

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

Intake ID: [REDACTED]

Intake Taken By: [REDACTED]

Intake Date/Time: 03/10/2022 01:08 PM [REDACTED]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [REDACTED]

Date Screened: 03/10/2022

**Investigation**

Investigation ID: [REDACTED]

First County/Region [REDACTED]

Date/Time Assigned : 03/10/2022 03:06 PM

First Team Leader Assigned: [REDACTED] [REDACTED]

Date/Time 03/10/2022 12:00 AM

First Case Manager [REDACTED] [REDACTED]

Date/Time 03/10/2022 12:00 AM

**Allegations**

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

**Referent(s)**

Referent Name: [REDACTED] [REDACTED]

Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [REDACTED]

Associated Case IDs: None

Family Case ID Detailed History:

Open Court Custody/FSS/FCIP None

Closed Court Custody [REDACTED] [REDACTED] [REDACTED] 3-12-03 to 11-15-04

Pending: None

Awaiting Screening: None

Submitted: None

Open CPS: None



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

Substantiated: [REDACTED] /LOS (PHA AUPU) [REDACTED] ASPS/9-25-19  
[REDACTED] /LOS [REDACTED] ASPS/11-08-13  
[REDACTED] /SEE [REDACTED] ASPS/5-18-05

Death: None

Screen Outs: [REDACTED]

History (not listed above):

ASMT [REDACTED] /LOS/No Services Needed/3-28-21

ASMT [REDACTED] /LOS/No Services Needed/5-22-19

ASMT [REDACTED] /DEC, DEI/Unable to Complete/5-26-15

SIU [REDACTED] /PHA/AUPU/12-31-03

County of Jurisdiction: [REDACTED]

School/ Daycare: Unknown

Active Military: No

Reporter's Name/Relationship: [REDACTED] [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] [REDACTED] (3) resided with his mother ([REDACTED] 28) and his father ([REDACTED] 32) in [REDACTED] County.

-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 (3-10-22) at 11:39 am, law enforcement reported that there was a gunshot wound to [REDACTED] head. [REDACTED] is currently deceased. It is unknown who shot [REDACTED] if he had multiple gunshot wounds, or if this incident is being ruled an accident. The death occurred at an unknown location inside the family home. [REDACTED] was at the home at the time of the incident, but it is unknown if [REDACTED] or anyone else was also present. Law enforcement will conduct a search warrant at the home and they are currently trying to locate the firearm that was involved in the death of [REDACTED]. Law enforcement is in the process of speaking with [REDACTED] at the Sheriff's office. It is unknown if there are any concerns for domestic violence, drug abuse or neglect at the home. It is unknown if there are other children who live in the home. DCS personnel will gather further detailed information, once they arrive at the location.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?  
No

-Anything additional to add to this initial report for the responding worker to know prior to response?  
No

CM Notation: None

Screener Notation: None

Emailed/Paged CPSI On Call: [REDACTED] County [REDACTED] Region was emailed notification at 2:47 pm and the notification was received by [REDACTED] at 2:48 pm

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

[REDACTED]  
Region RA [REDACTED]

Per SDM: Investigative Track, P1. Approval provided by CAH Director [REDACTED], [REDACTED], TL on 3-10-22 @ 2:50 pm



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 29 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:**



Case #2022.033

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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** Race Unknown **Age:** Deceased

**Address:** [REDACTED], Tennessee [REDACTED]

**Deceased Date:** 03/10/2022

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:** NOTELEPHONE

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2022.033

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

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED] **Age:** 34 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2022-12-05 08:23:00.0	Contact Method:	
Contact Time:	08:23 AM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	12/05/2022
Completed date:	12/05/2022	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/05/2022 08:24 AM Entered By: [REDACTED] [REDACTED]

DCS received a report of abuse death regarding [REDACTED] [REDACTED] [REDACTED] (ACV).

The case is classified as allegation substantiated, perpetrator substantiated against AP Birth Father, [REDACTED] [REDACTED] [REDACTED]

Notification of classification and case closure sent to the Juvenile Court and District Attorney per local protocol.

Case approved for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-12-01 16:43:00.0

Contact Method:

Contact Time: 04:43 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/01/2022

Completed date: 12/01/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/01/2022 04:43 PM Entered By: [REDACTED] [REDACTED]

The Department of Children's Services (DCS) received a referral on March 10, 2022 for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] [REDACTED]. The Alleged Perpetrator (AP) was identified as birth father, [REDACTED] [REDACTED] [REDACTED]. This investigation was assigned to Child Protective Services Case Manager (CM) [REDACTED] [REDACTED] by Team Leader (TL) [REDACTED] [REDACTED]. This case was worked in conjunction with [REDACTED] County Sheriff's Department, Lieutenant [REDACTED] [REDACTED] and Deputy [REDACTED] [REDACTED].

[REDACTED] (3) resided with his birth mother, [REDACTED] [REDACTED] and birth father, [REDACTED] [REDACTED] [REDACTED] in [REDACTED] County. The mother has no other children. The father has two other children who reside in Arkansas and are in the full custody of their birth mother, which was verified by DCS. The father does not have visitation rights with the children at this time.

On March 10, 2022, it was reported law enforcement had responded to the family home following the report of a gunshot, leading to the death of [REDACTED] [REDACTED] [REDACTED]. The father, [REDACTED] [REDACTED] [REDACTED] was present at the home at the time of the incident. It was unknown if the mother, [REDACTED] [REDACTED] or anyone else was present. The father was being questioned by law enforcement with plans to conduct a search warrant at the home.

On March 10, 2022, additional information was obtained by CM [REDACTED] [REDACTED] from Deputy [REDACTED] [REDACTED] Deputy [REDACTED] [REDACTED] reported all interviews with the family members had been completed, and the following individuals were present at the time of the incident: the mother, the father, the maternal grandfather [REDACTED] [REDACTED] and paternal cousin [REDACTED] [REDACTED] (34). The cousin was reportedly present in the room with [REDACTED] [REDACTED] at the time of the incident. It was reported the father went to retrieve missing parts from a shotgun from his vehicle, came back inside the home, put in the parts and a magazine, did not rack it, then headed outside to shoot the gun. The father stated he put the gun over his shoulder to carry it and it accidentally fired, hitting [REDACTED] [REDACTED] in the head. It was reported the father took [REDACTED] [REDACTED] outside following the incident and then disposed of the gun. The grandfather was reportedly sleeping in another room at the time of the incident, and the mother was reportedly in the bathroom or another room of the house as well. It was reported the mother went outside to tend to [REDACTED] [REDACTED] and 911 was called. LE requested a search warrant for the home. LE



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

reported no environmental concerns within the home during their initial response to the scene. It was reported the interviews were consistent except for the direction the gun was facing. The cousin reported the gun was facing toward [REDACTED]. The father reported it was facing away from [REDACTED]. Additionally, the cousin reported he thought the father had taken two Klonopin the day of the incident; however, the father denied taking any drugs or medications. Interviews were consistent with evidence from the scene and no charges or arrests were brought by law enforcement or the DA.

On March 29, 2022, CM [REDACTED] interviewed the mother, [REDACTED] at the family home. Ms. [REDACTED] reported general concerns for the fathers [REDACTED] mental health. She reported he has drastic mood changes when stressed and believes he may have bipolar disorder, but has not been diagnosed. Additionally, Ms. [REDACTED] reported a history of trauma for Mr. [REDACTED] as a child, including the death of his brother in high school and abuse by his stepmother. Ms. [REDACTED] maintained that Mr. [REDACTED] also has a history of pill abuse, including Xanax and Klonopin, which has been less frequent since court involvement with his ex-wife and other two children in October 2021, but had not stopped. Ms. [REDACTED] admitted to THC use and consented to a urine drug screen. She was positive for Benzodiazepines (BZO), Buprenorphine (BUP), and THC/Cannabinoids (THC). Ms. [REDACTED] reported she used Xanax (BZO) within the last week, Subutex (BUP) in small amounts daily without a prescription, and she last smoked marijuana (THC) on February 27, 2022. Ms. [REDACTED] was provided with mental health services information, including grief counseling, as well as information to schedule a free alcohol and drug assessment with services. Ms. [REDACTED] stated she would consider the services. Mr. [REDACTED] was initially present at the home when CM [REDACTED] arrived but left shortly thereafter and has not been cooperative regarding a follow-up interview. CM [REDACTED] made a referral to [REDACTED] on behalf of the mother on April 5, 2022. On June 21, 2022 CM [REDACTED] confirmed Ms. [REDACTED] had completed an initial assessment with [REDACTED] during which she reported no alcohol or drug use in the past 3 years and expressed Mr. [REDACTED] had suicidal ideations right after the death of [REDACTED] although he has continued to decline the need for services.

On September 26, 2022, the final autopsy report was received. The autopsy for [REDACTED] was conducted on March 11, 2022 by [REDACTED], M.D., Center for Forensic Medicine, [REDACTED] TN. The autopsy concluded, Autopsy reveals a large shotgun wound of the face, neck, and upper chest with the path of the slug traveling through the nose and mouth. Slug fragments and wad are recovered from the child's body. Multiple injuries of the mouth, neck, and upper chest are noted. Organ pallor is also identified due to blood loss. Postmortem toxicology testing of the child's blood is negative for drugs and alcohol. The cause of death is shotgun wound of the head and neck. Because the shotgun is functioning normally, someone had to pull the trigger to fire the gun. The child died at the hands of another, and manner of death is best classified as homicide.

On August 26, 2022 CM [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT). Those present were: [REDACTED] (CPS CM), [REDACTED] (CPS Team Leader), [REDACTED] (Assistant District Attorney), and [REDACTED] (Child Advocacy Center). The team was unanimously in agreement that the allegation of abuse death regarding ACV [REDACTED] should be classified as Allegation Substantiated, Perpetrator Substantiated (ASPS) against AP [REDACTED].

Per DCS Policy Work Aid 1 Section E:

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 classified and closed as ASPS for the Abuse Death of [REDACTED].





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-11-18 09:00:00.0

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/01/2022

Completed date: 12/01/2022

Completed By: [REDACTED] [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: 12/01/2022 09:20 AM Entered By: [REDACTED] [REDACTED]

Case reviewed in TFACTS for compliance. Case recordings need to be brought up to date to include current face-to-face visits, home visit, collateral contacts, and a new assessment of safety so case can be staffed for next steps.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-10-03 09:00:00.0

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/03/2022

Completed date: 10/03/2022

Completed By: [REDACTED] [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: 10/03/2022 01:16 PM Entered By: [REDACTED] [REDACTED]

Case reviewed in TFACTS for compliance. Case recordings need to be brought up to date to include current face-to-face visits, home visit, collateral contacts, and a new assessment of safety so case can be staffed for next steps.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-09-16 09:00:00.0

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/03/2022

Completed date: 10/03/2022

Completed By: [REDACTED] [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: 10/03/2022 01:16 PM Entered By: [REDACTED] [REDACTED]

Case reviewed in TFACTS for compliance. Case recordings need to be brought up to date to include current face-to-face visits, home visit, collateral contacts, and a new assessment of safety so case can be staffed for next steps.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-08-26 10:00:00.0

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 11/29/2022

Completed date: 11/29/2022

Completed By: [REDACTED] [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] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] ADA, [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/29/2022 03:03 PM Entered By: [REDACTED] [REDACTED]

CPIT was convened this date to discuss classification. Case was presented by Child Protective Services Case Manager (CPSCM) [REDACTED] as CPSCM [REDACTED] was unavailable. All CPIT team members present agreed on classification of ASPS for allegations of Abuse Death against alleged perpetrator (AP) and Birth Father (BF) [REDACTED] [REDACTED] [REDACTED] CPIT form will be uploaded to TFACTS under birth mother [REDACTED] [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-08-19 09:00:00.0

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 10/03/2022

Completed date: 10/03/2022

Completed By: [REDACTED] [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: 10/03/2022 01:16 PM Entered By: [REDACTED] [REDACTED]

Case reviewed in TFACTS for compliance. Case recordings need to be brought up to date to include current face-to-face visits, home visit, collateral contacts, and a new assessment of safety so case can be staffed for next steps.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 2022-07-26 13:30:00.0 Contact Method: Other  
 Contact Time: 01:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/04/2022  
 Completed date: 08/04/2022 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Good Faith Effort  
 Contact Sub Type: Collateral Contact

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/04/2022 01:55 PM Entered By: [REDACTED] [REDACTED]

Child protective services case manager (CPSCM [REDACTED]) received an email from [REDACTED] County TN Dispatch this date reporting that no 911 call transcripts could be located for ACV [REDACTED] [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-07-18 11:30:00.0

Contact Method:

Contact Time: 11:30 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/18/2022

Completed date: 07/18/2022

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: 07/18/2022 01:48 PM Entered By: [REDACTED]

Case reviewed in TFACTS for compliance. Case recordings need to be brought up to date to include current face-to-face visits, home visit, collateral contacts, and a new assessment of safety so case can be staffed for next steps.





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-06-21 10:59:00.0 Contact Method: Phone Call

Contact Time: 10:59 AM Contact Duration:

Entered By: [REDACTED] [REDACTED] Recorded For:

Location: DCS Office Created Date: 06/22/2022

Completed date: 06/22/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/22/2022 02:39 PM Entered By: [REDACTED] [REDACTED]

[REDACTED]  
06/21/22  
10:59AM

Ms. [REDACTED] reported [REDACTED] completed an Initial assessment for Ms. [REDACTED] including mental health and alcohol and drug assessments. Ms. [REDACTED] reported that Ms. [REDACTED] reported Mr. [REDACTED] had suicidal ideations at the time they lost their son. Ms. [REDACTED] did not report any drug or alcohol use within the last 3 years. Ms. [REDACTED] reported to Ms. [REDACTED] that there was a dummy bullet in the gun at the time of the incident and that Mr. [REDACTED] was cleaning the weapon and putting it together and it accidentally went off. Ms. [REDACTED] reported Mr. [REDACTED] is experienced with weapons so she didn't understand what happened. Ms. [REDACTED] reported she goes to work with Mr. [REDACTED] daily to make sure that he doesn't do anything stupid because she feels like he might. Ms. [REDACTED] reported that she feels like Mr. [REDACTED] needs services, but he has declined to participate. Ms. [REDACTED] reported Ms. [REDACTED] has scheduled a follow-up and has been extremely emotional while talking about her deceased son, Alleged Child Victim [REDACTED]. No other information was reported. Child Protective Services Case Manager [REDACTED] thanked Ms. [REDACTED] for her time and ended the call.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-04-11 15:30:00.0

Contact Method: Other

Contact Time: 03:30 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/11/2022

Completed date: 04/11/2022

Completed By: [REDACTED] [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] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] Lieutenant [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/11/2022 07:40 PM Entered By: [REDACTED] [REDACTED]

Team Leader (TL) [REDACTED] requested the police report and picture from [REDACTED] County Sheriff Department by email to Lieutenant (LT.) [REDACTED] [REDACTED] LT. [REDACTED] emailed the police report back and will be uploaded into TFACTS. TL [REDACTED] was advised that the pictures are not able to release the pictures for this investigation since it is pending.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-04-11 14:21:00.0

Contact Method:

Contact Time: 02:21 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/11/2022

Completed date: 04/11/2022

Completed By: [REDACTED] [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: 04/11/2022 02:22 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] has completed a home visit with the parents. She has requested police records. She needs to request the EMS records. Verify that the Medical Examiner got the child from the scene. CM will bring the case record up to date.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-04-05 11:00:00.0

Contact Method:

Contact Time: 11:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/05/2022

Completed date: 04/12/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/05/2022 11:17 AM Entered By: [REDACTED] [REDACTED]

Child Protective Services Case Manager (CPSCM) [REDACTED] entered a referral to [REDACTED] this date for Ms. Chelcea [REDACTED] to receive mental health services, as she requested. [REDACTED] [REDACTED] Online Referral Confirmation Number is [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-03-29 13:00:00.0 Contact Method: Phone Call

Contact Time: 01:00 PM Contact Duration:

Entered By: [REDACTED] [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/26/2022

Completed date: 07/26/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/26/2022 11:59 AM Entered By: [REDACTED] [REDACTED]

Investigator contacted the referent to inquire about reported information and any additional case relevant information available.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-03-29 10:46:00.0

Contact Method:

Contact Time: 10:46 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/05/2022

Completed date: 04/05/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/05/2022 09:51 AM Entered By: [REDACTED] [REDACTED]

Team Leader [REDACTED] staffed this case with assigned Case Manager on this date.

CM met with the family at the home. Father told the CM he wanted some alone time with her, and the mother told him that it was not funny. Mother gave consent and completed UDS; positive for THC, Benzo, and Subutex. Mother reported she had no other children and had not prescription but use daily. Father reported his other children live in AR and does not see them. Father let the home not long after CM went to the home and was not able to get a drug screen from the father. Mother reported the father has a history of use of pills and currently using which got worse since their child died. CM completed the walk through of the family home and complete required initial paperwork with the child. CM did not see any other concerns at the home. CM discussed services with the mother and willing to do services. Father did not sign any paperwork.

Next Steps: follow up with the family and father, need EMS report, Police report, and request pictures. Update the case file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 2022-03-29 08:45:00.0 Contact Method: Face To Face  
 Contact Time: 08:45 AM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 04/12/2022  
 Completed date: 04/29/2022 Completed By: TFACTS, Person Merge  
 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] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/12/2022 12:02 PM Entered By: [REDACTED] [REDACTED]

[REDACTED] Home Visit 3/29/22 8:45AM

Child Protective Services Case Manager (CPSCM) [REDACTED] arrived at the family home at 8:45 AM and was greeted at the door by Ms. [REDACTED] who invited CPSCM into the home.

Mr. [REDACTED] was present but left shortly after CPS [REDACTED] arrived to go to work. Mr. [REDACTED] reported he is happy to meet CPS at a later date and would like to get some alone time with you.

Ms. [REDACTED] completed intake paperwork and releases.

Ms. [REDACTED] reported no history of physical health issues or history of health issues for anyone in the home.

Ms. [REDACTED] reported that she has concerns for [REDACTED] mental health, but he has never had any diagnoses. Ms. [REDACTED] reported that she has concerns that Mr. [REDACTED] may have bipolar disorder because when he is stressed his mood changes drastically; she has never noticed any major issues if Mr. [REDACTED] is not stressed.

Ms. [REDACTED] reported a history of traumatic grief for Mr. [REDACTED] from his childhood; he lost his older brother in high school and didn't speak for 2-3 months. Ms. [REDACTED] also reported that Mr. [REDACTED] had a stepmother that locked him in a room during the day, made him urinate in a jar, and withheld food from him as a child; Ms. [REDACTED] did not report the name of the stepmother but reported that when Mr. [REDACTED] father discovered what was going on he divorced her, and she had no more contact with Mr. [REDACTED]

Ms. [REDACTED] reported [REDACTED] has a history of pill usage with [REDACTED] (his ex-wife, mother of his other two children) and reported that [REDACTED] has been better since court but it's gotten bad again since [REDACTED] passed and that he never stopped taking pills it just got less frequent since his court issues with his ex-wife in October of 2021 for his divorce from his wife and when he lost custody of his other two children for allegations of child abuse and



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

neglect. Ms. [REDACTED] reported the only substances she has known Mr. [REDACTED] to take are Xanax and Klonopin in the past his used Xanax, currently smoking marijuana [REDACTED] currently smoking vape, both smoked THC obtained from [REDACTED] brother consented to screen.

Ms. [REDACTED] reported Mr. [REDACTED] has prior legal issues in [REDACTED] County, mostly driving without a license. No other legal history reported for any household member.

Ms. [REDACTED] reported no weapons in the home.

[REDACTED] has daughter [REDACTED] (10) lives with her mom [REDACTED] [REDACTED] in Arkansas. Ms. [REDACTED] reported [REDACTED] has an older brother who is not [REDACTED] child, [REDACTED] who used to come over all the time to Mr. [REDACTED] and Ms. [REDACTED] home to visit. Mr. [REDACTED] son [REDACTED] is also Ms. [REDACTED] son, and he resides with his mother in [REDACTED] Arkansas as well. Ms. [REDACTED] reported Mr. [REDACTED] can't see either child until he goes back to court due to allegations of child abuse. A copy of the order out of [REDACTED] County viewed showing Mrs. [REDACTED] has full custody of both children.

Ms. [REDACTED] reported she and MR. [REDACTED] have been off and on since 2014, go together a couple weeks, break up, get back together, fight, off again; they are currently engaged to be married.

Ms. [REDACTED] reported that the family has a history of moving frequently; at current address since 7/1/21.

A Home walkthrough was completed with no environmental or safety hazards noted; CPSCM observed electricity, heat, running water, ample food, and an appropriate bedroom with a toddler bed that belonged to ACV, clean clothes, and age appropriate toys observed.

Ms. [REDACTED] requested mental health services; a referral will be entered with [REDACTED] CPSCM also provided Ms. [REDACTED] with information on a grief support group in [REDACTED] TN which she reported she would look into. Ms. [REDACTED] consented to a Urine Drug Screen and tested positive for Benzodiazepines (BZO), Buprenorphine (BUP), and THC/Cannabinoids (THC); Ms. [REDACTED] reported she used Xanax (BZO) within the last week, Subutex (BUP) in small amounts daily, and she smoked marijuana (THC) on 2/27/2022. CPS CM provided contact information for [REDACTED] including website and phone number of [REDACTED] with information they would complete a free alcohol and drug assessment with her over the phone and help her follow up with any recommended treatments. Ms. [REDACTED] reported she would consider this service option and would let CPSCM know if she had additional questions and if she decided to go through with the service.

Ms. [REDACTED] reported she would get with MR. [REDACTED] and would let CPSCM know when a good time would be to plan another meeting with MR. [REDACTED] present. Ms. [REDACTED] reported if she called [REDACTED] she would make sure information would be released to Child Protective Services and accepted the business card CPSCM offered with phone number, fax, and email listed and demonstrated understanding of means of communication with CPSCM.

No additional information was reported. CPSCM thanked MS. [REDACTED] for her time and left the home.

Narrative Type: Created In Error Entry Date/Time: 07/26/2022 11:15 AM Entered By: [REDACTED] [REDACTED]  
 system completed





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-03-29 08:45:00.0

Contact Method: Face To Face

Contact Time: 08:45 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 07/26/2022

Completed date: 07/26/2022

Completed By: [REDACTED] [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] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original

Entry Date/Time: 07/26/2022 11:17 AM

Entered By: [REDACTED] [REDACTED]

[REDACTED] Home Visit 3/29/22 8:45AM

Child Protective Services Case Manager (CPSCM) [REDACTED] arrived at the family home at 8:45 AM and was greeted at the door by Ms. [REDACTED] who invited CPSCM into the home.

Mr. [REDACTED] was present but left shortly after CPS [REDACTED] arrived to go to work. Mr. [REDACTED] reported he is happy to meet CPS at a later date and would like to get some alone time with you.

Ms. [REDACTED] completed intake paperwork and releases.

Ms. [REDACTED] reported no history of physical health issues or history of health issues for anyone in the home.

Ms. [REDACTED] reported that she has concerns for [REDACTED] mental health, but he has never had any diagnoses. Ms. [REDACTED] reported that she has concerns that Mr. [REDACTED] may have bipolar disorder because when he is stressed his mood changes drastically; she has never noticed any major issues if Mr. [REDACTED] is not stressed.

Ms. [REDACTED] reported a history of traumatic grief for Mr. [REDACTED] from his childhood; he lost his older brother in high school and didn't speak for 2-3 months. Ms. [REDACTED] also reported that Mr. [REDACTED] had a stepmother that locked him in a room during the day, made him urinate in a jar, and withheld food from him as a child; Ms. [REDACTED] did not report the name of the stepmother but reported that when Mr. [REDACTED] father discovered what was going on he divorced her, and she had no more contact with Mr. [REDACTED]

Ms. [REDACTED] reported [REDACTED] has a history of pill usage with [REDACTED] (his ex-wife, mother of his other two children) and reported that [REDACTED] has been better since court but it's gotten bad again since [REDACTED] passed and that he never stopped taking pills it just got less frequent since his court issues with his ex-wife in October of 2021 for



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

his divorce from his wife and when he lost custody of his other two children for allegations of child abuse and neglect. Ms. [REDACTED] reported the only substances she has known Mr. [REDACTED] to take are Xanax and Klonopin in the past his used Xanax, currently smoking marijuana [REDACTED] currently smoking vape, both smoked THC obtained from [REDACTED] brother consented to screen.

Ms. [REDACTED] reported Mr. [REDACTED] has prior legal issues in [REDACTED] County, mostly driving without a license. No other legal history reported for any household member.

Ms. [REDACTED] reported no weapons in the home.

[REDACTED] has daughter [REDACTED] (10) lives with her mom [REDACTED] [REDACTED] in Arkansas. Ms. [REDACTED] reported [REDACTED] has an older brother who is not [REDACTED] child, [REDACTED] who used to come over all the time to Mr. [REDACTED] and Ms. [REDACTED] home to visit. Mr. [REDACTED] son [REDACTED] is also Ms. [REDACTED] son, and he resides with his mother in [REDACTED] Arkansas as well. Ms. [REDACTED] reported Mr. [REDACTED] can't see either child until he goes back to court due to allegations of child abuse. A copy of the order out of [REDACTED] County viewed showing Mrs. [REDACTED] has full custody of both children.

Ms. [REDACTED] reported she and MR. [REDACTED] have been off and on since 2014, go together a couple weeks, break up, get back together, fight, off again; they are currently engaged to be married.

Ms. [REDACTED] reported that the family has a history of moving frequently; at current address since 7/1/21.

A Home walkthrough was completed with no environmental or safety hazards noted; CPSCM observed electricity, heat, running water, ample food, and an appropriate bedroom with a toddler bed that belonged to ACV, clean clothes, and age appropriate toys observed.

Ms. [REDACTED] requested mental health services; a referral will be entered with [REDACTED] CPSCM also provided Ms. [REDACTED] with information on a grief support group in [REDACTED] TN which she reported she would look into. Ms. [REDACTED] consented to a Urine Drug Screen and tested positive for Benzodiazepines (BZO), Buprenorphine (BUP), and THC/Cannabinoids (THC); Ms. [REDACTED] reported she used Xanax (BZO) within the last week, Subutex (BUP) in small amounts daily, and she smoked marijuana (THC) on 2/27/2022. CPS CM provided contact information for [REDACTED] including website and phone number of [REDACTED] with information they would complete a free alcohol and drug assessment with her over the phone and help her follow up with any recommended treatments. Ms. [REDACTED] reported she would consider this service option and would let CPSCM know if she had additional questions and if she decided to go through with the service.

Ms. [REDACTED] reported she would get with MR. [REDACTED] and would let CPSCM know when a good time would be to plan another meeting with MR. [REDACTED] present. Ms. [REDACTED] reported if she called [REDACTED] she would make sure information would be released to Child Protective Services and accepted the business card CPSCM offered with phone number, fax, and email listed and demonstrated understanding of means of communication with CPSCM.

No additional information was reported. CPSCM thanked MS. [REDACTED] for her time and left the home.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-03-11 13:30:00.0

Contact Method:

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/11/2022

Completed date: 03/18/2022

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: 03/11/2022 02:43 PM Entered By: [REDACTED]

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

The CPS investigation was assigned on 3/10/22 concerning the death of ACV [REDACTED] [REDACTED] (3yo). It was reported [REDACTED] resided with his birth mother [REDACTED] [REDACTED] birth father [REDACTED] [REDACTED] and grandfather [name confirmation pending] in [REDACTED] County. Additionally, Mr. [REDACTED] reportedly has two other children whom he states he does not have contact with currently and they reside with their mother [REDACTED] [REDACTED]. Names and information regarding the children are being confirmed and a safety assessment will be completed regarding Mr. [REDACTED] relationship and access to them.

On 3/10/22 law enforcement (LE) reported a gunshot incident occurred at the familys home striking [REDACTED] [REDACTED] in the head. Present at the home at the time of the incident were the mother, father, grandfather, and an adult cousin [REDACTED] [REDACTED]. LE completed interviews with all household members and cleared the scene. It was reported the father went to retrieve missing parts from a shotgun from his vehicle, came back inside the home, put in the parts and a magazine, did not rack it, then headed outside to shoot it. The father stated he put the gun over his shoulder to carry it and it went off and hit [REDACTED] in the head. It was reported the father took [REDACTED] outside following the incident and then disposed of the gun. The cousin has reportedly given a similar account of the incident. Additionally, the cousin reported he thought the father had taken two Klonopin; however, the father denied taking any drugs or medications. The grandfather was reportedly [REDACTED] in another room at the time of the incident, and the mother was reportedly in the bathroom or another room of the house as well. It was reported the mother went outside to tend to [REDACTED] 911 was called. LE requested a search warrant for the home. LE reported no environmental concerns within the home during their initial response to the scene.

DCS history was discussed, and it was noted the grandfather had been substantiated for Lack of Supervision in the past involving an accidental gun discharge that struck one of the fathers other children in the arm. DCS has



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

informed CPIT partners of this previous incident.

The father has obtained an attorney. CM has visit with the parents scheduled for Monday, 3/14/22. The parents were not willing to meet before this date. CM plans to request drug screen from the parents.

**Next Steps:**

- CM will request medical records for ACV. Records will be reviewed and uploaded to TFACTS.
- CM will request EMS reports and 911 call audio and/or transcripts and upload to TFACTS.
- CM will complete background checks on all household members and the cousin visiting the home at the time of incident.
- 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 interviews with the mother and father and request drug screens.
- CM will interview mother of the fathers other children and assess for safety around fathers access to them.
- 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] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 2022-03-10 14:36:00.0 Contact Method: Phone Call  
 Contact Time: 02:36 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/11/2022  
 Completed date: 04/12/2022 Completed By: TFACTS, Person Merge  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

[REDACTED] [REDACTED] Lieutenant [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/11/2022 05:21 PM Entered By: [REDACTED] [REDACTED]

Child Protective Services Case Manager (CPSCM) [REDACTED] contacted [REDACTED] County Sheriff's Department ([REDACTED] CSD) Lieutenant (Lt.) [REDACTED] [REDACTED] by email, requesting a copy of the police report(s), photos, interviews, and other information regarding the case.

Narrative Type: Created In Error Entry Date/Time: 07/26/2022 12:22 PM Entered By: [REDACTED] [REDACTED]

System completed



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-03-10 14:36:00.0 Contact Method: Phone Call

Contact Time: 02:36 PM Contact Duration:

Entered By: [REDACTED] [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/26/2022

Completed date: 07/26/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] Lieutenant [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/26/2022 12:29 PM Entered By: [REDACTED] [REDACTED]

3/10/2022 2:36PM

Child Protective Services Case Manager (CPSCM) [REDACTED] contacted [REDACTED] County Sheriff's Department ([REDACTED] CSD) Lieutenant (Lt.) [REDACTED] [REDACTED] by email, requesting a copy of the police report(s), photos, interviews, and other information regarding the case. LT. [REDACTED] advised photos would not be provided due to pending investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 2022-03-10 14:30:00.0 Contact Method: Phone Call  
 Contact Time: 02:30 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/11/2022  
 Completed date: 04/12/2022 Completed By: TFACTS, Person Merge  
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

[REDACTED] Deputy [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/11/2022 05:40 PM Entered By: [REDACTED]

Child protective services case manager (CPSCM) [REDACTED] contacted Deputy [REDACTED] with [REDACTED] County Sheriff's Department ([REDACTED] CSD) to inquire after interviews completed with the family. Deputy [REDACTED] reported that all interviews had been completed and reports would be provided to Child Protective Services. Deputy [REDACTED] reported that the following individuals were present at the home during the time of the incident:

Birth mother [REDACTED] phone number [REDACTED]

Maternal grandfather [REDACTED]

Cousin [REDACTED] who was in the room with alleged child victim (ACV) at the time of the incident (date of birth [REDACTED])

Birth Father [REDACTED] phone number [REDACTED]

Deputy [REDACTED] advised that Mr. [REDACTED] has retained [REDACTED], Esquire, as his attorney.

Deputy [REDACTED] reported that the interviews were mostly consistent except for the direction the gun was facing (cousin [REDACTED] reported the gun was facing the ACV while Mr. [REDACTED] reported it was facing away from the ACV while he was walking). Deputy [REDACTED] reported that Mr. [REDACTED] also reported Mr. [REDACTED] had taken 1-2 Klonopin the day of the incident while Mr. [REDACTED] maintains he did not take anything.

No additional information was reported. CPSCM thanked Deputy [REDACTED] for his time and ended the call.

Narrative Type: Created In Error Entry Date/Time: 07/26/2022 12:23 PM Entered By: [REDACTED]

system completed





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-03-10 14:30:00.0 Contact Method: Phone Call

Contact Time: 02:30 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/26/2022

Completed date: 07/26/2022 Completed By: [REDACTED]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] Deputy [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/26/2022 12:26 PM Entered By: [REDACTED]

3/10/2022 2:30PM

Child protective services case manager (CPSCM) [REDACTED] contacted Deputy [REDACTED] with [REDACTED] County Sheriff's Department (GCSD) to inquire after interviews completed with the family. Deputy [REDACTED] reported that all interviews had been completed and reports would be provided to Child Protective Services. Deputy [REDACTED] reported that the following individuals were present at the home during the time of the incident:

Birth mother [REDACTED] phone number [REDACTED]

Maternal grandfather [REDACTED]

Cousin [REDACTED] who was in the room with alleged child victim (ACV) at the time of the incident (date of birth [REDACTED])

Birth Father [REDACTED] phone number [REDACTED]

Deputy [REDACTED] advised that Mr. [REDACTED] has retained [REDACTED], Esquire, as his attorney.

Deputy [REDACTED] reported that the interviews were mostly consistent except for the direction the gun was facing (cousin [REDACTED] reported the gun was facing the ACV while Mr. [REDACTED] reported it was facing away from the ACV while he was walking). Deputy [REDACTED] reported that Mr. [REDACTED] also reported Mr. [REDACTED] had taken 1-2 Klonopin the day of the incident while Mr. [REDACTED] maintains he did not take anything.

No additional information was reported. CPSCM thanked Deputy [REDACTED] for his time and ended the call.





## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Created In Error  
 Contact Date: 2022-03-10 14:15:00.0 Contact Method: Phone Call  
 Contact Time: 02:15 PM Contact Duration:  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/11/2022  
 Completed date: 04/12/2022 Completed By: TFACTS, Person Merge  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): CPIT (Child Protective Investigative Team)  
 Contact Sub Type:

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

[REDACTED] [REDACTED] Lieutenant [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/11/2022 05:26 PM Entered By: [REDACTED] [REDACTED]

Child Protective services case manager (CPSCM) [REDACTED] contacted Lieutenant [REDACTED] [REDACTED] with [REDACTED] county Sheriff's Department ([REDACTED] CSD) and inquired about the state of the family home and any updates on the case. Lieutenant [REDACTED] reported they had not been inside the home, but that the outside of the home appeared clean with no obvious safety concerns noted. Lieutenant [REDACTED] reported no additional information at this time. CPSCM [REDACTED] thanked Lieutenant [REDACTED] for his time and ended the call.

Narrative Type: Created In Error Entry Date/Time: 07/26/2022 12:16 PM Entered By: [REDACTED] [REDACTED]

system completed



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-03-10 14:15:00.0 Contact Method: Phone Call

Contact Time: 02:15 PM Contact Duration:

Entered By: [REDACTED] [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/26/2022

Completed date: 07/26/2022 Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

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

[REDACTED] [REDACTED] [REDACTED] Lieutenant [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/26/2022 12:20 PM Entered By: [REDACTED] [REDACTED]

Child Protective services case manager (CPSCM) [REDACTED] contacted Lieutenant [REDACTED] [REDACTED] with [REDACTED] county Sheriff's Department ([REDACTED] CSD) to convene Child Protective Investigation Team (CPIT) and inquired about the state of the family home and any updates on the case. Lieutenant [REDACTED] reported they had not been inside the home, but that the outside of the home appeared clean with no obvious safety concerns noted. Lieutenant [REDACTED] reported no additional information at this time. CPSCM [REDACTED] thanked Lieutenant [REDACTED] for his time and ended the call.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-03-10 13:30:00.0

Contact Method: Correspondence

Contact Time: 01:30 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/17/2022

Completed date: 03/17/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Diligent Search

Contact Sub Type: Mother

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/17/2022 11:00 AM Entered By: [REDACTED] [REDACTED]

Team Leader [REDACTED] requested a diligent search on the mother and father for Case manager Abby [REDACTED] Results were gained and Case Manager [REDACTED] will review the results and upload to the case.



## Tennessee Department of Children's Services

### Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

#### Case Recording Details

Recording ID: [REDACTED] Status: Created In Error

Contact Date: 2022-03-10 13:15:00.0 Contact Method:

Contact Time: 01:15 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 04/12/2022

Completed date: 04/13/2022 Completed By: TFACTS, Person Merge

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

#### Children Concerning

[REDACTED] [REDACTED] [REDACTED]

#### Participant(s)

[REDACTED] [REDACTED]

#### Narrative Details

Narrative Type: Original Entry Date/Time: 04/12/2022 10:07 AM Entered By: [REDACTED] [REDACTED]

Intake # [REDACTED] called in on March 10th, 2022 at AM with a response due by March 11, 2022 1:08 PM.

\*Per work-aid 2 / tasks by allegation: (page 5 of 15)

It is not required for DCS case manager to observe the deceased child.

The Alleged Child Victim (ACV) was not taken to the hospital and was pronounced deceased at the scene by Emergency Management Services (EMS).

Narrative Type: Created In Error Entry Date/Time: 07/26/2022 11:47 AM Entered By: [REDACTED] [REDACTED]

system completed



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-03-10 13:15:00.0

Contact Method:

Contact Time: 01:15 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/12/2022

Completed date: 04/12/2022

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Case Summary

Contact Sub Type: Opening

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

Narrative Type: Original Entry Date/Time: 04/12/2022 08:07 PM Entered By: [REDACTED] [REDACTED]

Opening Case Summary

The Department of Children's Services received a P1 referral on 3/10/22 for allegations of abuse death regarding ACV [REDACTED] [REDACTED] age 3. The referral was assigned to CPS CM [REDACTED] [REDACTED]

The referral reads:

Today (3-10-22) at 11:39 am, law enforcement reported that there was a gunshot wound to [REDACTED] head. [REDACTED] is currently deceased. It is unknown who shot [REDACTED] if he had multiple gunshot wounds, or if this incident is being ruled an accident. The death occurred at an unknown location inside the family home. [REDACTED] was at the home at the time of the incident, but it is unknown if [REDACTED] or anyone else was also present. Law enforcement will conduct a search warrant at the home and they are currently trying to locate the firearm that was involved in the death of [REDACTED]. Law enforcement is in the process of speaking with [REDACTED] at the Sheriff's office. It is unknown if there are any concerns for domestic violence, drug abuse or neglect at the home. It is unknown if there are other children who live in the home. DCS personnel will gather further detailed information, once they arrive at the location.

This CPSA verified the family's history of involvement with DCS through a search of TFACTS and the following history was found:

**TFACTS History****Investigation History**

[REDACTED] [REDACTED] [REDACTED] [REDACTED]	Investigation	1	Open	03/10/2022	[REDACTED]
Region [REDACTED] [REDACTED] [REDACTED] [REDACTED]	Assessment	3	Closed	03/28/2021	[REDACTED]
Region [REDACTED] [REDACTED] [REDACTED] [REDACTED]					

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

 (ACV)  
 Mother  
 Father (AP)

Referent notification  
The referent was notified via phone call.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-03-10 13:15:00.0

Contact Method: Face To Face

Contact Time: 01:15 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/26/2022

Completed date: 07/26/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/26/2022 11:54 AM Entered By: [REDACTED] [REDACTED]

Intake # [REDACTED] called in on March 10th, 2022 at AM with a response due by March 11, 2022 1:08 PM.

\*Per work-aid 2 / tasks by allegation: (page 5 of 15)

It is not required for DCS case manager to observe the deceased child.

The Alleged Child Victim (ACV) was not taken to the hospital and was pronounced deceased at the scene by Emergency Management Services (EMS).



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

### A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/10/2022

Assignment Date: 08/01/2022

Street Address: [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	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]
							No	12/01/2022

### C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Allegation Substantiated, Perpetrator Substantiated - AP [REDACTED]

### D. Case Workers

Case Worker: [REDACTED]

Date: 12/01/2022

Team Leader: [REDACTED]

Date: 12/01/2022

### 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:**

NA

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

The autopsy concluded, "Autopsy reveals a large shotgun wound of the face, neck, and upper chest with the path of the slug traveling through the nose and mouth. Slug fragments and wad are recovered from the child's body. Multiple injuries of the mouth, neck, and upper chest are noted. Organ pallor is also identified due to blood loss. Postmortem toxicology testing of the child's blood is negative for drugs and alcohol. The cause of death is shotgun wound of the head and neck. Because the shotgun is functioning normally, someone had to pull the trigger to fire the gun. The child died at the hands of another, and manner of death is best classified as homicide."

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

It was reported the father went to retrieve missing parts from a shotgun from his vehicle, came back inside the home, put in the parts and a magazine, did not rack it, then headed outside to shoot the gun. The father stated he put the gun over his shoulder to carry it and it accidentally fired, hitting [REDACTED] in the head. It was





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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

reported the father took [REDACTED] outside following the incident and then disposed of the gun. The grandfather was reportedly sleeping in another room at the time of the incident, and the mother was reportedly in the bathroom or another room of the house as well. It was reported the mother went outside to tend to [REDACTED] and 911 was called. LE requested a search warrant for the home. LE reported no environmental concerns within the home during their initial response to the scene. It was reported the interviews were consistent except for the direction the gun was facing. The cousin reported the gun was facing toward [REDACTED]. The father reported it was facing away from [REDACTED]. Additionally, the cousin reported he thought the father had taken two Klonopin the day of the incident; however, the father denied taking any drugs or medications. Interviews were consistent with evidence from the scene and no charges or arrests were brought by law enforcement or the DA.

On March 29, 2022, CM [REDACTED] interviewed the mother, [REDACTED] at the family home. Ms. [REDACTED] reported general concerns for the father's [REDACTED] mental health. She reported he has drastic mood changes when stressed and believes he may have bipolar disorder, but has not been diagnosed. Additionally, Ms. [REDACTED] reported a history of trauma for Mr. [REDACTED] as a child, including the death of his brother in high school and abuse by his stepmother. Ms. [REDACTED] maintained that Mr. [REDACTED] also has a history of pill abuse, including Xanax and Klonopin, which has been less frequent since court involvement with his ex-wife and other two children in October 2021, but had not stopped. Ms. [REDACTED] admitted to THC use and consented to a urine drug screen. She was positive for Benzodiazepines (BZO), Buprenorphine (BUP), and THC/Cannabinoids (THC). Ms. [REDACTED] reported she used Xanax (BZO) within the last week, Subutex (BUP) in small amounts daily without a prescription, and she last smoked marijuana (THC) on February 27, 2022. Ms. [REDACTED] was provided with mental health services information, including grief counseling, as well as information to schedule a free alcohol and drug assessment with services. Ms. [REDACTED] stated she would consider the services. Mr. [REDACTED] was initially present at the home when CM [REDACTED] arrived but left shortly thereafter and has not been cooperative regarding a follow-up interview. CM [REDACTED] made a referral to [REDACTED] on behalf of the mother on April 5, 2022. On June 21, 2022 CM [REDACTED] confirmed Ms. [REDACTED] had completed an initial assessment with [REDACTED] during which she reported no alcohol or drug use in the past 3 years and expressed Mr. [REDACTED] had suicidal ideations right after the death of [REDACTED] although he has continued to decline the need for services.

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

There was on witness that reported the gun was facing the child.

### 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

<b>Event Type: CPS Case</b>	<b>Assessment Date: 03/21/2022</b>					
<b>Assessment Type: SAFETY</b>	<b>CPS Case ID: [REDACTED]</b>					
<b>OVERVIEW</b>						
<b>Safety Level:</b> Immediate Intervention Recommended	<b>Assessed at Location:</b> DCS Office					
<b>Event Start Date:</b> 12/05/2022	<b>Last Assessed Date:</b>					
<b>Assessment Status:</b> Approved	<b>Assessor:</b> null					
<b>Date Approved:</b> 03/21/2022	<b>Approver:</b> [REDACTED] [REDACTED]					
<b>PARTICIPANTS</b>						
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] [REDACTED] [REDACTED] (AP)	32 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED] [REDACTED]	28 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED] [REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	N/A	

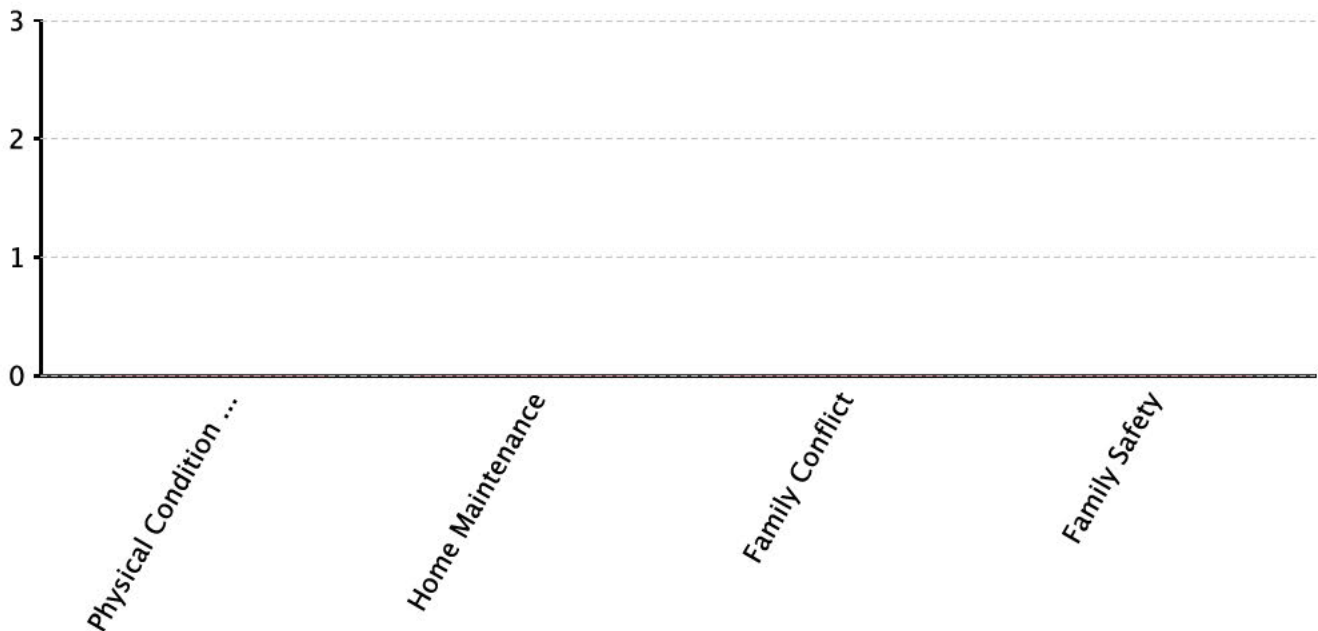


**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/21/2022
<b>Assessment Type:</b> SAFETY	<b>CPS Case ID:</b> [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
Physical Condition of Home	0	
Home Maintenance	0	
Family Conflict	0	
Family Safety	0	



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/21/2022
<b>Assessment Type:</b> SAFETY	<b>CPS Case ID:</b> [REDACTED]

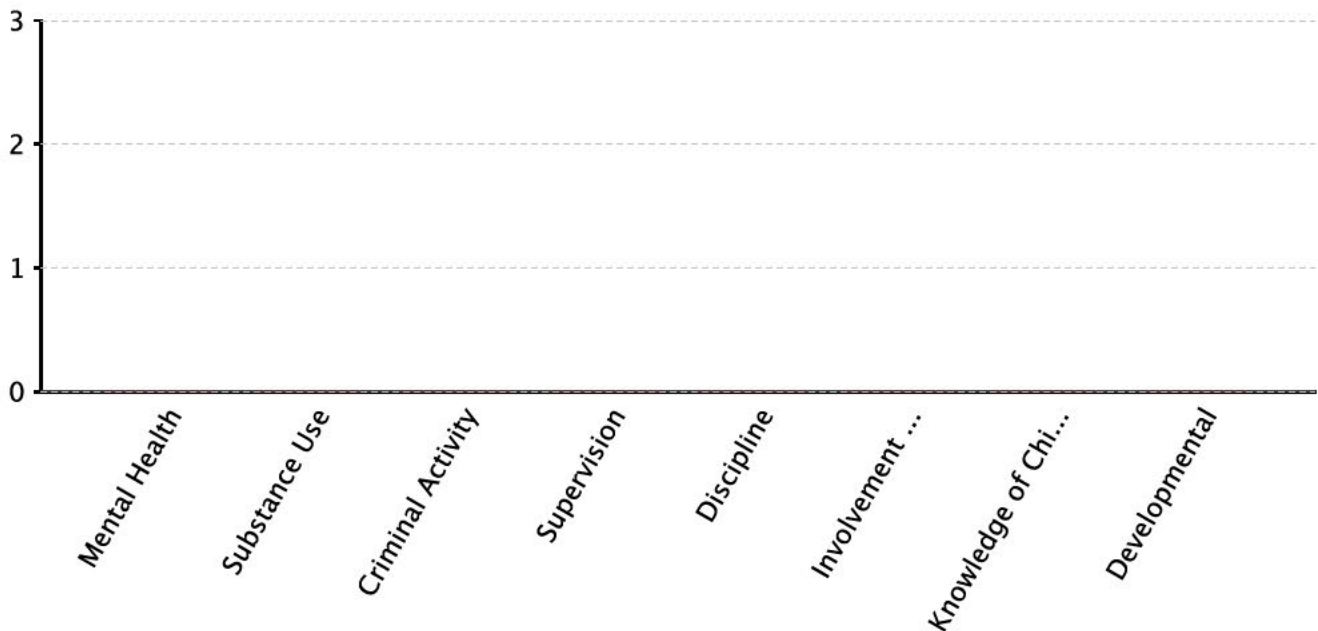
**CAREGIVERS**

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] [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role Primary Caregiver



Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/21/2022
<b>Assessment Type:</b> SAFETY	<b>CPS Case ID:</b> [REDACTED]

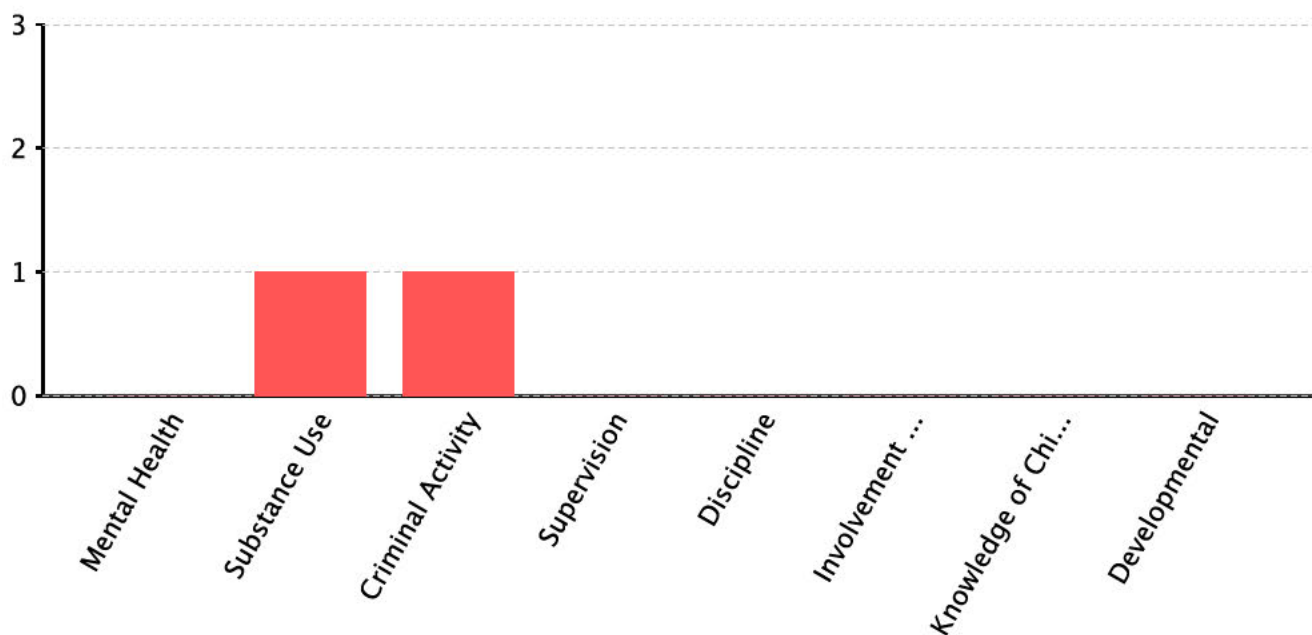
**CAREGIVERS**

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] [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	1	03/25/21 It is reported that Mr. [REDACTED] has a criminal history.
Criminal Activity	1	03/25/21 It is reported that Mr. [REDACTED] has a criminal history.
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	

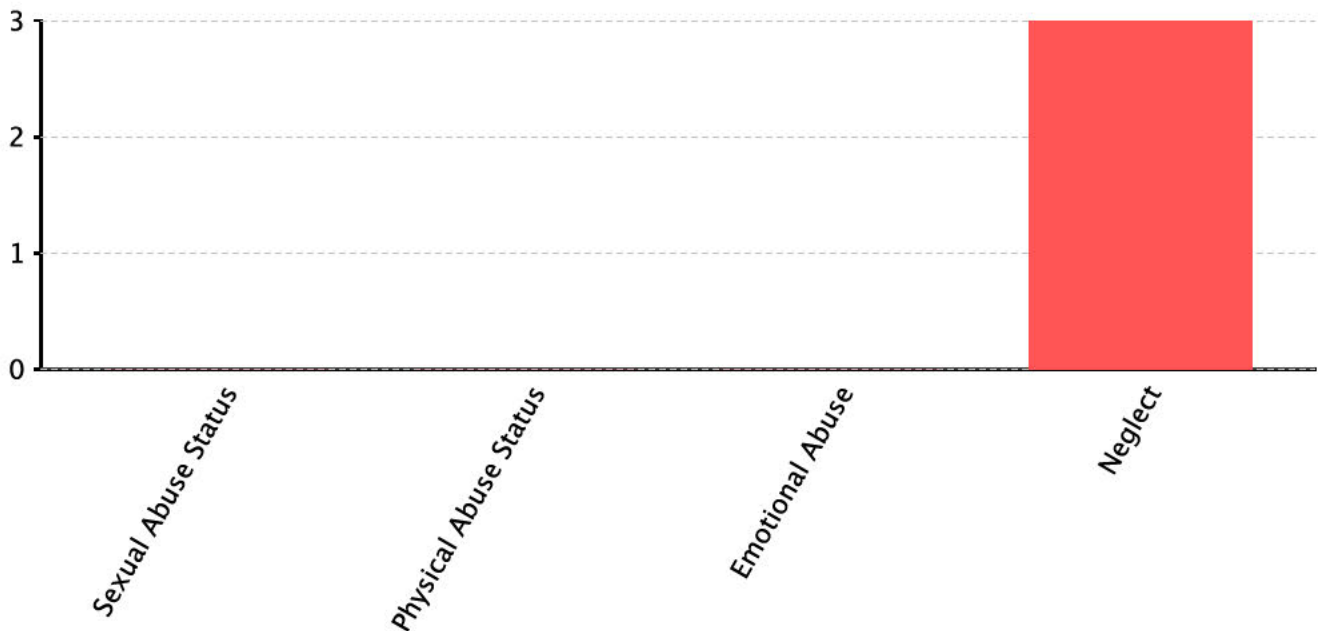


**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/21/2022
<b>Assessment Type:</b> SAFETY	<b>CPS Case ID:</b> [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	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	LOS allegations



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2022					
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]					
<b>OVERVIEW</b>						
<b>Safety Level:</b> Immediate Intervention Recommended	<b>Assessed at Location:</b> DCS office					
<b>Risk Level:</b> Moderate Need/Risk						
<b>Event Start Date:</b> 12/05/2022	<b>Last Assessed Date:</b> 03/21/2022					
<b>Assessment Status:</b> Approved	<b>Assessor:</b> null					
<b>Date Approved:</b> 03/25/2022	<b>Approver:</b> [REDACTED] [REDACTED]					
<b>PARTICIPANTS</b>						
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	3	Low
[REDACTED] (AP)	32 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED]	28 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A



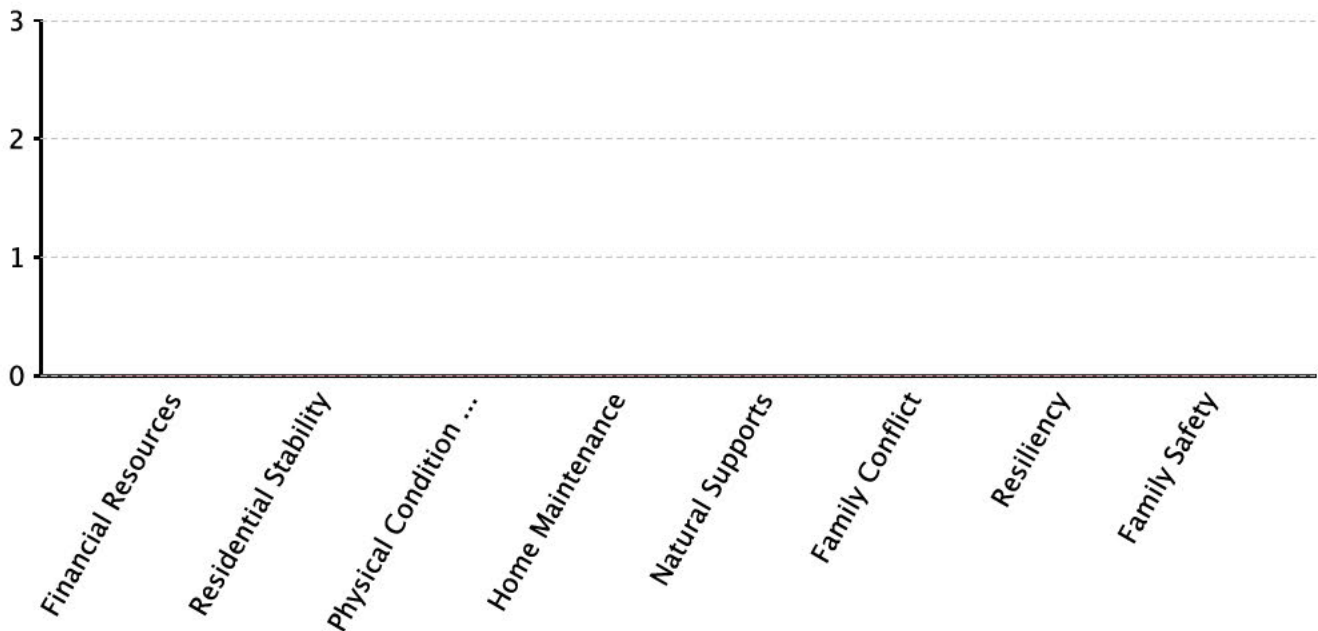


**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [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	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	





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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

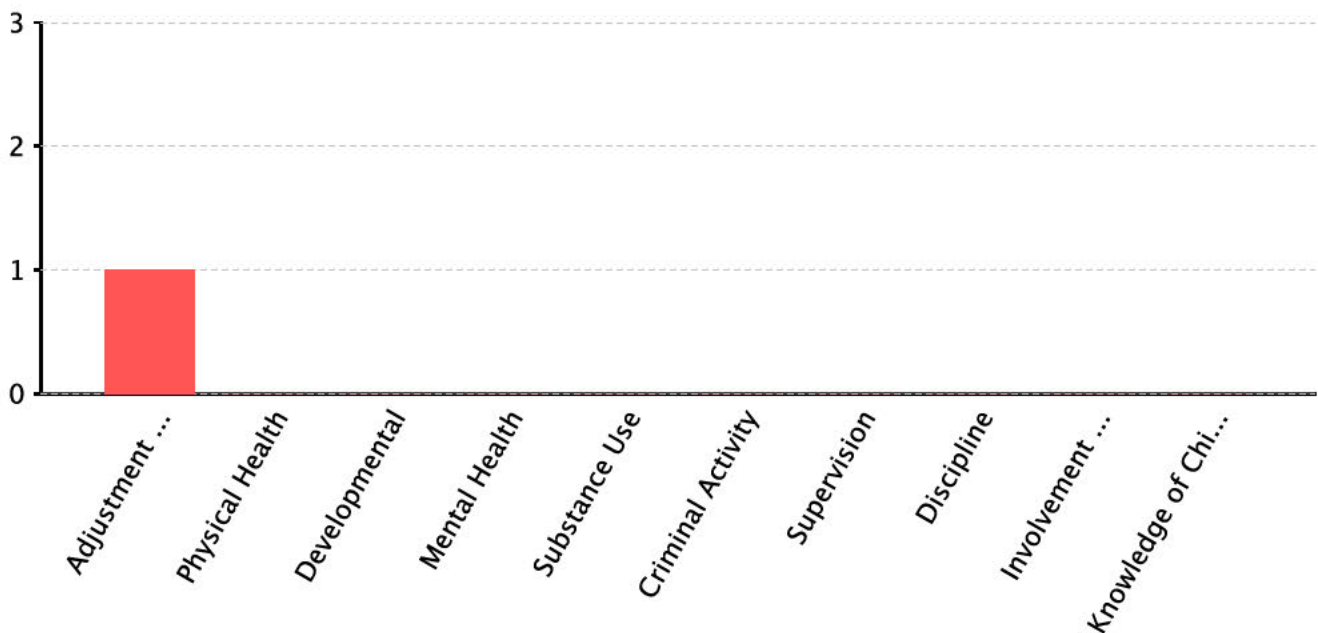
**CAREGIVERS**

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] [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role Primary Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	1	Ms. [REDACTED] has recently lost her son but appears to be adjusting
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

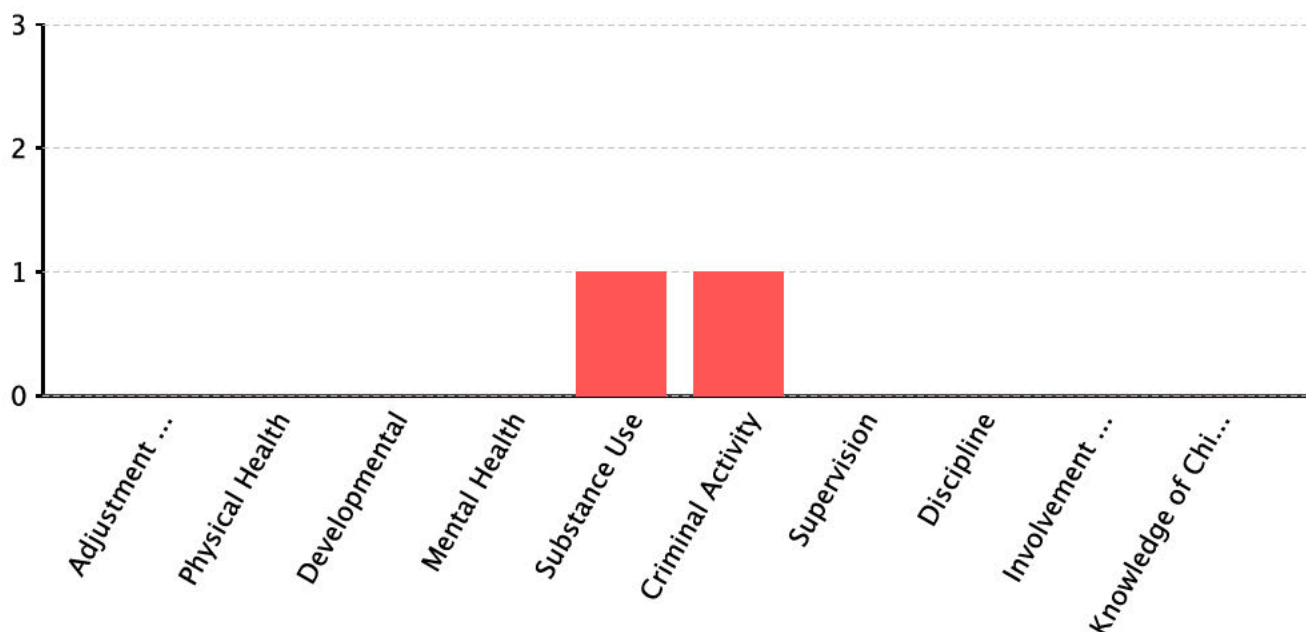
**CAREGIVERS**

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] [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	1	03/25/21 It is reported that Mr. [REDACTED] has a criminal history.
Criminal Activity	1	03/25/21 It is reported that Mr. [REDACTED] has a criminal history.
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

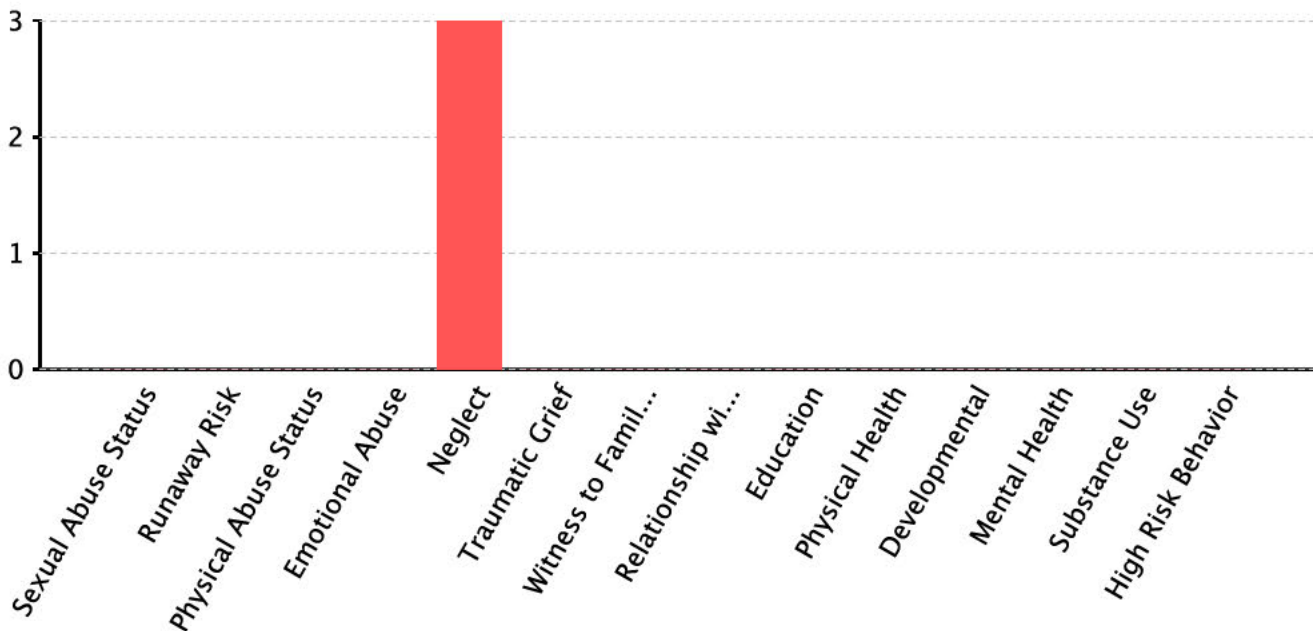
**YOUTH**

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	3	LOS allegations
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	0	
Developmental	0	



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/24/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	