

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

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 11/11/2022 03:19 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 11/11/2022

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 11/14/2022 08:34 AM
First Team Leader Assigned: [REDACTED] [REDACTED] Date/Time 11/14/2022 12:00 AM
First Case Manager [REDACTED] [REDACTED] Date/Time 11/14/2022 12:00 AM

Allegations

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

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: [REDACTED]

TFacts Note: The mother's last name found as [REDACTED] and DOB: [REDACTED]

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

Pending: No
Awaiting Screening: No
Submitted: No



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Open CPS: No
Substantiated: No
Death: No
Screen Outs: [REDACTED]

History (not listed above):

ASMT [REDACTED] / ENN / SNCO / 2022-11-01
ASMT [REDACTED] / PHA, PYA / NSN (PHA); SRec (PYA) / 2021-06-30
INV [REDACTED] / DEC / UtC / 2021-02-22
INV [REDACTED] / LOS, SEE / AUPU / 2019-06-14

County of Jurisdiction: [REDACTED]
School/ Daycare: No
Active Military: No

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

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (1) lives with caretakers, [REDACTED] (45) and [REDACTED] (35), in [REDACTED] County. Her mother, [REDACTED] (19), is believed to be incarcerated. Her father, [REDACTED] (25), is homeless; his address was provided as that of the [REDACTED] Rescue Mission.

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

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

On 11/11/2022, the [REDACTED] Police Department responded to [REDACTED] and [REDACTED] home regarding a caller stating that a 2-year-old female was deceased. Upon arrival, EMS confirmed that [REDACTED] was deceased on 11/11/2022. [REDACTED] body did not have any marks or injuries. [REDACTED] body has been taken for autopsy.

The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying.

Several detectives responded out. It is unknown if Law Enforcement will be making any arrests. It is believed that the apartment complex that [REDACTED] and [REDACTED] live at is some sort of drug rehab facility thus it is not believed that [REDACTED] was supposed to be staying there. Neither [REDACTED] nor [REDACTED] appeared to be under the influence. The police report number is [REDACTED]

-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: No
Screener Notation: No

Emailed/Paged CPSI On Call: [REDACTED]
[REDACTED] Received

11-11-22 06:39:04 PM [REDACTED] pm 11-11-22 06:39:54 PM [REDACTED]



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

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

RA: [REDACTED]

Per SDM: This intake was reviewed by CAH Director [REDACTED] and approved to be screened in and sent to the county to be investigated [REDACTED], CM3 11/11/22 @ 6:36 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:** 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 37 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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

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

Deceased Date: 11/11/2022

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: caretaker ([REDACTED])

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Case #2022.130

**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:** 26 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: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 46 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Tennessee Department of Children's Services
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: 2024-05-02 10:00:00.0

Contact Method:

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/02/2024

Completed date: 05/02/2024

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: 05/02/2024 12:28 PM Entered By: [REDACTED] [REDACTED]

The District Attorney General for the 20th Judicial District provided the following update regarding the grand jury indictment for the below perpetrator:

Defendant: [REDACTED] [REDACTED] and [REDACTED] [REDACTED]

Indictment number: [REDACTED]

Charge: - 1st degree murder / DIV 5

The Grand Jury returned a true bill for the charges listed above and an arrest order was issued for the defendant.



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: 2024-02-15 16:00:00.0

Contact Method:

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/15/2024

Completed date: 02/15/2024

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: 02/15/2024 03:59 PM Entered By: [REDACTED] [REDACTED]

Case reviewed by ED [REDACTED] and approved for finalization and closure. Case closed on this 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: 2024-02-15 15:00:00.0	Contact Method:
Contact Time: 03:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 02/15/2024
Completed date: 02/15/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/15/2024 03:10 PM Entered By: [REDACTED] [REDACTED]

On November 11, 2022, the Department of Children's Services (DCS) received a referral with allegations of Abuse Death. The alleged child victim (ACV) is [REDACTED] (Date of Birth: [REDACTED]). The alleged perpetrator (AP) was listed as Unknown. During the court of the investigation, the AP was identified as [REDACTED] and [REDACTED] babysitters for the allegation of Abuse Death. After further investigation, an additional of Drug Exposed Child was added to the case and the Alleged Perpetrators are [REDACTED] and [REDACTED] babysitters. The investigation was assigned to Child Protective Services Case Manager (CM) [REDACTED] by Team Leader (TL) [REDACTED]. The case was worked in conjunction with Detective [REDACTED] with the [REDACTED] Police Department, [REDACTED] TN. At the time of the incident, [REDACTED] was in the legal custody of [REDACTED] Aunt due to a prior investigation by the department. It was reported that Ms. [REDACTED] placed [REDACTED] in the care of her paternal grandmother, [REDACTED] on November 10, 2022 and that later that evening Ms. [REDACTED] placed [REDACTED] in the home of [REDACTED] and [REDACTED] family acquaintances. [REDACTED] Father, was also present in the home of Ms. [REDACTED] at the time of the referral. [REDACTED] Mother, was homeless.

On November 11, 2022, it was reported [REDACTED] Police Department and EMS responded to the home of family acquaintances [REDACTED] and [REDACTED] following a 911 call. [REDACTED] was determined to be deceased. There were no marks or injuries observed, with unknown cause of death and autopsy results are pending. Ms. [REDACTED] and Mr. [REDACTED] reported [REDACTED] had been staying with them and on the evening of 11/11/22 between midnight at 1am. [REDACTED] was moved from the stroller to the couch, and at the time she appeared cold but was breathing. When they woke later that morning at 10am they noted [REDACTED] was cold and deceased. The birth father was present at the home when the incident occurred. The adults in the home were reported to have not presented as impaired or under the influence during first responders contact. Detective [REDACTED] reported that at the time of the incident [REDACTED] was in the apartment of [REDACTED] and [REDACTED]. [REDACTED] is of no relation to either. [REDACTED] was watching [REDACTED] for her grandmother, [REDACTED]. All the parties involved in the case were residing in the same complex and it is a transitional house for people who are in recovery for drug use. It was reported that the biological father, [REDACTED] was in the home with [REDACTED] when the incident occurred. He was not supposed to be living in the home but had been there for a



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED] Region

few days due to being released from the hospital due to an infection he had. [REDACTED] was in the custody of [REDACTED] maternal aunt at the time of the incident and [REDACTED] had taken [REDACTED] to [REDACTED] house a few days prior to watch [REDACTED] due to her work schedule. On the day of the incident, [REDACTED] took [REDACTED] to [REDACTED] and [REDACTED] apartment. They take the child for a walk to the store in her stroller. [REDACTED] fell asleep in the stroller so [REDACTED] left her in the stroller to sleep when they returned in the living room area. [REDACTED] and [REDACTED] then went to bed. [REDACTED] reported that [REDACTED] usually falls asleep in her stroller and then gets up and lays on the couch sometime in the night. [REDACTED] reported that she woke up in the night and noticed [REDACTED] still in her stroller and she got her out and laid her on the couch. [REDACTED] and [REDACTED] woke up around 10:00 am and noticed [REDACTED] was cold and deceased on the couch. They contacted 911 at the time. [REDACTED] also got [REDACTED] from his mothers apartment downstairs and he came to their apartment at that time. When Law Enforcement arrived at the scene, [REDACTED] told the officers there was probably heroin or methamphetamines in the apartment. Officers found drug residue in the apartment, drugs out on the table that appeared to be roaches from marijuana use, needles in a drawer. There were drugs within reach of the child in the home. Drug screens were not performed the day of the incident on any of the adults.

Since the incident, law enforcement has not been able to locate [REDACTED] and [REDACTED]. The drug residue was tested and came back for the following drugs: Fentanyl, marijuana and methamphetamines. Detective [REDACTED] and CPS staff discussed the alleged perpetrators. Initially the case identified [REDACTED] [REDACTED] as the AP, however he was not in the home when the incident occurred. It was agreed that the alleged perpetrators should be [REDACTED] [REDACTED] and [REDACTED] [REDACTED] for allegations of Abuse Death and Drug Exposed Child (Severe). The case will be updated to reflect the correct alleged perpetrators and the case will be presented to CPIT again for the corrected perpetrators in this case.

On November 12, 2022, an autopsy was completed on ACV [REDACTED] [REDACTED] by [REDACTED], M.D., J.D., Ph.D, Center for Forensic Medicine, [REDACTED] TN. The report states that toxicology analysis is positive for caffeine, diphenhydramine, and norfentanyl, and toxic/lethal levels of fentanyl and 4-ANPP. The report lists the cause of death as Fentanyl toxicity, the manner of death accident and the circumstances of death as toxic effects of drug.

On October 20, 2023, the case was presented to the [REDACTED] County Child Protective Investigative Team (CPIT). Present were the following: District Attorney [REDACTED], [REDACTED] Police Department Detective Lt. [REDACTED], Child Advocacy Representative [REDACTED]. All members agreed with the classification of Allegation Substantiated, Perpetrator Substantiated regarding the allegations of Abuse Death and Drug Exposed Child (Severe) regarding ACV [REDACTED] [REDACTED] against AP [REDACTED] [REDACTED] and [REDACTED] [REDACTED].

DCS Policy definition of Abuse Death/ Child Death:

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 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 that supports the substantiation for the allegation of Drug Exposed Child (Severe Abuse) and Abuse Death against APs [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Abuse Death and Drug Exposed Child against APs [REDACTED] [REDACTED] and [REDACTED] [REDACTED] regarding ACV [REDACTED] [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-10-27 10:07:00.0	Contact Method: Face To Face
Contact Time: 10:07 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 11/15/2023
Completed date: 11/15/2023	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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/15/2023 07:51 PM Entered By: [REDACTED] [REDACTED]

On 10.27.2023 at approximately 10:07AM, CPSI [REDACTED] arrived at [REDACTED], TN, [REDACTED] to conduct an observation and interview with [REDACTED] [REDACTED]

Upon arrival, CSPI [REDACTED] knocked on the door. Ms. [REDACTED] answered the door. CSPI [REDACTED] introduced herself to Ms. [REDACTED] as well as mentioning her role, while presenting DCS badge. CSPI [REDACTED] then asked permission to enter her home. Ms. [REDACTED] invited CSPI [REDACTED] in her home. CSPI [REDACTED] reminded Ms. [REDACTED] the reason for the visit.

CPSI [REDACTED] began building rapport by asking open-ended questions:

Name: [REDACTED] [REDACTED] [REDACTED] legally, but goes by [REDACTED] [REDACTED] [REDACTED] as well

DOB: [REDACTED]

Residence:
 Observed to be clean; [REDACTED] has three children that resides with her:

[REDACTED] [REDACTED] [REDACTED]; attends [REDACTED] Middle
 [REDACTED] [REDACTED] [REDACTED]; attends [REDACTED] Elementary
 [REDACTED] [REDACTED] [REDACTED]; attends [REDACTED] Elementary

Ms. [REDACTED] mentioned [REDACTED] [REDACTED] being her niece, and was granted custody of her last year between 10/24-10/28. Ms. [REDACTED] mentioned [REDACTED] was also residing with her.

Ms. [REDACTED] reported her children being at school, and currently home by herself, prior to CSPI [REDACTED] arrival.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED] Region

Employment:

Ms. [REDACTED] reported being employed by [REDACTED] in [REDACTED]

Mental Health History:

Ms. [REDACTED] reported being diagnosed with Anxiety and Depression, but is not prescribed any medication.

Criminal History:

Ms. [REDACTED] mentioned recently having a disorderly conduct charge that was dropped.

Domestic Violence:

Ms. [REDACTED] denied Domestic Violence history.

Substance Use:

Ms. [REDACTED] denied substance use.

Allegation:

Ms. [REDACTED] mentioned she has taken [REDACTED] over there multiple times with no concerns. Mrs. [REDACTED] mentioned there are other children in the complex, so I didn't think it would be an issue for her to stay there with them from time to time. Ms. [REDACTED] mentioned she did not notice anything different concerning [REDACTED] nor out of the ordinary, each time she was dropped off and picked up. Ms. [REDACTED] stated while [REDACTED] was over there around the time of the incident, she was not aware that [REDACTED] was with [REDACTED] and [REDACTED]. Ms. [REDACTED] mentioned no one calling her to ask if it was okay. Ms. [REDACTED] stated, "Then next thing I know, this happens..."

Ms. [REDACTED] stated she had to move away from the previous address, where her siblings lived next door. Ms. [REDACTED] mentioned the tragedy becoming a difficult situation for her, especially living next to her brothers. Ms. [REDACTED] mentioned on top of the false statements being spread by the news, it became a lot to intake.

CPSI [REDACTED] offered counseling services. Ms. [REDACTED] denied, but mentioned having a counselor by the name of [REDACTED] who is also her oldest son's counselor.

CPSI [REDACTED] thanked Mrs. [REDACTED] for inviting her into her home and participating in the interview.



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: 2023-10-20 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: 10/24/2023
Completed date: 10/24/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): CPIT (Child Protective Investigative Team)	
Contact Sub Type:	

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2023 03:08 PM Entered By: [REDACTED] [REDACTED]

The case was presented to the [REDACTED] County Child Protective Investigative Team (CPIT). Present were the following: District Attorney [REDACTED], [REDACTED] Police Department Detective Lt. [REDACTED], Child Advocacy Representative [REDACTED]. All members agreed with the classification of Allegation Substantiated, Perpetrator Substantiated regarding the allegations of Abuse Death and Drug Exposed Child (Severe) regarding ACV [REDACTED] [REDACTED] against AP [REDACTED] [REDACTED] and [REDACTED] [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: 2023-10-20 08:30:00.0

Contact Method: Attempted Face To Face

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 10/24/2023

Completed date: 10/25/2023

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]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2023 03:25 PM Entered By: [REDACTED] [REDACTED]

On 10.20.2023 at approximately 8:27AM, CPSI [REDACTED] arrived at the following address: [REDACTED] [REDACTED]
 TN, [REDACTED] in attempt to follow up with [REDACTED] [REDACTED]

CPSI [REDACTED] knocked on the door. CPSI [REDACTED] did not hear any movement. No one came to the door.
 CPSI [REDACTED] left a door letter for the family.



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: 2023-10-09 10:30:00.0	Contact Method:
Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location:	Created Date: 10/18/2023
Completed date: 10/18/2023	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: 10/18/2023 11:00 AM Entered By: [REDACTED] [REDACTED]

10/9/23 10:30am

Detective [REDACTED] [REDACTED] CM [REDACTED] [REDACTED] and Executive Director [REDACTED] [REDACTED] met to review the case. Below is a summary of the case at this time.

Detective [REDACTED] reported that at the time of the incident [REDACTED] was in the apartment of [REDACTED] [REDACTED] and [REDACTED] [REDACTED] is of no relation to either. [REDACTED] was watching [REDACTED] for her grandmother, [REDACTED] [REDACTED]. All the parties involved in the case were residing in the same complex and it is a transitional house for people who are in recovery for drug use. It was reported that the biological father, [REDACTED] [REDACTED] was in the home with [REDACTED] [REDACTED] when the incident occurred. He was not supposed to be living in the home but had been there for a few days due to being released from the hospital due to an infection he had. [REDACTED] was in the custody of [REDACTED] [REDACTED] at the time of the incident and [REDACTED] had taken [REDACTED] to [REDACTED] house a few days prior to watch [REDACTED] due to her work schedule. On the day of the incident, [REDACTED] took [REDACTED] to [REDACTED] and [REDACTED] apartment. They take the child for a walk to the store in her stroller. [REDACTED] fell asleep in the stroller so [REDACTED] left her in the stroller to sleep when they returned in the living room area. [REDACTED] and [REDACTED] then went to bed. [REDACTED] reported that [REDACTED] usually falls asleep in her stroller and then gets up and lays on the couch sometime in the night. [REDACTED] reported that she woke up in the night and noticed [REDACTED] still in her stroller and she got her out and laid her on the couch. [REDACTED] and [REDACTED] woke up around 10:00 am and noticed [REDACTED] was cold and deceased on the couch. They contacted 911 at the time. [REDACTED] also got [REDACTED] from his mothers apartment downstairs and he came to their apartment at that time. When Law Enforcement arrived at the scene, [REDACTED] told the officers there was probably heroin or methamphetamines in the apartment. Officers found drug residue in the apartment, drugs out on the table that appeared to be roaches from marijuana use, needles in a drawer. There were drugs within reach of the child in the home. Drug screens were not performed the day of the incident on any of the adults.

Since the incident, law enforcement has not been able to locate [REDACTED] and [REDACTED]. The drug residue was tested and came back for the following drugs: Fentanyl, marijuana and methamphetamines. Detective [REDACTED] and CPS staff discussed the alleged perpetrators. Initially the case identified [REDACTED] [REDACTED] as the AP, however he was



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED] Region

not in the home when the incident occurred. It was agreed that the alleged perpetrators should be [REDACTED] [REDACTED] and [REDACTED] [REDACTED] for allegations of Abuse Death and Drug Exposed Child (Severe). The case will be updated to reflect the correct alleged perpetrators and the case will be presented to CPIT again for the corrected perpetrators in this case.

The autopsy report was received on March 20, 2023 and the report states that there is no internal traumatic injury. Toxicology analysis is positive for caffeine, diphenhydramine, and norfentanyl, and toxic/lethal levels of fentanyl and 4ANPP. Vitreous electrolytes are noncontributory. Viral culture is negative. Blood culture for bacteria is negative. Lung culture is positive for heavy growth of streptococcus pyogenes (Group A). Microscopic examination reveals bronchopneumonia. The opinion of the medical examiner is this death resulted from fentanyl toxicity and the manner of death is accident.



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: 2023-07-10 12:35:00.0

Contact Method:

Contact Time: 12:35 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 07/10/2023

Completed date: 07/10/2023

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: 07/10/2023 12:59 PM Entered By: [REDACTED] [REDACTED]

On June 22, 2023, the case was staffed with Team Coordinator [REDACTED]. The case will also include allegations of Drug Exposed Child. TC [REDACTED] reached out to Detective [REDACTED] to determine if any charges have been filed in this case. On June 25, 2023, Detective [REDACTED] replied to the question and said that no charges have been filed in this case at this time.

CM to finalize the closing summary.



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: 2023-06-28 18:59:00.0

Contact Method:

Contact Time: 06:59 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/28/2023

Completed date: 06/28/2023

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: 06/28/2023 06:59 PM Entered By: [REDACTED]

Case need to be schedule for next CPIT to be sent 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: 2023-06-27 10:00:00.0

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For: [REDACTED] [REDACTED]

Location: DCS Office

Created Date: 09/11/2023

Completed date: 09/11/2023

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/11/2023 11:55 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] [REDACTED] presented the case to CPIT for the added allegation of Drug Exposed Child. The team agreed to classify the case as Allegation Substantiated, Perpetrator Substantiated against Alleged Perpetrators [REDACTED] [REDACTED] and [REDACTED] [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: 2023-06-03 11:15:00.0 Contact Method:
 Contact Time: 11:15 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/03/2023
 Completed date: 06/03/2023 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

Lowe, Betsy

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2023 11:27 AM Entered By: [REDACTED]

According to the autopsy [REDACTED] [REDACTED] [REDACTED] was a 23-month-old white female who was discovered unresponsive by the babysitter at the babysitters resident on 11.11.2022. EMS was contacted and responded to confirm no heartbeat or breathing.

Pathologic Diagnoses:

Well-developed female child.

Respiratory tract: congested and edematous lungs, bronchopneumonia.

Brain edema.

Toxicology positive for Diphenhydramine (Benadryl), fentanyl, norfentanyl and 4-ANPP.

Cause of death is fentanyl toxicity and Manner of death was accident with circumstances of death as toxic effects of drug.



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: 2023-04-11 11:15:00.0

Contact Method:

Contact Time: 11:15 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/22/2023

Completed date: 06/22/2023

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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/22/2023 02:41 PM Entered By: [REDACTED] [REDACTED]

On 04/11/2023 at 11:15AM, CPSI [REDACTED] presented this case to CPIT.

Team agreed to classify the case against [REDACTED] [REDACTED] as Allegation Substantiated and Perpetrator Substantiated.



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: 2023-03-20 10:15:00.0

Contact Method:

Contact Time: 10:15 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/21/2023

Completed date: 03/21/2023

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: 03/21/2023 12:55 PM Entered By: [REDACTED] [REDACTED]

The autopsy has been received and reviewed. The cause of death is Fentanyl toxicity, the manner of death is by accident and the circumstances of death is toxic effects of drugs.



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: 2023-03-20 10:15:00.0

Contact Method:

Contact Time: 10:15 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/29/2023

Completed date: 03/29/2023

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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/29/2023 10:37 AM Entered By: [REDACTED] [REDACTED]

On 03/20/2023 at 10:15AM, CM [REDACTED] received and reviewed an email from [REDACTED] with the Autopsy attached for [REDACTED] [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: 2023-02-01 11:58:00.0	Contact Method:
Contact Time: 11:58 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 02/01/2023
Completed date: 02/01/2023	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)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/01/2023 12:23 PM Entered By: [REDACTED] [REDACTED]

Ms. [REDACTED], MS , Program Coordinator/Hospital Liaison sent TC [REDACTED] an email with Ms. [REDACTED] medical records from her delivering [REDACTED] The records are uploaded in TFACTS.



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: 2023-01-30 09:10:00.0

Contact Method:

Contact Time: 09:10 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/30/2023

Completed date: 01/30/2023

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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2023 09:37 AM Entered By: [REDACTED] [REDACTED]

Det. [REDACTED] emailed TC [REDACTED] TL [REDACTED] and CM [REDACTED] confirmation that [REDACTED] was pronounced deceased at the residence and later taken to the Medical Examiner's office.



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: 2023-01-25 11:37:00.0

Contact Method:

Contact Time: 11:37 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/25/2023

Completed date: 01/25/2023

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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/25/2023 11:40 AM Entered By: [REDACTED] [REDACTED]

TC [REDACTED] emailed detective [REDACTED] for an update regarding the criminal investigation of [REDACTED] [REDACTED] and for any interviews involving:

Ms. [REDACTED] former legal guardian of [REDACTED] [REDACTED]

Mr. [REDACTED] birth father

Ms. [REDACTED] birth mother

Ms. [REDACTED] other involved adult

Mr. [REDACTED] other involved adult



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: 2023-01-25 11:26:00.0

Contact Method:

Contact Time: 11:26 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 01/25/2023

Completed date: 01/25/2023

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: 01/25/2023 11:28 AM Entered By: [REDACTED] [REDACTED]

This case remains open. The autopsy report is pending. Medical records have been requested for review.



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: 2023-01-25 11:10:00.0

Contact Method:

Contact Time: 11:10 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/25/2023

Completed date: 01/25/2023

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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/25/2023 12:09 PM Entered By: [REDACTED] [REDACTED]

TC [REDACTED] received email from Director of Critical Incident Support (DCIS) Mr. [REDACTED] that [REDACTED] [REDACTED] autopsy is still pending with the Medical Examiner office.



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: 2023-01-24 12:00:00.0

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/25/2023

Completed date: 01/25/2023

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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original

Entry Date/Time: 01/25/2023 11:10 AM

Entered By: [REDACTED] [REDACTED]

CPIT:

This case was reset for CPIT staffing as autopsy as yet to be received.



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: 2022-11-21 11:00:00.0	Contact Method:
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 12/12/2022
Completed date: 12/12/2022	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: 12/12/2022 10:50 AM 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] [REDACTED] CPS Deputy Director (CPSDD) [REDACTED], CPS Director (CPSD) [REDACTED], and Director of Critical Incident Support (DCIS) [REDACTED].

The CPS investigation was assigned on 11/14/22 concerning the death of ACV [REDACTED] [REDACTED] (1yo). It was reported at the time of the incident [REDACTED] was in an IPA/safety placement/legal custody [REDACTED] [REDACTED] aunt] stemming from a previous CPS investigation initiating in March 2022. [REDACTED] was safety placed over concerns of the birth mother [REDACTED] [REDACTED] and birth father [REDACTED] [REDACTED] due to unstable housing/ENN. The parents have no other children.

It was reported [REDACTED] PD and EMS responded to the home of family acquaintances [REDACTED] [REDACTED] and [REDACTED] [REDACTED] following a 911 call. [REDACTED] was determined to be deceased. There were no marks or injuries observed, with unknown cause of death and autopsy results are pending. Ms. [REDACTED] and Mr. [REDACTED] reported [REDACTED] had been staying with them and on the evening of 11/11/22 between midnight at 1am [REDACTED] was moved from the stroller to the couch, and at the time she appeared cold but was breathing. When they woke later that morning at 10am they noted [REDACTED] was cold and deceased. The birth father was present at the home when the incident occurred. The adults in the home were reported to have not presented as impaired or under the influence during first responders contact.

CM has made multiple attempts to contact the family and involved participants which has been unsuccessful to date. Through LE interviews it is believed the legal custodian/aunt placed [REDACTED] in the care of paternal grandmother [REDACTED] [REDACTED] at 5pm on 11/10/22. Later in the evening the grandmother then placed [REDACTED] in the care of Ms. [REDACTED] [REDACTED] had been safety placed with the aunt in March 2022 with full custody awarded to her by the court in October 2022. It was stated in the order that the parents must appear before the court before they would be granted supervised visits. LE reported the individuals [REDACTED] was with at the time of her death are known heroin addicts and there is concern for possible fentanyl exposure.



Tennessee Department of Children's Services
Case Recording Summary

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

Next Steps:

- CM will request current ACVs medical records, including birth and PCP. Records will be reviewed and uploaded to TFACTS.
- CM will complete interviews with the custodial aunt and grandmother regarding timeline leading up to death and decision making for her care, to include grief counseling.
- 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 diligent searches for the birth parents.
- 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: Completed

Contact Date: 2022-11-17 09:00:00.0

Contact Method: Attempted Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/21/2022

Completed date: 11/21/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Good Faith Effort,Initial ACV Face To Face,Parent/Caretaker Interview

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 11/21/2022 10:49 AM Entered By: [REDACTED] [REDACTED]

On 11/17/2022 at approximately 9:00AM, CM [REDACTED] arrived to [REDACTED] TN, [REDACTED] [REDACTED] to attempt a home visit with [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. There was no one home. No one answered the door. CM [REDACTED] left door letter.



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: 2022-11-15 14:00:00.0

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/18/2022

Completed date: 11/18/2022

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 11/18/2022 11:16 AM

Entered By: [REDACTED]

CPIT convened on this date.

DCS follow up

Detective [REDACTED] assigned



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: 2022-11-15 08:32:00.0

Contact Method: Attempted Phone Call

Contact Time: 08:32 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/21/2022

Completed date: 11/21/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview, Good Faith Effort, Initial ACV Face To Face, Parent/Caretaker Interview

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 11/21/2022 10:31 AM Entered By: [REDACTED] [REDACTED]

On 11/15/2022 at approximately 8:32AM, CM [REDACTED] attempted to schedule a home visit via phone call with [REDACTED] [REDACTED] as her number is reported as [REDACTED]. CM [REDACTED] did not receive a response, but left a voicemail. CM [REDACTED] did not receive a call back.



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: 2022-11-15 08:30:00.0

Contact Method: Attempted Face To Face

Contact Time: 08:30 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/21/2022

Completed date: 11/21/2022

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Alleged Perpetrator Interview,Good Faith Effort,Initial ACV Face To Face,Parent/Caretaker Interview

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 11/21/2022 10:18 AM Entered By: [REDACTED] [REDACTED]

On 11/14/2022 at approximately 8:30AM, CM [REDACTED] arrived to [REDACTED] [REDACTED] TN, [REDACTED] [REDACTED], to attempt a home visit with the family. There was no one at home. No one answered the door. CM [REDACTED] left a door letter for the family.

[REDACTED] [REDACTED] does not have to be observed due to work aid #2.

Narrative Type: Addendum 1 Entry Date/Time: 11/21/2022 10:31 AM Entered By: [REDACTED] [REDACTED]

Location Type: Family 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: 2022-11-14 08:34:00.0	Contact Method:
Contact Time: 08:34 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/06/2023
Completed date: 07/06/2023	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Case Summary	
Contact Sub Type: Opening	

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/06/2023 03:02 PM Entered By: [REDACTED]
 CM [REDACTED] was assigned investigation # [REDACTED] on 11/14/2022 at 8:34am with the allegation of abuse death.

The referral states: [REDACTED] Police Department responded to [REDACTED] and [REDACTED] home regarding a caller stating that a 2-year-old female was deceased. Upon arrival, EMS confirmed that [REDACTED] was deceased on 11/11/2022.

This family does have TFACTS history. The last closed case is # [REDACTED]

Background: The mother, Ms. [REDACTED] does have a criminal background. She was last arrested on 09/30/2022 for aggravated assault with a deadly weapon. The AP [REDACTED] does have a criminal background. He was last arrested on 06/28/2022 for criminal trespassing. The other AP [REDACTED] does have a criminal background. She was last arrested on 02/10/2020 for simple possession or casual exchange.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court according to local protocol.



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: 2022-11-11 22:27:00.0

Contact Method:

Contact Time: 10:27 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/21/2022

Completed date: 11/21/2022

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]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/21/2022 10:44 AM Entered By: [REDACTED] [REDACTED]

On 11/11/2022 at approximately 10:27PM, CM [REDACTED] emailed the case summary to leadership.



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: 2022-11-11 19:00:00.0

Contact Method: Face To Face

Contact Time: 07:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 11/21/2022

Completed date: 11/21/2022

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

Narrative Details

Narrative Type: Original Entry Date/Time: 11/21/2022 10:37 AM Entered By: [REDACTED] [REDACTED]

On 11/11/2022 at approximately 6:59PM, CM [REDACTED] received a death case involving the child [REDACTED] [REDACTED]

Due to work aid #2, [REDACTED] [REDACTED] does not have to be observed.



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/11/2022

Assignment Date: 11/18/2022

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 Classified Date
							CSEM	
1	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 10/24/2023
2	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 10/22/2023
3	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 07/12/2023
4	[REDACTED]	[REDACTED]	Drug Exposed Child	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 07/12/2023

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is classification of Allegation Substantiated, Perpetrator Substantiated regarding the allegations of Abuse Death and Drug Exposed Child (Severe) regarding ACV [REDACTED] against AP [REDACTED] and [REDACTED]

D. Case Workers

Case Worker: [REDACTED]

Date: 10/24/2023

Team Leader: [REDACTED]

Date: 10/24/2023

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 is deceased.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

Autopsy received and reviewed on 03/20/2023. Reason of Death is listed as Fentanyl Toxicity.

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

The drug residue was tested and came back for the following drugs: Fentanyl, marijuana and methamphetamines. Detective [REDACTED] and CPS staff discussed the alleged perpetrators. Initially the case identified [REDACTED] [REDACTED] as the AP, however he was not in the home when the incident occurred. It was agreed that the alleged perpetrators should be [REDACTED] [REDACTED] and [REDACTED] [REDACTED] for allegations of Abuse Death and Drug Exposed Child (Severe). Law Enforcement has not been able to locate the APs in this case since the initial referral.

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

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

None.

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: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]
OVERVIEW	
Safety Level: Immediate Intervention Recommended	Assessed at Location: In the Home
Risk Level: High Need/Risk	
Event Start Date: 02/15/2024	Last Assessed Date:
Assessment Status: Approved	Assessor: [REDACTED]
Date Approved: 03/29/2023	Approver: [REDACTED]

PARTICIPANTS						
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] (AP)	45 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A
[REDACTED] Lee	25 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] DUPLICATE	19 Yrs	Caregiver	F	[REDACTED]	N/A	N/A
[REDACTED] DUPLICATE	25 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] (AP)	35 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] (ACV)	Deceased	Youth	F	[REDACTED]	3	Low

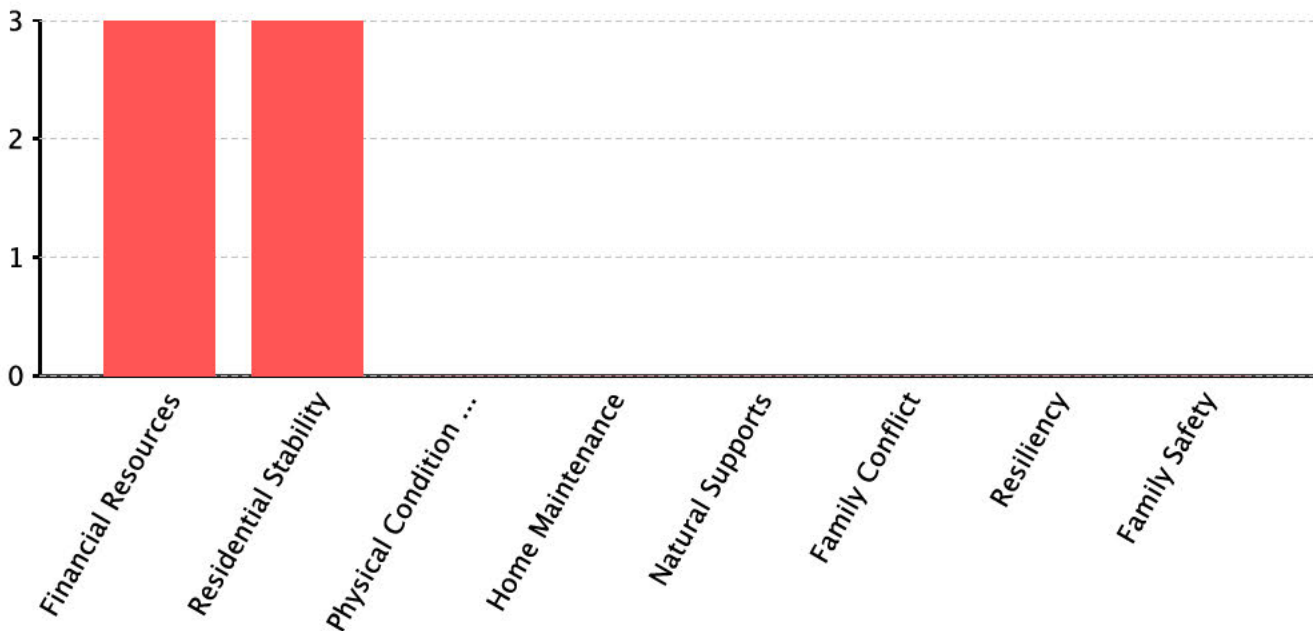


Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 11/14/2022
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	3	There are concerns of financial hardship due to [REDACTED] being homeless and [REDACTED] being incarcerated at the time. It has also been reported, "It is believed that the apartment complex that [REDACTED] and [REDACTED] live at is some sort of drug rehab facility thus it is not believed that [REDACTED] was supposed to be staying there."
Residential Stability	3	It has been reported, [REDACTED] is homeless and resides at [REDACTED] Rescue Mission. [REDACTED] the mother of [REDACTED] it reportedly incarcerated. It has also been reported, "It is believed that the apartment complex that [REDACTED] and [REDACTED] live at is some sort of drug rehab facility thus it is not believed that [REDACTED] was supposed to be staying there."
Physical Condition of Home	0	No concerns.
Home Maintenance	0	No concerns.
Natural Supports	0	No concerns.
Family Conflict	0	No concerns.
Resiliency	0	No concerns.



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

Family Safety	0	No concerns.
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Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

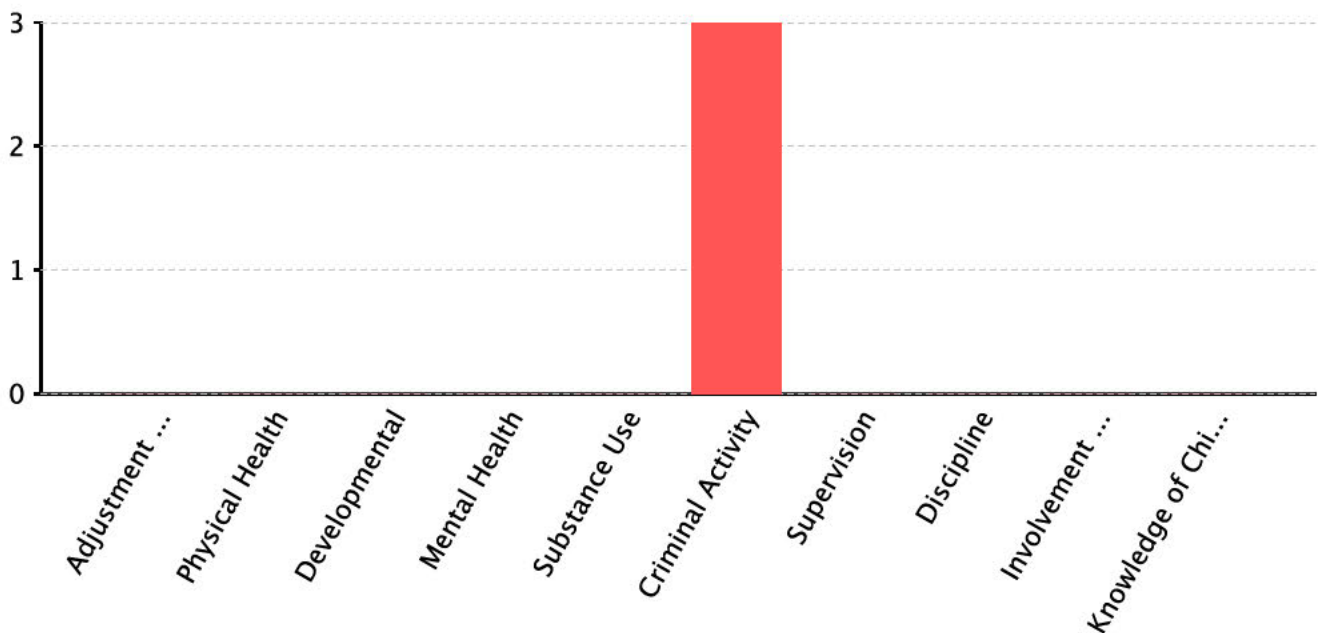
CAREGIVERS

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] DUPLICATE

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	No concerns.
Physical Health	0	No concerns.
Developmental	0	No concerns.
Mental Health	0	No concerns.
Substance Use	0	No concerns.
Criminal Activity	3	[REDACTED] has a positive criminal record with 3 cases open as of year 2022, and is currently incarcerated.
Supervision	0	No concerns.
Discipline	0	No concerns.
Involvement in Caregiving Functions	0	No concerns.
Knowledge of Child and Family Needs	0	No concerns.



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

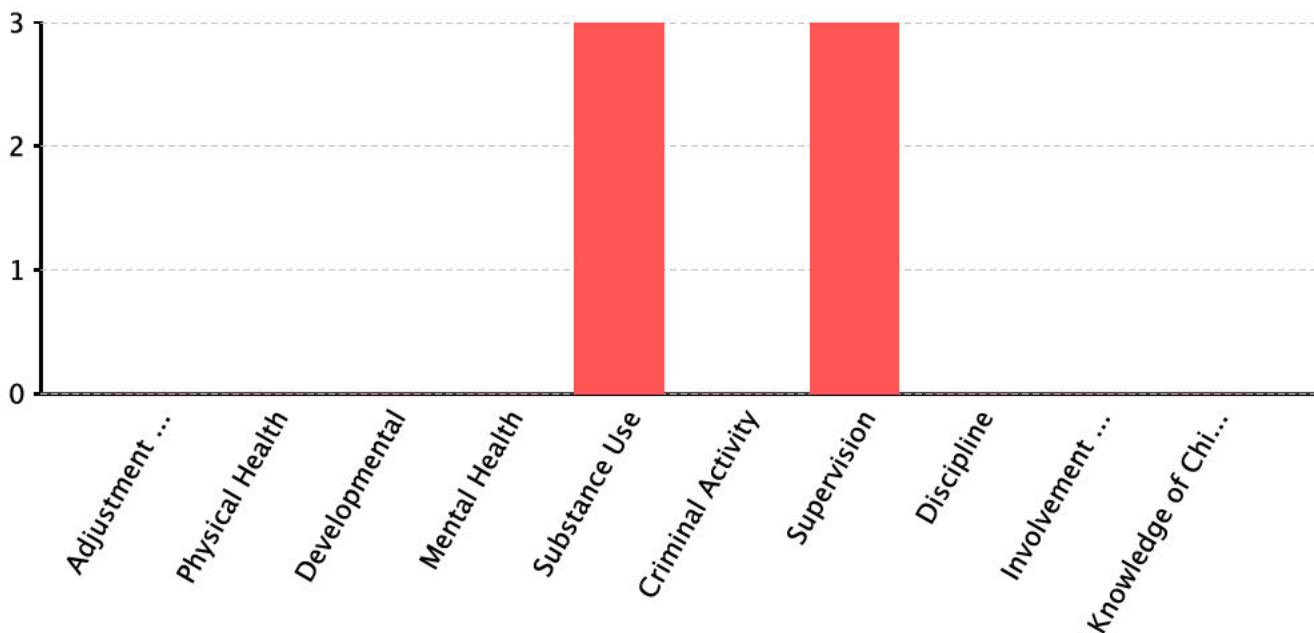
CAREGIVERS

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED]

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	No concerns.
Physical Health	0	No concerns.
Developmental	0	No concerns.
Mental Health	0	No concerns.
Substance Use	3	Referral received with an allegation of Abuse Death. It has been reported, "The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying..." Autopsy reported the cause of death: Fentanyl Toxicity



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

Criminal Activity	0	No concerns.
Supervision	3	<p>Referral received with an allegation of Abuse Death. It has been reported, "The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying..."</p> <p>Autopsy reported the cause of death: Fentanyl Toxicity</p>
Discipline	0	No concerns.
Involvement in Caregiving Functions	0	No concerns.
Knowledge of Child and Family Needs	0	No concerns.



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

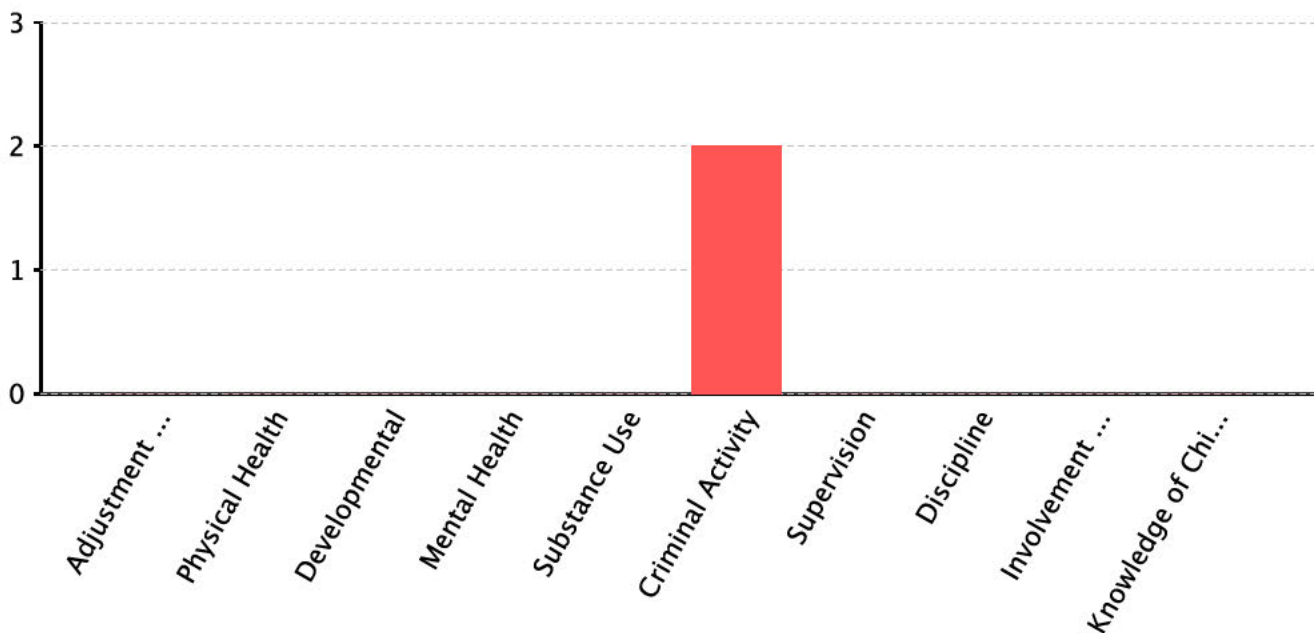
CAREGIVERS

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] [REDACTED]

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	No concerns.
Physical Health	0	No concerns.
Developmental	0	No concerns.
Mental Health	0	No concerns.
Substance Use	0	No concerns.
Criminal Activity	2	[REDACTED] has a positive criminal record; all cases are closed. Two priors are from the year of 2022.
Supervision	0	No concerns.
Discipline	0	No concerns.
Involvement in Caregiving Functions	0	No concerns.
Knowledge of Child and Family Needs	0	No concerns.



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

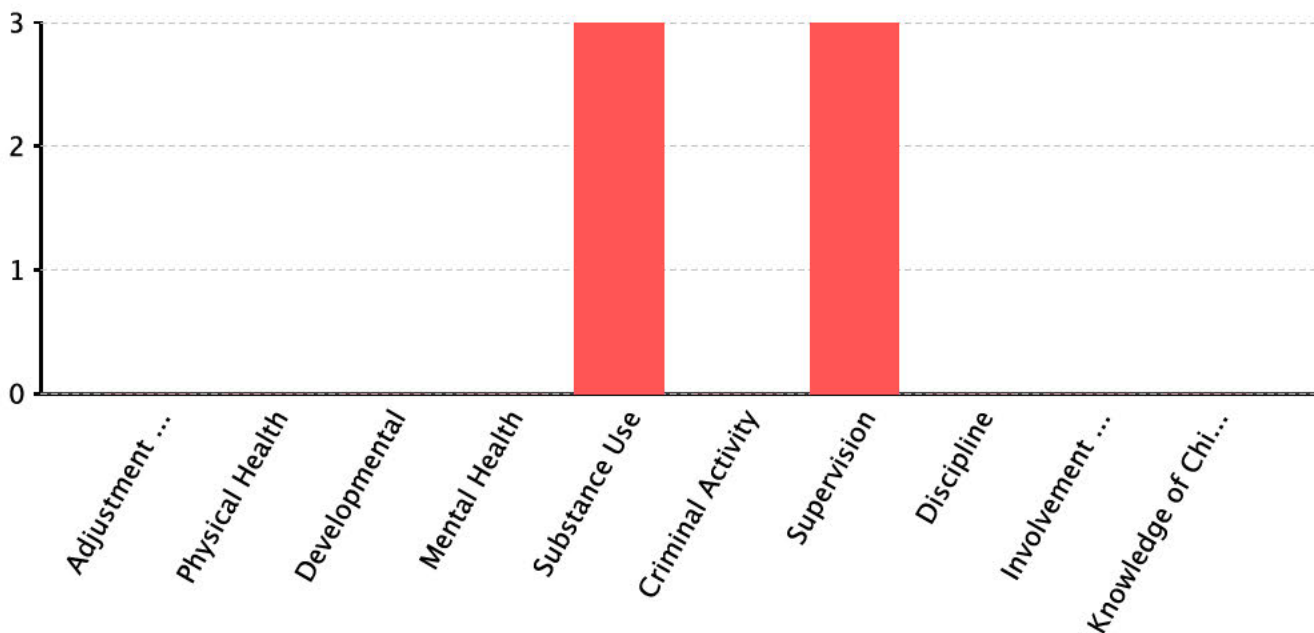
CAREGIVERS

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	0	No concerns.
Physical Health	0	No concerns.
Developmental	0	No concerns.
Mental Health	0	No concerns.
Substance Use	3	Referral received with an allegation of Abuse Death. It has been reported, "The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying..." Autopsy reported the cause of death: Fentanyl Toxicity



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

Criminal Activity	0	No concerns.
Supervision	3	<p>Referral received with an allegation of Abuse Death. It has been reported, "The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying..."</p> <p>Autopsy reported the cause of death: Fentanyl Toxicity</p>
Discipline	0	No concerns.
Involvement in Caregiving Functions	0	No concerns.
Knowledge of Child and Family Needs	0	No concerns.



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

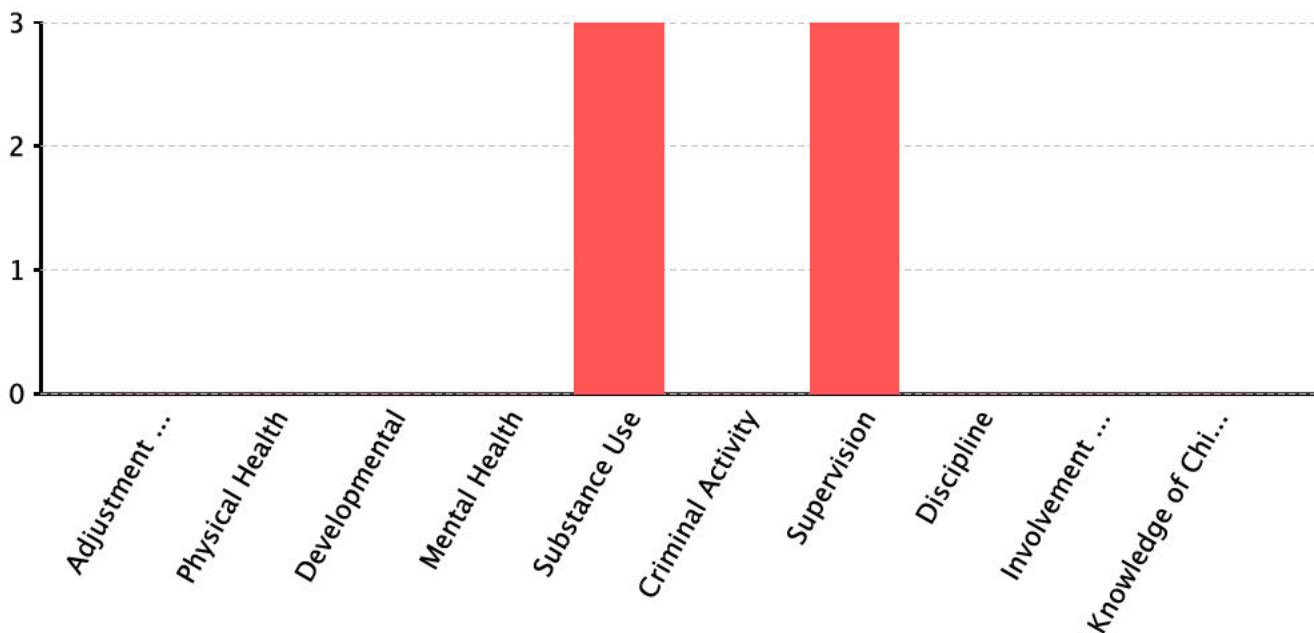
CAREGIVERS

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] DUPLICATE

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	No concerns.
Physical Health	0	No concerns.
Developmental	0	No concerns.
Mental Health	0	No concerns.
Substance Use	3	Referral received with an allegation of Abuse Death. It has been reported, "The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying..." Autopsy reported the cause of death: Fentanyl Toxicity



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

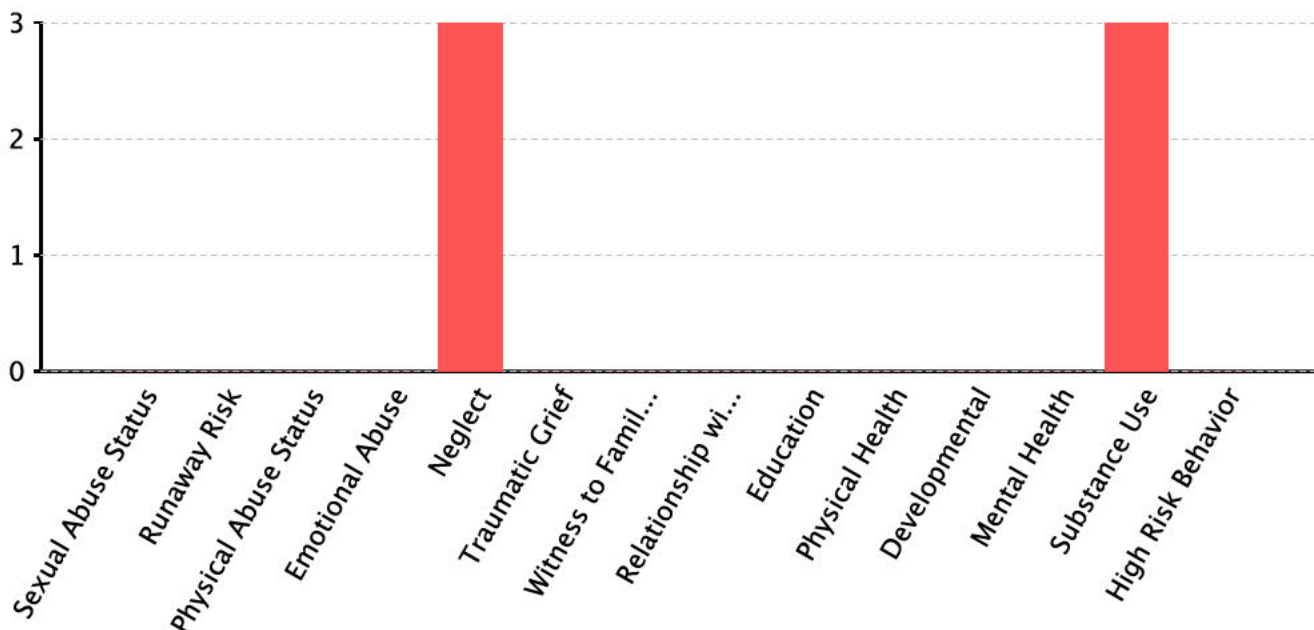
Criminal Activity	0	No concerns.
Supervision	3	<p>Referral received with an allegation of Abuse Death. It has been reported, "The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying..."</p> <p>Autopsy reported the cause of death: Fentanyl Toxicity</p>
Discipline	0	No concerns.
Involvement in Caregiving Functions	0	No concerns.
Knowledge of Child and Family Needs	0	No concerns.



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

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



Item	Score	Justification/Narrative
Sexual Abuse Status	0	No concerns.
Runaway Risk	0	No concerns.
Physical Abuse Status	0	No concerns.
Emotional Abuse	0	No concerns.
Neglect	3	Referral received with an allegation of Abuse Death. It has been reported, "The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying...."
Traumatic Grief	0	No concerns.



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

Event Type: CPS Case	Assessment Date: 11/14/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

Witness to Family, School or Community Violence	0	No concerns.
Relationship with Primary Caregiver	0	No concerns.
Education	0	No concerns.
Physical Health	0	No concerns.
Developmental	0	No concerns.
Mental Health	0	No concerns.
Substance Use	3	<p>Referral received with an allegation of Abuse Death. It has been reported, "The cause of [REDACTED] death is unknown. [REDACTED] and [REDACTED] reported that [REDACTED] had been staying with them. [REDACTED] reported that on 11/11/2022 between midnight and 1am she had moved [REDACTED] from the stroller to a couch; [REDACTED] reported that at that time [REDACTED] appeared cold but was still breathing so she thought [REDACTED] was just cold from being uncovered by a blanket. When [REDACTED] and [REDACTED] woke up at about 10:00 AM, they noticed that [REDACTED] was cold and realized that [REDACTED] was deceased. [REDACTED] was at the home when the incident occurred; he was hysterical and crying..."</p> <p>Autopsy reported the cause of death: Fentanyl Toxicity</p>
High Risk Behavior	0	No concerns.