDACTED] stated that she has filed a petition regarding custody of the children and the court hearing is scheduled for November 15, 2013 at 1:00 pm. Ms. [REDACTED] stated that Ms. [REDACTED] is not stable at this time and she has been back and forth from [REDACTED] to Tennessee. She stated that the mother has not been there to see the children and stated that the mother was aware of her filing the petition and she does not know why Ms. [REDACTED] is making it seems as she did not know. Ms. [REDACTED] stated that Ms. [REDACTED] goes to party and get drunk and stated that the night of the incident, Ms. [REDACTED] was rushing and stated that she was ready to go and stating that they need to hurry up. Ms. [REDACTED] stated that Ms. [REDACTED] does not have a mental health diagnosis, but stated that her behaviors are concerning. She stated that she does have hot water and utilities in her home where the children are currently residing. She stated that she has a 2 bedroom 1 bathroom home. Ms. [REDACTED] told this case manager that she is currently employed at Kroger on [REDACTED]. Ms. [REDACTED] stated that wednesday or thursday the mother called and friday she came by the home. She stated that she does not feel that the mother need to the children due to instability. Ms. [REDACTED] stated that the Guardian Ad Liteum has been to the home ([REDACTED]) and she was not at the home at that time. She stted that he did complete a home study of their home. Ms. [REDACTED] also told this case manager that the mother has a warrant and contempt of court in [REDACTED] and [REDACTED] for no license and no insurance. Ms. [REDACTED] told this case manager that the child ([REDACTED]) has an appointment regarding his eye on November 15 and stated that they have their immunizations scheduled for November 16. This case manager spoke with Ms. [REDACTED] concerning her husband being a registered sex offender. Ms. [REDACTED] stated that her husband is not on the sex offender registry and she does not know why that was stated. This case manager informed Ms. [REDACTED] that this case manager has searched the sex offender registry and observe Mr. [REDACTED] on the registry.



**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: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 04:14 PM Entered By: [REDACTED]

This case manager spoke with Ms. [REDACTED] concerning the referral. Ms. [REDACTED] stated that she is a good friend of Ms. [REDACTED] and stated that she was at the home with the family when the baby passed away. She stated that Ms. [REDACTED] loved that child and took care of the children as if they were her own. She stated that Ms. [REDACTED] is hurting due to the death of the child. Ms. [REDACTED] stated that she has been talking with Ms. [REDACTED] and letting her know that it was nothing that she did to harm that child. Ms. [REDACTED] stated that she also help the mother with her children because she pick them up from school and take them to school every day.

This case manager spoke with Ms. [REDACTED] (manager) and she told this case manager that she will always see the children with Ms. [REDACTED] and that she cared for the children. She stated that she also helped Ms. [REDACTED] with CPR concerning the child because at that time, Ms. [REDACTED] was not doing it correct. She stated that Ms. [REDACTED] no longer lives in the same room and asked to be moved because of what happened to the child.



**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:	10/04/2013	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/31/2014
Completed date:	01/31/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 01/31/2014 03:10 PM      Entered By: [REDACTED]

This case was presented in morning CPIT with the DA at the [REDACTED] Child Advocacy Center. It was recommended that DCS to Handle and Return and wait for autopsy.



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:	10/02/2013	Contact Method:	Attempted Face To Face
Contact Time:	07:45 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	10/14/2013
Completed date:	10/14/2013	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

**Children Concerning**

[REDACTED]

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/14/2013 12:56 AM      Entered By: [REDACTED]

The child, [REDACTED] was not observed during the visit due to the being deceased.



**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: 10/02/2013 Contact Method: Face To Face  
 Contact Time: 07:45 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 10/14/2013  
 Completed date: 10/14/2013 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being, Permanency  
 Contact Type(s): Alleged Perpetrator Interview, Other Persons Living in Home  
 Interview/Observation, Parent/Caretaker Interview, Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/14/2013 12:52 AM Entered By: [REDACTED]

CPSI responded to P1 referral with the allegation of neglect death. The alleged child victim is listed as [REDACTED] and alleged perpetrators are listed as [REDACTED] and [REDACTED]. Referral states that [REDACTED] was found unresponsive in her crib.

The family has an open assessment case (7/18/2013) for the allegation of environmental neglect and the alleged perpetrator is listed as [REDACTED].

CPSI arrived to [REDACTED] at 7:45pm and was greeted by [REDACTED] Police Officer [REDACTED]. Officer [REDACTED] reported that [REDACTED] Police responded to a call for an unresponsive infant. Officer [REDACTED] reported that 4month [REDACTED] was found unresponsive in her crib around 315pm. Officer [REDACTED] reported that [REDACTED] was in the care of caretaker, [REDACTED]. Office [REDACTED] reported that the mother does not reside at this address and is currently at [REDACTED] being questioned by investigators.

CPSI observed hotel suite. The suite contained one full size bed, one crib, rollaway bed, and other furniture such as tables and chairs. CPSI observed childrens clothing and plenty of food and infant formula in the hotel suite.

CPSI spoke with caretaker, [REDACTED]. Ms. [REDACTED] reported that [REDACTED] and her siblings [REDACTED] and [REDACTED] have been residing with her since July 26, 2013. Ms. [REDACTED] reported that [REDACTED] and her twin [REDACTED] were born prematurely on 5/5/2013 and were not released from the hospital until 7/26/2013. Ms. [REDACTED] stated that once the twins were released their mother, [REDACTED] along with her children resided with Ms. [REDACTED] and her family in the hotel. Ms. [REDACTED] stated that she originally lived in room 436 and transferred to room 214 when Ms. [REDACTED] and her children came to live with her because room 214 is bigger. Ms. [REDACTED] stated that Ms. [REDACTED] only resided with her for a couple of weeks and then moved out. Ms. [REDACTED] stated that Ms. [REDACTED] informed her that she obtained employment as well as an apartment. Ms. [REDACTED] stated that even though Ms. [REDACTED] obtained housing her children remained in the home with her (Ms. [REDACTED] and her family. Ms. [REDACTED] stated that she has known Ms. [REDACTED] since her oldest child, [REDACTED] was four months old. Ms. [REDACTED] stated that she was the teacher at the childrens daycare ([REDACTED]). Ms. [REDACTED] stated that she was employed at the daycare until February 2013. Ms. [REDACTED] stated that once she quit working for the daycare she remained in touch with Ms. [REDACTED] and her children. Ms. [REDACTED] stated that she has



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

been caring for all of Ms. [REDACTED] children since the end of July and they are very well taken care of. Ms. [REDACTED] stated that Ms. [REDACTED] comes to visit the children on some weekends. She stated that Ms. [REDACTED] also occasionally brings food and formula by as well however, it is not consistent.

CPSI inquired as to the incident that occurred this afternoon. Ms. [REDACTED] stated that she does not remember the exact times of everything but will try her best to remember. Ms. [REDACTED] stated that today was a very laid back and relaxing day. She stated that her children, [REDACTED] (13) and [REDACTED] (11) woke up between 630am and 700am to get ready for school. She stated at this time [REDACTED], and [REDACTED] also woke up. Ms. [REDACTED] stated that she gave the twins a bottle and they went back to sleep. She reported that her children put up the rollaway bed away and [REDACTED] and [REDACTED] went back to sleep. Ms. [REDACTED] stated that they woke back up but she is not sure of the time. She stated that her boyfriend, [REDACTED] was in and out of sleep watching television on the couch and [REDACTED] and [REDACTED] were playing at the table. Ms. [REDACTED] stated that the day was average. She stated that she cared for all the children. She stated that they ate, played, and it was a pretty average day. Ms. [REDACTED] stated that between 12 and 1 the maintenance man arrived to fix the air conditioner. She stated that shortly after that everyone took a nap. Ms. [REDACTED] stated that she remembers waking up close to 3pm because she remembered it was close to time to for her children to get home from school. Ms. [REDACTED] stated that peeked in the crib and saw both twins and then went to the restroom. Ms. [REDACTED] stated that she also remembers being prompted to wake up because the television in the front room was too loud. She stated that she informed her boyfriend that the television was too loud and then went to the restroom. Ms. [REDACTED] stated that when she came out the restroom she noticed that [REDACTED] was lying awkward. Ms. [REDACTED] stated that she immediately ran to the crib and checked [REDACTED] breathing and she was not breathing. Ms. [REDACTED] stated that she immediately began CPR and told her boyfriend to call 911. Ms. [REDACTED] stated that shortly after, the front desk clerk at the hotel came in and took over CPR and then the paramedics arrived. Ms. [REDACTED] reported that she swaddled both infants and placed them on their back when she put them down for their nap. She reported that there were no other items in the crib with the infants. Ms. [REDACTED] was very emotional during the interview. CPSI was empathic and patient with client. Ms. [REDACTED] contact number is [REDACTED]

CPSI observed [REDACTED] (4months), [REDACTED] (1), and [REDACTED] (3). No marks or bruises were observed on the children; they appeared healthy and displayed age appropriate behavior. [REDACTED] and [REDACTED] were playing with paternal grandmother while CPSI was present.

CPSI spoke with putative father, [REDACTED] (DOB [REDACTED] SSN: [REDACTED]). Mr. [REDACTED] stated that he is the father of all Ms. [REDACTED] four children but he has not legitimated his children yet. Mr. [REDACTED] stated that the last time he saw his children was on Saturday (9-28-13). Mr. [REDACTED] stated that he has been unable to see his children consistently because Ms. [REDACTED] will not allow him to. He stated that he knows that his children have been living with Ms. [REDACTED] for the last month. Mr. [REDACTED] stated that he has known Ms. [REDACTED] for three years and trust her. He stated that she has cared for their children and works well with them. Mr. [REDACTED] stated that he does not feel that his children have been abused or neglected in anyway. CPSI inquired as to how Mr. [REDACTED] was informed about his daughters passing. Mr. [REDACTED] stated that his uncle informed him. He reported that Ms. [REDACTED] is friends with his uncles girlfriend and that is how his uncle found out. Mr. [REDACTED] reported that currently he is unemployed and resides with his mother, [REDACTED], at [REDACTED] and his contact number is [REDACTED]

CPSI spoke with punitive paternal grandmother, [REDACTED]. Ms. [REDACTED] reported that today is the first day that she saw her youngest grandchildren and one was dead. Ms. [REDACTED] was very emotional. She stated that she does not know Ms. [REDACTED]. Ms. [REDACTED] reported that mother, [REDACTED] is unstable and that is why the children were residing with Ms. [REDACTED]. Ms. [REDACTED] reported that Ms. [REDACTED] is from place to place. Ms. [REDACTED] stated that she feels the children are not safe with Ms. [REDACTED] or Ms. [REDACTED]

Mother, [REDACTED] arrived to [REDACTED] after completing questioning at [REDACTED]. CPSI introduced self and inquired as to Ms. [REDACTED] understanding of the incident that occurred today (10/2/2013). Ms. [REDACTED] stated that she last saw her baby, [REDACTED] alive at noon when she dropped formula off to Ms. [REDACTED]. Ms. [REDACTED] reported that she works at [REDACTED] from 2pm to 1130pm and Ms. [REDACTED] watches her children while she works. CPSI inquired about the children residing with Ms. [REDACTED] fulltime and she stated that her children do not reside with Ms. [REDACTED] and she is just the babysitter. Ms. [REDACTED] stated that her children reside with her and her aunt, [REDACTED], at [REDACTED]. Ms. [REDACTED] stated that when she gets off work at night she picks her children up and take them home. She stated that some nights she leaves the twins with Ms. [REDACTED] if she gets off late because she does not like them out too late since they were born premature. Ms. [REDACTED] reported that she gave birth to her twins at 29 weeks. CPSI inquired



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Case Id: [REDACTED]

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Case Status: Close

Organization: [REDACTED]

about the twins behavior when she saw them at noon. Ms. [REDACTED] then stated that she did not see her children at noon. CPSI inquired about the formula being dropped off and Ms. [REDACTED] reported that she left the formula at the front desk with the receptionist. CPSI again asked Ms. [REDACTED] when the last time she saw her children was and she reported that she saw them at 8am this morning. Ms. [REDACTED] stated that she picked [REDACTED] and [REDACTED] up last night when she got off work and then dropped them off at 8am on 10/2/13. She stated that when she dropped her oldest children off this morning she played with the twins and that is the last time she saw [REDACTED] alive. CPSI asked Ms. [REDACTED] when was the last time she had the twins at her home, and she stated that she had [REDACTED] and [REDACTED] from 9/28/13 to the morning of 9/30/13.

IL, [REDACTED] made contact with maternal great aunt, [REDACTED] ([REDACTED]). Ms. [REDACTED] reported that she resides at [REDACTED] Ms. [REDACTED] and her children do not reside there. Ms. [REDACTED] reported that her home is already full and she informed Ms. [REDACTED] that she does not have room for her and her children.

CPSI inquired about Ms. [REDACTED] place of residence again and she was adamant that she resides at [REDACTED]. CPSI inquired as to Ms. [REDACTED] plans for her children and she reported that she wants her children to reside with her parents, [REDACTED] ([REDACTED]) and [REDACTED] ([REDACTED]). Ms. [REDACTED] stated that contact has already been made with her parents and they are in route to obtain her children. A safety plan was formulated with Ms. [REDACTED] stating that she will ensure that a well child exam is completed on her three children and that [REDACTED] will reside with her parents until assigned investigator follows up with family. Ms. [REDACTED] contact number is [REDACTED].

Clients Rights Handbook, HIPAA, Notification of Equal Access to Services, Release of Information, Native American Veto Verification, and MRS Pamphlet were discussed with Ms. [REDACTED] and her signature was obtained on appropriate forms.

CPSI spoke with maternal grandparents, [REDACTED] and [REDACTED]. Mr. and Mrs. [REDACTED] reported that reside at [REDACTED] Ms. [REDACTED] reported that her contact number is [REDACTED]. Mr. and Mrs. [REDACTED] reported that their daughter is not stable and does not tell the truth. Mrs. [REDACTED] reported that her daughter was residing in a boarding house and is not employed. Mrs. [REDACTED] reported that she provides Ms. [REDACTED] with money to obtain necessary items. Mr. and Mrs. [REDACTED] stated that they plan to petition the court for custody as they feel that their daughter is not an appropriate caretaker for her children at this time.

CPSI then proceeded to [REDACTED] to speak with Ms. [REDACTED] paramour [REDACTED]. Mr. [REDACTED] reported that he works nights at [REDACTED] as a diesel mechanic and arrived home around 515am. Mr. [REDACTED] stated that when he arrived home he observed Ms. [REDACTED] and their two children ([REDACTED] and [REDACTED]) asleep. Mr. [REDACTED] stated that he fixed him something to eat and then went to bed. Mr. [REDACTED] stated that at about 7am his children woke up to get ready for school. He stated that he woke up at this time to see them off and [REDACTED] and [REDACTED] then went and fell asleep on the couch. Mr. [REDACTED] stated that he was in and out of sleep and Ms. [REDACTED] was caring for the children. Mr. [REDACTED] stated that around 1pm or so the maintenance man arrived to work on the air conditioner. He stated that a little while after that everyone took a nap. He stated that him, [REDACTED] and [REDACTED] woke up around 245pm; he stated that he remembers the time because his alarm went off. He stated that shortly after that Ms. [REDACTED] walked into the room and told him that the television was too loud and then she went into the restroom. Mr. [REDACTED] stated that Ms. [REDACTED] finished in the restroom and then went back into the room with the babies and very shortly after that she screamed out that one of the babies was not breathing and to call 911. Mr. [REDACTED] stated that he picked up the phone to call 911 and the phone initially went to the front desk. Mr. [REDACTED] stated that he then hung up and dialed 9 for an outside line and called 911. Mr. [REDACTED] stated that he observed Ms. [REDACTED] performing CPR. Mr. [REDACTED] stated that hotel security then came to the room and asked did someone call 911 and he informed him of what happened. Mr. [REDACTED] stated that hotel security contacted 911 to confirm that the call was made and that paramedics are needed at the scene. Mr. [REDACTED] stated that the front desk clerk, [REDACTED] then came in and took over CPR from Ms. [REDACTED] and then the paramedics and police arrived.

Mr. [REDACTED] stated that Ms. [REDACTED] children have been residing with them since the end of July. He stated that both he and Ms. [REDACTED] are very attached to the children as they have had a relationship with the family for quite some time. He reported that Ms. [REDACTED] was the childrens teacher when they were attending daycare. Mr. [REDACTED] stated that Ms. [REDACTED] lived with them for a couple weeks after the twins were released from the hospital but then moved out as she informed them that she obtained a job and an apartment. Mr. [REDACTED] stated that Ms. [REDACTED] is not stable. He stated that



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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she is not consistent in visiting with her children or providing support for her children. Mr. [REDACTED] stated that he and Ms. [REDACTED] have cared for the children physically and financially. He stated that Ms. [REDACTED] last visited with her children the past weekend. He stated that Ms. [REDACTED] had the twins for a few hours on 9/28/2013 and kept [REDACTED] and [REDACTED] the entire weekend from 9/28/2013 to the morning of 9/30/2013.



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 10/02/2013

Contact Method:

Contact Time: 05:06 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/31/2014

Completed date: 01/31/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/31/2014 12:13 AM Entered By: [REDACTED]

this agency received a referral on 10-02-13 stating allegations of neglect death. The referral stated that [REDACTED] (3), [REDACTED] (1), [REDACTED] (4 months old), and [REDACTED] (05/05/2013// deceased) lives with the Birth Mother [REDACTED] (26). [REDACTED] (31) is the Caretaker who has the children throughout the week. [REDACTED] Paramour is [REDACTED]. [REDACTED] woke up today and noticed that [REDACTED] and [REDACTED] were asleep in the crib at about 2:50PM. Later [REDACTED] awoke and checked on [REDACTED] and [REDACTED] but [REDACTED] was not breathing which is when the 911 was called. There is no police history with [REDACTED] or [REDACTED]. [REDACTED] was seen moving about 12:00PM today (last time she was seen alive). Law Enforcement is aware of this situation and is currently on the scene. The children are currently with a neighbor [REDACTED]. [REDACTED] attempted CPR on [REDACTED] and a person working at the Hotel came and also tried to perform CPR since [REDACTED] was allegedly doing CPR incorrectly. It is not known if [REDACTED] has any physical injuries. There will probably be an autopsy done according to Law Enforcement.



## Family Functional Assessment

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_  
 Primary Case Worker: \_\_\_\_\_ Begin Date: 10/03/2013  
 Last Review By: \_\_\_\_\_ Last Review Date: \_\_\_\_\_

### I. Current Circumstances:

#### A. Reason For Involvement:

10/04/2013 - \_\_\_\_\_ - FFA - Family - Reporter states the household consists of \_\_\_\_\_ (mother, (26 years), \_\_\_\_\_ (3 years), \_\_\_\_\_ (1 year), and twins \_\_\_\_\_ (less than one month) and \_\_\_\_\_ (less than one month). \_\_\_\_\_ and \_\_\_\_\_ are currently at \_\_\_\_\_ Hospital.

Reporter got information from another source that \_\_\_\_\_ is not stable. It is thought that this refers to financial or housing instability. \_\_\_\_\_ provides inconsistent information about where she lives. \_\_\_\_\_ had considered moving to \_\_\_\_\_ but she changed her mind and so she is still at the listed address. The environment where \_\_\_\_\_ lives is said to be not good. There is exposure to sexually explicit material in \_\_\_\_\_ a's home. There are other aggressive children in the home, but the reporter does not know who these children are. The children are unkempt and are always sick. \_\_\_\_\_ has not followed up with medical personnel for the care of her children, but it is not specified which children are involved or what the medical condition is that needs monitoring. The reporter has a contact person at \_\_\_\_\_ who is \_\_\_\_\_ (social worker), at \_\_\_\_\_

#### B. Family Story:

10/04/2013 - \_\_\_\_\_ - FFA - Family - CM went to the home of \_\_\_\_\_ located at \_\_\_\_\_. She is a maternal aunt. \_\_\_\_\_ does not live in this home. CM asked \_\_\_\_\_ where is she living at. She advised with a friend until she moves into her own apartment. \_\_\_\_\_ reported that she was living in \_\_\_\_\_ with her mother but she cannot remember when the last time was. She reported that she was in \_\_\_\_\_ program/housing through \_\_\_\_\_ from last year July up until April of this year. Since \_\_\_\_\_ she has stayed with her mother and a friend, \_\_\_\_\_ is the one that had the aggressive kids and \_\_\_\_\_ daughter was looking pornography. \_\_\_\_\_ reported that her children were not at \_\_\_\_\_ house they were with her sister and she was in the hospital having the babies. \_\_\_\_\_ reported that her children are never dirty or unkempt. She stated that neither of them are sick. \_\_\_\_\_ reported that her son was born with a defect to his arm but he had surgery and that was it. The children go \_\_\_\_\_ Clinic on \_\_\_\_\_. Ms. \_\_\_\_\_ reported that the twins are supposed to be released this week. The twins were born 5/5/13 but her due date was 7/13/13. Ms. \_\_\_\_\_ reported that her children were in daycare up until last month. She has to get them recertified. They were going to \_\_\_\_\_ on \_\_\_\_\_. They have Blue Care. Ms. \_\_\_\_\_ reported that she is staying with a friend right now but she has applied for an apartment through Section 8. The apartment is in \_\_\_\_\_. She stated they are supposed to let her know something on Monday. Ms. \_\_\_\_\_ reported that she drives and has her own transportation. CM advised Ms. \_\_\_\_\_ that she must keep CM updated on what is going on. CM will have to physically see where she is living. Ms. \_\_\_\_\_ reported that her mother \_\_\_\_\_ is a support for her and her children. Ms. \_\_\_\_\_ gave CM the daycare director's name Ms. \_\_\_\_\_ and telephone number. She stated she can tell CM that the children were never dirty.

### II. Assessment of Family Strengths and Needs/Risks:

#### A. Family Significant Strengths:

10/04/2013 - \_\_\_\_\_ - FFA - Family - The family strengths are that the maternal grandparents are very supportive and their home is always available to Ms. \_\_\_\_\_ and her children.

#### B. Family Significant Needs/Risks/Concerns:

10/04/2013 - [REDACTED] - FFA - Family - The needs and concerns are that Ms. [REDACTED] will not stay at her parents home often living from place to place with the children. It was reported that often these places may not be the safest. Ms. [REDACTED] needed to complete a 48 hour stay at the hospital with the twins before they were discharged.

**III. Person Information:**

**A. Children:**

10/04/2013 - [REDACTED] - FFA - Family - [REDACTED] DOB: [REDACTED]  
 [REDACTED] DOB [REDACTED]

**B. Adults:**

10/04/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED] is an african american female born on [REDACTED] She is unemployed. Ms. [REDACTED] denies substance abuse/use. She also denies any mental health diagnosis.

**C. Family Together History:**

**D. Other Significant Relationships:**

10/04/2013 - [REDACTED] - FFA - Family - None

**E. Legal/Court/DCS History:**

Intake ID		Decision Date / Time		Intake Type		Investigation ID/ Assessment ID	
[REDACTED]				CPS		[REDACTED]	
[REDACTED]				CPS		[REDACTED]	

  

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info
10/04/2013	[REDACTED]	FFA - Family		The family had no prior history with the Department.	

**IV. Assessment of Safety:**

07/18/2013 - [REDACTED] - Safety - [REDACTED]

10/04/2013 - [REDACTED] - Safety - [REDACTED] died on 10/2/13. There was a referral for the allegation Neglect Death.

10/04/2013 - [REDACTED] - FFA - Family - CM completed the safety assessment. Initially the children were safe because the mother took them to Ms. to [REDACTED] where they including her were going to live. The closing safety assessment safety decision was conditionally safe. [REDACTED] died on 10/2/13. The other three children are now with the maternal grandparents.

**V. Assessment of Well Being:**

10/04/2013 - [REDACTED] - FFA - [REDACTED] - [REDACTED] was born premature. He was discharged from the hospital without needing any special services or medical equipment however early intervention services ais recommended.

**VI. Assessment of Permanence:**

10/04/2013 - [REDACTED] - FFA - Family - The children are now living with the maternal grandparents.

**VII. Assessment of Resources:**

# Case # 2013.102ph

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
[REDACTED]	Behavioral Services/ Intensive In-Home Family Services	Approved	[REDACTED] (ECCAPC) [REDACTED]	11/05/2013	11/30/2013
[REDACTED]	Behavioral Services/ Intensive In-Home Family Services	Approved	[REDACTED] (ECCAPC) [REDACTED]	11/04/2013	11/30/2013
[REDACTED]	Behavioral Services/ Intensive In-Home Family Services	Approved	[REDACTED] (ECCAPC) [REDACTED]	01/01/2014	01/31/2014
[REDACTED]	Support Services/ Family Support Services	Denied	*To be determined by Regional Fiscal Unit	12/26/2013	

10/04/2013 - [REDACTED] - FFA - Family - Maternal grandparents.

\_\_\_\_\_

*Worker's Signature*

*Date*

*Supervisor's Signature*

*Date*



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Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 7/9/13 11:57 AM

Date of Assessment: 10/4/13 12:00 AM

Assessment Type: [ ] Initial [X] 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: \_\_\_\_\_