



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 03/17/2022 09:52 AM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 03/17/2022

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 03/17/2022 12:16 PM
First Team Leader Assigned: [REDACTED] Date/Time 03/17/2022 12:00 AM
First Case Manager [REDACTED] Date/Time 03/17/2022 12:00 AM

Allegations

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

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 CHILD DEATH

Family Case IDs: No
Associated Case IDs: No

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP No
Closed Court Custody No

Pending: No
Awaiting Screening: No
Submitted: No

Open CPS: No



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Substantiated: No
Death: No
Screen Outs: No

History (not listed above): No

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

Reporter's Name/Relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (2) primarily lives with his grandmother, [REDACTED] (40), in [REDACTED] County. Also in the home are [REDACTED] children, [REDACTED] (15) [hereafter referred to as [REDACTED] (18), and [REDACTED] (25). [REDACTED] father, [REDACTED] is incarcerated.

[REDACTED] mother, [REDACTED] has custody of [REDACTED] however, because [REDACTED] works odd hours during the week, [REDACTED] and [REDACTED] have an agreement for [REDACTED] to stay primarily with [REDACTED]. His father, [REDACTED] does not have custody.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
No, Immediate Assistance is not requested.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

At 11:45 AM on 3/14/2022, the Police received a call about a child being shot in the face at [REDACTED] home. [REDACTED] reported that she had stored a Glock 22 caliber pistol in a tote in [REDACTED] room because [REDACTED] who is special needs, has a tendency of going through things. At about 6:00 AM on 3/14/2022, [REDACTED] removed the gun from the tote and stored it under his bed. [REDACTED] reported he did this because he had snacks in the tote and he didn't want [REDACTED] to find the gun looking for snacks.

[REDACTED] sleeps with [REDACTED] in the bed. [REDACTED] had gotten under the bed and found the gun. There were other objects (headphones and a video game controller) sitting on the bed that [REDACTED] had also found. [REDACTED] fired the gun which woke [REDACTED]. It was discovered that [REDACTED] had shot himself in the face. It is believed [REDACTED] called 911 (the 911 report has not been received at this time). [REDACTED] was transferred to [REDACTED] Hospital. [REDACTED] was pronounced deceased at 12:23 PM on 3/14/2022 before a helicopter could arrive. The doctor who pronounced [REDACTED] deceased was Dr. [REDACTED].

The investigation is still ongoing but it is very likely [REDACTED] is going to be charged with not securing a firearm and giving [REDACTED] direct access which in turn gave [REDACTED] direct access. [REDACTED] may also be charged but the investigation is still pending. [REDACTED] and [REDACTED] had been in [REDACTED] room while [REDACTED] and [REDACTED] had been asleep on couches in the living room. [REDACTED] was not present at the home as she was at work. [REDACTED] and [REDACTED] responses were appropriate. [REDACTED] was tearing things up in the home out of grief and ended up having an anxiety attack. [REDACTED] went straight to the hospital and never came to the scene of the accident. Police seized the firearm used in the shooting and did not find any others in the home. Police have had numerous incidents at the residence regarding gun violence.

It is believed that [REDACTED] body has been transferred to the forensic center for a complete autopsy. [REDACTED] is at her apartment on [REDACTED] (specific address unknown). [REDACTED] is at her residence with [REDACTED] and [REDACTED].

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
It is advised that the worker be aware for potential firearm presence. Police are more than willing to



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provide an escort if needed.

-Anything additional to add to this initial report for the responding worker to know prior to response?
None

CM Notation: No

Screening Notation: No

Emailed/Paged CPSI On Call: No

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

DCS Child Death or Preliminary Near Death Alert group

RA: [REDACTED]

Per SDM: Investigation P1: Approved by CAH Director [REDACTED] CM3 [REDACTED] on
3/17/2022 @ 11:59 AM [REDACTED]. Email sent to [REDACTED] Region CPS Notification group. Received by [REDACTED]
[REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 42 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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 27 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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 16 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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED]

Race: [REDACTED]

Age: Deceased

Address: [REDACTED] Tennessee [REDACTED]

Deceased Date: 03/14/2022

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: [REDACTED] grandmother

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:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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:

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 19 Yrs (Est)

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

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2023-03-31 11:55:00.0

Contact Method:

Contact Time: 11:55 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/31/2023

Completed date: 03/31/2023

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: 03/31/2023 11:57 AM Entered By: [REDACTED] [REDACTED]

Case reviewed and approved for closure by Executive Director [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: 2023-03-31 10:54:00.0	Contact Method:
Contact Time: 10:54 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/31/2023
Completed date: 03/31/2023	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original Entry Date/Time: 03/31/2023 10:56 AM Entered By: [REDACTED]

On March 17, 2022, the Department of Childrens Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [REDACTED] (2 years old). The alleged perpetrator was listed as [REDACTED] (Aunt of the ACV). This investigation was assigned to Case Manager (CM) [REDACTED]. This case was worked in conjunction with [REDACTED] Police Department, Sgt. [REDACTED] and Lt. [REDACTED] was pronounced deceased on March 13, 2022, at 12:23 PM.

[REDACTED] lived with his birth mother [REDACTED] from Friday-Sunday and with his maternal grandmother, [REDACTED] Uncle [REDACTED] Aunt [REDACTED] and Aunt [REDACTED] from Monday-Friday due to birth mothers employment schedule.

On March 17, 2022, CM [REDACTED] was advised by Sgt. [REDACTED] and Lt. [REDACTED] that an interview was already conducted with the alleged perpetrator [REDACTED]. Sgt. [REDACTED] and Lt. [REDACTED] advised CM [REDACTED] that she could not re-interview alleged perpetrator [REDACTED] due there being a criminal investigation. Per Sgt. [REDACTED] took ownership of the gun in which [REDACTED] shot himself. Sgt. [REDACTED] and Lt. [REDACTED] reported that [REDACTED] reported that she secured the weapon in a tote in [REDACTED] room, so that her sister [REDACTED] (who is developmentally delayed) would not have access to the firearm. It was reported that [REDACTED] and [REDACTED] share the same room and bed. Sgt. [REDACTED] and Lt. [REDACTED] reported to CM [REDACTED] that [REDACTED] reported that he removed the firearm from the tote and placed it under his bed because he knew [REDACTED] would find it in the tote because that is where they keep their snacks. Sgt. [REDACTED] and Lt. [REDACTED] advised CM [REDACTED] that [REDACTED] will be charged in relation to the death of [REDACTED].

On March 18, [REDACTED] was interviewed by CM [REDACTED] and TL [REDACTED] and reported that she was at work on her lunch break when her sister [REDACTED] called her and stated that [REDACTED] shot himself in the face. Ms. [REDACTED] reported that she was immediately transported by a co-worker to the hospital where she was advised that [REDACTED] was deceased. [REDACTED] stated that [REDACTED] passed away while she was at work and that she did not want to know the details.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

On March 18, 2022, ██████████ was interviewed by CM ██████████ and TL ██████████ and reported that he moved the firearm that ██████████ secured in the tote because his lower functioning sisters likes to ramble through things. ██████████ reported that he put the firearm under the bed underneath other items. ██████████ reported that he went back to sleep after putting the gun under the bed and was woken by the firearm being discharged. ██████████ reported that ██████████ had shot himself and his older sister ██████████ ██████████ contacted 911 and everyone went to the hospital.

On March 18, 2022, ██████████ was interviewed by CM ██████████ and reported that she is unsure of what happened due to her being at work. ██████████ reported that she was contacted by one of her children and advised that ██████████ had shot himself and that she needed to get to the hospital. ██████████ reported that her entire family will be needing grief counseling but at the moment they would decline due to them focusing on the funeral.

The home environment was unable to be observed by CM ██████████ due to the home being an active crime scene.

On October 28, 2022, the final autopsy was received regarding ██████████. The autopsy was completed on March 17, 2022, by ██████████, D.O. of the ██████████ Regional Forensic Center, ██████████ TN. The report identified the cause of death was a gunshot wound of the head and the manner of death is classified as could not be determined (Undetermined).

On November 9, 2022, the case was presented to the ██████████ County Child Protective Investigation Team. Team members agreed that there was insufficient evidence to substantiate the allegation of Abuse Death against AP ██████████. However, the team did agree that there was sufficient evidence to substantiate the allegation of lack of supervision against AP ██████████. Present for the meeting was DCS Team Leader ██████████, Court Administrator, ██████████, Assistant District Attorney, ██████████, Victim Advocate and Det. ██████████ (CPIT forms scanned to document section of TFACTS regarding this meeting).

██████████ was charged with Reckless Homicide, Reckless Endangerment, Aggravated Child Endangerment, Providing Handgun to a juvenile, and Contributing to Delinquency x 2. Trial is set to begin on June 1, 2023.

Per DCS 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 legal custodian/caretaker failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.
- d) 2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect, or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

Lack of Supervision:

Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that:

- a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or inadequately supervises a child.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

b) The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).

c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

There was not a preponderance of evidence to substantiate the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Abuse Death against AP [REDACTED] [REDACTED]

There is a preponderance of evidence to substantiate the allegation of Lack of Supervision against AP [REDACTED] [REDACTED]. The case will be closed and classified as Allegation Substantiated Perpetrator Substantiated for the allegation of Lack of Supervision.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2023-03-28 13:45:00.0

Contact Method:

Contact Time: 01:45 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/28/2023

Completed date: 03/28/2023

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: 03/28/2023 01:50 PM Entered By: [REDACTED] [REDACTED]

Closing summary received, reviewed and sent back for revisions on this date to CPS [REDACTED] TL [REDACTED] and TC [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2023-03-15 10:16:00.0 Contact Method:
 Contact Time: 10:16 AM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/15/2023
 Completed date: 03/15/2023 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/15/2023 11:37 AM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] received medical records from [REDACTED] Community Hospital. Records will be uploaded in the document portion of TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2023-03-14 15:55:00.0 Contact Method:
 Contact Time: 03:55 PM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/14/2023
 Completed date: 03/14/2023 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/14/2023 07:27 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] requested medical records from [REDACTED] County Community Hospital in person. CPS [REDACTED] was advised that medical records would be faxed to the DCS in [REDACTED] TN on 03/15/2023. Records will be uploaded in the document portion of TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [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:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/28/2023

Completed date: 03/28/2023

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: 03/28/2023 01:27 PM Entered By: [REDACTED] [REDACTED]

Case reviewed on this date. Autopsy received with ASPS for Lack of Supervision and AUPU for Abuse Death in regards to the case. CPIT has been held and autopsy received. Medical records need to be obtained and uploaded, Closing summary needs to be completed and submitted for review for potential closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2023-02-06 07:18:00.0 Contact Method:
 Contact Time: 07:18 AM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/14/2023
 Completed date: 03/14/2023 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/14/2023 06:55 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] received medical records from [REDACTED] GH. Records will be uploaded in the document portion of TFACTS.



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2023-02-03 16:24:00.0 Contact Method:
 Contact Time: 04:24 PM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/14/2023
 Completed date: 03/14/2023 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/14/2023 06:56 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] received medical records from [REDACTED]. Records will be uploaded in the document portion of TFACTS.



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Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2023-01-26 09:00:00.0	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	03/14/2023
Completed date:	03/14/2023	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: 03/14/2023 01:05 PM Entered By: [REDACTED] [REDACTED]

CPS to work on case documentation for case closure.



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: 2022-12-27 15:30:00.0

Contact Method:

Contact Time: 03:30 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 03/14/2023

Completed date: 03/14/2023

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: 03/14/2023 01:04 PM Entered By: [REDACTED]

Case staffed and case needs to be prepared for closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2022-12-21 12:45:00.0	Contact Method:	
Contact Time:	12:45 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/14/2023
Completed date:	03/14/2023	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/14/2023 06:54 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] faxed a release to [REDACTED]. Release will be uploaded into the document portion of TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-12-09 11:10:00.0	Contact Method: Phone Call
Contact Time: 11:10 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/14/2023
Completed date: 03/14/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 03/14/2023 07:00 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] contacted Ms. [REDACTED] [REDACTED] CPS [REDACTED] asked Ms. [REDACTED] how was she doing? Ms. [REDACTED] reported that she was doing well. CPS [REDACTED] asked Ms. [REDACTED] was she interested in receiving services. Ms. [REDACTED] reported that she is currently receiving counseling in a support group with other parents who has lost a child. CPS [REDACTED] advised Ms. [REDACTED] that she was happy to hear that she is receiving services. Ms. [REDACTED] reported that the entire family has been receiving services. CPS [REDACTED] advised Ms. [REDACTED] that was good. CPS [REDACTED] advised Ms. [REDACTED] that she would be working towards submitting her case for closure but if she had any question or concerns, she could contact CPS [REDACTED] at any time. Ms. [REDACTED] thanked CPS [REDACTED] and ended the phone call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2022-12-08 13:00:00.0 Contact Method:
 Contact Time: 01:00 PM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/14/2023
 Completed date: 03/14/2023 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/14/2023 06:53 PM Entered By: [REDACTED] [REDACTED]
 CPS [REDACTED] faxed release to [REDACTED] GH. Release will be uploaded into the document portion of TFACTS.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2022-11-28 16:33:00.0	Contact Method:	
Contact Time:	04:33 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	11/28/2022
Completed date:	11/28/2022	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: 11/28/2022 04:35 PM Entered By: [REDACTED] [REDACTED]

Case staffed with CPS; TL presented case to CPIT case to be prepared for closure review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2022-11-09 08:30:00.0 Contact Method: Face To Face
 Contact Time: 08:30 AM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 03/31/2023
 Completed date: 03/31/2023 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/31/2023 09:16 AM Entered By: [REDACTED] [REDACTED]

CPIT met in person November 9,2022 and the team agreed there is insufficient evidence to support the allegation of abuse death and allegation would be classified AUPU. Regarding the allegation of lack of supervision, the team did find that there was sufficient evidence to support allegation and classified as ASPS. Those present for the meeting was DCS Team Leader [REDACTED] [REDACTED] Court Administrator, [REDACTED] Assistant District Attorney, [REDACTED] Victim Advocate and Det. [REDACTED]. (CPIT forms scanned to document section of TFACTS regarding this meeting).



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2022-10-28 10:07:00.0 Contact Method:
 Contact Time: 10:07 AM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/14/2023
 Completed date: 03/14/2023 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/14/2023 06:53 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] received autopsy results. Results show cause of death as gunshot wound of the head. Manner of death could not be determined. Full autopsy results will be uploaded into the document portion of TFACTS.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2022-10-11 11:58:00.0	Contact Method:	
Contact Time:	11:58 AM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	10/11/2022
Completed date:	10/11/2022	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: 10/11/2022 11:59 AM Entered By: [REDACTED] [REDACTED]

Autopsy still pending.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2022-09-09 13:37:00.0	Contact Method:	
Contact Time:	01:37 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:		Created Date:	09/09/2022
Completed date:	09/09/2022	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: 09/09/2022 01:37 PM Entered By: [REDACTED] [REDACTED]

Autopsy still pending.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-08-25 12:00:00.0

Contact Method:

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/25/2022

Completed date: 08/25/2022

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original

Entry Date/Time: 08/25/2022 01:30 PM

Entered By: [REDACTED] [REDACTED]

Case check for compliance.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-07-19 10:00:00.0

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/25/2022

Completed date: 08/25/2022

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/25/2022 01:30 PM Entered By: [REDACTED] [REDACTED]

Case check for compliance.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-06-14 13:00:00.0

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 08/25/2022

Completed date: 08/25/2022

Completed By: [REDACTED] [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original

Entry Date/Time: 08/25/2022 01:30 PM

Entered By: [REDACTED] [REDACTED]

Case check for compliance.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 2022-05-12 02:15:00.0 Contact Method: Phone Call
Contact Time: 02:15 AM Contact Duration:
Entered By: [REDACTED] [REDACTED] Recorded For:
Location: DCS Office Created Date: 03/14/2023
Completed date: 03/14/2023 Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 03/14/2023 06:59 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] contacted Ms. [REDACTED] [REDACTED] and attempted to offer services, however; Ms. [REDACTED] reported that at the time of CPS [REDACTED] offer she was not ready to start services. CPS [REDACTED] advised Ms. [REDACTED] that she could reach CPS [REDACTED] on her work cell phone when she is ready for CPS [REDACTED] to help with services. Ms. [REDACTED] received CPS [REDACTED] information and ended the phone call.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 2022-05-10 09:37:00.0

Contact Method:

Contact Time: 09:37 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/10/2022

Completed date: 05/10/2022

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: 05/10/2022 12:17 PM Entered By: [REDACTED] [REDACTED]

Case staffed with CPS [REDACTED] autopsy still pending.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: ██████████

Case Name: █████ █████

Case Status: Close

Organization: ██████████ Region

Case Recording Details

Recording ID: ██████████

Status: Completed

Contact Date: 2022-04-20 09:00:00.0

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: █████ █████

Recorded For:

Location:

Created Date: 05/10/2022

Completed date: 05/10/2022

Completed By: █████ █████

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/10/2022 07:03 PM Entered By: █████ █████

Case staffed with CPS █████ and autopsy is still pending.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-03-23 16:47:00.0	Contact Method: Correspondence
Contact Time: 04:47 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/24/2022
Completed date: 03/24/2022	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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/24/2022 04:14 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] [REDACTED] emailed the [REDACTED] County Juvenile Court and Juvenile Officer to notify them of the severe abuse referral.

CPS [REDACTED] emailed [REDACTED] (ADA) and [REDACTED] (ADA) to notify the District Attorneys Office of the severe abuse referral.

CPS [REDACTED] emailed [REDACTED] to notify the CAC of the severe abuse referral.



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: 2022-03-21 11:30:00.0	Contact Method:
Contact Time: 11:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 03/22/2022
Completed date: 04/19/2022	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: 03/22/2022 11:58 AM Entered By: [REDACTED]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [REDACTED] was debriefed with Case Manager (CM) [REDACTED] and Team Leaders (TL) [REDACTED] and [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 3/17/22 concerning the death of ACV [REDACTED] (2yo). It was reported [REDACTED] resided with his mother [REDACTED] however, during the week he would often stay with at the home of the maternal grandmother [REDACTED] and grandfather [REDACTED]. Also residing in the grandmothers home were [REDACTED] maternal aunts [REDACTED] 20yo and [REDACTED] 25/yo] and maternal uncle [REDACTED] 15yo]. The mother has no other children. The maternal uncle is the only minor residing in the grandmothers home. [REDACTED] father [REDACTED] is reportedly not involved with confirmation pending. The incident occurred at the grandmothers home.

On 3/14/22 at 11:45am 911 was called from the grandmothers home. [REDACTED] had spent the night at the home the previous evening due to the mother working. It was reported [REDACTED] was accidentally shot in the face and the wound was self-inflicted. The gun [Glock 22] reportedly belonged to the 25yo maternal aunt who reported she stored the gun in a tote in the 15yo maternal uncles room, because the 20yo maternal aunt in the home is special needs [autistic] and has a tendency to go through things. The maternal uncle reported on 3/14/22 at 6am he removed the gun from the tote and placed it under the bed because he had snacks in the tote and did not want the 20yo to find it if looking for the snacks.

It was reported [REDACTED] sleeps in the bed with the 15yo maternal uncle and it is believed he got under the and found the gun. Other items under the bed such as headphones and a game controller were found on the bed and believed to have been moved by [REDACTED] as well. When [REDACTED] fired the gun, this woke the 15yo uncle. The aunts were reportedly asleep on sofas in the living room at the time of the incident. The 25yo aunt is believed to have called 911. EMS transferred [REDACTED] to [REDACTED] Hospital where pronounced deceased. The grandmother was at work at the time of the incident, having left the home between 5-6am, scheduled to return home at 2:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

30pm. It was reported the 25yo aunt was the caretaker for [REDACTED] when the grandmother was not at home. An autopsy is pending. LE took the firearm involved in the incident into their possession. No other firearms or environmental concerns were noted. LE reported trajectory of the bullet and stories of the family are indicative of an accidental, self-inflicted shot by the child. The grandmother reportedly did not know there was a firearm in the home. The 25yo may possibly be involved in gangs and LE and TBI are investigating possibility that firearm was involved in another recent incident. The family had no history with DCS.

Next Steps:

- CM will request birth, health department, and pediatric records for the ACV. Records will be reviewed and uploaded to TFACTS.
- 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 follow-up with family regarding grief counseling and counseling services for the minor uncle in the home.
- 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]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Created In Error
 Contact Date: 2022-03-18 10:00:00.0 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Family Home Created Date: 03/18/2022
 Completed date: 03/24/2022 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]

Participant(s)

[REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2022 05:09 PM Entered By: [REDACTED] [REDACTED]

ACV [REDACTED] [REDACTED] was not seen or observed due to the child being deceased per policy 20.27, Work Aid 2, Child Death-Near Death.

Narrative Type: Created In Error Entry Date/Time: 06/08/2022 08:40 AM Entered By: [REDACTED] [REDACTED]

Incorrect Time!



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 2022-03-18 10:00:00.0 Contact Method: Face To Face
Contact Time: 10:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 02/01/2023
Completed date: 02/01/2023 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community
Contact Type(s): Notation, Parent/Caretaker Interview
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/01/2023 02:21 PM Entered By: [REDACTED]

Child Protective Services Assessor (CPSA) [REDACTED] made a face to face at 10:00 AM to initiate the investigation and complete the necessary paperwork with the family.

In order to engage the family, CPSA explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSA also provided the family with a brochure describing the Multiple Response Approach. CPSA explained all the forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSA obtained signed acknowledgements of such, and copies have been uploaded into TFACTS under documents.

CPS [REDACTED] TL [REDACTED] Sgt. [REDACTED] and Lt. [REDACTED] ([REDACTED] Police Department) arrived at the residence of [REDACTED] (Birth mother of [REDACTED] (ACV)) to conduct an investigation. Present at the home was [REDACTED] (Uncle) and [REDACTED] (Alleged Perpetrator) (Aunt). At the time of the home visit Sgt. [REDACTED] and Lt. [REDACTED] advised CPS [REDACTED] and TL [REDACTED] that there was to be no interview with [REDACTED] (Alleged perpetrator) due to there being an open criminal investigation. During CPS [REDACTED] and TL [REDACTED] interviews Ms. [REDACTED] (Grandmother) and [REDACTED] (Aunt) arrived at the home. [REDACTED] (20) was present at the home at the time of the alleged child abuse, however; CPS [REDACTED] and TL [REDACTED] did not interview [REDACTED] due to her being lower functioning.

Household composition:

[REDACTED] Birth mother, age, 22 DOB: [REDACTED]
[REDACTED] ACV, age 2, DOB: [REDACTED]

Allegations: Abuse Child Death



Tennessee Department of Children's Services

Case Recording Summary

Case Id: ██████████

Case Name: ██████████

Case Status: Close

Organization: ██████████ Region

Interview with the child: ██████████

CPS ██████████ asked ██████████ how was he doing? ██████████ reported that he was doing well. CPS ██████████ and TL ██████████ asked ██████████ what grade he was in? ██████████ reported that he in the 9th grade. CPS ██████████ and TL ██████████ after ██████████ how old he was? ██████████ reported that he was 15 years old. CPS ██████████ and TL ██████████ discussed the referral with ██████████ CPS ██████████ and TL ██████████ asked ██████████ who was all at the home when the incident occurred? ██████████ reported that him, his older sisters ██████████ (25-26 years old) and ██████████ (20 years old), and his nephew ██████████ CPS ██████████ and TL ██████████ asked ██████████ to tell everything that happened starting when he woke up? ██████████ reported that he got up around 5 AM due to ██████████ car messing up and him having to go help with fixing ██████████ car. ██████████ reported that once he returned home, he moved the firearm out the tote because his older sister is lower functioning and likes to ramble through things. ██████████ reported that he put the gun under the bed near other items. ██████████ reported that after that he went back to sleep and woke up to a firearm being discharged. ██████████ was in the bed with ██████████ and ██████████ shot himself. ██████████ reported that 9-1-1 was called and then everyone went to the hospital. CPS ██████████ and TL ██████████ asked ██████████ did he want grief counseling? ██████████ reported that he currently did not want grief counseling. CPS ██████████ and TL ██████████ thanked ██████████ for his cooperation and reported that they were sorry for his loss.

Concerns of child: Child voiced no concerns.

Childs feelings in general, about school, about services: Child reported that he makes straight As in school and that he plays football.

Childrens school/attendance/ performance: Child reported that he is a straight A student.

Interview with the mother/caretaker: ██████████

CPS ██████████ and TL ██████████ reported to ██████████ that they were sorry for her loss. CPS ██████████ and TL ██████████ asked ██████████ could she tell CPS ██████████ and TL ██████████ what occurred this morning. ██████████ reported that she got up for work but was having car trouble. ██████████ reported that she called her sister ██████████ reported that ██████████ came to assist her with her car trouble. ██████████ reported that she was on lunch break when her sister ██████████ contacted her and reported that ██████████ shot himself. ██████████ reported that she went to the hospital and the hospital pronounced ██████████ as deceased. CPS ██████████ and TL ██████████ asked ██████████ what does she know about the incident that occurred with ██████████ reported that she does not want to know any details. CPS ██████████ and TL ██████████ asked ██████████ did she want grief counseling? ██████████ denied services and reported that she does not want services at this time. CPS ██████████ and TL ██████████ asked ██████████ where does she work? ██████████ reported that she works at VF in ██████████ TN. CPS ██████████ and TL ██████████ asked ██████████ what are her work hours? ██████████ reported that she works Monday-Friday 6 am- 2:30 pm. CPS ██████████ asked ██████████ who does ██████████ live with? ██████████ reported that due to her having difficult work hours she and her mother ██████████ agreed that ██████████ would live with ██████████ Monday-Friday and then visit her on the weekend. CPS ██████████ asked ██████████ who is the father, ██████████ reported that ██████████ is ██████████ father. CPS ██████████ asked ██████████ does she have contact information for ██████████ reported that ██████████ phone number was 731-413-5908. CPS ██████████ asked ██████████ where was ██████████ born? ██████████ reported that ██████████ was born at ██████████ General Hospital. CPS ██████████ asked ██████████ who was ██████████ pediatrician? ██████████ reported that Dr. ██████████ from ██████████ in ██████████ TN. CPS ██████████ thanked ██████████ for cooperation and reiterated that she was sorry for her loss. ██████████ received the information and CPS ██████████ ended the interview.

Collateral Contacts: CPS ██████████ spoke briefly with ██████████ (maternal grandmother) and reported that she and ██████████ (ACV) had a very close bond, and that ██████████ spent a lot of time with her due to ██████████ work hours. Mrs. ██████████ reported that she has never experienced a pain like this before. CPS ██████████ asked Mrs. ██████████ if she would like grief counseling? ██████████ reported that she would like counseling for her entire family



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

but not at this time. CPS [REDACTED] reported to Mrs. [REDACTED] that she would contact the family at a later time to discuss counseling.

Next Steps:

What are the families next steps to move the case forward: The family will be compliant with CPS [REDACTED]

What are the case managers next steps to move the case forward: CPS [REDACTED] will continue to work with LE and the investigative tasks.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 2022-03-18 09:36:00.0 Contact Method: Face To Face
 Contact Time: 09:36 AM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: Family Home Created Date: 12/09/2022
 Completed date: 12/10/2022 Completed By: System Completed
 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]

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2022 10:30 AM Entered By: [REDACTED] [REDACTED]

ACV [REDACTED] [REDACTED] was not seen or observed due to the child being deceased per policy 20.27, Work Aid 2, Child Death-Near Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
Contact Date: 2022-03-18 09:36:00.0 Contact Method: Face To Face
Contact Time: 09:36 AM Contact Duration:
Entered By: [REDACTED] [REDACTED] Recorded For:
Location: Family Home Created Date: 12/12/2022
Completed date: 12/12/2022 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]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

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

ACV [REDACTED] [REDACTED] was not seen or observed due to the child being deceased per policy 20.27, Work Aid 2, Child Death-Near Death.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-03-18 09:35:00.0	Contact Method: Face To Face
Contact Time: 09:35 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Court	Created Date: 03/18/2022
Completed date: 03/24/2022	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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2022 05:06 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] TL [REDACTED] Sergeant [REDACTED] Lieutenant [REDACTED] and District Attorney [REDACTED] discussed steps to take during the investigation. All parties agreed that due to the investigation being ongoing that CPS [REDACTED] and TL [REDACTED] will not interview the Alleged Perpetrator at this time.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-03-18 09:00:00.0	Contact Method: Face To Face
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/18/2022
Completed date: 03/24/2022	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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2022 05:02 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] TL [REDACTED] Sergeant [REDACTED] and Lieutenant [REDACTED] met at the DCS office. Upon arrival at the DCS office Sergeant [REDACTED] informed CPS [REDACTED] and TL [REDACTED] that due to this case being an ongoing investigation they would like to have a meeting with District Attorney [REDACTED] to discuss the appropriate steps to take during the investigation. CPS [REDACTED] and TL [REDACTED] agreed to the meeting with District Attorney [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2022-03-17 14:30:00.0	Contact Method: Phone Call
Contact Time: 02:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/18/2022
Completed date: 03/24/2022	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]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/18/2022 04:43 PM Entered By: [REDACTED] [REDACTED]

CPS [REDACTED] contacted Sergeant [REDACTED] [REDACTED] by phone to discuss the current case. CPS [REDACTED] and TL [REDACTED] introduced themselves and TL [REDACTED] asked Sergeant [REDACTED] if he would be working the current case with TL [REDACTED] and CPS [REDACTED] for CPIT. Sergeant [REDACTED] confirmed with CPS [REDACTED] and TL [REDACTED] that he will be working the case. CPS [REDACTED] and TL [REDACTED] asked Sergeant [REDACTED] could the initial response to the home be made on 03/17/2022. Sergeant [REDACTED] reported that he would like to be presence during the initial response and asked CPS [REDACTED] and TL [REDACTED] if possible, could the initial response be made on 03/18/2022. CPS [REDACTED] and TL [REDACTED] contacted TC [REDACTED] [REDACTED] and alerted her of Sergeant [REDACTED] request. TC [REDACTED] [REDACTED] gave permission on rescheduling the initial response for 03/18/2022.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2022-03-17 12:20:00.0 Contact Method: Phone Call
 Contact Time: 12:20 PM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/18/2022
 Completed date: 03/24/2022 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/18/2022 04:41 PM Entered By: [REDACTED] [REDACTED]

Child Protective Services Assessor (CPSA) [REDACTED] contacted the referent. There was no additional information given.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2022-03-17 12:19:00.0 Contact Method:
 Contact Time: 12:19 PM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/18/2022
 Completed date: 03/24/2022 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/18/2022 04:40 PM Entered By: [REDACTED] [REDACTED]

Judge Notification Letter will be sent according to local county protocol.



Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 2022-03-17 12:18:00.0 Contact Method:
 Contact Time: 12:18 PM Contact Duration:
 Entered By: [REDACTED] [REDACTED] Recorded For:
 Location: DCS Office Created Date: 03/18/2022
 Completed date: 03/24/2022 Completed By: [REDACTED] [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type: Opening

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

Narrative Type: Original Entry Date/Time: 03/18/2022 04:38 PM Entered By: [REDACTED] [REDACTED]

On 03/17/2022 at 09:52 AM, P1 intake # [REDACTED] was called into the Department of Children's Services (DCS) Child Abuse Hotline. The intake was screened into [REDACTED] County at 12:16PM with allegation(s) of Abuse Death against alleged perpetrator (AP), [REDACTED]. The alleged child victim(s) (ACV) is/are [REDACTED]. The intake was assessed and assigned by Reader [REDACTED] to Investigator [REDACTED] on 03/17/2022. Initial face to face response is due on 03/18/2022. It is unknown at this time if the child(ren) are of Native American decent. The local Juvenile Court and the District Attorneys Office are notified of referrals per local protocol. Notification of case assignment to the referent is automatically generated through the DCS CARAT System as requested.

The intake stated:

At 11:45 AM on 3/14/2022, the Police received a call about a child being shot in the face at [REDACTED] home. [REDACTED] reported that she had stored a Glock 22 caliber pistol in a tote in [REDACTED] room because [REDACTED] who is special needs, has a tendency of going through things. At about 6:00 AM on 3/14/2022, [REDACTED] removed the gun from the tote and stored it under his bed. [REDACTED] reported he did this because he had snacks in the tote, and he didn't want [REDACTED] to find the gun looking for snacks. [REDACTED] sleeps with [REDACTED] in the bed. [REDACTED] had gotten under the bed and found the gun. There were other objects (headphones and a video game controller) sitting on the bed that [REDACTED] had also found. [REDACTED] fired the gun which woke [REDACTED]. It was discovered that [REDACTED] had shot himself in the face. It is believed [REDACTED] called 911 (the 911 report has not been received at this time). [REDACTED] was transferred to [REDACTED] Hospital. [REDACTED] was pronounced deceased at 12:23 PM on 3/14/2022 before a helicopter could arrive. The doctor who pronounced [REDACTED] deceased was Dr. [REDACTED]. The investigation is still ongoing, but it is very likely [REDACTED] is going to be charged with not securing a firearm and giving [REDACTED] direct access which in turn gave [REDACTED] direct access. [REDACTED] may also be charged but the investigation is still pending. [REDACTED] and [REDACTED] had been in [REDACTED] room while [REDACTED] and [REDACTED] had been asleep on couches in the living room. [REDACTED] was not present at the home as she was at work. [REDACTED] and [REDACTED] responses were appropriate. [REDACTED] was tearing things up in the home out of grief and ended up having an anxiety attack. [REDACTED] went straight to the hospital and never came to the scene of the accident. Police seized the firearm used in the shooting and did not find any others in the home. Police



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

have had numerous incidents at the residence regarding gun violence. It is believed that [REDACTED] body has been transferred to the forensic center for a complete autopsy. [REDACTED] is at her apartment on [REDACTED] (specific address unknown). [REDACTED] is at her residence with [REDACTED] [REDACTED] and [REDACTED]

HOUSEHOLD COMPOSITION

The ACV(s) primary household is comprised of the following individuals according to the report:

- [REDACTED] (Grandmother)
- [REDACTED] (Aunt)
- [REDACTED] (Mother)
- [REDACTED] (Brother)
- [REDACTED] (Aunt)
- [REDACTED] (ACV)

TFACTS CHECKS

A TFACTS search was performed on 03/17/2022 for DCS history on the family members and other involved individuals and the following results were found: There is no DCS History.

A search of the National Sex Offender Public Website was performed on the family members and other involved individuals and the following results were found:

-- No results found based on information provided.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-03-17 12:17:00.0

Contact Method:

Contact Time: 12:17 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 03/21/2022

Completed date: 03/21/2022

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: 03/21/2022 04:47 PM Entered By: [REDACTED] [REDACTED]

Case assigned:

Case Reference Name: [REDACTED]

Referral Date: 3/17

Date Assigned: 3/17

P1- RT due 3/18

Allegations: Abuse Death

In initiating the case process, CM will check TFACTS for prior history. CM will make contact with the referent, if possible, to obtain additional information. CM will interview all parties, obtain household composition, speak with relevant collateral contacts such as teachers, doctors, neighbors and family members. CM will assure all notifications are completed as well as completion of assessments per policy guidelines. As needed, the CM will explore resources such as community partners, direct services and DCS contract agencies to meet the family's needs as determined if services are warranted.



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/17/2022

Assignment Date: 03/17/2022

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	Classified Date
1	[REDACTED]	[REDACTED] 9	Lack of Supervision	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 03/15/2023
2	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED] 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/15/2023

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being classified as ASPS of the allegation of Lack of Supervision and AUPU of the allegation of Abuse death. ACV accidentally shot himself while playing with a gun that belonged to the ap. Ap was the caretaker at the time of the incident and the gun belonged to her. It was determined that the caregiver failed to provide adequate supervision for the child and the child was placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability. ACV accidental shot himself while playing with a gun. Autopsy stated that cause of death was gunshot wound to the head and manner of death could not be determined.

D. Case Workers

Case Worker: [REDACTED]

Date: 05/17/2022

Team Leader: [REDACTED]

Date: 03/15/2023

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:

ACV [REDACTED] was not seen or observed due to the child being deceased per policy 20.27, Work Aid 2, Child Death-Near Death.

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

CPS [REDACTED] received autopsy results. Results show cause of death as gunshot wound of the head. Manner of death could not be determined. Full autopsy results will be uploaded into the document portion of TFACTS.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

AP was interview by law enforcement. Per Sgt. [REDACTED] [REDACTED] took ownership of the gun that [REDACTED] [REDACTED] shot himself with. Sgt [REDACTED] and Lt. [REDACTED] reported that [REDACTED] [REDACTED] reported that she secured the weapon in tote in [REDACTED] [REDACTED] room, so their lower function sister [REDACTED] [REDACTED] did not have access to the firearm.

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

It is reported that [REDACTED] [REDACTED] shot himself in the head with a gun.

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

AP [REDACTED] [REDACTED] was charged with Reckless Homicide, Reckless Endangerment, Aggravated Child Endangerment, Providing Handgun to a juvenile, and Contributing to Delinquency x 2. Trial is set to begin on June 1, 2023.

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: 03/18/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	Assessed at Location: In the Home
Risk Level: Moderate Need/Risk	
Event Start Date: 03/31/2023	Last Assessed Date:
Assessment Status: Approved	Assessor: [REDACTED] [REDACTED]
Date Approved: 03/21/2022	Approver: [REDACTED] [REDACTED]

PARTICIPANTS

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] [REDACTED]	22 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	2	Low

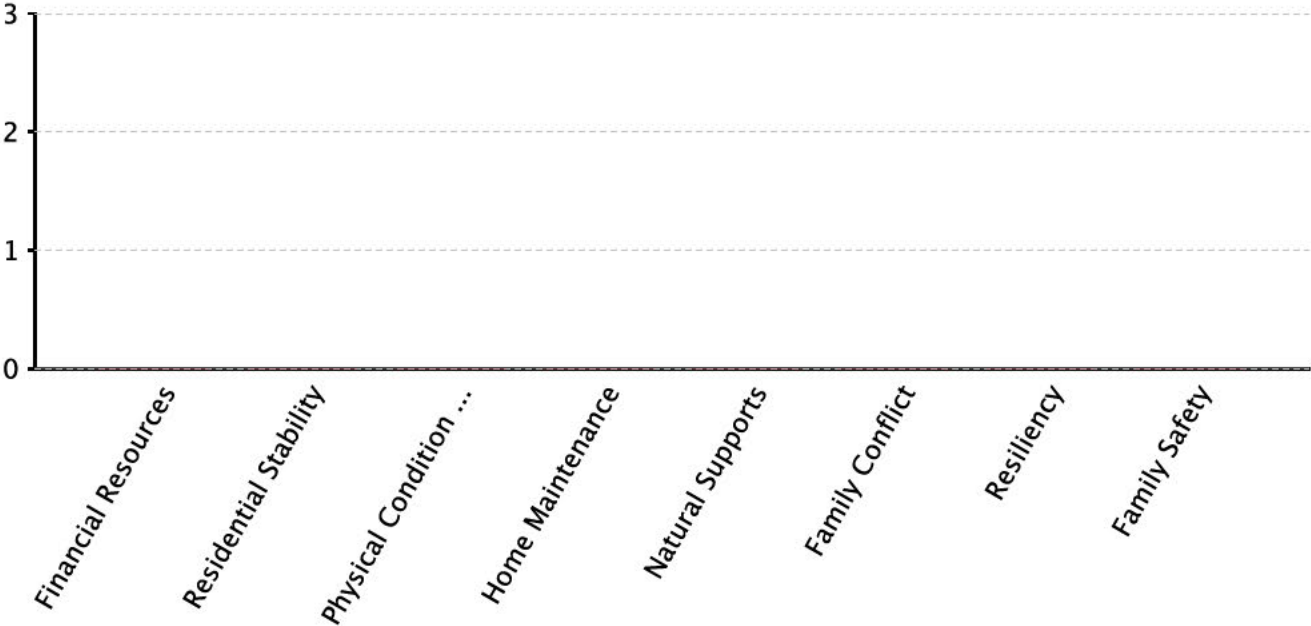


Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 03/18/2022
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	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	



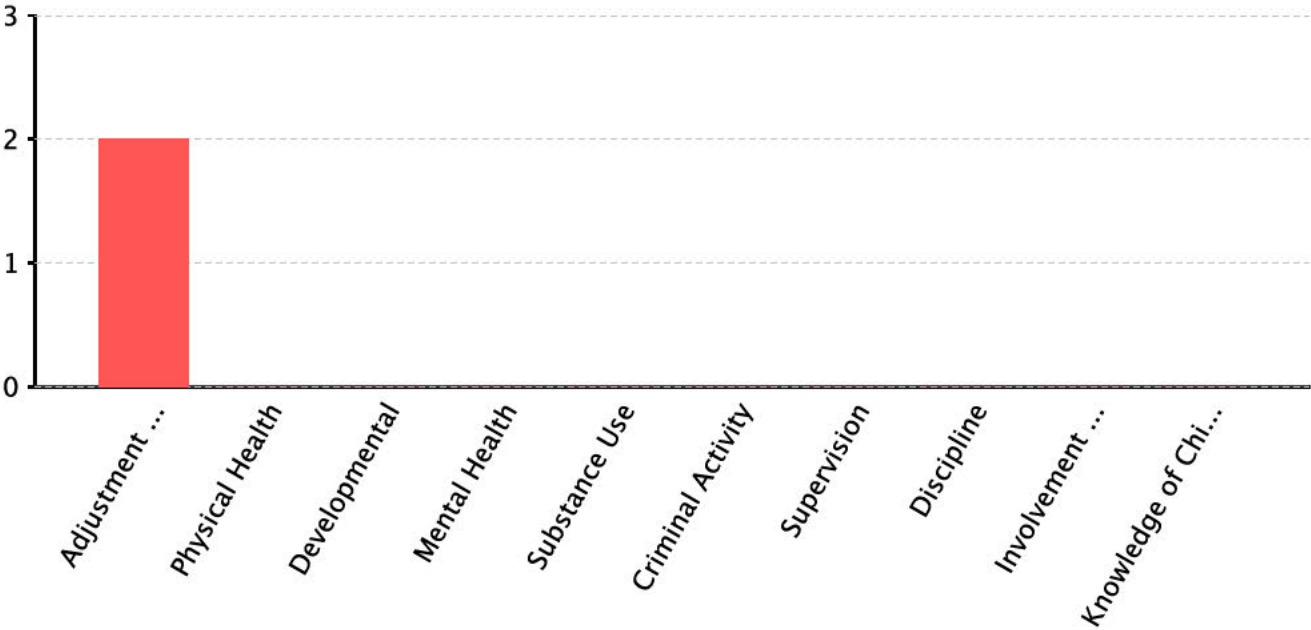
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 03/18/2022
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] [REDACTED]	Person ID: [REDACTED]	Role Primary Caregiver
------------------------------------	-----------------------	------------------------



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	Ms. [REDACTED] recently lost her son due to an accidently shooting.
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	



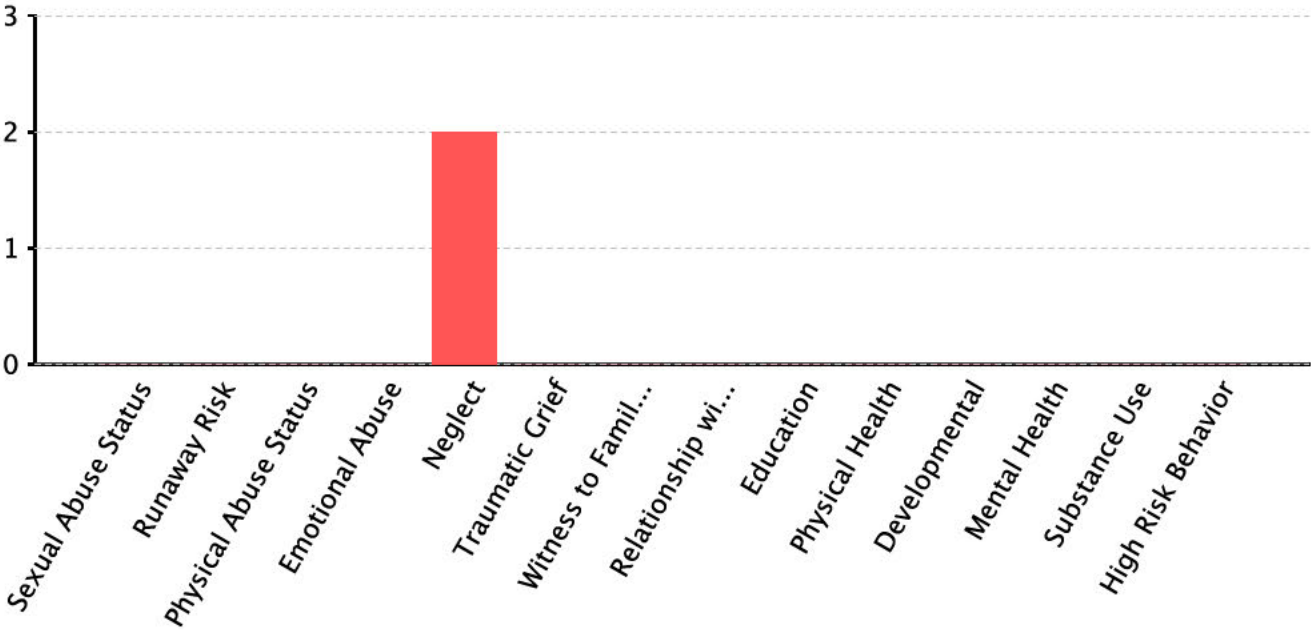
**Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report**

Event Type: CPS Case	Assessment Date: 03/18/2022
Assessment Type: FAST	CPS Case ID: ██████████

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: ██████ ██████ Person ID: ██████████ Age: Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	2	While in the care of his aunt the ACV accidentally shot himself which resulted in his death.
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

Event Type: CPS Case	Assessment Date: 03/18/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	