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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 06/03/2022 01:07 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 06/03/2022

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 06/06/2022 10:43 AM

First Team Leader Assigned: [redacted]

Date/Time 06/06/2022 12:00 AM

First Case Manager [redacted]

Date/Time 06/06/2022 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes /	Unknown Participant [redacted] Unknown	

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL PRELIMINARY NEAR DEATH

Family Case IDs: [redacted] (Open), [redacted]

Family Case ID Detailed History:
Open Court Custody/Services: None
Closed Court Custody None

Pending: None
Awaiting Screening: None
Submitted: None

Open CPS: ASMT/[redacted]/ENN/12-29-21/Approved Classification Services Recommended/[redacted]/[redacted]/ACV, [redacted]

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

Substantiated: None
Death: None
Screen Outs: [redacted]

History (not listed above):
ASMT [redacted]/MDM/No Services Needed/9-10-21
ASMT [redacted]/MDM/No Services Needed/9-15-21
INV [redacted]/SEE/AUPU/12-07-18
ASMT [redacted]/ENN/No Services Needed/12-18-18
ASMT [redacted]/MDM/No Services Needed/7-13-17
ASMT [redacted]/ENN/Services Recommended and Accepted/10-29-10
ASMT [redacted]/MDM, EDN/Services Required/6-12-08
ASMT [redacted]/MDM/Services Required/9-24-07
INV [redacted]/MDM/AUPU/2-09-06
INV [redacted]/MDM/AUPU/8-23-05

County of Jurisdiction: [redacted]
School/ Daycare: Unknown
Active Military: Unknown

Reporter's Name/Relationship: [redacted]

Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (11) resides with her mother, [redacted] (45) in [redacted] County. The father is [redacted] The mother's boyfriend is [redacted] (63). The family has been staying at [redacted] located at [redacted] in [redacted] TN in [redacted] County, but it is unknown why they are staying there at this time. [redacted] and [redacted] have been staying in Room #[redacted]. [redacted] and [redacted] have been staying in Room #[redacted].

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
No.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
Today (6-3-22), [redacted] Police received a call regarding [redacted] not breathing. When police arrived at the scene, [redacted] was lying on the bed, only wearing a diaper. [redacted] was in a T-shirt and underwear. [redacted] was present in the room and was performing CPR on [redacted] lips were turning blue in color and she was starting to turn cold to the touch. Officer [redacted] with [redacted] PD started compressions on [redacted] on the bed, while waiting on another officer to arrive to assist. Police got [redacted] on the floor and continued CPR. Shortly thereafter, the medics arrived and took [redacted] and transported her to [redacted] Children's Hospital, where she remains currently. It is believed that [redacted] did not start back breathing before being transported to the hospital. Police were advised by medical staff that [redacted] is still alive, but her medical status is unknown at this time. The family advised that [redacted] suffers from seizures. It is unknown what is going on medically with [redacted] to cause her to stop breathing. The family reports that [redacted] has not been sick or ill. The adults state that earlier today, [redacted] was talking to [redacted] in the room. Suddenly, [redacted] stopped breathing. [redacted] called [redacted] and [redacted] went to [redacted] room. [redacted] told [redacted] to call 911. [redacted] called 911. [redacted] [redacted] and [redacted] are at the hospital now with [redacted]

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
None.

-Anything additional to add to this initial report for the responding worker to know prior to response?
[redacted] has autism. [redacted] is severely disabled; she shakes a lot and walks with a walker. [redacted] is disabled also (unknown details).

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CM Notation: None
Screener Notation: None

Emailed/Paged CPSI On Call: [redacted] 06-03-2022 17:50:54 06-03-2022 17:51:49 Work Mobile Received

Notified Child Death/Preliminary Near-Death Notification Group via Email:
[redacted]
Region RA [redacted]

Additional information received via email from [redacted] on 6-3-22 @ 4:24 pm: I spoke to Detective [redacted] with [redacted] PD. There are concerns as the parents timeline of events today isn't matching. [redacted] has autism and the motel room was trash. They just moved to the motel in [redacted] about a month ago. The 911 call was around 10:30am but the parents state they found her seizing at 8:30am. - [redacted], TL on 6-3-22 @ 4:43 pm

Per SDM: This intake was reviewed by CAH Director [redacted] and approved to be screened in and sent to the county to be investigated./[redacted] TL 06-03-2022@5:41pm.

Additional information provided by CPS Director (on call) [redacted] on 6/5/22:
Per Dr. [redacted] ([redacted] - Doctor reported that [redacted] exams worsened from the time of her being admitted to hospital. Due to this, she met criteria for a brain death exam. The brain death exam was conducted this morning 6/5/22 (exact time not provided). Based on the exam, [redacted] time of death was 11:45am on 6/5/22. Doctor reported that PICU is completing paperwork.
According to the doctor, the parents were at the hospital for most of the day yesterday. They have not been at the hospital today. The parents were aware that test would be performed, but they are not aware that an official time of death has been recorded.
Doctor reported that as of now [redacted] is still hooked to a ventilator and parents did consent to organ donation. The next steps are for the medical examiner and Tennessee Donor Services to be called.

Screener Notation: The PND indicator has been removed and the allegation of Abuse Death has been added. This intake is being resubmitted for Child Death assignment.

Investigation Track - P1 - Child Death
[redacted], CAH Director, on 6/6/22 @ 9:59am

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

Participant(s)

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: 47 Yrs

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: Male
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race:
Age: 65 Yrs
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 Participant [redacted] Unknown

Gender: Date of Birth: Partipant ID: [redacted]

SSN: Race: Age:

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
Tennessee Child Abuse Hotline Summary

Name: [redacted]

Gender: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: Deceased

Address: [redacted], Tennessee [redacted]

Deceased Date: 06/05/2022

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: UNKNOWN

Contact Comments: Mother's number above

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:

Partipant ID: [redacted]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-04-24 10:00:00.0	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/24/2023
Completed date:	04/24/2023	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: 04/24/2023 10:50 AM Entered By: [redacted]

Administrative Review

This referral was received initially as a Preliminary Near Death and was later changed to an Abuse Death case. The child, [redacted] was said to have suffered a seizure and was unconscious despite the parents performing CPR. EMS arrived and continued CPR. She was then transported to [redacted] Childrens Hospital. She was later pronounced brain dead, and all life sustaining measures were ceased. An autopsy was performed with no clear signs of abuse or neglect to cause the death. However, the parents interviews were concerning as it does not appear they were giving the child her seizure medications properly which could have led the seizure to occur. There were also discrepancies on who exactly performed CPR. The parents submitted to mouth swab drug screens and were each negative for any illicit drugs or substances. This case was brought before CPIT (Child Protective Investigative Team) and the team agreed to Allegation Substantiated, Perpetrator Substantiated. The death summary was reviewed and approved. Case is closing at this time as all investigative tasks have been completed.

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Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-04-21 16:00:00.0	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/21/2023
Completed date:	04/21/2023	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/21/2023 04:04 PM Entered By: [redacted]

[redacted] Death Summary

On June 3, 2022, the Department of Childrens Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] (11 years). The alleged perpetrator was identified as an Unknown Participant. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] by Team Leader (TL) on call [redacted] This case was worked in conjunction with [redacted] Police Department Detective [redacted]

[redacted] (11 years) lived at the home address with her birth father, [redacted] and her birth mother, [redacted] lived a couple of rooms over. The family was residing in the [redacted] TN.

On June 3, 2022, due to an open investigation regarding the family Investigation ID # [redacted] the Department of Children Services were notified of the alleged death of [redacted] Upon receiving information [redacted] Police Department was contacted at which time it was confirmed that on June 3, 2022, [redacted] Police and EMS responded to [redacted] located in [redacted] in response to the child reportedly not breathing. Upon arriving at the residence, the child was identified as [redacted] and two adult males were present and identified as [redacted] birth father, and [redacted] Ms. [redacted] paramour. Mr. [redacted] was performing CPR on the child. Officer [redacted] with [redacted] PD took over and began compressions. Another officer arrived shortly thereafter and placed [redacted] on the floor to continue lifesaving efforts. Paramedics then arrived and [redacted] was taken to [redacted] Childrens Hospital in [redacted] TN. Interviews were conducted with all present adults, and they reported that [redacted] suffers from seizures. They reported that [redacted] was in [redacted] room talking to him when she suddenly stopped breathing. Mr. [redacted] then called Ms. [redacted] Ms. [redacted] and Mr. [redacted] came to the room and Ms. [redacted] called 911. It was also reported that [redacted] has Autism and both Ms. [redacted] and Mr. [redacted] are disabled. Additional information was later received by Team Coordinator (TC) on call, [redacted] TC [redacted] states she spoke with Detective [redacted] with [redacted] PD and law enforcement has concerns with the parents reported timeline.

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

It was reported that the 911 call was made around 10:30 AM but they reported finding [redacted] seizing at 8:30 AM.
On June 3, 2022, Team Leader [redacted] contacted Detective [redacted] with [redacted] PD by phone. He reported concerns with the parents timeline of events as they called 911 around 10:30 AM but had reported [redacted] seizing at 8:30 AM. He also reported concerns with their calm demeanor regarding their daughters possible death. Det. [redacted] stated that [redacted] is on life support, and it is believed she will be declared brain dead soon.
On June 3, 20222, CM [redacted] and CM [redacted] visited [redacted] Childrens Hospital and spoke to [redacted] Social Worker [redacted] SW [redacted] advised CM [redacted] and CM [redacted] that Mr. [redacted] and Ms. [redacted] did not come to the hospital with the child when she was transported via ambulance, and they did not arrive while she was being treated in the ER. SW [redacted] also advised [redacted] has not attended school thus far this school year to her knowledge. CM [redacted] and CM [redacted] observed [redacted] to be on multiple life-sustaining machines. Nurse [redacted] was present and stated the parents visited briefly earlier but left prior to CMs arrival. Nurse [redacted] also reported [redacted] has no brain activity at this time and they were going to insert a feeding tube.
On June 3, 2022, CM [redacted] and CM [redacted] visited the [redacted] to speak with Ms. [redacted] birth mother. Ms. [redacted] was interviewed and reported [redacted] has Autism and a seizure disorder. When asked about the events of the day, Ms. [redacted] stated that she had went in the bathroom then went to the car and when she came back [redacted] was having a seizure. Ms. [redacted] reports this was at 7:30 AM. Ms. [redacted] reports that [redacted] woke at 7:30 AM when she was having a seizure. Ms. [redacted] reports that she gave [redacted] all 3 of her prescribed seizure medications at 7:35 AM. Ms. [redacted] reports that she then went to the ice machine. Ms. [redacted] reports that at 9:30 AM, [redacted] wasnt breathing and then paramedics came. Ms. [redacted] reports that [redacted] was cold to the touch and her eyes were closed. Ms. [redacted] reports that [redacted] was in the far bed from the window. Ms. [redacted] reports that she had checked [redacted] temperature this morning because she was a little warm. Ms. [redacted] reports that she was the one who called 911. Ms. [redacted] reports that she called her friend Mr. [redacted] who came after she called 911. Ms. [redacted] reports that Mr. [redacted] performed CPR. Ms. [redacted] reports that she, Mr. [redacted] and Mr. [redacted] drove to the hospital afterwards because the ambulance didnt want anyone to ride with them due to COVID. Ms. [redacted] reports that she does not usually sleep with [redacted] but that she had had joined [redacted] in the middle of the night. Ms. [redacted] reports that [redacted] was wearing a yellow t-shirt and pajamas with no socks. Ms. [redacted] reports [redacted] was in a diaper because she was fixing to shower. Ms. [redacted] provided [redacted] medications to the CM and reported that the medicine is to be given after [redacted] has a seizure. CM [redacted] clarifies with Ms. [redacted] that the seizure was at 7:30 AM, then she went to the ice machine, and [redacted] was non-responsive at 9:30 AM. CM then asks Ms. [redacted] what else was done during the two hours. Ms. [redacted] reports that she doesnt know, and it might have been approximately 10 or 10:30 AM. She was asked to submit to a urine drug screen but when urinating she missed the specimen cup and a mouth swab had to be performed instead.
On June 3, 2022, CM [redacted] and CM [redacted] spoke with Mr. [redacted] [redacted] birth father. Regarding the events of the day, Mr. [redacted] reports that at around 12-1 AM [redacted] had defecated on herself. Mr. [redacted] reports that her stomach was upset from eating bananas. Mr. [redacted] reports that he got [redacted] up and into the shower to clean her. Mr. [redacted] reports that he was washing [redacted] in the shower and suddenly remembered that hes a man and doesnt need to be the one cleaning her. Mr. [redacted] reported he called Ms. [redacted] in to help [redacted] with the shower at this time. Mr. [redacted] reports that he looked in the bathroom and Ms. [redacted] was holding [redacted] really tight like she was going to have a seizure. Mr. [redacted] reports that at 3 or 4 AM, [redacted] had a seizure that lasted approximately 20 seconds long. Mr. [redacted] reports then at 7:30 AM, [redacted] was seizing again and gasping for air. Mr. [redacted] reports he told Ms. [redacted] to get [redacted] medications. This seizure lasted approximately 30 seconds. Mr. [redacted] reports that at 10:30 AM, [redacted] had another seizure and couldnt breathe. Mr. [redacted] reports this final seizure was 15 seconds long. Mr. [redacted] reports that Ms. [redacted] called 911 and that law enforcement got there around 11-11:15 AM. Mr. [redacted] reports that

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

he was doing CPR. Mr. [redacted] reports that Mr. [redacted] does not live at the motel and that he lives in [redacted] Mr. [redacted] reports that Mr. [redacted] did not do CPR and was not in the room. Mr. [redacted] reports that Mr. [redacted] was not present until after the ambulance left. Mr. [redacted] reports that he was doing chest compressions.

On June 3, 2022, CM [redacted] and CM [redacted] spoke to Ms. [redacted] paramour, [redacted] He stated that Mr. [redacted] called him at 9:25 AM stating [redacted] was unconscious. He and Ms. [redacted] went to Mr. [redacted] room. Mr. [redacted] states he then performed CPR on [redacted] until LE arrived. He states that Mr. [redacted] did not perform CPR as this would be too difficult with his medical issues.

On June 5, 2022, [redacted] was pronounced deceased at [redacted] Childrens Hospital in the Pediatric Intensive Care Unit at 11:45am by Dr. [redacted] She remained on a ventilator until organ donation was contacted.

On January 8, 2023, all medical records were received from [redacted] Childrens Hospital and reviewed by CM [redacted] In summary, [redacted] was admitted to [redacted] ER via EMS on April 7, 2022. While with EMS, [redacted] had multiple seizures prior to arrival to [redacted] and was given narcan, was unresponsive with pinpoint pupils, and was intubated. In ED, [redacted] was given Ativan, Keppra load, ketamine, and started on fentanyl and versed drips for sedation. [redacted] had bloodwork completed for Lacosamide, S or P -an anticonvulsant drug indicated for adjunctive therapy for partial-onset seizures. The reference range is 1.0 to 10.0 mcg/mL. [redacted] was less than 0.5 noted, flagged LOW. It was noted that the family also had several canceled or no show appointments with the clinic. 06/10/2019 -no show 08/20/2019 cancelled 09/24/2019 -cancelled 01/06/2020-no show 06/18/2020-cancelled 09/17/2020 -cancelled 11/19/2020- no show telehealth 02/23/2021 -cancelled 03/05/2021 -no show 03/11/2021 -no show 04/09/2021-no show. [redacted] current medication list per discharge record on 04/13/2022 is: certirizine (ZyrTEC) 1 mg/oral solution (3 refills) cloBAZam (ONFI) 2.5 mg/suspension oral suspension -8 ml by mouth twice a day (0 refills) diazePAM 12.5-15-17.5-20 mg rectal kit for seizures lasting longer than 5 minutes (0 refills) DIPHENHYDRAMINE HCL (BENADRYL ORAL) prn for cold symptoms. Lacosamide 10 mg/mL solution oral solution -take 15 mL by mouth twice a day (5 refills). levETIRAcetam (KEPPRA) 100 mg/mL oral solution -take 17 ml twice a day (5 refills). lisdexamfetamine (VYVANSE) 20 mg capsule -1 capsule by mouth daily (0 refills). montelukast (SINGULAR) 5 mg chewable tablet (3 refills). predniSONE 5 mg/5 mL oral solution (0 refills). promethazine (PHENERGAN) 6.25 mg/5 mL oral syrup. respiriDONE 0.5 mg tablet take 0.5 mg by mouth 2 times a day.

Due to the directions provided for her medications, it is believed that the parents were not giving the medication properly as they report only giving medication following a seizure.

On June 7, 2022, an autopsy was completed on [redacted] The autopsy states that the cause of death was Lennox-Gastaut Syndrome. The manner of death was ruled as Natural. A toxicology report could not be conducted as there was insufficient antemortem blood available for testing.

On February 28, 2023, CM [redacted] presented this case to the [redacted] County Child Protective Services Investigative Team. The team agreed that there is a preponderance of evidence that supports the substantiation of the Abuse Death and therefore agreed to Allegation Substantiated, Perpetrator Substantiated.

Child Death is defined as:

a) Any child death caused by abuse or neglect.

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

c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

There is a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for the Abuse Death of [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-01 14:00:00.0	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/13/2023
Completed date:	04/13/2023	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: 04/13/2023 11:04 AM Entered By: [redacted]

Administrative Review

On 3/1/23, the death summary was submitted to CPS Team Coordinator [redacted] This was then sent to Executive Director [redacted] and Director [redacted]

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Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-28 15:00:00.0	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/01/2023
Completed date:	03/01/2023	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: 03/01/2023 02:20 PM Entered By: [redacted]

Administrative Review

CPIT was held on 2/28/23 and all team members agreed to a classification of Allegation Substantiated, Perpetrator Substantiated. The death summary was completed and sent to Team Coordinator, [redacted] to review and send to Regional Administrator [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-28 13:00:00.0	Contact Method:	Video Conference
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/21/2023
Completed date:	04/21/2023	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

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/21/2023 04:07 PM Entered By: [redacted]

On February 28, 2023, CM [redacted] presented this case to the [redacted] County Child Protective Services Investigative Team. The team agreed that there is a preponderance of evidence that supports the substantiation of the Abuse Death and therefore agreed to Allegation Substantiated, Perpetrator Substantiated.

Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

There is a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for the Abuse Death of [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-11 16:02:00.0	Contact Method:	Face To Face
Contact Time:	04:02 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/11/2023
Completed date:	01/11/2023	Completed By:	[redacted]

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

Contact Type(s): Medical Exam,Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/11/2023 04:52 PM Entered By: [redacted]

CM [redacted] received the Autopsy completed on [redacted] on 01/11/2023 at 4:02 PM.
Document will be uploaded to TFACTS.

Cause of Death: Lennox-Gastaut Syndrome
Manner of Death: Natural

Toxicology could be be performed due to insufficient antemortem blood available for testing.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-08 18:00:00.0	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/08/2023
Completed date:	01/08/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2023 10:52 PM Entered By: [redacted]

CM [redacted] conducted review of [redacted] Records received on this date.

ACV [redacted] was admitted to [redacted] ED on 04/07/2022 and was Discharged on 04/13/2022.

In Summary,

ACV was admitted to [redacted] ER via EMS on 04/07/2022. While with EMS, ACV had multiple seizures prior to arrival to [redacted] and was given narcan, was unresponsive with pinpoint pupils, and was intubated. In ED, ACV was given Ativan, Keppra load, ketamine, and started on fentanyl and versed drips for sedation. Family has current DCS involvement. ACV had bloodwork completed for Lacosamide, S or P -an anticonvulsant drug indicated for adjunctive therapy for partial-onset seizures. The reference range is 1.0 to 10.0 mcg/mL. ACV's was less than 0.5 noted, flagged LOW.
Mother to ACV expressed to [redacted] Social Worker through hospital stay regarding homelessness and child not being in school and not having adequate transportation.
It is noted that ACV had several no/show and cancelled appointments:
06/10/2019 -no show
08/20/2019 - cancelled
09/24/2019 -cancelled
01/06/2020-no show
06/18/2020-cancelled
09/17/2020 -cancelled
11/19/2020- no show telehealth
02/23/2021 -cancelled
03/05/2021 -no show
03/11/2021 -no show
04/09/2021-no show

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

It is reported that on 04/13/2022 in Social Work documentation, that [redacted] SW, [redacted] Case Management, and DCS met with the family prior to discharge and discussed housing.

ACV's current medication list per discharge record on 04/13/2022 is:
certirizine (ZyrTEC) 1 mg/oral solution (3 refills)
cloBAZam (ONFI) 2.5 mg/suspension oral suspension -8 ml by mouth twice a day (0 refills)
diazePAM 12.5-15-17.5-20 mg rectal kit for seizures lasting longer than 5 minutes (0 refills)
DIPHENHYDRAMINE HCL (BENADRYL ORAL) prn for cold symptoms

lacosamide 10 mg/mL solution oral solution -take 15 mL by mouth twice a day (5 refills)

levETIRAcetam (KEPPRA) 100 mg/mL oral solution -take 17 ml twice a day (5 refills)
lisdexamfetamine (VYVANSE) 20 mg capsule -1 capsule by mouth daily (0 refills)
montelukast (SINGULAR) 5 mg chewable tablet (3 refills)
predniSONE 5 mg/5 mL oral solution (0 refills)
promethazine (PHENERGAN) 6.25 mg/5 mL oral syrup
respiriDONE 0.5 mg tablet take 0.5 mg by mouth 2 times a day

Observations: ACV's bloodwork shows that seizure medication levels were low in her system at [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-08 17:00:00.0	Contact Method:	
Contact Time:	05:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/08/2023
Completed date:	01/08/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2023 10:21 PM Entered By: [redacted]

CM [redacted] conducted review of [redacted] Records received on this date.

ACV [redacted] was admitted to [redacted] ED on 03/15/2022 as transfer from a referring facility for angioedema.
ACV [redacted] was Discharged from [redacted] on 03/16/2022.

In Summary,

ACV was diagnosed with Strep Throat, Dehydration, and Odynophagia. Mother reports ACV not wanting to eat or drink. Mother reports ACV missing prescribed medications the night before due to problems with swallowing. It is reported ACV receives PT, OT, and ST services through the school system. It is reported that ACV has not been attending school per mother. Medical team and nursing expressed concern of mom's physical ability to care for the child due to limited ability to walk/needed assistance from walker.
DCS Referral was made Intake ID#: [redacted]
[redacted] Social Worker conducted contact with family

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-05 14:00:00.0	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/05/2023
Completed date:	01/05/2023	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: 01/05/2023 02:11 PM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with Case Managers (CM) [redacted] and [redacted] and Team Leader (TL) [redacted] Also present was Team Coordinators (TC) [redacted] and [redacted] CPS Director (CPSD) [redacted] and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned on 6/6/22 concerning the death of ACV [redacted] (11yo). It was reported [redacted] was residing with her birth mother [redacted] and birth father [redacted] in [redacted] County at a hotel. It was reported the family had been residing at the hotel for approximately 1 month. Additionally, it was reported the mother was sometimes residing with an alleged paramour [redacted] who was staying in a different room of the hotel. [redacted] was reported to have a seizure disorder requiring medications and autism. She wore diapers and was reported to have diminished verbal skills, the ability to feed herself, and was ambulatory.

On 6/3/22 at approximately 10:30am a 911 call was made by the mother reporting [redacted] was not breathing. It was reported when LE arrived [redacted] was lying on the bed wearing only a diaper. The father and Mr. [redacted] were present in the room and Mr. [redacted] was administrating CPR. It was reported [redacted] lips were turning blue in color and she was starting to turn cold to the touch. LE transferred [redacted] to the floor where CPR was continued and then EMS arrived, took over, and transported here to [redacted] Childrens Hospital.

The parents reported [redacted] had a seizure that morning at 3:30am, a second at 7:30am, and a third at 9:30am or 10:30am. The parents timeline regarding the third seizure was inconsistent. The father reported he was with [redacted] alone in the room at the time of the third seizure after which she began gasping for air and stopped breathing. The father reported he called from the mother at that point, as she was not in the room but staying with Mr. [redacted] Mr. [redacted] and the mother came to the room, the mother called 911, and Mr. [redacted] began CPR.

All three adults were interviewed initially by LE with follow-up interviews with DCS. They reported [redacted] was

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

given her seizure medication after each seizure, and the three medications [liquid via syringe] were routinely used following seizures; however, the medication directions on the bottles informed the medication was to be given daily, with no stipulation around seizure activity. Photographs of the medications were taken. The mother reported [redacted] did not have a regular PCP and they often utilized urgent care/fast pace medical facilities for care for [redacted] It was additionally reported the family had moved frequently in the past 6 months between [redacted] County where a grandmother resided and [redacted] County and that [redacted] had not been enrolled in school following winter break.

[redacted] condition continued to decline at [redacted] and brain death/death was pronounced on 6/5/22. [redacted] was reported to be obese and no external injuries, marks, or concerns were noted. An autopsy was ordered with results pending. The mother has one adult child who is 20yo. No other minor children are involved. ENN concerns were noted at the hotel and the parents reported returning to the hotel room and cleaning before DCS arrived.

There was an open CPS assessment case involving the family and allegations of ENN at the time of the death. The case opened in December 2021 and efforts to locate and engage the family are documented and noted as unsuccessful. The mother reportedly has cerebral palsy, and the father has a heart condition and defibrillator. Both parents are prescribed multiple medications which were documented. Mouth swabs for the parents were completed and results are pending.

Next Steps:
-- CM will request all medical records for the ACV to include birth, pediatric, recent urgent care/examinations. Records will be reviewed and uploaded to TFACTS. Safety Nurse will be utilized as needed.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete collateral interviews with adult son and grandmother.
-- CM will request most recent school records and collateral with last school.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Administrative Review 8/18
CM [redacted] has obtain phone numbers for the relatives to utilize as collateral contacts and will call them by COB on 8/22. CM [redacted] has requested the birth records for the child but these have not been received as of yet. CM will request all records from [redacted] Elementary where the child was previously attending school. CM has spoken with LE and attempted to retrieve the photographs of the hotel that were taken but the assigned CPIT partner was on leave on that date. CM will follow up with CPIT and obtain all records. Autopsy is still pending and parents have not been charged at this time. Case remains unclassified until further investigation can be concluded and CM can present to CPIT team. Case is due for 60 day review and will be staffed with [redacted]

Administrative Review 11/10
CM [redacted] has spoken with the Detective and this case was set for CPIT on 10/25. However, it was postponed as the Detective states the autopsy has still not been received. All educational records, birth records, medical records, and CD of photos from the home have been received. CM will speak with the adult son and the

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

grandmother as collaterals and await autopsy results. CM will then present case to CPIT.

Administrative Review 1/5/23
CM [redacted] has followed up with the assigned Detective as case was again set for CPIT in December. The autopsy has still not been received at this time. CM has not spoken with the adult son and grandmother as collaterals and will make efforts to engage them by 1/9/23. Case will be presented to [redacted] County CPIT upon receiving the autopsy from the assigned Detective.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-11-10 12:30:00.0	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	11/10/2022
Completed date:	11/10/2022	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: 11/10/2022 12:44 PM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with Case Managers (CM) [redacted] and [redacted] and Team Leader (TL) [redacted] Also present was Team Coordinators (TC) [redacted] and [redacted] CPS Director (CPSD) [redacted] and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned on 6/6/22 concerning the death of ACV [redacted] (11yo). It was reported [redacted] was residing with her birth mother [redacted] and birth father [redacted] in [redacted] County at a hotel. It was reported the family had been residing at the hotel for approximately 1 month. Additionally, it was reported the mother was sometimes residing with an alleged paramour [redacted] who was staying in a different room of the hotel. [redacted] was reported to have a seizure disorder requiring medications and autism. She wore diapers and was reported to have diminished verbal skills, the ability to feed herself, and was ambulatory.

On 6/3/22 at approximately 10:30am a 911 call was made by the mother reporting [redacted] was not breathing. It was reported when LE arrived [redacted] was lying on the bed wearing only a diaper. The father and Mr. [redacted] were present in the room and Mr. [redacted] was administrating CPR. It was reported [redacted] lips were turning blue in color and she was starting to turn cold to the touch. LE transferred [redacted] to the floor where CPR was continued and then EMS arrived, took over, and transported here to [redacted] Childrens Hospital.

The parents reported [redacted] had a seizure that morning at 3:30am, a second at 7:30am, and a third at 9:30am or 10:30am. The parents timeline regarding the third seizure was inconsistent. The father reported he was with [redacted] alone in the room at the time of the third seizure after which she began gasping for air and stopped breathing. The father reported he called from the mother at that point, as she was not in the room but staying with Mr. [redacted] Mr. [redacted] and the mother came to the room, the mother called 911, and Mr. [redacted] began CPR.

All three adults were interviewed initially by LE with follow-up interviews with DCS. They reported [redacted] was

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

given her seizure medication after each seizure, and the three medications [liquid via syringe] were routinely used following seizures; however, the medication directions on the bottles informed the medication was to be given daily, with no stipulation around seizure activity. Photographs of the medications were taken. The mother reported [redacted] did not have a regular PCP and they often utilized urgent care/fast pace medical facilities for care for [redacted] It was additionally reported the family had moved frequently in the past 6 months between [redacted] County where a grandmother resided and [redacted] County and that [redacted] had not been enrolled in school following winter break.

[redacted] condition continued to decline at [redacted] and brain death/death was pronounced on 6/5/22. [redacted] was reported to be obese and no external injuries, marks, or concerns were noted. An autopsy was ordered with results pending. The mother has one adult child who is 20yo. No other minor children are involved. ENN concerns were noted at the hotel and the parents reported returning to the hotel room and cleaning before DCS arrived.

There was an open CPS assessment case involving the family and allegations of ENN at the time of the death. The case opened in December 2021 and efforts to locate and engage the family are documented and noted as unsuccessful. The mother reportedly has cerebral palsy, and the father has a heart condition and defibrillator. Both parents are prescribed multiple medications which were documented. Mouth swabs for the parents were completed and results are pending.

Next Steps:
-- CM will request all medical records for the ACV to include birth, pediatric, recent urgent care/examinations. Records will be reviewed and uploaded to TFACTS. Safety Nurse will be utilized as needed.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete collateral interviews with adult son and grandmother.
-- CM will request most recent school records and collateral with last school.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Administrative Review 8/18
CM [redacted] has obtain phone numbers for the relatives to utilize as collateral contacts and will call them by COB on 8/22. CM [redacted] has requested the birth records for the child but these have not been received as of yet. CM will request all records from [redacted] Elementary where the child was previously attending school. CM has spoken with LE and attempted to retrieve the photographs of the hotel that were taken but the assigned CPIT partner was on leave on that date. CM will follow up with CPIT and obtain all records. Autopsy is still pending and parents have not been charged at this time. Case remains unclassified until further investigation can be concluded and CM can present to CPIT team. Case is due for 60 day review and will be staffed with [redacted]

Administrative Review 11/10
CM [redacted] has spoken with the Detective and this case was set for CPIT on 10/25. However, it was postponed as the Detective states the autopsy has still not been received. All educational records, birth records, medical records, and CD of photos from the home have been received. CM will speak with the adult son and the

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

grandmother as collaterals and await autopsy results. CM will then present case to CPIT.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-09-08 08:00:00.0	Contact Method:	Notation
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	01/08/2023
Completed date:	01/08/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort,Notation

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2023 09:53 PM Entered By: [redacted]

CM [redacted] received Birth Records from [redacted] Medical Center on 09/08/2022 for ACV [redacted] via mail. Documents will be uploaded to TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-09-01 08:00:00.0	Contact Method:	Notation
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	01/08/2023
Completed date:	01/08/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort,Notation

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/08/2023 09:52 PM Entered By: [redacted]

CM [redacted] received all educational records for ACV [redacted] on this date. Documents will be uploaded to TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-08-25 13:39:00.0	Contact Method:	Phone Call
Contact Time:	01:39 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/25/2022
Completed date:	08/25/2022	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Good Faith Effort		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

Hibbs, Rebecca; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/25/2022 01:52 PM Entered By: [redacted]

CM [redacted] conducted Collateral Contact to [redacted] Elementary 5th grade guidance counselor, [redacted], on 08/25/2022 at 1:39 PM via phone call.
Ms. [redacted] reported that she would be able to provide records for ACV [redacted] to CM and also would provide CM's information to CDC teachers who interacted with ACV daily while attending school at [redacted] Ms. Hibbs reported that ACV was a part of the special education program and did not have much interaction outside of that.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-08-18 13:00:00.0	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/18/2022
Completed date:	08/18/2022	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: 08/18/2022 01:24 PM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with Case Managers (CM) [redacted] and [redacted] and Team Leader (TL) [redacted] Also present was Team Coordinators (TC) [redacted] and [redacted] CPS Director (CPSD) [redacted] and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned on 6/6/22 concerning the death of ACV [redacted] (11yo). It was reported [redacted] was residing with her birth mother [redacted] and birth father [redacted] in [redacted] County at a hotel. It was reported the family had been residing at the hotel for approximately 1 month. Additionally, it was reported the mother was sometimes residing with an alleged paramour [redacted] who was staying in a different room of the hotel. [redacted] was reported to have a seizure disorder requiring medications and autism. She wore diapers and was reported to have diminished verbal skills, the ability to feed herself, and was ambulatory.

On 6/3/22 at approximately 10:30am a 911 call was made by the mother reporting [redacted] was not breathing. It was reported when LE arrived [redacted] was lying on the bed wearing only a diaper. The father and Mr. [redacted] were present in the room and Mr. [redacted] was administrating CPR. It was reported [redacted] lips were turning blue in color and she was starting to turn cold to the touch. LE transferred [redacted] to the floor where CPR was continued and then EMS arrived, took over, and transported here to [redacted] Childrens Hospital.

The parents reported [redacted] had a seizure that morning at 3:30am, a second at 7:30am, and a third at 9:30am or 10:30am. The parents timeline regarding the third seizure was inconsistent. The father reported he was with [redacted] alone in the room at the time of the third seizure after which she began gasping for air and stopped breathing. The father reported he called from the mother at that point, as she was not in the room but staying with Mr. [redacted] Mr. [redacted] and the mother came to the room, the mother called 911, and Mr. [redacted] began CPR.

All three adults were interviewed initially by LE with follow-up interviews with DCS. They reported [redacted] was

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

given her seizure medication after each seizure, and the three medications [liquid via syringe] were routinely used following seizures; however, the medication directions on the bottles informed the medication was to be given daily, with no stipulation around seizure activity. Photographs of the medications were taken. The mother reported [redacted] did not have a regular PCP and they often utilized urgent care/fast pace medical facilities for care for [redacted] It was additionally reported the family had moved frequently in the past 6 months between [redacted] County where a grandmother resided and [redacted] County and that [redacted] had not been enrolled in school following winter break.

[redacted] condition continued to decline at [redacted] and brain death/death was pronounced on 6/5/22. [redacted] was reported to be obese and no external injuries, marks, or concerns were noted. An autopsy was ordered with results pending. The mother has one adult child who is 20yo. No other minor children are involved. ENN concerns were noted at the hotel and the parents reported returning to the hotel room and cleaning before DCS arrived.

There was an open CPS assessment case involving the family and allegations of ENN at the time of the death. The case opened in December 2021 and efforts to locate and engage the family are documented and noted as unsuccessful. The mother reportedly has cerebral palsy, and the father has a heart condition and defibrillator. Both parents are prescribed multiple medications which were documented. Mouth swabs for the parents were completed and results are pending.

Next Steps:
-- CM will request all medical records for the ACV to include birth, pediatric, recent urgent care/examinations. Records will be reviewed and uploaded to TFACTS. Safety Nurse will be utilized as needed.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete collateral interviews with adult son and grandmother.
-- CM will request most recent school records and collateral with last school.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Administrative Review 8/18
CM [redacted] has obtain phone numbers for the relatives to utilize as collateral contacts and will call them by COB on 8/22. CM [redacted] has requested the birth records for the child but these have not been received as of yet. CM will request all records from [redacted] Elementary where the child was previously attending school. CM has spoken with LE and attempted to retrieve the photographs of the hotel that were taken but the assigned CPIT partner was on leave on that date. CM will follow up with CPIT and obtain all records. Autopsy is still pending and parents have not been charged at this time. Case remains unclassified until further investigation can be concluded and CM can present to CPIT team. Case is due for 60 day review and will be staffed with [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-07-19 16:00:00.0	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/25/2022
Completed date:	08/25/2022	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] Officer; [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/25/2022 01:57 PM Entered By: [redacted]

CM [redacted] conducted contact with CPIT Partner Officer [redacted] ([redacted] Police Department) on 07/19/2022 at 4 PM via phone call.

Off [redacted] reported that they are still pending pressing charges upon them receiving the autopsy report and toxicology specifically. Off [redacted] reports that there is concern with the medications for ACV's seizures being administered by the APs. Off [redacted] reported that the PD did have photographs of the scene that CM could pick up on a CD.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-09 08:00:00.0	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/21/2023
Completed date:	04/21/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/21/2023 04:10 PM Entered By: [redacted]

Mouthswab Drug Screens which were completed on 06/03/2022 were returned for [redacted] and [redacted] Both were negative for all substances.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2022-06-08 09:00:00.0	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/08/2022
Completed date:	07/09/2022	Completed By:	System Completed

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/08/2022 10:54 AM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with Case Managers (CM) [redacted] and [redacted] and Team Leader (TL) [redacted] Also present was Team Coordinators (TC) [redacted] and [redacted] CPS Director (CPSD) [redacted] and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned on 6/6/22 concerning the death of ACV [redacted] (11yo). It was reported [redacted] was residing with her birth mother [redacted] and birth father [redacted] in [redacted] County at a hotel. It was reported the family had been residing at the hotel for approximately 1 month. Additionally, it was reported the mother was sometimes residing with an alleged paramour [redacted] who was staying in a different room of the hotel. [redacted] was reported to have a seizure disorder requiring medications and autism. She wore diapers and was reported to have diminished verbal skills, the ability to feed herself, and was ambulatory.

On 6/3/22 at approximately 10:30am a 911 call was made by the mother reporting [redacted] was not breathing. It was reported when LE arrived [redacted] was lying on the bed wearing only a diaper. The father and Mr. [redacted] were present in the room and Mr. [redacted] was administrating CPR. It was reported [redacted] lips were turning blue in color and she was starting to turn cold to the touch. LE transferred [redacted] to the floor where CPR was continued and then EMS arrived, took over, and transported here to [redacted] Childrens Hospital.

The parents reported [redacted] had a seizure that morning at 3:30am, a second at 7:30am, and a third at 9:30am or 10:30am. The parents timeline regarding the third seizure was inconsistent. The father reported he was with [redacted] alone in the room at the time of the third seizure after which she began gasping for air and stopped breathing. The father reported he called from the mother at that point, as she was not in the room but staying with Mr. [redacted] Mr. [redacted] and the mother came to the room, the mother called 911, and Mr. [redacted] began CPR.

All three adults were interviewed initially by LE with follow-up interviews with DCS. They reported [redacted] was

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

given her seizure medication after each seizure, and the three medications [liquid via syringe] were routinely used following seizures; however, the medication directions on the bottles informed the medication was to be given daily, with no stipulation around seizure activity. Photographs of the medications were taken. The mother reported [redacted] did not have a regular PCP and they often utilized urgent care/fast pace medical facilities for care for [redacted] It was additionally reported the family had moved frequently in the past 6 months between [redacted] County where a grandmother resided and [redacted] County and that [redacted] had not been enrolled in school following winter break.

[redacted] condition continued to decline at [redacted] and brain death/death was pronounced on 6/5/22. [redacted] was reported to be obese and no external injuries, marks, or concerns were noted. An autopsy was ordered with results pending. The mother has one adult child who is 20yo. No other minor children are involved. ENN concerns were noted at the hotel and the parents reported returning to the hotel room and cleaning before DCS arrived.

There was an open CPS assessment case involving the family and allegations of ENN at the time of the death. The case opened in December 2021 and efforts to locate and engage the family are documented and noted as unsuccessful. The mother reportedly has cerebral palsy, and the father has a heart condition and defibrillator. Both parents are prescribed multiple medications which were documented. Mouth swabs for the parents were completed and results are pending.

Next Steps:
-- CM will request all medical records for the ACV to include birth, pediatric, recent urgent care/examinations. Records will be reviewed and uploaded to TFACTS. Safety Nurse will be utilized as needed.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete collateral interviews with adult son and grandmother.
-- CM will request most recent school records and collateral with last school.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

Case Recording Details

Recording ID: [redacted] Status: Completed

Contact Date: 2022-06-06 12:00:00.0 Contact Method:

Contact Time: 12:00 PM Contact Duration:

Entered By: [redacted] Recorded For:

Location: DCS Office Created Date: 06/06/2022

Completed date: 06/06/2022 Completed By: [redacted]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2022 03:25 PM Entered By: [redacted]

TFACTS History:

[redacted] Assessment 2 Open 12/28/2021 [redacted] Region

[redacted] Environmental Neglect; [redacted] Services Recommended [redacted] Region [redacted]

[redacted] Assessment 3 Closed 09/15/2021 [redacted] Region

[redacted] Medical Maltreatment; [redacted] No Services Needed
Medical Maltreatment; [redacted] No Services Needed

[redacted] Assessment 3 Closed 09/10/2021 [redacted] Region

[redacted] Medical Maltreatment; [redacted] No Services Needed
Medical Maltreatment; [redacted] No Services Needed

[redacted] Assessment 3 Closed 12/18/2018 [redacted] Region

[redacted] Environmental Neglect; [redacted] No Services Needed
Environmental Neglect; [redacted] No Services Needed

[redacted] Investigation 1 Closed 12/07/2018 [redacted] Region [redacted] Sexual Abuse Unknown Participant [redacted] Unknownuj; Allegation Unsubstantiated / Perpetrator Unsubstantiated

[redacted] Assessment 2 Closed 11/03/2017 [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

Region

[redacted] Medical Maltreatment; Unknown[redacted], Unknown; No Services Needed

A search of the following websites was performed on the family members and other involved individuals and the following results were found:
-- National Sex Offender Public Website: No results found based on information provided.
-- TN Felony Offender Information: No results found based on information provided.
-- Department of Health Abuse Registry: No results found based on information provided.
-- Drug Offender Registry Database: No results found based on information provided.
-- [redacted] County Criminal County Clerk Website:

[redacted] 55-9-603 SEAT BELT - 18 AND OLDER 04/01/2016 03/23/2016 05/12/2016 Guilty (Traf Ticket Paid in Full)

1 [redacted] Registration Law 12/06/2002 11/24/2002 02/03/2003 Guilty

1 Quincy [redacted] 55-50-333 DRIVER LICENSE-ADDRESS REQ WITHIN 10 DAYS 06/30/2015 06/27/2015 07/01/2015 Dismissed Cost To Defendant

2 [redacted] 55-9-603 SEAT BELT - 18 AND OLDER 06/30/2015 06/27/2015 07/02/2015 Guilty (Traf Ticket Paid in Full)

3 [redacted] 55-12-139 FINANCIAL RESPONSIBILITY LAW 06/30/2015 06/27/2015 07/01/2015 Dismissal

1 [redacted] 55-9-603 SEAT BELT - 18 AND OLDER 03/31/2016 03/23/2016 05/12/2016 Guilty (Traf Ticket Paid in Full)

2 [redacted] 55-9-602 CHILD RESTRAINT CHILDREN AGES 4 - 8 03/31/2016 03/23/2016 05/18/2016 Guilty

1 [redacted] 55-9-603 SEAT BELT - 18 AND OLDER - SECOND OR SUBSEQUENT 05/19/2017 05/10/2017 06/02/2017 Guilty

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-05 16:30:00.0	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	06/06/2022
Completed date:	06/06/2022	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: 06/06/2022 09:35 PM Entered By: [redacted]

Dr. [redacted] Childrens Hospital

Doctor reported that Medical Examiner has been notified and will be accepting the case. Doctor reported that cause of death is unknown at this time and there is no proof right now to say that the seizure caused her death. Doctor reported that two months ago, [redacted] came into [redacted] ER due to having a seizure. At that time they ran test and determined that her levels were low regarding her seizure medication. Clarity was provided and the doctor reported that there may be concerns that [redacted] wasnt receiving her seizure medication as she should. However, he reported the medical examiner would be able to confirm this and determine if abuse/neglect took place.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-05 15:40:00.0	Contact Method:	Phone Call
Contact Time:	03:40 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	06/11/2022
Completed date:	06/11/2022	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort,Medical Exam

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted] MD, [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2022 09:37 PM Entered By: [redacted]

CM [redacted] conducted phone call with Dr. [redacted] ([redacted] Children's Hospital) on 06/05/2022 at 3:40 PM.

Dr. [redacted] reported that the Medical Examiner has been notified and will be accepting the case. Dr. [redacted] reported that cause of death is unknown at this time and there is no proof right now to say that the seizure caused her death. Dr. [redacted] reported that two months ago, [redacted] came into the ER due to having a seizure. At the time, they ran tests and determined that her levels were low regarding her seizure medication. CM [redacted] asked for clarification, and Dr. [redacted] reported that there may be concerns that [redacted] wasn't receiving her seizure medication as she should. However, he reported the medical examiner would be able to confirm this and determine if abuse/neglect took place.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-05 12:00:00.0	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	06/06/2022
Completed date:	06/06/2022	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2022 09:33 PM Entered By: [redacted]

Doctor reported that [redacted] exams worsened from the time of her being admitted to hospital. Due to this, she met criteria for a brain death exam. The brain death exam was conducted this morning 6/5/22 (exact time not provided). Based on the exam, [redacted] time of death was 11:45am on 6/5/22. Doctor reported that PICU is completing paperwork.

According to the doctor, the parents were at the hospital for most of the day yesterday. They have not been at the hospital today. The parents were aware that test would be performed, but they are not aware that an official time of death has been recorded.

Doctor reported that as of now [redacted] is still hooked to a ventilator and parents did consent to organ donation. The next steps are for the medical examiner and Tennessee Donor Services to be called.

TC [redacted] was informed as well as Det. [redacted]

Next Steps:
follow up with medical staff

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-05 11:45:00.0	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	06/06/2022
Completed date:	06/06/2022	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2022 03:15 PM Entered By: [redacted]

ACV [redacted] (dob: [redacted])
Date of Death: 06/05/2022
Time of Death: 11:45 AM
Location: [redacted] Children's Hospital -PICCU

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-04 00:30:00.0	Contact Method:	
Contact Time:	12:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	06/06/2022
Completed date:	06/06/2022	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2022 09:28 PM Entered By: [redacted]

Parents said ACV had a seizure at approximately 3:30AM again at 7:30AM and 10:30AM. After the 10:30AM seizure father noticed ACV was gasping for air and then stopped breathing. He called mother and told her ACV wasnt breathing. Mother came to the room and he started doing CPR after mother called 911. According to mother she called her boyfriend who also is currently staying at the hotel and he performed CPR on ACV and not the father. After approximately 25 minutes LE arrived and took over CPR. ACV was transported to [redacted] Childrens Hospital by EMS. Parents didnt ride in the ambulance with ACV due to COVID procedures. Father drove to the hospital and mothers boyfriend drove her to the hospital. ACVs currently at the hospital in critical condition and according to medical personnel it doesnt look like ACV will make it.

Boyfriend was interviewed and stated he received a phone call. He showed a time on his phone of 9:25AM. He says mother spent the night with him the previous night. Mother received multiple calls from the father throughout the morning. He says at approximately 9:25AM mother received a call from father stating ACV had a seizure and stopped breathing. He reports he immediately told mother to call 911 and he went to the room where father and ACV were and started performing CPR for approximately 25-30 minutes until EMS arrived and they took over. Boyfriend states neither parent rode in the ambulance with ACV and he took mother while father drove himself.

TC and the Director were updated.

Next Steps:
follow up with law enforcement, medical personnel, and the family.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-03 23:20:00.0	Contact Method:	Face To Face
Contact Time:	11:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	06/11/2022
Completed date:	06/11/2022	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2022 09:28 PM Entered By: [redacted]

[redacted] CM [redacted] and [redacted] CM [redacted] conducted interview with mothers paramour [redacted] at the [redacted] TN) Room # [redacted] on 06/03/2022 at 11:20 PM.

CM [redacted] conducted primary interview with Mr. [redacted]

Mr. [redacted] (dob: [redacted])
Mr. [redacted] reports that he thinks shes [redacted] is going to pass on us. Mr. [redacted] reports that shes my girl, shes my girl. Mr. [redacted] reports that when she had her incident, I see a fire and run into it. Mr. [redacted] reports that himself and Ms. [redacted] were laying in the bed and [redacted] was over there with [redacted] Mr. [redacted] reports that Mr. [redacted] called him at around 9:30 that [redacted] was non-responsive. Mr. [redacted] pulls out his phone and looks at phone log. The call was at 9:25 AM. Mr. [redacted] reports that he and Ms. [redacted] got over there quick and he helped Ms. [redacted] get to the room. Mr. [redacted] reports that he told Ms. [redacted] to call 9-1-1 and that Mr. [redacted] performed CPR until LE came. Mr. [redacted] reports that Mr. [redacted] did not do CPR due to his health issues. Mr. [redacted] reports that he has been in a relationship with Ms. [redacted] for about 4 months and he is staying in the hotel for a few days but lives in [redacted] TN. Mr. [redacted] reports that Mr. [redacted] will bring Ms. [redacted] to his room and that him and Mr. [redacted] are good friends. Mr. [redacted] reports that he only has health issues with blood pressure. Mr. [redacted] reports that he feels the parents are unable to help [redacted] quickly because of their health issues. Mr. [redacted] reports that he hit [redacted] with a belt and she laughed.

Mr. [redacted] reports that his phone number is [redacted] if there are any additional questions.
Mr. [redacted] cried a few times during interview. His room was observed to be bare and had a lighter and eye drops on the counter. Mr. [redacted] touched and grabbed CM [redacted] arm many times during interview.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-03 22:31:00.0	Contact Method:	Face To Face
Contact Time:	10:31 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	06/11/2022
Completed date:	06/11/2022	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2022 09:22 PM Entered By: [redacted]

[redacted] CM [redacted] and [redacted] CM [redacted] conducted interview with birth father [redacted] at the [redacted] TN) Room [redacted] on 06/03/2022 at 10:31 PM in private.

CM [redacted] conducted primary interview with Mr. [redacted]

Mr. [redacted] reports that his name is [redacted] d.o.b: [redacted]. Ms. [redacted] reports that he is unemployed and gets $910 in disability. Mr. [redacted] reports that he has heart trouble and has a defibrillator. Mr. [redacted] reports that [redacted] is his only child and that he has never been married. Mr. [redacted] reports that the family has been staying in the hotel for 3 or 4 weeks. Mr. [redacted] reports that he sleeps in the bed by the window and that [redacted] and Ms. [redacted] sleep in the other bed. Mr. [redacted] reports that he was living at [redacted], TN before this but sold the house because it had problems. Mr. [redacted] reports that he is on [redacted] birth certificate. Mr. [redacted] reports that he has no criminal history, no substance use history, and that the car is his. Mr. [redacted] reports that he is close with his family and that his sister lives in [redacted] TN.

Mr. [redacted] reports that he has to say something. Mr. [redacted] reports that [redacted] has never been neglected by dad and always took care of her and teach her how to be on her own. He would put her in time out and ask teachers to advise on discipline. Mr. [redacted] reports that [redacted] has autism and seizures. Mr. [redacted] reports that she was took off a med recently. Mr. [redacted] reports that [redacted] was going to [redacted] Elementary School, but hasnt been since December 2021. Mr. [redacted] reports that he was in the hospital for 14 days around Christmas. Mr. [redacted] reports that [redacted] has TennCare.

In regard to the events of Today, Mr. [redacted] reports that at around 12-1 AM [redacted] has used the bathroom on her self and it was everywhere. Mr. [redacted] reports that her stomach was upset from eating bananas. Mr. [redacted] reports that he got [redacted] up and into the shower. Mr. [redacted] reports that he was washing [redacted]

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

in the shower and suddenly remember that hes a man and doesnt need to be doing that. Mr. [redacted] reports he called [redacted] in to help [redacted] with the shower at this time. Mr. [redacted] reports that he looked in the bathroom and [redacted] was holding [redacted] really tight like she was going to have a seizure. Mr. [redacted] reports that at 3 or 4 AM, [redacted] had a seizure that was 20 seconds. Mr. [redacted] reports then at 7:30 AM, [redacted] was seizing again and gasping for air. Mr. [redacted] reports he told [redacted] to get the meds and that this seizure lasted about thirty seconds. Mr. [redacted] reports that at 10:30 AM, [redacted] had another seizure and couldnt breathe. Mr. [redacted] reports this final seizure was 15 seconds long. Mr. [redacted] reports that [redacted] was getting some clothes and he was done seeing his child laying there and that does something to you [him]. Mr. [redacted] reports that Ms. [redacted] called 9-1-1 and that law enforcement got there around 11-1115. Mr. [redacted] reports that he was doing CPR. Mr. [redacted] reports that Mr. [redacted] does not live at the motel and that he lives in [redacted] Mr. [redacted] reports that Mr. [redacted] did not do CPR and was not in the room. Mr. [redacted] reports that he was not here at all until after the ambulance left. Mr. [redacted] reports that he was doing chest compressions.

Mr. [redacted] submits to a random drug screen mouthswab at this time. Mr. [redacted] provides all of his medication and pill count is accurate.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-03 21:36:00.0	Contact Method:	Face To Face
Contact Time:	09:36 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	06/11/2022
Completed date:	06/11/2022	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2022 09:19 PM Entered By: [redacted]

[redacted] CM [redacted] and [redacted] CM [redacted] conducted interview with birth mother [redacted] at the [redacted] TN) Room # [redacted] on 06/03/2022 at 9:36 PM in private.

CM [redacted] conducted primary interview with Ms. [redacted]

Ms. [redacted] reports that her name is Sherry [redacted] dob: [redacted]. Ms. [redacted] reports that she is disabled and receives SSI $560 per month. Ms. [redacted] reports that she is the payee of her SSI and [redacted] ($718 per month). Ms. [redacted] reports that she has been living in the motel since May of 2022, roughly 3-4 weeks. Ms. [redacted] reports that she is in the process of searching for new housing. Ms. [redacted] reports that she was previously living with her mother, [redacted] in [redacted] County TN. Ms. [redacted] reports that she was not getting along with her mother, Ms. [redacted] and that is why they moved out. Ms. [redacted] reports that she does have transportation. Ms. [redacted] reports that she applied for income-based housing. Ms. [redacted] reports Mr. [redacted] inherited the familys home that was in [redacted] TN prior to moving to [redacted] Co.
Ms. [redacted] reports that [redacted] is not enrolled in school now that its summer. Ms. [redacted] reports that she was previously going to [redacted] Elementary (Springfield, TN). Ms. [redacted] reports that [redacted] was not going to school for the past 3 months prior to summer. Ms. [redacted] reports that [redacted] had an IEP at [redacted] Ms. [redacted] reports that she has cerebral palsy and that her momma treated her bad. Ms. [redacted] reports she has no other diagnosis. Ms. [redacted] reports she takes 800 mg of Ibuprofen sometimes and has no prescription medications. Ms. [redacted] denies any substance use. Ms. [redacted] reports no criminal history. Ms. [redacted] reports no substance use history. Ms. [redacted] reports that she has DCS history, and that her most recent case was for Environmental Neglect. Ms. [redacted] reports that [redacted] has diagnoses of Autism and Seizure Disorder, that she is able to shower, eat and dress on her own. Ms. [redacted] reports that [redacted] is verbally limited, can speak small words but not string together sentences.

Ms. [redacted] reports that in regard to the events of today, that she had went in the bathroom then went to the car

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

and when she came back she was having a seizure. Ms. [redacted] reports this was at 7:30 AM. Ms. [redacted] reports that she went to the ice machine and was gone for 4 minutes. Ms. [redacted] reports that at 9:30 AM, [redacted] (birth father [redacted] was calling her into the room and she was non-responsive. Ms. [redacted] reports that she woke at 7:30 AM when she was having a seizure, Ms. [redacted] reports that she gave [redacted] all 3 of her seizure meds at 7:35 AM. Ms. [redacted] reports that she then went to the ice machine. Ms. [redacted] reports that at 9:30 AM, [redacted] wasnt breathing and then paramedics came. Ms. [redacted] reports that [redacted] was cold to the touch and her eyes were closed. Ms. [redacted] reports that it was in the far bed from the window. Ms. [redacted] reports that she had checked [redacted] temp this morning because she was a little warm. Ms. [redacted] reports that she was the one who called 9-1-1. Ms. [redacted] reports that she called her friend Mr. [redacted] who came after she called 9-1-1. Ms. [redacted] reports that Mr. [redacted] performed CPR. Ms. [redacted] reports that birth father [redacted] did not do CPR. Ms. [redacted] reports that she, Mr. [redacted] and Mr. [redacted] drove to the hospital after wards because the ambulance didnt want anyone to ride due to COVID. Ms. [redacted] reports that she does not usually sleep with [redacted] but that she had had joined [redacted] in the middle of the night. Ms. [redacted] reports that [redacted] was wearing a yellow t-shirt and pajamas with no socks. Ms. [redacted] reports [redacted] was in a diaper because she was fixing to shower. Ms. [redacted] reports that [redacted] takes Onfi, Kipper, and another medication and provides bottles (photo documentation). Ms. [redacted] reports that the medicine is only supposed to given directly after a seizure. Ms. [redacted] reports that she is unsure of [redacted] PCP and that they usually went to an urgent care if needed and that her meds were fed-ex. CM [redacted] clarifies with Ms. [redacted] that the seizure was at 7:30 AM, then she went to the ice machine, and she was non-responsive at 9:30 AM and asks what else was done during the two hours. Ms. [redacted] just reports that she doesnt know and it might have been like 10 or 10:30 AM.

Ms. [redacted] submits to a random drug screen at this time. Ms. [redacted] attempts to complete a UDS screen, but misses the cup, therefore mouth swab is completed.

CM [redacted] observes that the floor in the motel room feels somewhat wet. CM asks Ms. [redacted] if she had been cleaning today and Ms. [redacted] says yes.
CM [redacted] observes the room to be tidied and the beds to be made, there is minimal to no clutter in the room.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	2022-06-03 20:50:00.0	Contact Method:	
Contact Time:	08:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	06/06/2022
Completed date:	06/06/2022	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2022 09:25 PM Entered By: [redacted]

Parents said ACV had a seizure at approximately 3:30AM again at 7:30AM and 10:30AM. After the 10:30AM seizure father noticed ACV was gasping for air and then stopped breathing. He called mother and told her ACV wasnt breathing. Mother came to the room and he started doing CPR after mother called 911. According to mother she called her boyfriend who also is currently staying at the hotel and he performed CPR on ACV and not the father. After approximately 25 minutes LE arrived and took over CPR. ACV was transported to [redacted] Childrens Hospital by EMS. Parents didnt ride in the ambulance with ACV due to COVID procedures. Father drove to the hospital and mothers boyfriend drove her to the hospital. ACVs currently at the hospital in critical condition and according to medical personnel it doesnt look like ACV will make it.

Boyfriend was interviewed and stated he received a phone call. He showed a time on his phone of 9:25AM. He says mother spent the night with him the previous night. Mother received multiple calls from the father throughout the morning. He says at approximately 9:25AM mother received a call from father stating ACV had a seizure and stopped breathing. He reports he immediately told mother to call 911 and he went to the room where father and ACV were and started performing CPR for approximately 25-30 minutes until EMS arrived and they took over. Boyfriend states neither parent rode in the ambulance with ACV and he took mother while father drove himself.

TC and the Director were updated.

Next Steps:
follow up with law enforcement, medical personnel, and the family.

Narrative Type: Created In Error Entry Date/Time: 06/06/2022 09:27 PM Entered By: [redacted]

Incorrect date and time.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Narrative Type: Addendum 1 Entry Date/Time: 06/06/2022 09:27 PM Entered By: [redacted]

Correction time was 12:30 AM on 6/4/22.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-03 20:30:00.0	Contact Method:	
Contact Time:	08:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	06/06/2022
Completed date:	06/06/2022	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2022 09:17 PM Entered By: [redacted]

TL [redacted] conducted a case conference with CM [redacted] and CM 3 [redacted] in which it was reported the parents have left the hospital returning home to get some clothes and stated they were coming back, according to the nurse. Both CMs left the hospital and met the parents at the hotel where they were living. It was mentioned the family has a lot going on with possibly some developmental and cognitive delays which is concerning. Pictures of the room were taken as well as the medications. Parents reported ACV takes oral and pill medications. CMs described the hotel room as a 2-bedroom with Mother and ACV sleeping in one bed while father sleeps in the other. The room was described as clean, beds made and nothing was on the floor; it was 100% clean. CMs went on with saying parents reported ACV did have diarrhea and feces was all over the place. Mother replied she cleans but it takes her a while due to her disability.

Case was discussed with TC [redacted]

Next Steps:
attempt to receive a signed ROI, follow up with the medical staff, follow up with the family, follow up with law enforcement.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-03 19:55:00.0	Contact Method:	Face To Face
Contact Time:	07:55 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	08/26/2022
Completed date:	08/26/2022	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face,Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted] SW [redacted] RN, [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/26/2022 10:26 AM Entered By: [redacted]

[redacted] CM [redacted] and [redacted] CM [redacted] conducted Initial Response to [redacted] Childrens Hospital on 06/03/2022 at 7:55 PM. CM [redacted] was lead during interviews. Upon arrival to the hospital, CMs conducted interview with [redacted] Social Worker. It was reported to CMs that birth parents [redacted] and [redacted] notably did not come to the hospital with ACV via ambulance and did not arrive to the hospital while ACV was in ER Department. It was also reported that ACV has not been attending school this year thus far, 2022. CM [redacted] and [redacted] were led to ACVs room upstairs. ACV was observed at this time to be on multiple life-sustaining machines. ACV was observed to be free of any other obvious bruising or surface injury. Photos were taken. CMs conducted brief interview with nurse [redacted] at this time, who was in the room upon arrival.

Ms. [redacted] reported that the parents were present briefly and left shortly before CMs arrival and the last update from the doctor was that ACV was not going to make it, 99.99% sure. The parents were told this. It was reported that there is no current brain activity and ACV is suffering from slump gut and pupils are fixed and dilated. It was reported that ACV admission time to PCCU was 12-1230 PM on this date. It was reported that from observation of mom and dad, there could possibly be cognitive delays and are unsure they understand the seriousness of ACVs situation. It was reported upon observation from Ms. [redacted] that mom had been crying. It is reported that the staff is fixing to insert a feeding tube. It is reported that Ms. [redacted] has to use a walker and Mr. [redacted] walks unsteadily and it is believed the parents appear 60-70 yo. Ms. [redacted] reports the parents are supposed to return to the hospital tonight. Ms. [redacted] reports that no marks/bruising were observed on ACVs body during physical examination.

Outside of the room, CM [redacted] contacts birth mother [redacted] via phone call. Ms. [redacted] reports that they will not be returning to the hospital on this night.

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted] Region

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-06-03 19:00:00.0	Contact Method:	Phone Call
Contact Time:	07:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	06/06/2022
Completed date:	06/06/2022	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: 06/06/2022 05:12 PM Entered By: [redacted]

TL [redacted] spoke with Det. [redacted] of the [redacted] Police Dept. in which he stated he was at the scene earlier and had preliminary conversations with the parents. He further stated no one from the police dept. is at the hospital and he was informed the ACV is brain dead but they are monitoring for activity; life support is keeping her alive. Det. [redacted] also mentioned being informed they don't expect the ACV to and they may pull the plug tomorrow n(6/4). When at the hotel (the family's residence) they were still trying to stabilize the ACV around 1:30PM. Det. [redacted] described the other individuals as having a lack of concern and there was a 2-hr gap between the time of ACV's seizure and the 911 call. He went on with saying everyone was extremely calm and had a cavalier attitude which was very concerning.

TC [redacted] was informed of the conversation.

Next Steps:
follow up with team member meeting response.

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: 06/03/2022

Assignment Date: 06/07/2022

Street Adress: [redacted], Room [redacted],

City/State/Zip: [redacted] Tennessee [redacted]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified Date
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 04/21/2023
2	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 04/21/2023

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [redacted]

Date: 04/21/2023

Team Leader: [redacted]

Date: 04/21/2023

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:

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

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

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

Department of Children's Services

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

Case Name : [redacted]

Investigation ID: [redacted]

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

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

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 06/06/2022**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** In the Home
Risk Level: High Need/Risk	
Event Start Date: 04/24/2023	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 06/08/2022	**Approver:** [redacted]

PARTICIPANTS

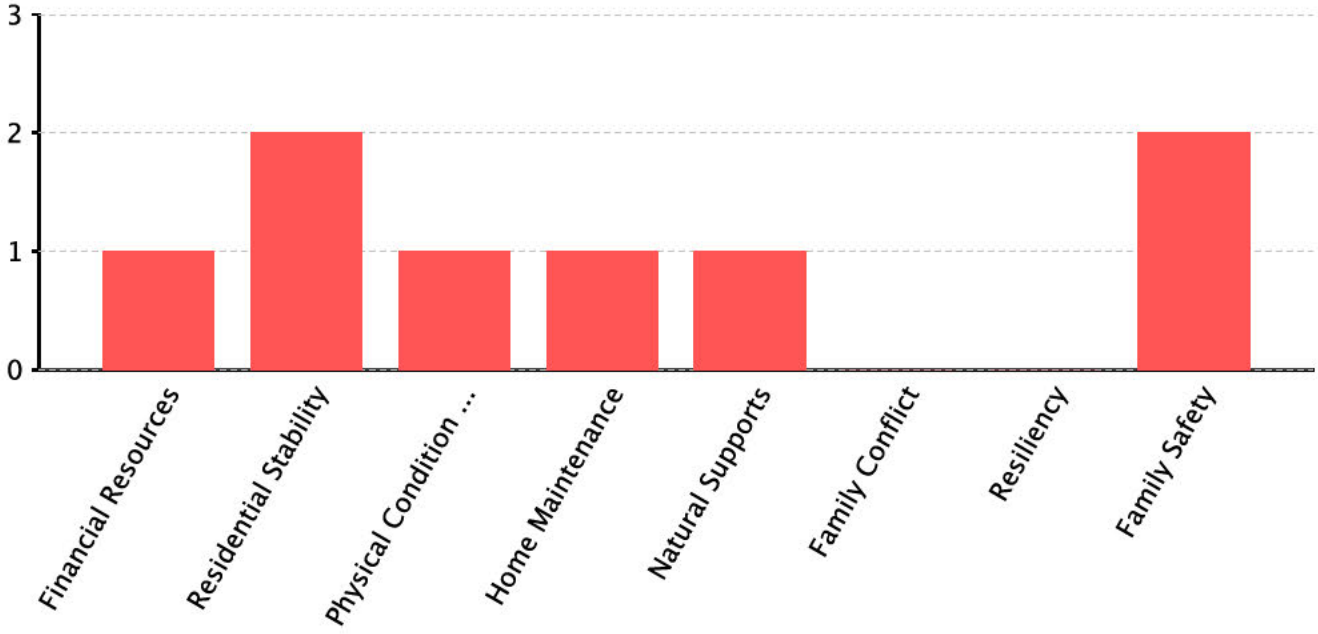
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	F	[redacted]	2	Low
[redacted] (AP)	46 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] (AP)	45 Yrs	Primary Caregiver	F	[redacted]	N/A	N/A

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 06/06/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. divorced parents with 50:50 visitation).



Item	Score	Justification/Narrative
Financial Resources	1	All family members receive SSI or Disability to total $2,188/month. It is unclear if the family has difficulty with money management/budgeting leading to them losing housing.
Residential Stability	2	The family is currently residing in [redacted] for the past 1 month. The family has moved from [redacted] TN to [redacted] County TN and then to the motel, with rumor of moving to [redacted] within the last 5 months.
Physical Condition of Home	1	The family has history of ENV NEG, LE reported that the motel room was very dirty; however at response to apartment on 06/05/2022 9: 36 PM it was evident the family had cleaned.
Home Maintenance	1	The family has history of ENV NEG, LE reported that the motel room was very dirty; however at response to apartment on 06/05/2022 9: 36 PM it was evident the family had cleaned.
Natural Supports	1	Ms. [redacted] reported conflict with her extended family, leading to the family moving to a motel in [redacted]
Family Conflict	0	
Resiliency	0	

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

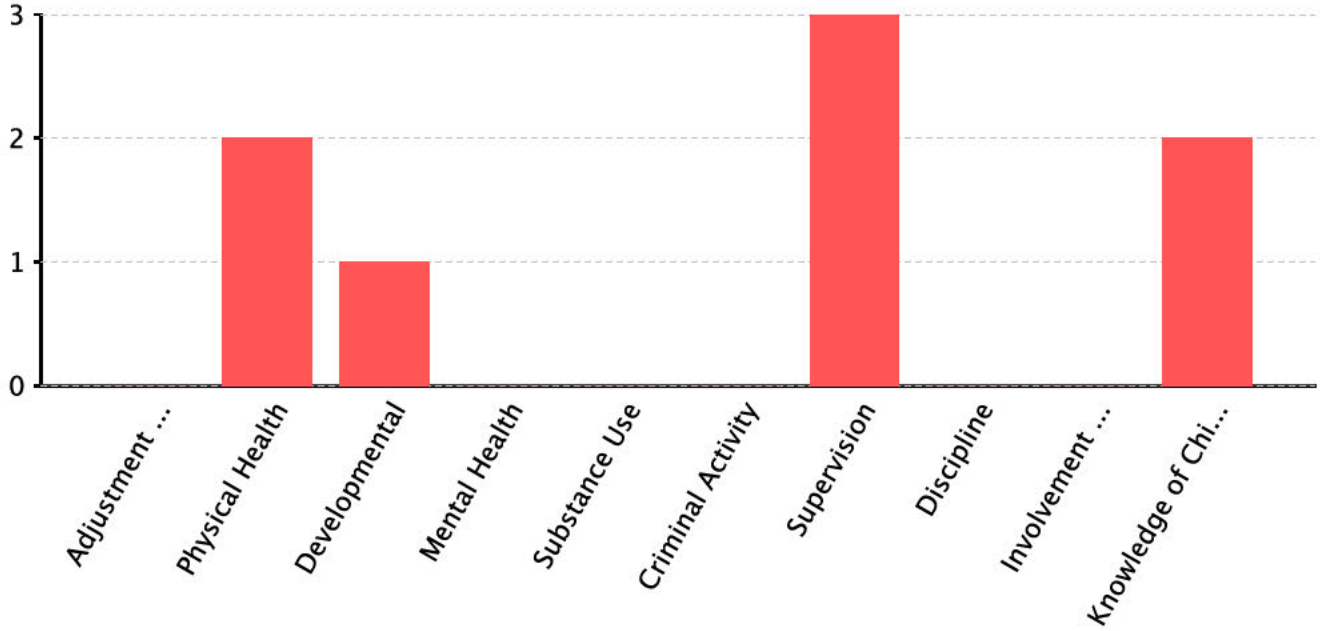
Event Type: CPS Case	**Assessment Date:** 06/06/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

Family Safety	2	It has been reported that the ACV was unresponsive for two hours prior to contacting Law Enforcement.

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 06/06/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role Primary Caregiver

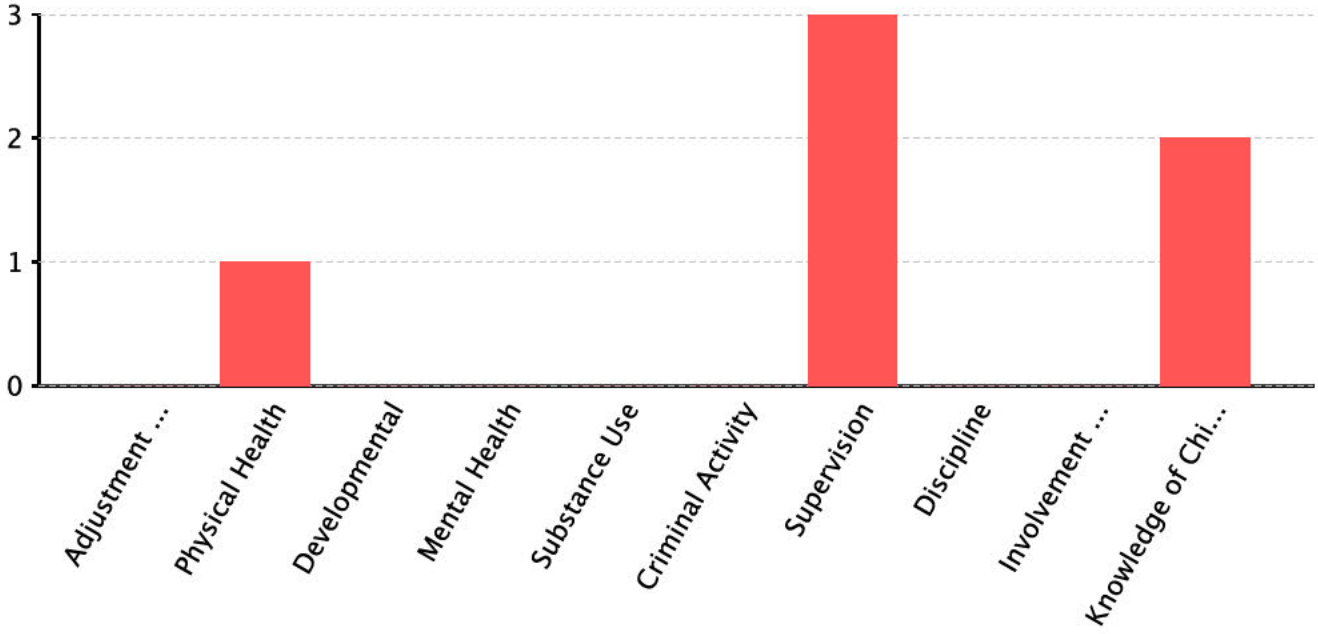


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	2	Ms. [redacted] has Cerebral Palsy and receives disability.
Developmental	1	Ms. [redacted] has Cerebral Palsy and receives disability.
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	3	There is concern regarding supervision as ACV was nonresponsive for sometime prior to LE being contacted.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	2	There is concern per doctor at [redacted] reporting at ACV's last admission, her seizure medication levels were low.

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 06/06/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role: Caregiver

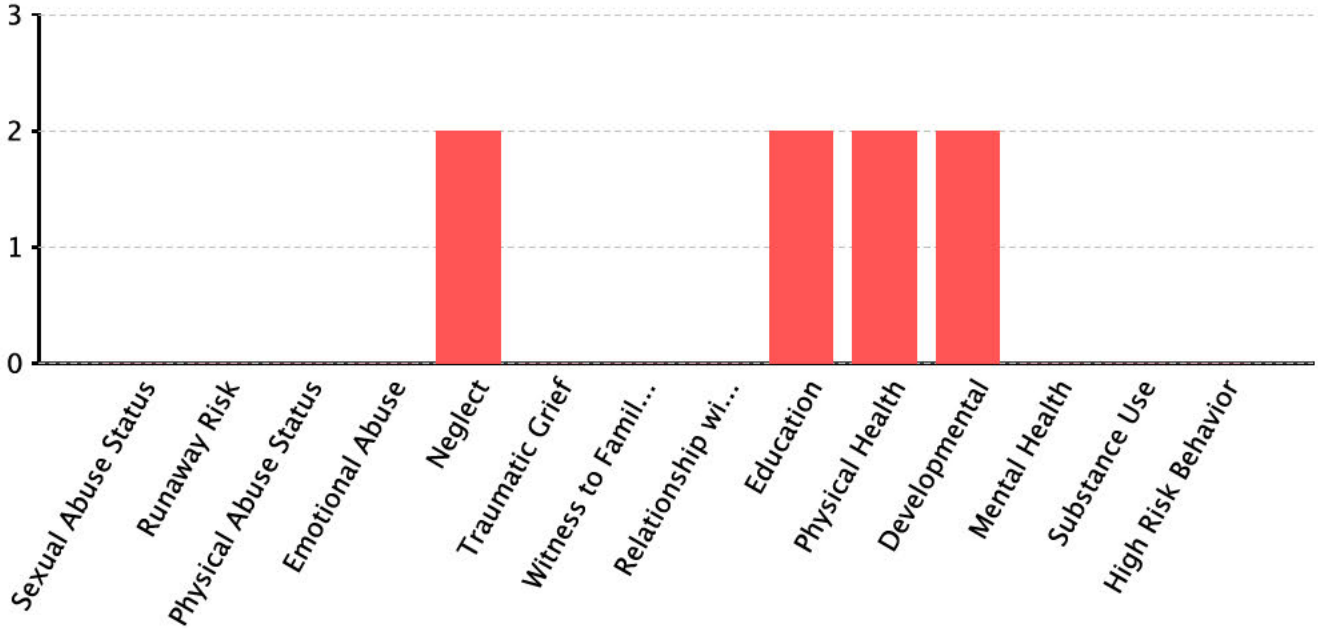


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	1	Mr. [redacted] has a heart condition and has a Defibrillator. Mr. [redacted] has some concern with vision.
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	3	There is concern as ACV was nonresponsive for some time before LE was contacted.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	2	There is concern per doctor at [redacted] reporting at ACV's last admission, her seizure medication levels were low.

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 06/06/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted]	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	2	The ACV has past history of ENV NEG. The ACV had not been attending school since 12/2021. The ACV was not noticed to be unresponsive for quite some time prior to LE being contacted.
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	2	ACV has not been in school since December of 2021. ACV has IEP.
Physical Health	2	ACV has seizure disorder and autism.
Developmental	2	ACV has autism/developmental delays. ACV is verbally limited and

Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 06/06/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

		only says few words. ACV is in diapers.
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	