



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

Case # 2013.136ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/22/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	12/20/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	██████████		
If child is in DCS custody, list placement type and name:						

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

On 12/22/13, the Department received a referral for Neglect Death of 2 month old, ██████████. It was reported that this 2 month old was witnessed becoming unresponsive while feeding at about 2200 hours on 12/20/13. Paramedics from ██████████ Fire Department transported the decedent to ██████████. He was treated in the emergency room department but death was pronounced at 2323 hours by Dr. ██████████. The decedents remains were transported to the ██████████ Medical Examiners Office for an autopsy. The cause/manner of death are pending at this time.

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

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

Describe (in detail) interview with family:

On 12/22/13, CM made contact with ██████████, birth mother and ██████████ birth father. ██████████ stated that ██████████ and his siblings ██████████ (twin), and ██████████ were at the home of their paternal grandmother, ██████████ from Tuesday, December 17, 2013 until Friday, December 20, 2013. ██████████ stated that she and ██████████ work. ██████████ reported that her work hours are Sunday-Thursday, 2pm – 10 pm. ██████████ reported his work hours are 7am – 3:30 pm Saturday-Sunday. ██████████ stated that her children returned home at approximately 7:00 pm on 12/20/13. ██████████ stated that shortly after the children came home, ██████████ and his mother went to the store to buy pampers. ██████████ stated that ██████████ looked pale and was cold. ██████████ stated that she tried to warm him up by wrapping him in blankets. ██████████ stated that ██████████ was not crying or doing anything but just looking. ██████████ stated that she tried giving him a bottle but he spit the milk back out. ██████████ stated that ██████████ seemed to be choking. ██████████ stated that she patted him on his back. ██████████ stated that ██████████ seemed like he was barely able to breathe and that he seemed breathless. ██████████ stated that she called 911. According to ██████████ it seemed like the ambulance took a long time to arrive at their home. ██████████ stated that the ambulance got to the house between 8:00 pm and 8:30 pm. ██████████ stated that after the ambulance arrived ██████████ was put on oxygen. ██████████ stated ██████████ was brought back (resuscitated) three times. ██████████ stated that ██████████ seemed to be doing better. ██████████ stated that he was then taken to ██████████

██████████ stated that on Thursday morning, Dec. 19th, ██████████ called her to let her know that ██████████ was sick. According to ██████████ reported to her that he was coughing and would not drink too much milk. ██████████ reported that ██████████ informed her that ██████████ would sleep a lot and had to be woken up to be fed. ██████████ stated that she was aware that ██████████ slept a lot. ██████████ stated that he has done that since he was born. ██████████ stated that she would just wake him up every 3 hours to feed him.

██████████ was asked if ██████████ had any medical conditions. ██████████ stated ██████████ did not have any medical conditions, but he and his twin sister ██████████ were born premature (2 lbs 10 oz). Both children were hospitalized for one and a half months after their birth. ██████████ stated that ██████████ and ██████████ were receiving shots from ██████████

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

because of them being born premature. [redacted] was unsure of the name of the shot. [redacted] stated that the last shot was on 12/2/13. [redacted] stated that the shots are given each month at [redacted] [redacted] stated that she believes the shots made her children sick. [redacted] stated that they would cough and have a snotty nose. [redacted] was asked if she expressed her concern to the doctor at [redacted] According to [redacted] she was told by a doctor that the children could possibly be allergic to the shots and that it may not be serious. [redacted] was asked how the children were before getting the shots. [redacted] reported that her babies seemed to be fine before getting the shots.

[redacted] stated that when his mother dropped off his children, they both went to the store to get diapers. [redacted] stated that before they left, he did notice his baby looking pale. [redacted] stated that he did not look like himself. [redacted] stated that is basically all he knows.

On 12/22/13, CM made contact with [redacted] paternal grandmother via telephone. [redacted] stated that she had her grandchildren because she knows her son and their mother work everyday. [redacted] stated that on Tuesday, [redacted] was doing fine. [redacted] stated that he was up and smiling. [redacted] stated that Wednesday, she noticed that [redacted] was not eating a lot. [redacted] stated that he was sleeping a lot and would not wake up to eat. [redacted] stated that his sister would wake up to eat but he would not. [redacted] stated that on that morning (12/20/13), she noticed that [redacted] had a cough. [redacted] stated that she figured the cough came from her. [redacted] stated that she had been bothered with her sinus and then developed a cough. [redacted] stated that when she returned the children home, she expressed to her son and their mother that they should take [redacted] to urgent care or to the doctor because he maybe dehydrated due to him not drinking very much formula.

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

Hospitalization was unnecessary, child was treated in the emergency room and death was pronounced at 11:23 pm

Describe disposition of body (Death):

Name of Medical Examiner/Coroner: [redacted] Was autopsy requested? No Yes

Did CPS open an investigation on this Death/Near Death? No Yes

Was there DCS involvement at the time of Death/Near Death? No Yes

Type: [redacted] Case #: [redacted]

Describe law enforcement or court involvement, if applicable:

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

CPSI II assessed the home situation and found that the siblings, [redacted], did not need to be removed from their home.

Name: [redacted] Age: 2 mo

Name: [redacted] Age: 1 yr

Name: [redacted] Age:

Name: [redacted] Age:

Name: [redacted] Age:

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

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					

Intake #:	██████████	Investigation #:		Date of Report:	7/23/2013
/	/				
/	/				
/	/				
Any media inquiry or is attention expected?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information: None	
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: () -		
Case Manager: ██████████			Telephone Number: ██████████		
Team Leader ██████████			Telephone Number ██████████		
Team Coordinator: ██████████			Telephone Number: ██████████		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to ██████████ within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or</p> <p>CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 12/22/2013 12:47 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 2
Screened By: [REDACTED]
Date Screened: 12/22/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 12/23/2013 02:19 PM
First Team Leader Assigned: [REDACTED] Date/Time 12/23/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 12/23/2013 12:00 AM

Allegations

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

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: Facsimile
Notification: None
Narrative: TFACTS: No History Found; [REDACTED] is not in DCS custody.

Family Case IDs: None Located
Open Court Custody/FSS/FCIP No
Closed Court Custody No
Open CPS - No
Substantiated No
Death No



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

Screened out No

History (not listed above): No

DUPLICATE REFERRAL: (No

County: [REDACTED]
Notification: (None)
School/ Daycare: (Unknown)
Native American Descent: (Unknown)
Directions: (None)

Reporters name/relationship: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

The familys address is listed under the oldest child victim.

Fax content entered verbatim as sent to the Tennessee Child Abuse Hotline.

[REDACTED] is not in DCS custody.

This will serve as notification that the [REDACTED] Medical Examiners Office is investigating the death of [REDACTED] (DOB [REDACTED]). This 2 month old infant was witnessed becoming unresponsive while feeding at about 2200 hours on 12/20/13. Paramedics from [REDACTED] Fire Department transported the decedent to [REDACTED]. He was treated in the emergency room department but death was pronounced at 2323 hrs by [REDACTED]. The decedents remains were transported to this office for autopsy. The cause/ manner of death are pending at this time. The mothers name is [REDACTED] (DOB [REDACTED] SSN [REDACTED]. Our case is # [REDACTED].

Special Needs or Disabilities: Unknown.
Childs current location/is the child safe at this time: See Narrative.
Perpetrators location at this time: Unknown.
Any other safety concerns for the child(ren) or worker who may respond: Unknown.

**No home address was provided. No contact number was provided.

Per SDM: Investigative Track, P1. Override to P2 due to no address or phone numbers provided to make contact with the family. [REDACTED] CM 3 @ 1:18am on 12-22-13

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	12-22-13 01:27:05 AM CST	---	PRIVATE	Answering Machine
[REDACTED]	12-22-13 01:27:05 AM CST	---	PRIVATE	Answering Machine
[REDACTED]	12-22-13 01:27:06 AM CST	---	PRIVATE	Email Sent
[REDACTED]	12-22-13 01:27:05 AM CST	---	PRIVATE	12-22-13 01:28:28 AM CST + [REDACTED] Received
[REDACTED]	12-22-13 01:27:06 AM CST	---	PRIVATE	Email Sent

Child Death/Child Near Death Notification Group notified @ 1:45am: [REDACTED]
[REDACTED] Child-Fatality-Notification [REDACTED]



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

[REDACTED]

Also CC the RA [REDACTED]



**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: 21 Yrs

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: Participant ID: [REDACTED]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 1 Yr 1 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
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral

A. Investigation

Case Name: [Redacted]
Referral Date: 12/22/2013
Street Address:
City/State/Zip:

Investigation ID: [Redacted]
Assignment Date: 12/23/2013

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. Row 1: 1, [Redacted], [Redacted], [Redacted], Neglect Death, Unknown, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted], 05/23/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed
Comments:

D. Case Workers

Case Worker: [Redacted]
Team Leader: [Redacted]

Date: 05/23/2014
Date: 05/27/2014

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:

Upon initial contact with the family, the home was observed to be appropriate with no visible safety hazards. The family resides in a two bedroom townhome. [Redacted] has a twin female sibling, [Redacted]. Two portable beds for [Redacted] and [Redacted] were observed in the home. Observed were several cans of infant formula, plenty of food and non-perishable items in the refrigerator and pantry. [Redacted] was observed to appear to be resting peacefully in her bed secured in a blank. She was not observed to have any visible signs of abuse or neglect. [Redacted] oldest sibling was observed to be neat in appearance with no visible signs of abuse or neglect. [Redacted] was observed to be appropriately dressed.

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

[Redacted] stated that she had her grandchildren because she knows her son and their mother work everyday. [Redacted] stated that on Tuesday, [Redacted] was doing fine. [Redacted] stated that he was up and smiling. [Redacted] stated that Wednesday, she noticed that [Redacted] was not eating a lot. [Redacted] stated that he was sleeping a lot and would not wake up to eat. [Redacted] stated that his sister would wake up to eat but he



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

would not. [REDACTED] stated that on that morning (12/20/13), she noticed that [REDACTED] had a cough. [REDACTED] stated that she figured the cough came from her. [REDACTED] stated that she had been bothered with her sinus and then developed a cough. [REDACTED] stated that when she returned the children home, she expressed to her son and their mother that they should take [REDACTED] to urgent care or to the doctor because he maybe dehydrated due to him not drinking very much formula.

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

No alleged perpetrator was identified.

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

The Department received a referral on 12/22/13 for neglect death of 2 month old [REDACTED]. The alleged perpetrator is unknown.

It was reported that [REDACTED] is not in DCS custody. This 2 month old infant was witnessed becoming unresponsive while feeding at about 2200 hours on 12/20/13. Paramedics from [REDACTED] Fire Department transported the decedent to [REDACTED]. He was treated in the emergency room department but death was pronounced at 2323 hrs by [REDACTED]. The decedents remains were transported to the medical examiner's office for autopsy. The cause/ manner of death are pending at this time. The mothers name is [REDACTED].

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

[REDACTED] was a twin infant born premature. [REDACTED] reported [REDACTED] as always being the twin that slept a lot and had to be woken up for feedings. He had no known medical conditions. [REDACTED] were assisted with child care of [REDACTED] and his siblings by the paternal grandmother, [REDACTED] while they worked. The week of [REDACTED] death, he was in the care of [REDACTED]. [REDACTED] reported [REDACTED] as not eating very much and had to be woken up for feedings and later developed a cough. [REDACTED] reported upon returning [REDACTED] and his siblings home, she recommended to [REDACTED] to take [REDACTED] to the doctor because of possible dehydration due to lack of eating. [REDACTED] observed [REDACTED] to appear to be in distress and made contact with emergency medical personnel to assist. [REDACTED] was transported to [REDACTED] in which, he did not respond to life saving measures. An autopsy was performed and was concluded as undetermined. The case was reviewed by [REDACTED] Assistant District Attorney General, SVU and it was determined there would be no prosecution regarding this case. The family was given information regarding grief counseling. According to DCS policy, the allegation of Neglect Death is not substantiated.

Distribution Copies: Juvenile Court in All Cases
 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2014

Completed date: 05/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2014 08:39 PM Entered By: [REDACTED]

This case was submitted for review on 5-23-14. The 740 has been completed and will be forwarded t the Juvenile Court Judge and DA for classification. The case was presented to CPIT, DA [REDACTED] classification AUPU.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/23/2014 Contact Method:
 Contact Time: 09:00 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/23/2014
 Completed date: 05/23/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 08:12 AM Entered By: [REDACTED]
 CM is submitting this case to Lead Investigator [REDACTED] for review

The Department received a referral on 12/22/13 for neglect death of 2 month old [REDACTED]. The alleged perpetrator is unknown.

It was reported that [REDACTED] is not in DCS custody. This 2 month old infant was witnessed becoming unresponsive while feeding at about 2200 hours on 12/20/13. Paramedics from [REDACTED] Fire Department transported the decedent to [REDACTED]. He was treated in the emergency room department but death was pronounced at 2323 hrs by [REDACTED]. The decedent's remains were transported to the medical examiner's office for autopsy. The cause/ manner of death are pending at this time. The mother's name is [REDACTED].

DCS Policy defines Neglect Death as any child death that is the result of the caretaker's failure to meet childcare responsibilities.

[REDACTED] was a twin infant born premature. [REDACTED] reported [REDACTED] as always being the twin that slept a lot and had to be woken up for feedings. He had no known medical conditions. [REDACTED] were assisted with child care of [REDACTED] and his siblings by the paternal grandmother, [REDACTED] while they worked. The week of [REDACTED] death, he was in the care of [REDACTED] reported [REDACTED] as not eating very much and had to be woken up for feedings and later developed a cough. [REDACTED] reported upon returning [REDACTED] and his siblings home, she recommended to [REDACTED] and [REDACTED] to take [REDACTED] to the doctor because of possible dehydration due to lack of eating. [REDACTED] observed [REDACTED] to appear to be in distress



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and made contact with emergency medical personnel to assist. [REDACTED] was transported to [REDACTED] in which, he did not respond to life saving measures. An autopsy was performed and was concluded as undetermined. The case was reviewed by [REDACTED] Assistant District Attorney General, SVU and it was determined there would be no prosecution regarding this case. The family was given information regarding grief counseling. According to DCS policy, the allegation of Neglect Death is not substantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2014

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/23/2014

Completed date: 05/23/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/23/2014 08:10 AM Entered By: [REDACTED]

CM made contact with [REDACTED], Assistant District Attorney Special Victims Unit regarding possible charges surrounding the allegation of neglect death of [REDACTED]

CM observed [REDACTED] to report there will be No Prosecution regarding this case

CM has received appropriate signatures on the CPIT review form and have placed copy 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:	05/22/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	05/23/2014
Completed date:	05/23/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/23/2014 08:57 AM Entered By: [REDACTED]

Closing SDM Safety Assessment is 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: 05/03/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 05/04/2014

Completed date: 05/04/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/04/2014 08:28 PM Entered By: [REDACTED]

CM made contact with [REDACTED] at their home. CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to be gently moved back and forward in her swing. CM observed [REDACTED] to appear to be growing and thriving. CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to appear to be growing and thriving. [REDACTED] was observed to be running around playing in the living room. CM asked [REDACTED] how she is doing. [REDACTED] stated that she is good. [REDACTED] stated that she is grateful to have her other children. [REDACTED] stated that she has [REDACTED] to remind her of [REDACTED] stated that they all will be fine.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/14/2014

Completed date: 05/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2014 10:42 AM Entered By: [REDACTED]

The 911 tape ([REDACTED]) was reviewed and CPSI ([REDACTED]) reported to the DA that the tape had been reviewed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/23/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/25/2014
Completed date:	04/25/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/25/2014 01:56 PM Entered By: [REDACTED]

CM has received death certificate regarding [REDACTED]

CM has placed certificate 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:	04/10/2014	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/10/2014
Completed date:	04/10/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/10/2014 11:55 AM Entered By: [REDACTED]
 CM has received WIC records regarding [REDACTED]

CM has placed copy of records in the file

Narrative Type: Addendum 1 Entry Date/Time: 07/21/2014 02:12 PM Entered By: [REDACTED]

Verification of Certification of TN WIC program records revealed the following:

[REDACTED]

Certification Date: 11/15/2013
 Certification Expires: 09/28/2014
 Date of Last Income Screening: 11/15/2013
 Month Vouchers Issued Through: 1/2014

[REDACTED]

Certification Date: 11/15/2013
 Certification Expires: 09/28/2014
 Date of Last Income Screening: 11/15/2013
 Month Vouchers Issued Through: 04/2014

[REDACTED]

Certification Date: 12/06/2012



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Certification Expires: 11/12/2013
Date of Last Income Screening: 12/06/2012
Month Vouchers Issued Through: 11/2013



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: 04/09/2014

Contact Method: Correspondence

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/10/2014

Completed date: 04/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/10/2014 11:53 AM Entered By: [REDACTED]

CM faxed release of information to [REDACTED] requesting WIC records regarding [REDACTED]

CM has obtained confirmation of fax



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/07/2014 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration: Less than 30
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/08/2014
 Completed date: 04/09/2014 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/08/2014 09:51 AM Entered By: [REDACTED]

CM made contact at the home of [REDACTED] CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to appear to be growing and thriving. CM observed [REDACTED] to be appropriately dressed. CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to appear to be growing and thriving. CM observed [REDACTED] to be appropriately dressed for the current weather conditions.

CM asked [REDACTED] if she received the information regarding grief counseling. [REDACTED] stated that she received the information. CM asked [REDACTED] if she inquired about the services they could provide to her family. [REDACTED] stated that she decided not to use their services. [REDACTED] stated that she has her family. [REDACTED] stated that she has been off work for a while. [REDACTED] stated that she is ready to get back to work. [REDACTED] stated that she has been trying to get in touch with the medical examiner to inquire of [REDACTED] cause of death. [REDACTED] stated that she is still waiting to hear from them.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/17/2014	Contact Method:	Correspondence
Contact Time:	03:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/17/2014
Completed date:	03/17/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/17/2014 04:19 PM Entered By: [REDACTED]

CM has received medical records from [REDACTED] regarding [REDACTED]

CM has placed copies 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: 03/05/2014

Contact Method: Face To Face

Contact Time: 12:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2014 04:37 PM Entered By: [REDACTED]

CM made contact at with [REDACTED] CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to be swinging in her swing. CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to appear to be resting comfortably in his bed. [REDACTED] stated that she is will be going back to work soon. [REDACTED] stated that she is not sure just when, but soon. [REDACTED] stated that she wants to make sure that she is ready.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/25/2014	Contact Method:	Correspondence
Contact Time:	12:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/25/2014
Completed date:	02/25/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/25/2014 04:40 PM Entered By: [REDACTED]

CM has obtained completed autopsy of [REDACTED]

CM observed the cause of death to be Undetermined

CM has placed copy in the file

Narrative Type: Addendum 1 Entry Date/Time: 07/21/2014 12:14 PM Entered By: [REDACTED]

Summary & Interpretation of Autopsy reports:

The autopsy had no specific gross findings but microscopic examination of the lungs showed severe bronchopneumonia and influenza A grew from the nasopharynx and Streptococcus pneumonia and a gram negative rod grew from the lungs. Vitreous fluid electrolyte testing was consistent with mild dehydration.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/25/2014

Contact Method: Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/25/2014

Completed date: 02/25/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/25/2014 04:38 PM Entered By: [REDACTED]

CM received a phone call from [REDACTED] Medical Examiner's Office regarding autopsy of [REDACTED]

CM was informed that the autopsy is ready for pick up



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: 02/14/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/14/2014

Completed date: 02/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/14/2014 09:41 AM Entered By: [REDACTED]

CM made contact with [REDACTED] with the [REDACTED] Medical Examiner's office. CM inquired of [REDACTED] of the status of CM request for autopsy report of [REDACTED]. [REDACTED] reported that the autopsy report is incomplete but should not be long before completion. [REDACTED] stated that she would contact this CM when the report is complete.



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: 02/12/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2014 04:19 PM Entered By: [REDACTED]

CM made contact with [REDACTED] CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to appear to be resting comfortably in her bed. CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to be seated at the bottom of the staircase playing with a bear. CM asked [REDACTED] if she received the information in the mail regarding the grief counseling. [REDACTED] apologized to this CM and stated that she sent [REDACTED] to get the mail. [REDACTED] stated that [REDACTED] was getting ready to go to his mother's house and he took it with him and left it there. [REDACTED] stated that he has to go back over there to get it.



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:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/30/2014
Completed date:	04/30/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/30/2014 03:43 PM Entered By: [REDACTED]

CM made contact with [REDACTED] at their home. This CM was greeted at the door by [REDACTED]

[REDACTED] was observed to be neat in appearance wearing a shirt and a pair of blue jeans. CM did not observe any marks or bruises that could suggest abuse or neglect. CM observed [REDACTED] to be seated on the floor playing with a variety of toy cars. CM observed [REDACTED] to be neat in appearance wearing a sleeper. CM observed [REDACTED] to be alert and looking around the room as she was being held in [REDACTED] arms. CM did not observe [REDACTED] to have any marks or bruises that could suggest abuse or neglect.

CM informed [REDACTED] that this CM was stopping by to see how her family is doing. [REDACTED] stated that they are doing alright. [REDACTED] stated that they had [REDACTED] funeral a few weeks ago. [REDACTED] stated that it is still kind of hard to believe. CM asked [REDACTED] if she received the information this CM mailed to her regarding free grief counseling at [REDACTED]. [REDACTED] stated that she has not checked her mailbox. CM asked [REDACTED] to contact her if she did not receive the information.



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: 01/17/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/24/2014

Completed date: 02/14/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 03:38 PM Entered By: [REDACTED]

CM made contact with [REDACTED] CM inquired of [REDACTED] taking [REDACTED] to the doctor a few weeks ago. [REDACTED] stated that she took [REDACTED] to the [REDACTED] [REDACTED] stated that she received an exam and shots. [REDACTED] informed this CM that [REDACTED] was buried on January 4th 2014.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	01/16/2014	Contact Method:	
Contact Time:	09:51 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/16/2014
Completed date:	02/16/2014	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/16/2014 09:54 AM Entered By: [REDACTED]
 Follow up with [REDACTED] on medical appointment scheduled for [REDACTED] Interview with teenage aunt,



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: 01/16/2014

Contact Method:

Contact Time: 09:51 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/30/2014

Completed date: 04/30/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/30/2014 02:47 PM Entered By: [REDACTED]

Follow up with [REDACTED] on medical appointment scheduled for [REDACTED] Interview with teenage aunt [REDACTED] need to be documented.



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: 01/16/2014

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/21/2014

Completed date: 01/21/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/21/2014 11:41 AM Entered By: [REDACTED]

CM made contact with [REDACTED], pat. grandmother and [REDACTED], pat. aunt. CM asked [REDACTED] if she may speak with [REDACTED] regarding [REDACTED]. [REDACTED] stated that [REDACTED] is at home on today and this CM can speak with her.

CM introduced herself to [REDACTED] and stated the reason for this CM wanting to speak with her. [REDACTED] stated that [REDACTED] stayed sleep when he was at their house. [REDACTED] stated that she did not handle him much because he was always sleep. [REDACTED] stated that his sister would be woke. [REDACTED] stated that he was doing okay before he left to go home. [REDACTED] stated that week was the first time she had spent a week with him. [REDACTED] stated that to feed or change [REDACTED] he had to be woke up. [REDACTED] stated that he was sleep on that Friday that he went home. [REDACTED] stated that he seemed okay. [REDACTED] stated that she did not notice anything different. [REDACTED] stated that it was a shock to everybody when he died. CM thanked [REDACTED] for speaking with her.



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: 01/10/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/10/2014

Completed date: 01/10/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2014 10:17 AM Entered By: [REDACTED]

CM faxed request to Vital Records requesting Death Certificate of [REDACTED]

CM has received confirmation of fax



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Created In Error

Contact Date: 01/10/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/24/2014

Completed date: 02/10/2014

Completed By: TFACTS, Person Merge

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/24/2014 04:02 PM Entered By: [REDACTED]

CM made contact with the office of [REDACTED]. CM spoke with a representative and inquired of their services. CM was informed that a referral is not necessary. CM was informed that the family should make contact with their office directly. The representative informed this CM that their hours of operation are Monday thru Friday 8:30 am - 5:30 pm and appointments are scheduled from 9:00 am to 4:00 pm.

CM informed the representative that she will forward this information to the family.

Narrative Type: Created In Error Entry Date/Time: 02/25/2014 04:49 PM Entered By: [REDACTED]

incomplete case recording



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: 01/10/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/25/2014

Completed date: 02/25/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/25/2014 04:50 PM Entered By: [REDACTED]

CM made contact with the office of [REDACTED]. CM spoke with a representative and inquired of their services. CM was informed that a referral is not necessary. CM was informed that the family should make contact with their office directly. The representative informed this CM that their hours of operation are Monday thru Friday 8:30 am - 5:30 pm and appointments are scheduled from 9:00 am to 4:00 pm.

CM informed the representative that she will forward this information to the family.



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:	Created In Error
Contact Date:	01/03/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/24/2014
Completed date:	02/03/2014	Completed By:	TFACTS, Person Merge
Purpose(s):			
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type:	Original	Entry Date/Time:		Entered By:	
Narrative Type:	Created In Error	Entry Date/Time:	02/25/2014 04:50 PM	Entered By:	[REDACTED]

incomplete case recording



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:	01/02/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/02/2014
Completed date:	01/02/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2014 09:36 AM Entered By: [REDACTED]
CM faxed request to [REDACTED] Medical Examiner requesting copy of autopsy report regarding [REDACTED]

CM has received confirmation of fax



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/26/2013

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/26/2014

Completed date: 02/26/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/26/2014 09:06 AM Entered By: [REDACTED]

CM made contact with paternal great grandmother, [REDACTED] stated that she thought everything was fine. [REDACTED] stated that [REDACTED] slept a lot and she had to wake him up to be fed. [REDACTED] stated that he would eat his milk fine and burp. [REDACTED] stated that she noticed that his pampers would not be very wet. According to [REDACTED] the doctor reported that when the twins are taken for their monthly shot, it could make them sleepy. [REDACTED] stated that other than that she thought he was just a good quiet baby. [REDACTED] stated that she also thought that by him being born last, he just might be a little slower than his sister. [REDACTED] stated that she did not think that he was that sick. [REDACTED] stated that he did not have a temperature but just sneezed. [REDACTED] stated that his brother and sister both had snotty noses but his was not as snotty. [REDACTED] stated that not many fluids were coming from his body. [REDACTED] stated that they had all the baby supplies needed to care for them while at her house. [REDACTED] stated that the babies slept in their own beds (portable cribs) while at her home. [REDACTED] stated that when she was getting him ready to go home on Friday, she noticed that he felt cold to the touch. [REDACTED] stated that she wrapped him up in blankets. [REDACTED] also stated that she noticed [REDACTED] lips were dry and she put Vaseline on his lips. [REDACTED] stated that she does not know what else to say. [REDACTED] stated that she did not know he was that sick.



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: 12/23/2013

Contact Method:

Contact Time: 02:52 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/23/2013

Completed date: 12/23/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/23/2013 02:56 PM Entered By: [REDACTED]

A P (2) referral was called in to Central Intake on (12-22-13), at (12:47) a.m. Case assigned to Team 45 on (12-23-13) with the allegation of (NEG Death) in regard to [REDACTED], age (2 months) years. The alleged perpetrator is Unknown.

Response is due on (12-26-13 response time met 12-22-13 on call by CPSI [REDACTED]; (12:47) a.m. The referent letter was mailed on (12-23-13). Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.

Complete Notification 12-23-13. Follow up and interview paternal aunt and paternal great grandmother.



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: 12/23/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/26/2013

Completed date: 12/26/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/26/2013 10:14 AM Entered By: [REDACTED]

CM completed and forwarded Notice of Child Death Form to Child Notification Notification via email

CM has placed copy of form 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:	12/23/2013	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/26/2013
Completed date:	12/26/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/26/2013 10:15 AM Entered By: [REDACTED]
 CM faxed release of information to [REDACTED] regarding [REDACTED] and [REDACTED] requesting medical records.
 CM has received confirmation of fax



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 12/22/2013 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/26/2013
 Completed date: 01/22/2014 Completed By: TFACTS, Person Merge
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/26/2013 10:04 AM Entered By: [REDACTED]

Child: [REDACTED] (deceased)

Date of Contact: 12/22/13

Beginning Time: 3:40 pm

Ending Time: 5:30 pm

Purpose for Contact/Meeting: To make contact with family

Allegations: Neglect Death

Safety:

Safety Assessment Score: Conditionally Safe

Permanency: [REDACTED] is reported to have resided with his twin, sibling, birth parents, and mat. grandmother

Family Support: birth parents, siblings, mat. Grandmother, pat. Grandmother, great-grandmother, and aunt

Well Being:

Medical: [REDACTED] received medical care from [REDACTED] regarding shots for premature infants. [REDACTED] also receives medical services from [REDACTED] Medical care was to begin at [REDACTED]

Mental/Behavioral Health: There are no known mental or behavioral health issues

Substance Abuse: There is no known substance abuse issue

Education: [REDACTED] does not attend daycare

[REDACTED] does not attend daycare

Other:

Documentation of Contact:

Summary of Interaction and Discussion of Purpose of Visit: On 12/22/13, CM made contact with [REDACTED] birth mother and [REDACTED] birth father at their home. CM introduced herself to [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and expressed her condolences regarding [REDACTED]. [REDACTED] stated that [REDACTED] and his siblings [REDACTED] (twin), and [REDACTED] were at the home of their paternal grandmother, [REDACTED] from Tuesday, December 17, 2013 until Friday, December 20, 2013. [REDACTED] stated that she and [REDACTED] work. [REDACTED] reported that her work hours are Sunday-Thursday, 2pm - 10 pm. [REDACTED] reported his work hours are 7am - 3:30 pm Saturday-Sunday. [REDACTED] stated that her children returned home at approximately 7:00 pm on 12/20/13. [REDACTED] stated that shortly after the children came home, [REDACTED] and his mother went to the store to buy pampers. [REDACTED] stated that [REDACTED] looked pale and was cold. [REDACTED] stated that she tried to warm him up by wrapping him in blankets. [REDACTED] stated that [REDACTED] was not crying or doing anything but just looking. [REDACTED] stated that she tried giving him a bottle but he spit the milk back out. [REDACTED] stated that [REDACTED] seemed to be choking. [REDACTED] stated that she patted him on his back. [REDACTED] stated that [REDACTED] seemed like he was barely able to breathe and that he seemed breathless. [REDACTED] stated that she called 911. According to [REDACTED] it seemed like the ambulance took a long time to arrive at their home. [REDACTED] stated that the ambulance got to the house between 8:00 pm and 8:30 pm. [REDACTED] stated that after the ambulance arrived [REDACTED] was put on oxygen. [REDACTED] stated [REDACTED] was brought back (resuscitated) three times. [REDACTED] stated that [REDACTED] seemed to be doing better. [REDACTED] stated that he was then taken to [REDACTED].

[REDACTED] stated that on Thursday morning, Dec. 19th, [REDACTED] called her to let her know that [REDACTED] was sick. According to [REDACTED], [REDACTED] reported to her that he was coughing and would not drink too much milk. [REDACTED] reported that [REDACTED] informed her that [REDACTED] would sleep a lot and had to be woken up to be fed. [REDACTED] stated that she was aware that [REDACTED] slept a lot. [REDACTED] stated that he has done that since he was born. [REDACTED] stated that she would just wake him up every 3 hours to feed him.

[REDACTED] was asked if [REDACTED] had any medical conditions. [REDACTED] stated [REDACTED] did not have any medical conditions, but he and his twin sister [REDACTED] were born premature (2 lbs 10 oz). Both children were hospitalized for one and a half months after their birth. [REDACTED] stated that [REDACTED] and [REDACTED] were receiving shots from [REDACTED] because of them being born premature. [REDACTED] was unsure of the name of the shot. [REDACTED] stated that the last shot was on 12/2/13. [REDACTED] stated that the shots are given each month at [REDACTED]. [REDACTED] stated that she believes the shots made her children sick. [REDACTED] stated that they would cough and have a snotty nose. [REDACTED] was asked if she expressed her concern to the doctor at [REDACTED]. According to [REDACTED] she was told by a doctor that the children could possibly be allergic to the shots and that it may not be serious. [REDACTED] was asked how the children were before getting the shots. [REDACTED] reported that her babies seemed to be fine before getting the shots.

[REDACTED] stated that when his mother dropped off his children, they both went to the store to get diapers. [REDACTED] stated that before they left, he did notice his baby looking pale. [REDACTED] stated that he did not look like himself. [REDACTED] stated that is basically all he knows.

CM explained the DCS forms to [REDACTED]. CM observed [REDACTED] to sign: HIPPA, Notification of Equal Access, Release of Info., Native American Heritage and Client's Rights Handbook.

Worker Observations: CM observed the home to be appropriate with no visible safety hazards. CM observed the family to reside in a two bedroom townhome. CM observed two portable beds in the home that was reported to be where the children slept. CM observed several cans of infant formula, plenty of food and non-perishable items in the refrigerator and pantry.

Appearance of Children: CM observed [REDACTED] to appear to be resting peacefully in her bed secured in a blank. CM did not observe [REDACTED] to have any visible signs of abuse or neglect. CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to be appropriately dressed.

Interaction Among Children, Family, and Worker: CM observed this family interactions to appear to be natural, positive and appropriated

Assessment of Progress: CM has completed face to face visit with family

Summary of Agreements/Decisions Made: CM will make contact with pat. Grandmother [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 02/25/2014 04:52 PM Entered By: [REDACTED]
incomplete case recording



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: 12/22/2013 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 02/25/2014
 Completed date: 02/25/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/25/2014 04:52 PM Entered By: [REDACTED]

Child: [REDACTED] (deceased)

Date of Contact: 12/22/13

Beginning Time: 3:40 pm

Ending Time: 5:30 pm

Purpose for Contact/Meeting: To make contact with family

Allegations: Neglect Death

Safety:

Safety Assessment Score: Conditionally Safe

Permanency: [REDACTED] is reported to have resided with his twin, sibling, birth parents, and mat. grandmother

Family Support: birth parents, siblings, mat. Grandmother, pat. Grandmother, great-grandmother, and aunt

Well Being:

Medical: [REDACTED] received medical care from [REDACTED] regarding shots for premature infants. [REDACTED] also receives medical services from [REDACTED] Medical care was to begin at [REDACTED]

Mental/Behavioral Health: There are no known mental or behavioral health issues

Substance Abuse: There is no known substance abuse issue

Education: [REDACTED] does not attend daycare

[REDACTED] does not attend daycare

Other:

Documentation of Contact:

Summary of Interaction and Discussion of Purpose of Visit: On 12/22/13, CM made contact with [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

birth mother and [REDACTED], birth father at their home. CM introduced herself to [REDACTED] and expressed her condolences regarding [REDACTED]. [REDACTED] stated that [REDACTED] and his siblings [REDACTED] (twin), and [REDACTED] were at the home of their paternal grandmother, [REDACTED] from Tuesday, December 17, 2013 until Friday, December 20, 2013. [REDACTED] stated that she and [REDACTED] work. [REDACTED] reported that her work hours are Sunday-Thursday, 2pm - 10 pm. [REDACTED] reported his work hours are 7am - 3:30 pm Saturday-Sunday. [REDACTED] stated that her children returned home at approximately 7:00 pm on 12/20/13. [REDACTED] stated that shortly after the children came home, [REDACTED] and his mother went to the store to buy pampers. [REDACTED] stated that [REDACTED] looked pale and was cold. [REDACTED] stated that she tried to warm him up by wrapping him in blankets. [REDACTED] stated that [REDACTED] was not crying or doing anything but just looking. [REDACTED] stated that she tried giving him a bottle but he spit the milk back out. [REDACTED] stated that [REDACTED] seemed to be choking. [REDACTED] stated that she patted him on his back. [REDACTED] stated that [REDACTED] seemed like he was barely able to breathe and that he seemed breathless. [REDACTED] stated that she called 911. According to [REDACTED] it seemed like the ambulance took a long time to arrive at their home. [REDACTED] stated that the ambulance got to the house between 8:00 pm and 8:30 pm. [REDACTED] stated that after the ambulance arrived [REDACTED] was put on oxygen. [REDACTED] stated [REDACTED] was brought back (resuscitated) three times. [REDACTED] stated that [REDACTED] seemed to be doing better. [REDACTED] stated that he was then taken to [REDACTED].

[REDACTED] stated that on Thursday morning, Dec. 19th, [REDACTED] called her to let her know that [REDACTED] was sick. According to [REDACTED], [REDACTED] reported to her that he was coughing and would not drink too much milk. [REDACTED] reported that [REDACTED] informed her that [REDACTED] would sleep a lot and had to be woken up to be fed. [REDACTED] stated that she was aware that [REDACTED] slept a lot. [REDACTED] stated that he has done that since he was born. [REDACTED] stated that she would just wake him up every 3 hours to feed him.

[REDACTED] was asked if [REDACTED] had any medical conditions. [REDACTED] stated [REDACTED] did not have any medical conditions, but he and his twin sister [REDACTED] were born premature (2 lbs 10 oz). Both children were hospitalized for one and a half months after their birth. [REDACTED] stated that [REDACTED] and [REDACTED] were receiving shots from [REDACTED] because of them being born premature. [REDACTED] was unsure of the name of the shot. [REDACTED] stated that the last shot was on 12/2/13. [REDACTED] stated that the shots are given each month at [REDACTED]. [REDACTED] stated that she believes the shots made her children sick. [REDACTED] stated that they would cough and have a snotty nose. [REDACTED] was asked if she expressed her concern to the doctor at [REDACTED]. According to [REDACTED] she was told by a doctor that the children could possibly be allergic to the shots and that it may not be serious. [REDACTED] was asked how the children were before getting the shots. [REDACTED] reported that her babies seemed to be fine before getting the shots.

[REDACTED] stated that when his mother dropped off his children, they both went to the store to get diapers. [REDACTED] stated that before they left, he did notice his baby looking pale. [REDACTED] stated that he did not look like himself. [REDACTED] stated that is basically all he knows.

CM explained the DCS forms to [REDACTED]. CM observed [REDACTED] to sign: HIPPA, Notification of Equal Access, Release of Info., Native American Heritage and Client's Rights Handbook.

Worker Observations: CM observed the home to be appropriate with no visible safety hazards. CM observed the family to reside in a two bedroom townhome. CM observed two portable beds in the home that was reported to be where the children slept. CM observed several cans of infant formula, plenty of food and non-perishable items in the refrigerator and pantry.

Appearance of Children: CM observed [REDACTED] to appear to be resting peacefully in her bed secured in a blanket. CM did not observe [REDACTED] to have any visible signs of abuse or neglect. CM observed [REDACTED] to be neat in appearance with no visible signs of abuse or neglect. CM observed [REDACTED] to be appropriately dressed.

Interaction Among Children, Family, and Worker: CM observed this family interactions to appear to be natural, positive and appropriated

Assessment of Progress: CM has completed face to face visit with family



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Summary of Agreements/Decisions Made: CM will make contact with pat. Grandmother, [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: 12/22/2013

Contact Method:

Contact Time: 12:47 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/26/2013

Completed date: 12/26/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/26/2013 09:45 AM Entered By: [REDACTED]

The Department received a referral on 12/22/13 for neglect death of 2 month old [REDACTED]. The alleged perpetrator is unknown.

It was reported that [REDACTED] is not in DCS custody. This 2 month old infant was witnessed becoming unresponsive while feeding at about 2200 hours on 12/20/13. Paramedics from [REDACTED] Fire Department transported the decedent to [REDACTED]. He was treated in the emergency room department but death was pronounced at 2323 hrs by [REDACTED]. The decedent's remains were transported to the medical examiner's office for autopsy. The cause/ manner of death are pending at this time. The mother's name is [REDACTED].



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [Redacted]
County: [Redacted]
Date of Referral: 12/22/13 12:47 AM
Assessment Type: Initial

TN DCS Intake ID #: [Redacted]
Worker:
Date of Assessment: 12/22/13 12:00 AM
Number of Children in the Household: 3

Section 1: Immediate Harm Factors

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

Yes No

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



Tennessee Department of Children's Services

SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____