



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 07/16/2015 08:21 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 07/16/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 07/16/2015 10:52 AM
 First Team Leader Assigned: [REDACTED] Date/Time 07/16/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 07/16/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	Deceased	Abuse Death	Yes	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: [REDACTED]

Notification: None

Narrative: Family Case IDs: [REDACTED]
 NOTE: Per this Case ID, the father of the child is listed as [REDACTED] and a sibling is listed as [REDACTED]
 [REDACTED]

Open FCI (Targeted Case Management) [REDACTED] /ID [REDACTED], open 11-18-14
 Open Court Custody/FSS/FCIP: No
 Closed Court Custody: No

Open: None
 Substantiated: None
 Death: None
 Number of Screen Outs: 2

History (not listed above):
 (2-25-2015/Assessment [REDACTED] /ENN,EDN/ Services Recommended and Accepted)



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(10-8-14/ Assessment [REDACTED] /ENN/No Services Needed)
(5-10-13/ Assessment [REDACTED] /EDN/ Services Recommended and Accepted)
(6-25-12/ Assessment [REDACTED] /ENN, MDM/Services Recommended and Accepted)
(8-18-10/Assessment [REDACTED] /EDN/ No Services Needed)
(1-6-09/ SIU/ [REDACTED] /PHA/ Unsubstantiated)
(2-7-08/ Assessment [REDACTED] / No Services Needed)
(12-29-06/Investigation [REDACTED] Unsubstantiated)

Pending: None
Awaiting Screening: None
Submitted: None

DUPLICATE REFERRAL: No

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

Reporter's name/relationship: [REDACTED]

Reporter states: [REDACTED] and her sister (unknown name, age 16) live with their mother, [REDACTED], in [REDACTED]. Neither [REDACTED] are in state custody. The father of the child (unknown) is currently in the [REDACTED].

[REDACTED] were called to the home at approximately 8:30 am [REDACTED] today (7-16-15), due to [REDACTED] being found deceased in her bedroom. [REDACTED] reported that when she went into the child's bedroom at 8:15 AM, she found [REDACTED] was blue in color and cool to the touch. [REDACTED] did not try to use CPR on [REDACTED]. At this time, it appears that [REDACTED] may have had a seizure in her sleep. [REDACTED] is autistic and has a history of seizures. [REDACTED] ran out of her medication (Kepra) one to two weeks ago and [REDACTED] stated she had not refilled the prescription. To the reporter's knowledge, the lack of medication is what is believed to have caused [REDACTED] seizure and ultimately her death. The mother stated she did not have the money for [REDACTED] medication, and she did not qualify for [REDACTED].

The coroner has just arrived on the scene. Police state that [REDACTED] should be sent in for autopsy today, but the exact timeframe for the autopsy is unknown. When Police entered the home, there were not any environmental concerns seen. Police have been out to the home in the past on a couple of welfare checks. These checks never produced any reports of neglect according to the reporter. The father of the child (unknown) has been contacted and he is currently in the [REDACTED]. The (unknown) older sister has Down Syndrome and not much information can be gathered from interviewing her. There are no known alcohol or drug issues in the home. [REDACTED] does not have any mental health issues to the reporter's knowledge. [REDACTED] last doctor visit was 4-24-13 according to the reporter.

[REDACTED] (on the Scene) is [REDACTED]

Special Needs or Disabilities: [REDACTED] had autism and seizures; the 16 year old sibling has Down's syndrome.
Child's current location/is the child safe at this time: Unknown
Perpetrator's location at this time: Unknown
Any other safety concerns for the child(ren) or worker who may respond: None known
Domestic Violence present in the home: None
Sex Offender Registry: None

[REDACTED] received emailed notification of this child death via Outlook.
Per SDM: Investigative Track [REDACTED], TL on 7-16-15 @ 10:46 am



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Notified Child Death Group via email: [REDACTED]
[REDACTED] was also copied on the notification email.



**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: White

Age: Deceased

Address: [REDACTED]

Deceased Date: 07/16/2015

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: HOME

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participan [REDACTED], Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participan [REDACTED], Unknown

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 16 Yrs ([REDACTED])

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 52 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED] Investigation ID: [REDACTED]
 Referral Date: 07/16/2015 Assignment Date: 07/16/2015
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 11/09/2015

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: Based on

- Autopsy Report that clearly states a generalized seizure lead to the events that resulted in [REDACTED] death.
- Positive urine drug screen (UDS) for Oxycodone which [REDACTED] did not have a prescription as well as

D. Case Workers

Case Worker: [REDACTED] Date: 11/09/2015
 Team Leader: [REDACTED] Date: 11/09/2015

E. Investigation Summary

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

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

Upon entering the bedroom [REDACTED] observed the body of [REDACTED] lying on her back with her head hanging slightly off the right side of the bed. CPSI also observed what appeared to be fluid reddish in color on a pillow on the bed. The Coroners examination at the scene revealed there were no extreme environmental hazards as the room temperature was 74 degrees and the victim's micro temperature was 72.5 degrees. The body was not moved by EMS and the Coroner and [REDACTED] took photographs of the room and the body's



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Case Name : [REDACTED]

Investigation ID: [REDACTED]

position, which was in the bedroom toward the left side of the trailer after entering the front door. The Coroner stated the approximate time of death was 6 to 8 hours prior to his arrival at 9:45am, which would put the time of death between 1:45am and 3:45am on 7/16/2015. The Coroner did also observe petechial hemorrhaging in the victims eyes and confirmed observe petechial hemorrhaging was consistent with seizure activity. The Coroner, at the present time, believes uncontrolled seizure activity the most likely cause of death. The body of [REDACTED] was moved to [REDACTED] for Autopsy.

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] spoke to [REDACTED] with [REDACTED] concerning [REDACTED] fatality. [REDACTED] stated she attempted to call the birth mother [REDACTED] three times on 7/17/2015 and did receive a returned call and voice mail from [REDACTED] sometime late Saturday evening. [REDACTED] stated she was able to get the mother [REDACTED] on the phone this morning 7/20/2015 to answer their usual questions about medical and family history. [REDACTED] stated what was concerning to her is [REDACTED] actually fell asleep and began snoring multiple times during the phone conversation. [REDACTED] stated she has never had anyone fall asleep while talking to her about their child's death before. [REDACTED] discussed possible additional places to obtain medical records for this child with [REDACTED] and agreed to work closely together to obtain every medical record possible as we have always done in past cases.

[REDACTED] went over to [REDACTED] and discovered the pharmacy states the last prescription for [REDACTED] was filled in 2013. Records were checked at [REDACTED] and the last visit there was also in 2013.

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

[REDACTED] (mother of [REDACTED] victim and [REDACTED]) Interview: [REDACTED] stated her daughters and herself went to bed at around 11:00pm 7/15/2015. [REDACTED] stated she woke up at 11:30pm and checked on her daughters and were both OK at that time. [REDACTED] stated she awoke again around 1:30am to go to the bathroom and again checked on her daughters and they were fine. [REDACTED] stated at approximately 8:30am she called 911 and stated her daughter was blue and not breathing. [REDACTED] stated that her daughter [REDACTED] had been out of her medication for around 1 to 2 weeks. [REDACTED] stated the last time her medication was filled was at [REDACTED] in [REDACTED]. [REDACTED] also stated the PCP was a male whom she could not remember his name at [REDACTED].

[REDACTED] consented to a urine drug screen and was positive for Oxycodone which she does not have a prescription. [REDACTED] states she has had four back surgeries and the doctors will not prescribe her any pain medication and she took an "Oxy" a friend gave her yesterday.

[REDACTED] stated both her daughters are Autistic and are supposed to be on medication; however her adult daughter [REDACTED] is on Depakote. [REDACTED] states her adult daughter is also out of her medication despite the fact [REDACTED] has [REDACTED].

When confronted with the fact that [REDACTED] had not had her medication since 2013 [REDACTED] became hysterical blaming [REDACTED] because she could not afford their medications [REDACTED] [REDACTED] each receive disability checks.

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

[REDACTED] interviewed [REDACTED] who arrived at the residence and who stated he has distanced himself from the family due to some family conflict. [REDACTED] states his sister use to have a drug [REDACTED].



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Child Protective Service Investigation Summary
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Case Name : [REDACTED]

Investigation ID: [REDACTED]

problem, however he does not know much about her in recent years. [REDACTED] stated he is willing to take his adult niece to the doctor today and help her get her medication [REDACTED] stated he did not know his nieces were going without their medication and is not sure if they have [REDACTED] or not.

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

[REDACTED] has limited ability to communicate and could not be interviewed

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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	11/10/2015
Completed date:	11/10/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 11/10/2015 01:30 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

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Children Concerning

Participant(s)

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	11/09/2015	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:		Created Date:	11/09/2015
Completed date:	11/09/2015	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

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

Narrative Type: Original Entry Date/Time: 11/09/2015 10:08 AM Entered By: ██████████

Case Summary

Case assessed and assigned by Central Intake to Child Protective Services Investigator ██████████ on 7/26/2015 as a P1 for Abuse Death and Medical Maltreatment on alleged child victim ██████████

There has been Department of Children's Services (DCS) involvement with this family beginning in 2010 with a Educational Neglect case due to excessive truancy issues that was closed with No Services Required as there were missing doctors notes for her unexcused days.

In 2012 there was a case alleging Environmental Neglect and was closed as Services Recommended and Accepted. In this case a referral was made to ██████████ and an application was filled out and sent to ██████████ so the children could have health coverage with only a small premium.

In 2013 another Educational Neglect case came in which again alleged ██████████ had no health insurance coverage. A application of ██████████ was submitted as the reason for missing school was due to the child being sick and the mother did not have insurance. Paperwork was also filled out for the child to be able to go to ██████████ on a sliding fee scale. This case was closed Services Recommended and Accepted.

In 2014 another Environmental Neglect case came in due to the child's poor hygiene at school. This case was classified as No Services Needed as there was no evidence to support the allegations.

On 7/16/2015 at 10:05am ██████████ and ██████████ arrived at the ██████████ residence. Upon entering the bedroom ██████████ observed the body of ██████████ lying on her back with her head hanging slightly off the right side of the bed. CPSI also observed what appeared to be fluid reddish in color on a pillow on the bed. The Coroners examination at the scene revealed there were no extreme environmental hazards as the room temperature was 74 degrees and the victim's micro temperature was 72.5 degrees. The body was not moved by EMS and the Coroner and ██████████ took photographs of the room and the body's position, which was in the bedroom toward the left side of the trailer after entering the front door. The Coroner stated the approximate time of death was 6 to 8 hours prior to his arrival at 9:45am, which would put the time of death between 1:45am and 3:45am on 7/16/2015. The Coroner did also observe petechial hemorrhaging in the victims eyes and confirmed observe petechial hemorrhaging was consistent with seizure activity. The Coroner, at the present time, believes uncontrolled seizure activity the most likely cause of death. The body of ██████████ was moved to ██████████ for Autopsy.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED]

Investigators involved in this case: Responding to the residence was [REDACTED] with [REDACTED] and [REDACTED] with [REDACTED] and [REDACTED] is handling this case as the address is with [REDACTED] limits. Not present at the residence is [REDACTED] with [REDACTED] is the [REDACTED] on this case.

Alleged Perpetrator: [REDACTED], birth mother

[REDACTED] (mother of [REDACTED] victim and [REDACTED]) Interview: [REDACTED] stated her daughters and herself went to bed at around 11:00pm 7/15/2015. [REDACTED] stated she woke up at 11:30pm and checked on her daughters and were both OK at that time [REDACTED] stated she awoke again around 1:30am to go to the bathroom and again checked on her daughters and they were fine. [REDACTED] stated at approximately 8:30am she called 911 and stated her daughter was blue and not breathing. [REDACTED] stated that her daughter [REDACTED] had been out of her medication for around 1 to 2 weeks. [REDACTED] stated the last time her medication was filled was at [REDACTED] in [REDACTED] also stated the PCP was a male whom she could not remember his name at [REDACTED]

[REDACTED] consented to a urine drug screen and was positive for Oxycodone which she does not have a prescription. [REDACTED] states she has had four back surgeries and the doctors will not prescribe her any pain medication and she took an "Oxy" a friend gave her yesterday.

[REDACTED] stated both her daughters are Autistic and are supposed to be on medication; however her [REDACTED] is on Depakote. [REDACTED] states her adult daughter is also out of her medication despite the fact [REDACTED]. [REDACTED] has limited ability to communicate and could not be interviewed. After staffing this case with [REDACTED] an Adult Protective Service referral was called in.

[REDACTED] went over to [REDACTED] and discovered the pharmacy states the last prescription for [REDACTED] was filled in 2013. Records were checked at [REDACTED] and the last visit there was also in 2013.

When confronted with the fact that [REDACTED] had not had her medication since 2013 [REDACTED] became hysterical blaming [REDACTED] because she could not afford their medications. [REDACTED] each receive disability checks.

After conferring with [REDACTED] it was agreed to wait until the autopsy was completed before attempting to interview [REDACTED] any further.

[REDACTED] interviewed [REDACTED] who arrived at the residence and who stated he has distanced himself from the family due to some family conflict. [REDACTED] states his sister use to have a drug problem, however he does not know much about her in recent years. [REDACTED] stated he is willing to take his adult niece to the doctor today and help her get her medication. [REDACTED] stated he did not know his nieces were going without their medication and is not sure if they have [REDACTED] or not.

[REDACTED] spoke to [REDACTED] with [REDACTED] concerning [REDACTED] fatality. [REDACTED] stated she attempted to call the birth mother [REDACTED] three times on 7/17/2015 and did receive a returned call and voice mail from [REDACTED] sometime late Saturday evening. [REDACTED] stated she was able to get the mother [REDACTED] on the phone this morning 7/20/2015 to answer their usual questions about medical and family history. [REDACTED] stated what was concerning to her is [REDACTED] actually fell asleep and began snoring multiple times during the phone conversation. [REDACTED] stated she has never had anyone fall asleep while talking to her about their child's death before. [REDACTED] discussed possible additional places to obtain medical records for this child with [REDACTED] and agreed to work closely together to obtain every medical record possible as we have always done in past cases.

DCS policy defines the allegations as:

Medical neglect:

A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment.

NOTE: Medical neglect may rise to the level of severe abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

Child Death

Child death is defined as:

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

Any child death caused by abuse or neglect resulting from direct action of the parent or caretaker that resulted in the death of the child. Child deaths are always treated as severe child abuse.

Any child death caused by abuse or neglect resulting from the parent or caretaker's to stop another person's direct action that resulted in the death of the child.

On 11/2/2015 [REDACTED] met with [REDACTED], [REDACTED] and [REDACTED] present. This Case was classified Allegation Substantiated Perpetrator Substantiated on Abuse Death allegations and Medical Maltreatment allegations. This decision was made based on the facts the alleged child victim according to the autopsy report by [REDACTED] "The manner of death is accident. Unimpaired, I expect that she had enough control of her head to move her face and relieve the obstruction of her airway by the pillow. After a generalized seizure, the individual will be in the postictal period, which may include several minutes of unconsciousness. This will pass unless the individual is in a hazardous environment, such as in water or as in this case, face down in a soft pillow, in which case they will asphyxiate before they regain consciousness". The report cited the child did not have any Kepra in her system, which is the last drug prescribed the Alleged Child Victim to control her seizures. The mother's admission the child had not had her medication since 2013. Prior DCS cases helped the mother apply for [REDACTED] program that would have required a monthly premium. [REDACTED] chose not to make the monthly premium. Based on positive urine drug screen for Oxycodone which [REDACTED] did not have a prescription as well as being impaired while being interviewed by [REDACTED]. It is highly suspected the mother's illegal substance abuse was a underlying issue why [REDACTED] could not afford the [REDACTED] as the household income was over \$3,000.00 a month. The autopsy clearly states a generalized seizure lead to the events that resulted in [REDACTED] death. Since medication to control seizure activity was purposefully withheld by the mother, and the mother [REDACTED] not attempting to acquire the medication for two years. These factors was the basis for the allegations being Substantiated and referred for prosecution. There were no questions from CPIT members after CPSI presented this case and the classification decision was unanimous.

Based on

1. Autopsy Report that clearly states a generalized seizure lead to the events that resulted in [REDACTED] death.
 2. Positive urine drug screen (UDS) for Oxycodone which [REDACTED] did not have a prescription as well as being impaired while being interviewed by [REDACTED]. It is highly suspected the mother's illegal substance abuse was a underlying issue why [REDACTED] could not afford the [REDACTED] as the household income was over \$3,000.00 a month.
 3. Medication to control seizure activity was purposefully withheld by the mother, and the mother [REDACTED] not attempting to acquire the medication for two years.
- There is a preponderance of evidence in this case that was the basis for the allegations being Substantiated and referred for prosecution.

The case will be closed and classified as Allegation Substantiated Perpetrator Substantiated for the allegation of Child Neglect Death



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 11/02/2015	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 11/09/2015
Completed date: 11/09/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 11/09/2015 09:52 AM Entered By: [REDACTED]

On 11/2/2015 [REDACTED] met with [REDACTED], [REDACTED] present.

This Case was classified Allegation Substantiated Perpetrator Substantiated on Abuse Death allegations and Medical Maltreatment allegations. This decision was made based on the facts the alleged child victim according to the autopsy report by [REDACTED] "The manner of death is accident. Unimpaired, I expect that she had enough control of her head to move her face and relieve the obstruction of her airway by the pillow. After a generalized seizure, the individual will be in the postictal period, which may include several minutes of unconsciousness. This will pass unless the individual is in a hazardous environment, such as in water or as in this case, face down in a soft pillow, in which case they will asphyxiate before they regain consciousness". The report cited the child did not have any Keppra in her system, which is the last drug prescribed the Alleged Child Victim to control her seizures. The mother's admission the child had not had her medication since 2013. Prior DCS cases helped the mother apply for [REDACTED] program that would have required a monthly premium. [REDACTED] chose not to make the monthly premium. Based on positive urine drug screen for Oxycodone which [REDACTED] did not have a prescription as well as being impaired while being interviewed by [REDACTED]. It is highly suspected the mother's illegal substance abuse was a underlying issue why [REDACTED] could not afford the [REDACTED] as the household income was over \$3,000.00 a month. The autopsy clearly states a generalized seizure lead to the events that resulted in [REDACTED] death. Since medication to control seizure activity was purposefully withheld by the mother, and the mother [REDACTED] not attempting to acquire the medication for two years.

These factors was the basis for the allegations being Substantiated and referred for prosecution. There were no questions from CPIT members after CPSI presented this case and the classification decision was unanimous.

Narrative Type: Addendum 1 Entry Date/Time: 11/09/2015 09:54 AM Entered By: [REDACTED]

(CPIT) is Child Protective Investigative Team



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: 10/22/2015 Contact Method:
 Contact Time: 08:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/26/2015
 Completed date: 10/26/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/26/2015 09:06 AM Entered By: [REDACTED]

On 10/22/2015 at 8:30am [REDACTED] received a copy of the autopsy report which stated in the narrative summary by [REDACTED] [REDACTED] "The manner of death is accident. Unimpaired, i expect that she had enough control of her head to move her face and relieve the obstruction of her airway by the pillow. After a generalized seizure, the individual will be in the postictal period, which may include several minutes of unconsciousness. This will pass unless the individual is in a hazardous environment, such as in water or as in this case, face down in a soft pillow, in which case they will asphyxiate before they regain consciousness".



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:	08/27/2015	Contact Method:	Correspondence
Contact Time:	08:42 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/26/2015
Completed date:	10/26/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/26/2015 09:12 AM Entered By: [REDACTED]
 Correspondence on 8/27/2015 at 8:42am from [REDACTED].

Good to hear from you. For now, I am in a holding pattern on the [REDACTED] case waiting for the assigned [REDACTED] to let me know if he needs any additional records, etc., as he works to complete the autopsy report. He has not requested any additional information and, in fact, you were more successful in obtaining records than I was (and I very much appreciate you sharing those!) If anything changes or I receive any additional information I will definitely let you know. Thanks, too, for checking in on the case.



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: 07/21/2015 Contact Method:
 Contact Time: 08:33 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/21/2015
 Completed date: 07/21/2015 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: 07/21/2015 07:41 AM Entered By: [REDACTED]

On 7/21/2015 at 8:33am release was faxed to [REDACTED] for medical records if there are any.

On 7/21/2015 at 8:37am call was made to [REDACTED] and message was left with medical records department.



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: 07/20/2015 Contact Method: Phone Call
 Contact Time: 02:38 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/20/2015
 Completed date: 07/20/2015 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: 07/20/2015 02:52 PM Entered By: [REDACTED]

On 7/20/2015 at 2:38pm [REDACTED] returned a phone call to [REDACTED] with [REDACTED] concerning [REDACTED] fatality. [REDACTED] stated she attempted to call the birth mother [REDACTED] 3 times on 7/17/2015 and did receive a returned call and voice mail from [REDACTED] sometime late Saturday evening. [REDACTED] stated she was able to get the mother [REDACTED] on the phone this morning to answer their usual questions about medical and family history. [REDACTED] stated what was concerning to her is [REDACTED] actually fell asleep and began snoring multiple times during the phone conversation. [REDACTED] stated she has never had anyone fall asleep while talking to her about their child's death before. [REDACTED] discussed possible additional places to obtain medical records for this child with [REDACTED] and agreed to work closely together to obtain every medical record possible as we have always done in past cases.



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: 07/17/2015 Contact Method: Face To Face
 Contact Time: 09:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/18/2015
 Completed date: 07/18/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/18/2015 11:42 AM Entered By: [REDACTED]
 On 7/17/2015 at 9:00am the case was staffed with [REDACTED] [REDACTED] at their regular monthly meeting. There were no recommendations of additional investigative task at this time. CPIT is awaiting autopsy report before making classification recommendation.



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: 07/17/2015 Contact Method:
 Contact Time: 08:45 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/18/2015
 Completed date: 07/18/2015 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: 07/18/2015 11:36 AM Entered By: [REDACTED]
 On 7/17/2015 at 8:45am Child Death Notification was e-mailed as required.



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: 07/16/2015 Contact Method:
 Contact Time: 04:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/09/2015
 Completed date: 11/09/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/09/2015 10:30 AM Entered By: [REDACTED]
 SDM was completed as conditionally safe



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: 07/16/2015 Contact Method:
 Contact Time: 04:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Provider Office Created Date: 07/18/2015
 Completed date: 07/18/2015 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: 07/18/2015 11:32 AM Entered By: [REDACTED]
 On 7/16/2015 at 4:00pm [REDACTED] went to [REDACTED] to obtain [REDACTED] medical records. The records consisted of 4 pages and only one visit in 2013 was the only time [REDACTED] was seen.



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: 07/16/2015 Contact Method: Face To Face
Contact Time: 01:15 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Other Community Site Created Date: 07/18/2015
Completed date: 07/18/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Collateral Contact
Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/18/2015 11:15 AM Entered By: [REDACTED]

On 7/16/2015 at 1:15pm [REDACTED] and [REDACTED] went to [REDACTED] and obtained a copy of [REDACTED]
[REDACTED] notes he had obtained prior to [REDACTED] arrival at the residence.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	07/16/2015	Contact Method:	Face To Face
Contact Time:	10:05 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:	Family Home	Created Date:	07/18/2015
Completed date:	07/18/2015	Completed By:	██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 07/18/2015 10:46 AM Entered By: ██████████

On 7/16/2015 at 10:05am ██████████ and ██████████ arrived at the ██████████ residence and met with ██████████ with ██████████ with ██████████ who had responded to the scene along with several officers from the ██████████. ██████████ learned upon arrival it was determined by EMS when they first arrived on the scene the victim in fact was deceased and no resuscitation measures were initiated.

██████████ introduced ██████████ to ██████████ who was setting on the couch in the living room of the home. ██████████ expressed condolences to ██████████ for her loss. Upon entering the bedroom ██████████ observed the body of ██████████ lying on her back with her head hanging slightly off the right side of the bed. CPSI also observed what appeared to be fluid reddish in color on a pillow on the bed. Photos were taken by ██████████ and ██████████ of the room and the position of the body. See file for photographs.

The Coroners examination at the scene revealed there were no extreme environmental hazards as the room temperature was 74 degrees and the victim's micro temperature was 72.5 degrees. The body was not moved by EMS and the Coroner and ██████████ took photographs of the room and the body's position, which was in the bedroom toward the left side of the trailer after entering the front door. The Coroner stated the approximate time of death was 6 to 8 hours prior to his arrival at 9:45am. The Coroner did also observe petechial hemorrhaging in the victims eyes and confirmed observe petechial hemorrhaging was consistent with seizure activity. The Coroner, at the present time, believes uncontrolled seizure activity the most likely cause of death. The body of ██████████ was moved to ██████████ for Autopsy.

██████████ (mother of ██████████ victim and adult ██████████) Interview: ██████████ stated her daughters and herself went to bed at around 11:00pm 7/15/2015. ██████████ stated she woke up at 11:30pm and checked on her daughters and were both OK at that time. ██████████ stated she awoke again around 1:30am to go to the bathroom and again checked on her daughters and they were fine. ██████████ stated at approximately 8:30am she called 911 and stated her daughter was blue and not breathing. ██████████



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

stated that her daughter [REDACTED] had been out of her medication for around 1 to 2 weeks. [REDACTED] stated the last time her medication was filled was at [REDACTED] in [REDACTED].

[REDACTED] also stated the PCP was a male whom she could not remember his name at [REDACTED]

[REDACTED] consented to a urine drug screen and was positive for Oxycodone which she does not have a prescription. [REDACTED] states she has had four back surgeries and the doctors will not prescribe her any pain medication and she took an "Oxy" a friend gave her yesterday.

[REDACTED] state [REDACTED] father is [REDACTED] and is incarcerated in [REDACTED] states he has not had much to do with his daughter.

[REDACTED] stated both her daughters are Autistic and are supposed to be on medication, however her adult [REDACTED] is on Depakote. [REDACTED] states her adult daughter is also out of her medication despite the fact [REDACTED] has [REDACTED] [REDACTED] has limited ability to communicate and could not be interviewed. After staffing this case with [REDACTED] an Adult Protective Service referral was called in.

Required paperwork was completed at the time of this home visit. CPSI also discussed the HIPPA Policy, and the Clients Rights Handbook, and provided her with copies of both documents. A Release of Information was completed, Grievance form and the Native American Heritage Veto Verification form was signed. Information was obtained for the genogram.

[REDACTED] went over to [REDACTED] and discovered the last prescription for [REDACTED] was filled in 2013. Records were checked at [REDACTED] and the last visit there was also in 2013.

When confronted with the fact that [REDACTED] had not had her medication since 2013 [REDACTED] became hysterical blaming [REDACTED] because she could not afford their medications. [REDACTED] each receive disability checks.

After conferring with [REDACTED] it was agreed to wait until the autopsy was completed before attempting to interview [REDACTED] any further.

[REDACTED] interviewed [REDACTED] who arrived at the residence and who stated he has distanced himself from the family due to some family conflict. [REDACTED] states his sister use to have a drug problem, however he does not know much about her in recent years. [REDACTED] stated he is willing to take his adult niece to the doctor today and help her get her medication. [REDACTED] stated he did not know his nieces were going without their medication and is not sure if they have [REDACTED] or not.



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: 07/16/2015 Contact Method: Phone Call
 Contact Time: 09:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/18/2015
 Completed date: 07/18/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning
 Contact Type(s): CPIT (Child Protective Investigative Team)
 Contact Sub Type:

Children Concerning

Participant(s)

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/18/2015 09:03 AM Entered By: [REDACTED]

On 7/16/2015 at 9:30am [REDACTED] received a call from [REDACTED] convening CPIT stating [REDACTED] assistance is requested as there is a child fatality in [REDACTED]. [REDACTED] stated that a referral was being called in as we spoke. [REDACTED] spoke with [REDACTED] who did give approval for CPSI to respond noting the officers had to call in the hotline and have the investigation number. [REDACTED] informed [REDACTED] he was in route to the residence. [REDACTED] stated he had the referral number.



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: 07/16/2015 Contact Method:
 Contact Time: 08:21 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 07/16/2015
 Completed date: 07/16/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2015 02:27 PM Entered By: [REDACTED]
 Case Assignment

Case assessed and assigned by [REDACTED] to [REDACTED] on 7/16/2015 as a P1 for Abuse Death and Medical Maltreatment as follows:

Reporter states: [REDACTED] (13) and her sister (unknown name, age 16) live with their mother, [REDACTED], in [REDACTED]. Neither [REDACTED] nor her sister are in state custody. The father of the child (unknown) is currently in the [REDACTED].

[REDACTED] were called to the home at approximately 8:30 am [REDACTED] today (7-16-15), due to [REDACTED] being found deceased in her bedroom. [REDACTED] reported that when she went into the child's bedroom at 8:15 AM, she found [REDACTED] was blue in color and cool to the touch. [REDACTED] did not try to use CPR on [REDACTED]. At this time, it appears that [REDACTED] may have had a seizure in her sleep. [REDACTED] is autistic and has a history of seizures. [REDACTED] ran out of her medication (Kepra) one to two weeks ago and [REDACTED] stated she had not refilled the prescription. To the reporter's knowledge, the lack of medication is what is believed to have caused [REDACTED] seizure and ultimately her death. The mother stated she did not have the money for [REDACTED] medication, and she did not qualify for [REDACTED].

The coroner has just arrived on the scene. Police state that [REDACTED] should be sent in for autopsy today, but the exact timeframe for the autopsy is unknown. When Police entered the home, there were not any environmental concerns seen. Police have been out to the home in the past on a couple of welfare checks. These checks never produced any reports of neglect according to the reporter. The father of the child (unknown) has been contacted and he is currently in the [REDACTED]. The (unknown) older sister has Down Syndrome and not much information can be gathered from interviewing her. There are no known alcohol or drug issues in the home. [REDACTED] does not have any mental health issues to the reporter's knowledge [REDACTED] last doctor visit was 4-24-13 according to the reporter.

[REDACTED] (on the Scene) is [REDACTED]

Special Needs or Disabilities: [REDACTED] had autism and seizures; the 16 year old sibling has Down's syndrome.
 Child's current location/is the child safe at this time: Unknown
 Perpetrator's location at this time: Unknown



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Any other safety concerns for the child(ren) or worker who may respond: None known

Domestic Violence present in the home: None

Sex Offender Registry: None

[REDACTED] received emailed notification of this child death via Outlook.

Per SDM: Investigative Track, [REDACTED], TL on 7-16-15 @ 10:46 am

Notified Child Death Group via email: [REDACTED]

[REDACTED] was also copied on the notification email.

Per [REDACTED] court order on 1-24-2013, the notification of report of harm was not sent to Juvenile Court. Please see file for the court order.