



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 05/14/2023 04:59 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 05/15/2023

Investigation

Investigation ID: [REDACTED]
First County/Region Assigned: [REDACTED]
Date/Time Assigned : 05/15/2023 09:03 AM
First Team Leader Assigned: [REDACTED] [REDACTED] Date/Time Assigned : 05/15/2023 12:00 AM
First Case Manager Assigned: [REDACTED] [REDACTED] Date/Time Assigned : 05/15/2023 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[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:

Narrative: NON CUSTODIAL CHILD DEATH

Family Case IDs: [REDACTED]
Associated Case IDs: None

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

Pending: No
Awaiting Screening: No
Submitted: No

Open CPS: None

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

Substantiated: None
Death: No
Screen Outs: No

History (not listed above): No or if yes,

Track ASMT / Case # [REDACTED] /DEC/ Services Recommended and No Services Needed/ 2-22-21
Track ASMT / Case # [REDACTED] /LOS, NUN, ENN/ Services Recommended/6-12-21
Track ASMT / Case # [REDACTED] /DEC/ Services Recommended, Unable to Complete/1-29-21
Track INV/Case # [REDACTED] /PHA/AUPU/7-17-2017
Resource Linkage/Case # [REDACTED] /12-20-2011
Track ASMT / Case # [REDACTED] /ABN/No Services Needed/4-19-2011
Track ASMT / Case # [REDACTED] /ABN/ No Services Needed/4-19-2011
Track INV/Case # [REDACTED] /ABN/AUPU/1-31-2011

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

Reporter's name/relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (9) and her brother, [REDACTED] (7) live with their mother, [REDACTED] (35) in [REDACTED] County. There are 3 or 4 other children in the home at the time of the incident but their information is unknown. It is unknown if the children are related. [REDACTED] (53) is [REDACTED] paramour, and he was visiting at the time of the incident.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?

The officer is requesting immediate assistance to the home location of [REDACTED], [REDACTED] TN [REDACTED]

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

Today, 5.14.23, [REDACTED] found [REDACTED] gun inside his car. [REDACTED] accidentally discharged the weapon toward his sister and shot her in the neck. The gun is a Taurus 9mm. The fire department arrived on the scene and worked on [REDACTED] while en route to [REDACTED] Children's Hospital. [REDACTED] was pronounced deceased at 15:41 hrs. by Dr. [REDACTED]. There are 3-4 more children at the home. Their information is unknown at this time. The children were all outside playing when the incident occurred. It is unknown who witnessed the incident. [REDACTED] and [REDACTED] were inside the house at the time of the accident. [REDACTED] stated he had just gone inside to use the bathroom. [REDACTED] is currently at home with [REDACTED] the other children, and some family members whose names are unknown. [REDACTED] is downtown speaking with investigators. No one went to the hospital with [REDACTED]. This incident occurred in [REDACTED] County and [REDACTED] has custody of [REDACTED] and [REDACTED]. The birth father is not believed to be involved at all. Abuse or Neglect is not suspected and the incident is being considered an accident at this time but the investigation is ongoing. It is unknown if law enforcement will make an arrest because there are still investigators on the scene. There are 3 or 4 other children in the home but their information is unknown at this time. The home appears to be decent with no obvious safety hazards. The police officer stated they have not responded to this home previously. There are no issues with domestic violence, drug/alcohol use or mental illness. There is no risk of harm to the other children in the home at this time.

Police Report # [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: [REDACTED]-Precinct; [REDACTED]-Officer [REDACTED] Cell



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

Screener Notation: None

Emailed/Paged CPSI On Call:

Recipients	Time Issued	Response Received	Devices	Responses	
[REDACTED]	05-14-23 05:59:54 PM	[REDACTED]	05-14-23 06:01:23 PM	[REDACTED]	+ Received

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

[REDACTED]
Region RA [REDACTED]

Per SDM: Investigation, P1. [REDACTED] County was emailed notification that this intake is being Submitted. Notification was received by [REDACTED], [REDACTED], and [REDACTED]. [REDACTED], TL on 5-15-23 @ 8:48 am



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 54 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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 36 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]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 8 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:

Race:

Age: Deceased

Address: [REDACTED] Tennessee [REDACTED]

Deceased Date: 05/14/2023

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED] mother

Contact Type: CELL

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: 2024-04-22 03:20:00	Contact Method:
Contact Time: 03:20 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/22/2024
Completed date: 04/22/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): 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: 04/22/2024 03:21 AM Entered By: [REDACTED] [REDACTED]
Date: 04-22-24

Administrative Review for Case Closure

This investigation was submitted to Team Leader (TL) [REDACTED] [REDACTED] for review for case closure. The Alleged Child Victim (ACV) is [REDACTED] [REDACTED] (9 at time of incident). Allegations are Abuse Death (ABD) and the allegation of Lack of Supervision (LOS) was added to the investigation. The Alleged Perpetrator's are [REDACTED] [REDACTED] (friend of the mother), and Unknown Participant. ACV [REDACTED] lived with her mother [REDACTED] [REDACTED] and siblings [REDACTED] [REDACTED] (9), [REDACTED] [REDACTED] (12), and [REDACTED] [REDACTED] (15). The allegations of ABD & LOS were investigated by Child Protective Service Case Manager (CPS CM), [REDACTED] [REDACTED]

Sibling [REDACTED] participated in a Forensic Interview at the [REDACTED] Child Advocacy on 05-15-23. Sibling [REDACTED] did not make a disclosure of shooting ACV [REDACTED]. Sibling [REDACTED] made up a story about ACV [REDACTED] arguing with friends and one of the friends said they were going to get a gun.

Sibling [REDACTED] was interviewed and reported she was taking her little cousin in the house because she had fallen asleep. As she was exiting the car she heard a shot. Sibling [REDACTED] disclosed her brother [REDACTED] shot her sister [REDACTED]

Sibling [REDACTED] was interviewed and disclosed he was home at the time of the incident. Sibling [REDACTED] could not provide information about the shooting.

Ms. [REDACTED] was interviewed and reported on the day her son, [REDACTED] shot her daughter [REDACTED]. The family had returned from dinner for Mother's Day. [REDACTED] & ACV [REDACTED] were in the vehicle and the rest of the family went into the house. The mother advised [REDACTED] got her friend's gun (Mr. [REDACTED] [REDACTED] out of the glove compartment of Mr. [REDACTED] vehicle. Ms. [REDACTED] reported on the day of incident the family was inside the home with the exception of [REDACTED] and ACV [REDACTED]. Ms. [REDACTED] heard a shot, ran outside and saw her daughter slumped over in the car. Ms. [REDACTED] communicated she didn't know there was a gun in the car, and didn't know Mr. [REDACTED] had a gun. The mother also reported

Tennessee Department of Children's Services
Case Recording Summary

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

she has never seen Mr. ██████████ with a gun. The mother stated she does not own a gun and there are no guns in the home.

Mr. ██████████ was interviewed and reported on the day of incident he was inside the home and heard a shot. The family had returned from dinner at Applebee's. Mr. ██████████ ran outside and saw ACV ██████████ slumped over and vomiting. Mr. ██████████ placed ACV ██████████ on the ground and applied pressure to her neck. A neighbor told Mr. ██████████ that Sibling ██████████ shot ACV ██████████ and ran from the car. Mr. ██████████ admitted the gun was in the glove compartment and the gun belonged to him.

The 911 dispatch was contacted, Emergency Medical Services (EMS) and ██████████ Police Department made the scene. ACV ██████████ was transported to ██████████ Children's Hospital Emergency Department. After all life saving measures were exhausted ACV ██████████ ██████████ and was pronounced deceased on 05-14-23 at 03:41 pm.

The allegation of ABD is classified as Allegation Unsubstantiated Perpetrator Unsubstantiated (AUPU). The allegation of LOS is classified as Allegation Substantiated Perpetrator Substantiated (ASPS). Mr. ██████████ was criminally charged with Criminally Negligent Homicide, Aggravated Child Abuse, and Convicted Felon in the Possession of a Handgun. Case was presented to the Child Protective Investigative Team (CPIT) for disposition on 10-27-23. All CPIT Partners agreed with the classification decisions. An autopsy was completed on 05-15-23, by the ██████████ Regional Forensic Center. The Cause of Death is Gunshot Wound to the Neck and the Manner of Death is Homicide. The ACV ██████████ ██████████ was accidentally shot by her sibling ██████████ ██████████ on 05-14-23.

A closing FAST was completed resulting in Immediate Intervention Not Recommended/No Need Risk. The family received grief counseling from ██████████. The family is continuing to process their grief and is moving forward. All family members seem to be doing fairly well. All of the remaining siblings are in good physical health and medical needs are met through the ██████████ Health Center. There are currently no additional concerns for the family. The home environment is safe, and there are no firearms in the home. The 740 has been completed, uploaded in TFACTS, and will be forwarded to Juvenile Court Judge and District Attorney for classification. All investigative tasks are complete.

TL ██████████ has reviewed the case file and is approving the investigation 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: 2024-04-18 00:54:00	Contact Method:
Contact Time: 12:54 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/18/2024
Completed date: 04/18/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type: Closing	

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

Narrative Type: Original Entry Date/Time: 04/18/2024 12:56 AM Entered By: [REDACTED] [REDACTED]

The Department of Childrens Services (DCS) received a referral on May 14, 2023, for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED]. The Alleged Perpetrator (AP) was listed as unknown. [REDACTED] passed away due to the injuries she received from the initial referral. The allegation of Lack of Supervision was added, and the Alleged Perpetrator is listed as [REDACTED] [REDACTED]. This investigation was assigned to Child Protective Services Case Manager (CM) [REDACTED] [REDACTED] by Team Leader (TL) [REDACTED] [REDACTED]. This case was worked in conjunction with [REDACTED] Police Department.

[REDACTED] (9) lived at home with her birth mother, Ms. [REDACTED] [REDACTED]. Also in the home are siblings; [REDACTED] (7), [REDACTED] (11) and [REDACTED] (14).

After speaking with the family, it was disclosed that on May 14, 2023, the family returned home after dinner. [REDACTED] and [REDACTED] were reportedly outside playing in the mothers boyfriends ([REDACTED] [REDACTED]) vehicle. It is reported that [REDACTED] was in the front seat of the vehicle when she was shot in the neck by her brother, [REDACTED] [REDACTED]. Neighbors reported witnessing seeing [REDACTED] exit the car after hearing what was described as a pop. No other family members were present in the car or witnessed the incident. Ms. [REDACTED] and Mr. [REDACTED] were both inside of the home at the time. [REDACTED] was transported to the hospital where life saving measure were exhausted and she was pronounced deceased. Ms. [REDACTED] and the remaining children denied having knowledge of a firearm in the home or vehicle. Mr. [REDACTED] admitted to purchasing the firearm and keeping the firearm loaded in the glove compartment box of his vehicle.

A forensic interview was completed with [REDACTED] in which he denied being outside at the time of the incident. Based on other witness statements of him exiting the car following the pop sound, it is believed he was being untruthful or in denial regarding the incident. Grief counseling was discussed with the family and accepted. Mr. [REDACTED] [REDACTED] was charged with criminally negligent homicide, aggravated child abuse, and being a convicted felon in possession of a handgun.

On May 15, 2023, an autopsy was completed on [REDACTED] [REDACTED] by Dr. [REDACTED] [REDACTED] at the [REDACTED] Regional Forensic Center, [REDACTED] TN. The autopsy stated, This 9-year-old girl that was struck by gunfire inside of a vehicle and was transported to the hospital where death was pronounced. Autopsy had findings of a gunshot wound of the neck that

Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

caused death. The manner of death is homicide.

CM [REDACTED] [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT) on October 27, 2023. The team was in agreement that there was not a preponderance to support the allegation of Abuse Death. The allegation of Lack of Supervision was added, and the team was in agreement that there was a preponderance to support the allegation listing [REDACTED] [REDACTED] as the alleged perpetrator.

Per DCS Policy 14, Work Aid 1, Section G:

Child Death is defined as:

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.

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 childs level of maturity, physical ability, and/or mental ability; or
- b) Caregiver inadequately supervises a child. 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

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: 2024-04-18 00:42:00 Contact Method:
Contact Time: 12:42 AM Contact Duration:
Entered By: [REDACTED] [REDACTED] Recorded For:
Location: DCS Office Created Date: 04/18/2024
Completed date: 04/18/2024 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: 04/18/2024 12:43 AM Entered By: [REDACTED] [REDACTED]

Household composition:

[REDACTED] IN
[REDACTED] Birth Mother, DOB [REDACTED]
[REDACTED] Brother, DOB [REDACTED]
[REDACTED] Sister, DOB [REDACTED]
[REDACTED] Brother, DOB [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: 2024-04-18 00:36:00	Contact Method:
Contact Time: 12:36 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/18/2024
Completed date: 04/18/2024	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: 04/18/2024 12:36 AM Entered By: [REDACTED] [REDACTED]

The following records were checked on each adult in the household: Meth Offender Registry, Abuse Registry, Felony Offender Registry, and the National Sex Offender Registry. Background checks were requested per local policy. All records checks had 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: 2024-04-15 11:00:00	Contact Method: Phone Call
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/19/2024
Completed date: 04/19/2024	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: 04/19/2024 09:27 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] conducted a follow up call with Ms. [REDACTED]. She stated that she is doing well when asked. She reported that the children are also doing well. She was informed that the case was approved for closure. Ms. [REDACTED] was glad the case is closing and she reported that she is attempting to move forward with her life and the follow ups about the death of her child is painful. She stated that she did not need any other services from the department. CPSI [REDACTED] thanked her for 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: 2024-03-26 14:00:00	Contact Method:
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/26/2024
Completed date: 03/26/2024	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: 03/26/2024 02:00 PM Entered By: [REDACTED] [REDACTED]

TC [REDACTED] received an email notification from Director, [REDACTED] March 22, 2024 indicating that summary had been reviewed and was being sent to Executive Director [REDACTED] for final approval off TFACTS. Summary is pending final approval.

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: 2024-02-07 10:00:00	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/19/2024
Completed date: 04/19/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): 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: 04/19/2024 03:50 PM Entered By: [REDACTED] [REDACTED]
Date: 02-07-24

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. The ACV is [REDACTED] [REDACTED] (9), and the AP is Unknown. Case awaiting approval of Death Summary by OCS Director. Cause and Manner of death is Gunshot Wound to the Neck. Investigation will remain open.

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: 2024-01-08 09:00:00	Contact Method:
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/19/2024
Completed date: 04/19/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): 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: 04/19/2024 03:31 PM Entered By: [REDACTED] [REDACTED]
Date: 01-08-24

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. The ACV is [REDACTED] [REDACTED] (9), and the AP is Unknown. ACV was accidentally shot by sibling, [REDACTED] [REDACTED] on 05-14-23. Case awaiting approval of Death Summary by OSC Director. Investigation will remain open.

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: 2023-12-08 12:50:00	Contact Method:
Contact Time: 12:50 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 12/08/2023
Completed date: 12/08/2023	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: 12/08/2023 12:52 PM Entered By: [REDACTED] [REDACTED]

TC [REDACTED] reviewed closing summary on December 8, 2023. Summary will need to be reviewed by Upper Management prior to investigation being closed off TFACTS. Investigation will remain open pending approval of closing summary. Once approval is received, investigation will be closed off 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: 2023-11-09 09:00:00	Contact Method:
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/22/2024
Completed date: 04/22/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): 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: 04/22/2024 03:13 AM Entered By: [REDACTED] [REDACTED]
Date: 11-09-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. The ACV is [REDACTED] [REDACTED] (9), and the AP is Unknown. ACV was accidentally shot by sibling, [REDACTED] [REDACTED] on 05-14-23. Investigation remains open pending completion of investigative task.

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: 2023-10-27 09:00:00	Contact Method: Video Conference
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 11/07/2023
Completed date: 11/07/2023	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: 11/07/2023 03:10 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT) on October 27, 2023. The team was in agreement that there was not a preponderance to support the allegation of Abuse Death. The allegation of Lack of Supervision was added and the team was in agreement that there was a preponderance to support the allegation.

Attending ADA is Alyisia Henning.

Narrative Type: Created In Error Entry Date/Time: 04/19/2024 04:00 PM Entered By: [REDACTED] [REDACTED]

Wrong contact place

**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:	2023-10-27 09:00:00	Contact Method:	Video Conference
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	04/19/2024
Completed date:	04/19/2024	Completed By:	██████████ ██████████
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: 04/19/2024 04:02 PM Entered By: ██████████ ██████████

CM ██████████ ██████████ presented this case to the ██████████ County Child Protective Investigative Team (CPIT) on October 27, 2023. The team was in agreement that there was not a preponderance to support the allegation of Abuse Death. The allegation of Lack of Supervision was added and the team was in agreement that there was a preponderance to support the allegation.

Attending ADA is ██████████ .

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: 2023-10-16 07:48:00	Contact Method:
Contact Time: 07:48 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/16/2023
Completed date: 10/16/2023	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: 10/16/2023 05:58 PM Entered By: [REDACTED] [REDACTED]

Investigation remains open due to closing summary needing to be reviewed and approved. TC [REDACTED] sent an email to the assigned investigator requesting that the summary be submitted to TC [REDACTED] for review by October 31, 2023. Assigned worker received autopsy October 4, 2023 @ 11:20 a.m.

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: 2023-10-09 14:30:00	Contact Method: Face To Face
Contact Time: 02:30 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/10/2023
Completed date: 10/10/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation,Sibling Interview/Observation	
Contact Sub Type:	

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 10/10/2023 02:37 PM Entered By: [REDACTED] [REDACTED]

Ms. [REDACTED] reported that she was leaving for work but she did give CPSI [REDACTED] permission to speak with the children. [REDACTED] was observed to be sleeping. Ms. [REDACTED] woke [REDACTED] up. CPSI [REDACTED] spoke briefly with [REDACTED] in the living room. He reported that he was doing well when asked. He reported that school was good. He was observed falling asleep. Ms. [REDACTED] walked in and stated that he stays up late on the weekend and sleeps late. The children are out of school for the week due to Fall Break.

He was observed to be clean and groomed properly. He did not have any visible marks or bruises.

CPSI [REDACTED] spoke with [REDACTED] [REDACTED] in the living room. She stated that everything had been going well at home and at school. She reported that she attends [REDACTED] High School. She stated that she is still going to therapy however she does not know her therapist name. She reported that she goes maybe once a month. She reported that she was skeptical about talking to a stranger however her therapist keeps her calm and allows her to open up. She reported that she had no additional concerns or questions for CPSI [REDACTED]

She was observed to be clean and groomed properly. She did not have any visible marks or bruises.

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: 2023-10-09 14:00:00	Contact Method: Face To Face
Contact Time: 02:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/10/2023
Completed date: 10/10/2023	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: 10/10/2023 02:35 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] completed a follow up home visit with Ms. [REDACTED]. Ms. [REDACTED] reported that she was getting ready for work. She reported that she still works for [REDACTED]. She reported that the children were all inside of the house except for [REDACTED]. She reported that he was gone with a friend. The children are on fall break and are home for the week.

Ms. [REDACTED] stated that the family still attends counseling with [REDACTED] and it has helped. She reported that [REDACTED] loves going.

CPSI [REDACTED] spoke with the maternal Grandmother, Ms. [REDACTED] [REDACTED]. She was sitting outside of the home. She reported that she will be home with the kids while Ms. [REDACTED] works. Ms. [REDACTED] reported that she had just gotten off work. Ms. [REDACTED] has been a support person for her daughter, Ms. [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: 2023-10-04 11:20:00	Contact Method:
Contact Time: 11:20 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/05/2023
Completed date: 10/05/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/05/2023 01:21 AM Entered By: [REDACTED] [REDACTED]
 Date: 10-04-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. The ACV is [REDACTED] [REDACTED] (9), and the AP is Unknown. ACV was accidentally shot by sibling, [REDACTED] [REDACTED] on 05-14-23. The weapon belonged to the mother's paramour, [REDACTED] [REDACTED]. The Department received the autopsy on ACV [REDACTED]. The summary and interpretation of the autopsy results states: 9 year old girl that was struck by gunfire inside of a vehicle and was transported to the hospital where death was pronounced. Autopsy had findings of a gunshot wound of the neck that caused death. The manner of death is determined to be by homicide. No criminal charges have been filed against Mr. [REDACTED] at this time. CPSI [REDACTED] will follow-up with Law Enforcement for and update, request medical records regarding the incident, follow-up with the family regarding grief counseling, staff case with the Child Protective Service Investigative Team (CPIT), and complete closing summary for approval.

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: 2023-10-04 11:00:00	Contact Method:
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/10/2023
Completed date: 10/10/2023	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: 10/10/2023 02:57 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received the autopsy for [REDACTED] [REDACTED] on 10/04/23. The autopsy stated that a 9 year old girl was struck by gunfire inside of a vehicle and was transported to the hospital where death was pronounced. Autopsy had findings of a gunshot wound of the neck that caused death. The manner of death is determined to be by homicide.

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: 2023-09-20 10:00:00	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/05/2023
Completed date: 10/05/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/05/2023 01:41 AM Entered By: [REDACTED] [REDACTED]
Date: 09-20-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. The ACV is [REDACTED] [REDACTED] (9), and the AP is Unknown. The autopsy is pending and will be uploaded in TFACTS when received. Sibling [REDACTED] found a gun which belonged to the mother's paramour [REDACTED] [REDACTED] accidentally discharged the gun toward ACV [REDACTED] shooting her in the neck. ACV was transported to [REDACTED] Children's Hospital on 05-14-23 where she was pronounced deceased. CPSI will update case recordings to reflect contact with family/parents/siblings/collateral contacts, discussion regarding grief counseling, request medical records (upload once received), follow-up with Law Enforcement regarding investigation, Upload autopsy once received, present to Child Protective Investigation Team (CPIT) for disposition, complete closing FAST, complete detailed summary for approval of case 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: 2023-08-20 10:00:00	Contact Method:
Contact Time: 10:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/05/2023
Completed date: 10/05/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/05/2023 01:39 AM Entered By: [REDACTED] [REDACTED]
Date: 08-20-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. The ACV is [REDACTED] [REDACTED] (9), and the AP is Unknown. The autopsy is pending and will be uploaded in TFACTS when received. Sibling [REDACTED] found a gun which belonged to the mother's paramour [REDACTED] [REDACTED] [REDACTED] accidentally discharged the gun toward ACV [REDACTED] shooting her in the neck. ACV was transported to [REDACTED] Children's Hospital on 05-14-23 where she was pronounced deceased. CPSI will update case recordings to reflect contact with family/parents/siblings/collateral contacts, discussion regarding grief counseling, request medical records, interview siblings, follow-up with Law Enforcement regarding investigation, present to Child Protective Investigation Team for disposition, complete closing FAST, complete detailed summary for approval of case 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: 2023-07-20 15:45:00	Contact Method:
Contact Time: 03:45 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 07/21/2023
Completed date: 07/21/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 07/21/2023 03:15 AM Entered By: [REDACTED] [REDACTED]
 Date: 07-20-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. The ACV is [REDACTED] [REDACTED] (02-10-14), and the AP is Unknown. The autopsy is pending and will be uploaded in TFACTS when received. Sibling [REDACTED] found a gun which belonged to the mother paramour. [REDACTED] accidentally discharged the gun toward ACV [REDACTED] shooting her in the neck. ACV was transported to [REDACTED] Children's Hospital on 05-14-23 where she was pronounced deceased. CPSI will update case recordings to reflect contact with family/parents/siblings/collateral contacts, discussion regarding grief counseling, request medical records, interview siblings, follow-up with Law Enforcement regarding investigation, present to Child Protective Investigation Team for disposition, complete closing FAST, complete detailed summary, and submit for approval and case closure.

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:	2023-05-23 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	04/18/2024
Completed date:	04/18/2024	Completed By:	██████████ ██████████
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: 04/18/2024 12:45 AM Entered By: ██████████ ██████████

The FAST 2.0 and Safety Assessment was completed and the results are Immediate Intervention High Need/Risk due to this being a child fatality case.

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: 2023-05-22 10:30:00	Contact Method:
Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 05/24/2023
Completed date: 05/24/2023	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: 05/24/2023 10:22 AM Entered By: [REDACTED]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [REDACTED] was debriefed with the following staff: Case Managers (CM) [REDACTED] and [REDACTED], Team Leaders (TL) [REDACTED] and [REDACTED], Team Coordinators (TC) [REDACTED] and [REDACTED], CPS Director (CPSD) [REDACTED], and Director of Critical Incident Support (DCIS) [REDACTED].

The CPS investigation was assigned on 5/15/23 concerning the death of [REDACTED] (9yo). It was reported [REDACTED] resided with her birth mother [REDACTED], three minor siblings [REDACTED] 7yo, [REDACTED] 11yo, and [REDACTED] 14yo, one adult sibling [REDACTED] 19yo], the maternal grandmother [REDACTED]. The mothers boyfriend [REDACTED] was also present and involved at the time of the incident.

On 5/14/23 the family had returned to the home from eating dinner out and were preparing to celebrate Mothers Day with the grandmother. [REDACTED] and [REDACTED] were reportedly outside playing in the mothers boyfriends vehicle. [REDACTED] was in the front driver seat when she was shot in the neck by [REDACTED] it what was believed to be an accident. The family and neighbors heard one single pop from the gun and went outside to where the children were. Neighbors reported seeing [REDACTED] exit the car after hearing the pop. No other family members were present in the car or witnessed the incident. The mother and boyfriend were both inside the home. 911 was immediately called and the mothers boyfriend applied pressure on the neck wound until EMS arrived. [REDACTED] was transported to the hospital where life saving measure were exhausted and she pronounced deceased.

The mother denied any knowledge of her boyfriend owning or having a firearm, in the car, or otherwise. The boyfriend stated the gun was not registered and he bought it from a friend for protection for \$200. The children reportedly did not know the gun was in the car either. The boyfriend stated the gun was loaded and in the glove box of the car. It is unknown if there was a safety device on the gun or whether it was engaged prior to the incident. LE confiscated the gun. The family denies any other firearms in the home or their possession. CM has observed the gun and no firearms or safety hazards were observed. A FI was completed with [REDACTED] which was described as jumbled with him denying being outside at the time of the incident, but hearing the pop. Based on other witness statements of him exiting the car following the pop sound, it is believed he was being untruthful or in denial regarding the incident. At this time [REDACTED] is staying with a maternal aunt as

Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

psychological services are being put place with the family. The other siblings in the home were interviewed with no immediate concerns. None witnessed the incident, but were present in the home and during medical response. Grief counseling was discussed with the family.

Next Steps:

- CM will request ACVs medical records associated with the incident. 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 request any criminal and child welfare history associated with the mother and ACV in Arizona,
- CM will document and upload autopsy, if completed, 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:	██████████	Case Name:	██████████ ██████████
Case Status:	Close	Organization:	██████████ Region

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-05-19 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	10/10/2023
Completed date:	10/10/2023	Completed By:	██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/10/2023 02:32 AM Entered By: ██████████ ██████████

CPSI ██████████ completed a referral for grief counseling with the family at ██████████ ██████████ ██████████ TN ██████████

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: 2023-05-17 09:00:00	Contact Method: Correspondence
Contact Time: 09:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/19/2024
Completed date: 04/19/2024	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: 04/19/2024 04:00 PM Entered By: [REDACTED] [REDACTED]

CPIT Via Video Conference

Date: 05-17-23

Purpose: Convening CPIT

Case was convened with the Child Protective Investigative Team (CPIT) via Video Conference as a COVID-19 precaution. The Allegation is Abuse Death, Alleged Child Victim is [REDACTED] [REDACTED] (9), and the Alleged Perpetrator is Unknown Participant. The referral is stamped for DCS to Coordinate with Law Enforcement and obtain medical records.

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: 2023-05-16 18:00:00	Contact Method: Face To Face
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/10/2023
Completed date: 10/10/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Sibling Interview/Observation	
Contact Sub Type:	

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 10/10/2023 02:25 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] interviewed [REDACTED] [REDACTED] privately in the home. She was informed of the DCS involvement. She reported that she resides in the home with her mother, Ms. [REDACTED] [REDACTED] and her siblings. She reported that on the day of the shooting she had gotten out of Mr. [REDACTED] vehicle and gone inside of the home. She reported that she had taken her cousin [REDACTED] (5mos) into the home because she had fallen asleep. She stated that she heard the shot as she was exiting the car. She reported that [REDACTED] had shot her sister [REDACTED]. She stated that 911 was called and [REDACTED] was taken to the hospital. She stated that Mr. [REDACTED] is her mothers friend however she has never seen a gun on Mr. [REDACTED] and she has never seen a gun in her home. She reported that she had no knowledge of her mother owning a gun.

[REDACTED] stated that she attends [REDACTED] High School. She reported that she does not have safety concerns in school or home. She reported being safe in the home with her mother. She was observed to be free of marks or bruises.

CPSI [REDACTED] interviewed [REDACTED] [REDACTED] in the home privately. CPSI [REDACTED] explained the role of DCS so that he could understand. He reported that he is in the 5th grade and he attends [REDACTED] Elementary School. He reported that he was in the home at the time of the incident. He could not provide information about the actual shooting. He reported that he does likes school and he has no safety concerns in the home with his mother. He reported that he has never seen a gun in the home.

He was observed to be clean and groomed properly. He did not have any visible marks or bruises.

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: 2023-05-16 17:00:00	Contact Method: Face To Face
Contact Time: 05:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/09/2023
Completed date: 10/10/2023	Completed By: TFACTS, Person Merge
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: 10/09/2023 10:15 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] completed a home visit at [REDACTED] TN [REDACTED]. CPSI [REDACTED] was invited into the home by the birth mother, Ms. [REDACTED]. CPSI [REDACTED] advised Ms. [REDACTED] of the reason for the DCS involvement which she stated that she was aware. CPSI [REDACTED] offered condolences for her lose. She reported that on the day of the incident she was inside of the home when her son, [REDACTED] shot her daughter [REDACTED]. She reported that the family had returned from dinner for Mothers Day. She stated that she had gone in the house and [REDACTED] and [REDACTED] were in the vehicle and [REDACTED] got her friend Mr. [REDACTED] gun out of the glove compartment in Mr. [REDACTED] vehicle in which they were sitting. Ms. [REDACTED] stated that Mr. [REDACTED] is not her boyfriend, and he is only her friend and does not reside inside of her home. She reported that she did not know that there was a gun in the car. She reported that she does not have a firearm in her home or car. She reported that she did not know Mr. [REDACTED] had a gun and she has never seen him with a gun. She stated that her other children were in the home. She reported that she resides in the home with her children, [REDACTED] and [REDACTED]. Ms. [REDACTED] reported that The homicide detective took [REDACTED] out of the home for one night following the shooting, The child is with his maternal grandmother Ms. [REDACTED].

She reported that the children are all healthy and they do not have any disabilities. She reported that [REDACTED] did wear glasses. She reported that the children attend [REDACTED] Health Center on [REDACTED] and they see Dr. [REDACTED] TN [REDACTED]. She stated that the children have TennCare for insurance. She was offered grief counseling for the family, and she accepted. Mom reported that she works at [REDACTED] full time from 2-11 pm. She reported that her mother and her sister, Ms. [REDACTED] is her support system. Ms. [REDACTED] did give CPSI [REDACTED] permission to speak with her other children.

CPSI explained the Client's Rights Handbook and DCS initial paperwork. Documents covered were Parents Rights, Case Intake Verification, Notification of Equal Access, Notice of Privacy Practice/HIPPA, and Authorization of Release. Ms. [REDACTED] acknowledged her understanding of forms with signature.

The home consists of three bedrooms and one bathroom. There are no safety concerns observed in the home. The children

Tennessee Department of Children's Services
Case Recording Summary

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

have adequate sleeping space. There is food observed in the home and working utilities.

Narrative Type: Created In Error Entry Date/Time: 10/10/2023 02:21 AM Entered By: ██████████ ██████████
system completed

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: 2023-05-16 17:00:00	Contact Method: Face To Face
Contact Time: 05:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/10/2023
Completed date: 10/10/2023	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: 10/10/2023 02:23 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] completed a home visit at [REDACTED] TN [REDACTED]. CPSI [REDACTED] was invited into the home by the birth mother, Ms. [REDACTED]. CPSI [REDACTED] advised Ms. [REDACTED] of the reason for the DCS involvement which she stated that she was aware. CPSI [REDACTED] offered condolences for her lose. She reported that on the day of the incident she was inside of the home when her son, [REDACTED] shot her daughter [REDACTED]. She reported that the family had returned from dinner for Mothers Day. She stated that she had gone in the house and [REDACTED] and [REDACTED] were in the vehicle and [REDACTED] got her friend Mr. [REDACTED] gun out of the glove compartment in Mr. [REDACTED] vehicle in which they were sitting. Ms. [REDACTED] stated that Mr. [REDACTED] is not her boyfriend, and he is only her friend and does not reside inside of her home. She reported that she did not know that there was a gun in the car. She reported that she does not have a firearm in her home or car. She reported that she did not know Mr. [REDACTED] had a gun and she has never seen him with a gun. She stated that her other children were in the home. She reported that she resides in the home with her children, [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] Ms. [REDACTED] reported that The homicide detective took [REDACTED] out of the home for one night following the shooting, The child is with his maternal grandmother Ms. [REDACTED].

She reported that the children are all healthy and they do not have any disabilities. She reported that [REDACTED] did wear glasses. She reported that the children attend [REDACTED] Health Center on [REDACTED] and they see Dr. [REDACTED] TN [REDACTED]. She stated that the children have TennCare for insurance. She was offered grief counseling for the family, and she accepted. Mom reported that she works at [REDACTED] full time from 2-11 pm. She reported that her mother and her sister, Ms. [REDACTED] [REDACTED] is her support system. Ms. [REDACTED] did give CPSI [REDACTED] permission to speak with her other children.

CPSI explained the Client's Rights Handbook and DCS initial paperwork. Documents covered were Parents Rights, Case Intake Verification, Notification of Equal Access, Notice of Privacy Practice/HIPPA, and Authorization of Release. Ms. [REDACTED] acknowledged her understanding of forms with signature.

The home consists of three bedrooms and one bathroom. There are no safety concerns observed in the home. The children

Tennessee Department of Children's Services
Case Recording Summary

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

have adequate sleeping space. There is food observed in the home and working utilities.

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: 2023-05-15 18:00:00	Contact Method: Face To Face
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/09/2023
Completed date: 10/10/2023	Completed By: TFACTS, Person Merge
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Sibling Interview/Observation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/09/2023 11:11 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] interviewed [REDACTED] [REDACTED] privately in the home. She was informed of the DCS involvement. She reported that she resides in the home with her mother, Ms. [REDACTED] [REDACTED] and her siblings. She reported that on the day of the shooting she had gotten out of Mr. [REDACTED] vehicle and gone inside of the home. She reported that she had taken her cousin [REDACTED] (5mos) into the home because she had fallen asleep. She stated that she heard the shot as she was exiting the car. She reported that [REDACTED] had shot her sister [REDACTED]. She stated that 911 was called and [REDACTED] was taken to the hospital. She stated that Mr. [REDACTED] is her mothers friend however she has never seen a gun on Mr. [REDACTED] and she has never seen a gun in her home. She reported that she had no knowledge of her mother owning a gun.

[REDACTED] stated that she attends [REDACTED] High School. She reported that she does not have safety concerns in school or home. She reported being safe in the home with her mother. She was observed to be free of marks or bruises.

CPSI [REDACTED] interviewed [REDACTED] [REDACTED] in the home privately. CPSI [REDACTED] explained the role of DCS so that he could understand. He reported that he is in the 5th grade and he attends [REDACTED] Elementary School. He reported that he was in the home at the time of the incident. He could not provide information about the actual shooting. He reported that he does likes school and he has no safety concerns in the home with his mother. He reported that he has never seen a gun in the home.

He was observed to be clean and groomed properly. He did not have any visible marks or bruises.

Narrative Type: Created In Error Entry Date/Time: 10/10/2023 02:24 AM Entered By: [REDACTED] [REDACTED]

system completed

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:	2023-05-15 12:50:00	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	DCS Office	Created Date:	11/07/2023
Completed date:	11/07/2023	Completed By:	██████████ ██████████
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/07/2023 03:15 PM Entered By: ██████████ ██████████

A copy of the Affidavit of Complaint and Arrest Warrant was obtained and uploaded into 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: 2023-05-15 11:00:00	Contact Method: Face To Face
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/10/2023
Completed date: 10/10/2023	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: 10/10/2023 02:50 PM Entered By: [REDACTED] [REDACTED]

Date: 05/15/2023

Purpose: Initial Face-To-Face

Alleged Child Victim (ACV): [REDACTED] [REDACTED]

Alleged Perpetrator (AP): Unknown

Allegation: Abuse Death/Neglect Death

Responding Case Manager: Child Protective Service Investigator (CPSI), [REDACTED] [REDACTED]

Content: According to Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

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: 2023-05-15 10:30:00	Contact Method: Correspondence
Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/09/2023
Completed date: 10/10/2023	Completed By: TFACTS, Person Merge
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Notation,Sibling Interview/Observation	
Contact Sub Type:	

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 10/09/2023 10:22 PM Entered By: [REDACTED] [REDACTED]

[REDACTED] [REDACTED] received a forensic interview at the [REDACTED] Child Advocacy Center on the above date and time. The forensic interview is uploaded in TFACTS.

[REDACTED] [REDACTED] disclosed his 9y/o sister [REDACTED] got shot. According to [REDACTED] [REDACTED] was in the truck with the door opensleeping. He was walking to a friends house. [REDACTED] stated he heard a pop and looked back, and [REDACTED] was on the ground bleeding. He stated she was shot in the neck. Blood was on the truck and coming out of her mouth. He ran into the house to tell his mom. His mom called the ambulancethey took a long time to get there. Then [REDACTED] told the interviewer before [REDACTED] was shot, she was arguing with 5 friends (names unknown) and one of them said they were going to get a gun. He also stated he was inside his friends house when he heard the pop. At his friends house were their mom, GM, and Auntie. [REDACTED] stated he was the only one that heard the pop and then later he said his friends heard the pop. He told the interviewer at his house was his big brother [REDACTED] 11y/o, his 19y/o brother [REDACTED] ([REDACTED]) and his girlfriend [REDACTED] P, 14y/o sister [REDACTED] and his mama. The interviewer asked [REDACTED] whose truck [REDACTED] was in and he said [REDACTED] his mom boyfriend. He stated he didnt know where [REDACTED] was during the incident. [REDACTED] told the interviewer he has never seen a gun with his own eyes. He stated his mom nor [REDACTED] have a gun.

Narrative Type: Created In Error Entry Date/Time: 10/10/2023 02:29 AM Entered By: [REDACTED] [REDACTED]

system completed

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: 2023-05-15 10:30:00	Contact Method: Correspondence
Contact Time: 10:30 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/10/2023
Completed date: 10/10/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Sibling Interview/Observation	
Contact Sub Type:	

Children Concerning**Participant(s)**

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

Narrative Details

Narrative Type: Original Entry Date/Time: 10/10/2023 02:30 AM Entered By: [REDACTED] [REDACTED]

[REDACTED] [REDACTED] received a forensic interview at the [REDACTED] Child Advocacy Center on the above date and time. The forensic interview is uploaded in TFACTS.

[REDACTED] [REDACTED] disclosed his 9y/o sister [REDACTED] got shot. According to [REDACTED] [REDACTED] was in the truck with the door opensleeping. He was walking to a friends house. [REDACTED] stated he heard a pop and looked back, and [REDACTED] was on the ground bleeding. He stated she was shot in the neck. Blood was on the truck and coming out of her mouth. He ran into the house to tell his mom. His mom called the ambulancethey took a long time to get there. Then [REDACTED] told the interviewer before [REDACTED] was shot, she was arguing with 5 friends (names unknown) and one of them said they were going to get a gun. He also stated he was inside his friends house when he heard the pop. At his friends house were their mom, GM, and Auntie. [REDACTED] stated he was the only one that heard the pop and then later he said his friends heard the pop. He told the interviewer at his house was his big brother [REDACTED] 11y/o, his 19y/o brother [REDACTED] [REDACTED] and his girlfriend [REDACTED] P, 14y/o sister [REDACTED] and his mama. The interviewer asked [REDACTED] whose truck [REDACTED] was in and he said [REDACTED] his mom boyfriend. He stated he didnt know where [REDACTED] was during the incident. [REDACTED] told the interviewer he has never seen a gun with his own eyes. He stated his mom nor [REDACTED] have a gun.

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: 2023-05-15 09:03:00	Contact Method:
Contact Time: 09:03 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/05/2023
Completed date: 10/05/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/05/2023 12:33 AM Entered By: [REDACTED] [REDACTED]
 Date: 05-15-23

Administrative Review

This CPS (Child Protective Services) Investigation was reviewed regarding the allegation of Abuse Death. Alleged Child Victim (ACV) is [REDACTED] [REDACTED] (9), and Alleged Perpetrator (AP) is Unknown. Other Involved Child (OIC) is [REDACTED] [REDACTED] (sibling-8). The children reportedly lived with their mother, [REDACTED] [REDACTED] in [REDACTED] County. There were 3/4 other children (unknown) in the home at time of incident. The mother's paramour, [REDACTED] [REDACTED] was visiting the home at time of incident. The investigation is assigned to Child Protective Services Investigator (CPSI), [REDACTED] [REDACTED]. Response time was met by On-Call Case Manager [REDACTED] on 05-14-23. The family has prior DCS history.

It was reported OIC found Mr. [REDACTED] gun (Taurus 9mm) inside the car. OIC accidentally discharged the weapon towards the ACV shooting her in the neck. The Fire Department arrived on the scene and administered aid to the ACV while transporting ACV to [REDACTED] Children's Hospital. ACV [REDACTED] was pronounced deceased at 03:41pm standard time, & 15:41pm military time by Dr. [REDACTED] [REDACTED]. According to the referral the other children were outside playing at time of incident. The mother and Mr. [REDACTED] were inside the home. Mr. [REDACTED] reported he had gone inside the home to use the bathroom. OIC is home with his mother, other children, and some family members. Mr. [REDACTED] is downtown speaking to investigators regarding the incident. The birth father of ACV [REDACTED] and OIC [REDACTED] is believed to be uninvolved in the children's lives. There is no one currently at the hospital with ACV [REDACTED]. Abuse or neglect is not suspected at this time, the shooting is being considered to be an accident, but the investigation is on-going. It is unknown if an arrest will be made. The home appeared to be decent with no signs of any safety hazards. According to Law Enforcement they have not responded to the home previously. There are no issues of domestic violence, substance use, or mental health concerns. There are no reported risk of harm involving the other children.

CPSI will document DCS history, follow-up with all relative parties to address the reported concerns and global assessment. CPSI will document results of Safety/FAST (Family & Advocacy Support Tool) assessment, household composition, and family supports/collaterals. CPSI will request medical records regarding the incident. CPSI will offer grief

Tennessee Department of Children's Services
Case Recording Summary

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

counseling/services to the family. CPSI will follow-up with Law Enforcement for update regarding criminal investigation. CPSI will staff case with Child Protective Investigative Team (CPIT) for disposition. CPSI will adhere to policy 14.7 & Work Aids 2 & 3. This case will be reviewed once investigative tasks have been completed.

Juvenile Court (Judge) and the District Attorney are notified of referrals and classification monthly per local protocol and policy.

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: 2023-05-14 20:24:00	Contact Method:
Contact Time: 08:24 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 10/04/2023
Completed date: 10/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/04/2023 03:35 PM Entered By: [REDACTED] [REDACTED]
 Date: 05-14-23

Purpose: Collateral Contact

Contact with: Sgt. [REDACTED]

At 8:24pm CM [REDACTED] spoke with Sgt. [REDACTED] ([REDACTED] Police Depart.) who informed this CM that the boyfriend [REDACTED] was still at the police precinct. Sgt. [REDACTED] sat in the room while CM spoke with Mr. [REDACTED]. The CM asked the paramour what happened and he stated that he woke up at 10 am and he had plans to take the mother out with her children. He stated that they went to Applebees in [REDACTED] MS. Mr. [REDACTED] stated that everyone had a goodtime. Ms. [REDACTED] had her grandchildren and they were out of milk. That's when Ms. [REDACTED] and the grandchildren went to the oldest sister's home to get the milk. He stated after getting the milk they headed back home to use the restroom. Mr. [REDACTED] informed this CM that [REDACTED] was riding in another car while the ACV was riding in the car with him. He reported [REDACTED] got into his car and the ACV was seen behind the wheel of the car while parked in the driveway at the home.

Mr. [REDACTED] stated [REDACTED] opened the glove compartment and the gun was there. Mr. [REDACTED] reported that he heard one shot and everyone ran outside. Then Mr. [REDACTED] saw [REDACTED] [REDACTED] stooped over on the driver side vomiting. Mr. [REDACTED] stated that he ran to put her on the ground and applied pressure on her neck and the mother came out of the home yelling and screaming. Mr. [REDACTED] reported that the brother was yelling "who shot his sister." Mr. [REDACTED] reported that the neighbor across the street told them that [REDACTED] shot the child and he ran from the car. Mr. [REDACTED] reported he and the mother have been together for 2 years. Mr. [REDACTED] stated he only dropped the family off so he could go to work. He stated that Mr. [REDACTED] stated [REDACTED] nor the mother knew he had a gun. CM asked if the gun was registered to him and Mr. [REDACTED] said he bought it from a friend for 200 dollars. The gun was for protection and it was not registered to him. CM asked if there were any adults or children outside the home during the time of the incident. Mr. [REDACTED] stated everyone else was in the home.

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: 2023-05-14 20:24:00	Contact Method:
Contact Time: 08:24 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/22/2024
Completed date: 04/22/2024	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Administrative Review	
Contact Sub Type:	

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED]; [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/22/2024 04:47 AM Entered By: [REDACTED] [REDACTED]

Date: 05-14-23

Purpose: Alleged Perpetrator Interview- [REDACTED] [REDACTED]

CM [REDACTED] interviewed Mr. [REDACTED] at the [REDACTED] Police Department. CM [REDACTED] asked Mr. [REDACTED] about the event which led to ACV [REDACTED] death. Mr. [REDACTED] reported he took the mother and children to Applebees in [REDACTED] MS. for mother's day. Mr. [REDACTED] reported everyone had a goodtime. The mother had her grandchildren and they were out of milk. They went to the oldest sister's home to get the milk. Then headed home to use the restroom. Sibling [REDACTED] was riding in separate car, and ACV [REDACTED] was riding with him. After arriving at the home Mr. [REDACTED] said [REDACTED] got in his car and ACV [REDACTED] was seen behind the wheel of the car while it was parked in the driveway at the mother's home.

Everyone went inside the home except for [REDACTED] and [REDACTED] Mr. [REDACTED] reported his gun was in the glove compartment. Mr. [REDACTED] reported he heard one shot and everyone in the home ran outside. Mr. [REDACTED] reported he saw ACV [REDACTED] stooped over on the driver side of the car vomiting. Mr. [REDACTED] ran and placed ACV [REDACTED] on the ground and applied pressure on her neck. The mother came out of the home yelling and screaming. Mr. [REDACTED] reported [REDACTED] brother yelled "who shot my sister." Mr. [REDACTED] reported the neighbor across the street told them [REDACTED] shot [REDACTED] and ran from the car. Mr. [REDACTED] stated [REDACTED] nor the mother knew he had a gun. CM asked if the gun was registered to him and Mr. [REDACTED] advised he bought the gun from a friend.

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: 2023-05-14 20:00:00	Contact Method: Face To Face
Contact Time: 08:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 10/04/2023
Completed date: 10/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/04/2023 03:20 PM Entered By: [REDACTED] [REDACTED]
 Date: 05-14-23

Purpose: Parent Interview

Time: 08:00 pm

Interview with: [REDACTED] [REDACTED] Mother

CM [REDACTED] spoke with the mother [REDACTED] [REDACTED] along with Sgt. [REDACTED] who was present in the room. CM informed the mother this CM needed to speak with the mother regarding the shooting incident. The CM asked the mother if she could inform her what happened during the day that lead up to the incident. The mother stated the family went out to eat around 11 am. Ms. [REDACTED] stated that her children and her paramour went out to eat. She stated she went to her oldest daughter [REDACTED] home to get her granddaughter's milk. Ms. [REDACTED] stated they arrived back to the home around 2:20 or 2:30pm. She stated there was a gathering that was going to occur at 3pm to celebrate her mother. The mother stated that both [REDACTED] [REDACTED] and [REDACTED] [REDACTED] went outside to get the stuff from car. The mother reported that there were no other children outside at the time of the accident. Ms. [REDACTED] stated [REDACTED] was getting distracted and asked her if he could get wet. The mother stated she told him "No". The mother reported because [REDACTED] and the ACV were the first two to come in with their bags, then they both went back outside while the family was inside the home.

The mother reported she went to the bathroom door and told [REDACTED] [REDACTED] (paramour) to come out the restroom due to her and her daughter's friend needing to use the restroom. The mother stated that her daughter's friend walked in and the mother heard one shot and she ran outside. The mother stated that she saw her daughter slumped over in the car. The mother stated that her paramour picked her up from the car and laid her on the ground. The paramour held her neck and her daughter was still alive. The mother reported her daughter had a pulse before the ambulance arrived. CM [REDACTED] asked the mother if she had known her paramour had a gun in his car, and the mother stated "No". The mother stated her

Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

paramour told her that he had a gun but he would never harm her children.

The mother reported that her and paramour have been together for a year. The mother informed CM that [REDACTED] (sibling) told her "Mom mom my sister". The mother stated she did not know the address of her oldest daughter's home but knew the home was on [REDACTED]. CM asked who was riding in the car with the her and Mr. [REDACTED]. The mother stated that herself, [REDACTED] the twins (grandchildren), and [REDACTED]. The mother reported she has an "okay" relationship with her paramour Mr. [REDACTED] and reported they do not live in the same home. The mother reported she lives with her mother at [REDACTED] TN [REDACTED]. CM informed the mother this CM will follow up with the on call supervisor Ms. [REDACTED] to get her recommendation. The mother was informed that it would be best for the child to go to another family member's home.

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:	2023-05-14 20:00:00	Contact Method:	Face To Face
Contact Time:	08:00 PM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:	Other Community Site	Created Date:	10/05/2023
Completed date:	10/05/2023	Completed By:	██████████ ██████████
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

██████████ ██████████

Participant(s)

██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 10/05/2023 10:55 AM Entered By: ██████████ ██████████

Date: 05/14/2023

Purpose: Initial Face-To-Face

Alleged Child Victim (ACV): ██████████ ██████████

Alleged Perpetrator (AP): Unknown Participant

Allegation: Abuse Death

Responding Case Manager: Child Protective Service Case Manager, ██████████

Content: According to Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

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: 2023-05-14 19:45:00	Contact Method:
Contact Time: 07:45 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 10/04/2023
Completed date: 10/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Notation	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 10/04/2023 03:25 PM Entered By: [REDACTED] [REDACTED]
Date: 05-14-23

Purpose: Collateral Contact
Contact with: [REDACTED] & Det. [REDACTED]
[REDACTED] Police Department

Content: At 7:45pm CM [REDACTED] arrived at The [REDACTED] Police Department and spoke with the Sgt. [REDACTED] and Det. [REDACTED]. Sgt. [REDACTED] informed CM the mother Ms. [REDACTED] reported she was inside the home when the family arrived back home from going out to lunch. Sgt. [REDACTED] reported that both [REDACTED] [REDACTED] (father) and the mother went inside the home to go to the restroom. The gun was left in the glove compartment. Det. [REDACTED] reported that the mother has 7 children, and they were home when the shot occurred. This CM asked Det. [REDACTED] if this CM could speak with the mother, Det. [REDACTED] said yes. Det. [REDACTED] stated that the mother was eager to leave to go to the hospital. The mother wanted to be with her daughter and Det. [REDACTED] informed the mother that DCS needed to speak with her. Det. [REDACTED] stated the mother was informed her daughter passed about an hour ago. Det. [REDACTED] informed the CM that she wanted to know if [REDACTED] should be apart from his siblings, just until the forensic interview. Det. [REDACTED] said the mother didnt want the siblings talking to the child before the interview. The Cm spoke with Det. [REDACTED] who asked if the mother told me that the mother oldest son, [REDACTED] [REDACTED] was a victim in accidental shooting injury. She reported in May of 2022 her son [REDACTED] [REDACTED] reported to the officer that he was shot by a unknown black car but later told officers he shot himself in the right leg below the knee. He stated that he threw the gun behind the wooded area behind the apartment.

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: 2023-05-14 19:00:00	Contact Method: Phone Call
Contact Time: 07:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 10/04/2023
Completed date: 10/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Referent Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

Allen, Ashley

Narrative Details

Narrative Type: Original Entry Date/Time: 10/04/2023 02:14 PM Entered By: [REDACTED] [REDACTED]
 Date of contact:5/14/2023

Referent Interview

Content: The CM [REDACTED] spoke with the referent by phone at [REDACTED]. The CM introduced self to the Referent and advise them of the purpose of the call. The CM asked if this CM needed to go to the home to speak with the mother and the family. The Referent reported that it would be best if the CM heads to [REDACTED] to speak with the mother, [REDACTED] and paramour [REDACTED]. The Cm asked if the lead investigator was on the scene and he reported that Stg [REDACTED]. The CM stated this CM was in route and would follow up when CM makes it to the destination.

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: 2023-05-14 16:59:00	Contact Method:
Contact Time: 04:59 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/18/2024
Completed date: 04/18/2024	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: 04/18/2024 12:35 AM Entered By: [REDACTED] [REDACTED]

On 05/14/2023 at 04:59 pm a P1 severe referral was received by central intake involving alleged child victim [REDACTED] and alleged perpetrator listed as Unknown Participant with the allegation of Abuse Death. The referral was assigned by Reader [REDACTED] to Child Protective Services Case Manager [REDACTED] [REDACTED] on 05/15/2023. Per DCS policy the initial notification was forwarded to juvenile court.

According to the referral, Today, 5.14.23, [REDACTED] found [REDACTED] gun inside his car. [REDACTED] accidentally discharged the weapon toward his sister and shot her in the neck. The gun is a Taurus 9mm. The fire department arrived on the scene and worked on [REDACTED] while en route to [REDACTED] Childrens Hospital. [REDACTED] was pronounced deceased at 15:41 hrs. by Dr. [REDACTED]. There are 3-4 more children at the home. Their information is unknown at this time. The children were all outside playing when the incident occurred. It is unknown who witnessed the incident. [REDACTED] and [REDACTED] were inside the house at the time of the accident. [REDACTED] stated he had just gone inside to use the bathroom. [REDACTED] is currently at home with [REDACTED] the other children, and some family members whose names are unknown. [REDACTED] is downtown speaking with investigators. No one went to the hospital with [REDACTED]

This incident occurred in [REDACTED] County and [REDACTED] has custody of [REDACTED] and [REDACTED]. The birth father is not believed to be involved at all. Abuse or Neglect is not suspected, and the incident is being considered an accident at this time but the investigation is ongoing. It is unknown if law enforcement will make an arrest because there are still investigators on the scene. There are 3 or 4 other children in the home but their information is unknown at this time. The home appears to be decent with no obvious safety hazards. The police officer stated they have not responded to this home previously. There are no issues with domestic violence, drug/alcohol use or mental illness. There is no risk of harm to the other children in the home 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: Created In Error
Contact Date: 2023-05-04 20:00:00	Contact Method: Face To Face
Contact Time: 08:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Other Community Site	Created Date: 10/04/2023
Completed date: 10/04/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview	
Contact Sub Type:	

Children Concerning**Participant(s)**

Allen, Ashley; [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/04/2023 02:20 PM Entered By: [REDACTED] [REDACTED]
 Date: 05-14-23

Purpose: Parent Interview

Interview with: [REDACTED] [REDACTED] Mother

CM [REDACTED] spoke with the mother [REDACTED] [REDACTED] along with Sgt. [REDACTED] who was present in the room. CM informed the mother this CM needed to speak with the mother regarding the shooting incident. The CM asked the mother if she could inform her what happened during the day that lead up to the incident. The mother stated the family went out to eat around 11 am. Ms. [REDACTED] stated that her children and her paramour went out to eat. She stated she went to her oldest daughter [REDACTED] home to get her granddaughter's milk. Ms. [REDACTED] stated they arrived back to the home around 2:20 or 2:30pm. She stated there was a gathering that was going to occur at 3pm to celebrate her mother. The mother stated that both [REDACTED] [REDACTED] and Malayah [REDACTED] went outside to get the stuff from car. The mother reported that there were no other children outside at the time of the accident. Ms. [REDACTED] stated [REDACTED] was getting distracted and asked her if he could get wet. The mother stated she told him "No". The mother reported because [REDACTED] and the ACV were the first two to come in with their bags, then they both went back outside while the family was inside the home.

The mother reported she went to the bathroom door and told [REDACTED] [REDACTED] (paramour) to come out the restroom due to her and her daughter's friend needing to use the restroom. The mother stated that her daughter's friend walked in and the mother heard one shot and she ran outside. The mother stated that she saw her daughter slumped over in the car. The mother stated that her paramour picked her up from the car and laid her on the ground. The paramour held her neck and her daughter was still alive. The mother reported her daughter had a pulse before the ambulance arrived. CM [REDACTED] asked the mother if she had known her paramour had a gun in his car, and the mother stated "No". The mother stated her paramour told her that he had a gun but he would never harm her children.

Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

The mother reported that her and paramour have been together for a year. The mother informed CM that [REDACTED] (sibling) told her "Mom mom my sister". The mother stated she did not know the address of her oldest daughter's home but knew the home was on [REDACTED]. CM asked who was riding in the car with the her and Mr. [REDACTED]. The mother stated that herself, [REDACTED] the twins (grandchildren), and [REDACTED]. The mother reported she has an "okay" relationship with her paramour Mr. [REDACTED] and reported they do not live in the same home. The mother reported she lives with her mother at [REDACTED] TN [REDACTED]. CM informed the mother this CM will follow up with the on call supervisor Ms. [REDACTED] to get her recommendation. The mother was informed that it would be best for the child to go to another family member's home.

Narrative Type: Created In Error Entry Date/Time: 10/04/2023 03:22 PM Entered By: [REDACTED] [REDACTED]

Data Entry Error.



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 05/14/2023

Assignment Date: 10/06/2023

Street Address: [REDACTED]

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

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED] Edward	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 10/31/2023
2	[REDACTED]	[REDACTED]	Abuse Death	unknown last name, Unknown		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 10/31/2023

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: DCS received a referral on 05-14-23 with the allegation of Abuse Death (ABD) involving ACV [REDACTED] (9 at time of incident. The Allegation of Lack of Supervision (LOS) was added to the investigation. The Alleged Perpetrator's are [REDACTED] [REDACTED] (12-23-69), and Unknown Participant. The Allegation of ABD is classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated (AUPU). The allegation of LOS is classified as Allegation Substantiated / Perpetrator Substantiated ASPS.

D. Case Workers

Case Worker: [REDACTED]

Date: 07/13/2023

Team Leader: [REDACTED]

Date: 10/31/2023

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:

According to Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

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

On 05-14-23 ACV [REDACTED] [REDACTED] was transported to [REDACTED] Children's Hospital Emergency Department. ACV [REDACTED] suffered a gun shot wound to the neck. Life saving methods were exhausted and the ACV was pronounced deceased on 05-14-23 at 03:41 pm.



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

An autopsy was completed by the [REDACTED] Regional Forensic Center on 05-15-23. The Cause of Death is Gunshot Wound to the Neck, and the Manner of Death was determined to be Homicide.

CM [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT) on October 27, 2023. The team was in agreement that there was not a preponderance to support the allegation of Abuse Death. The allegation of Lack of Supervision was added and the team was in agreement that there was a preponderance to support the allegation.

Attending ADA is [REDACTED]

Mr. [REDACTED] was charged with Criminally Negligent Homicide, Aggravated Child Abuse, and being a Convicted Felon in Possession of a Handgun. The gun (Taurus T 140G 40 Caliber) belonged to Mr. [REDACTED]

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

On 05-14-23, DCS received a supplemental statement from Law Enforcement. Mr. [REDACTED] reported [REDACTED] (sibling) came into the house and said he shot his sister, [REDACTED]. When Mr. [REDACTED] went outside he discovered [REDACTED] lying beside his vehicle. Mr. [REDACTED] reported [REDACTED] got the gun out of his glove box and accidentally shot his sister.

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

A forensic interview was completed with [REDACTED] in which he denied being outside at the time of the incident. Based on other witness statements of him exiting the car following the pop sound, it is believed he was being untruthful or in denial regarding the incident.

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

On May 15, 2023, an autopsy was completed on [REDACTED] by Dr. [REDACTED] at the [REDACTED] Regional Forensic Center, [REDACTED] TN. The autopsy stated, "This 9 year old girl that was struck by gunfire inside of a vehicle and was transported to the hospital where death was pronounced. Autopsy had findings of a gunshot wound of the neck that caused death. The manner of death is homicide." The family was referred to and attended the [REDACTED]

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: 05/19/2023
Assessment Type: FAST	CPS Case ID: [REDACTED]

OVERVIEW

Safety Level: Immediate Intervention Recommended	Assessed at Location: In the Home
Risk Level: High Need/Risk	
Event Start Date: 04/22/2024	Last Assessed Date:
Assessment Status: Approved	Assessor: [REDACTED] [REDACTED]
Date Approved: 05/22/2023	Approver: [REDACTED] [REDACTED]

PARTICIPANTS

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] (ACV)	Deceased	Youth	F	[REDACTED]	9	Low
[REDACTED]	35 Yrs	Primary	F	[REDACTED]	N/A	N/A

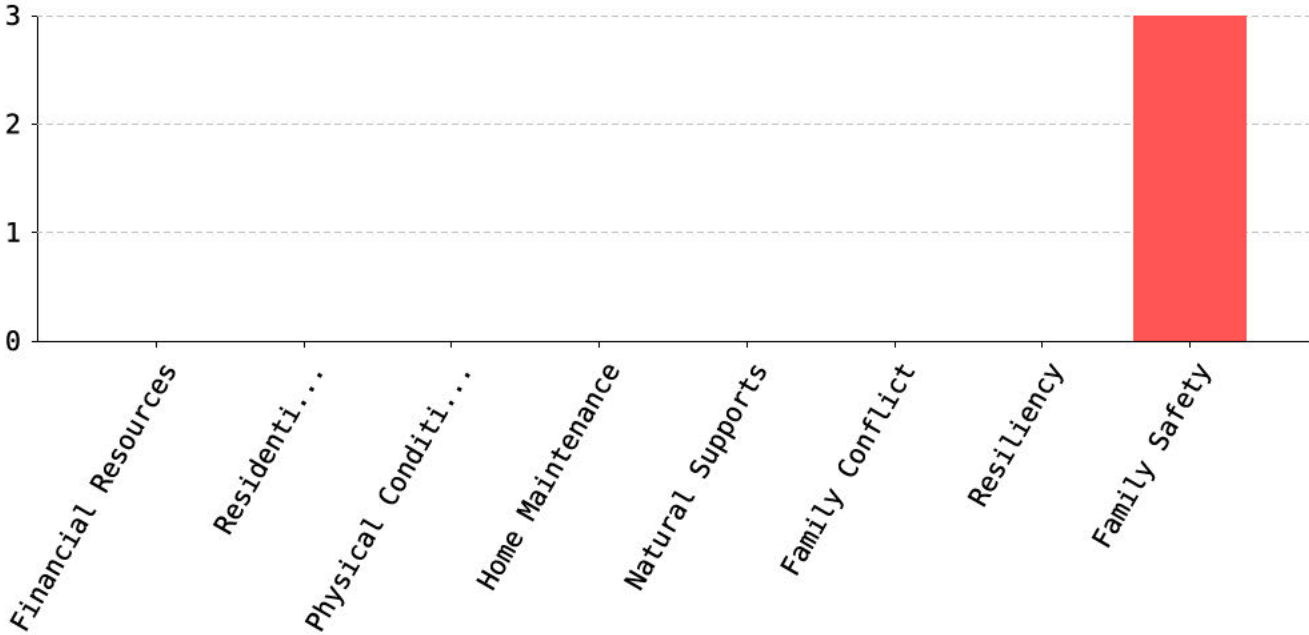


Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 05/19/2023
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	3	The acv was shot by a gun in the home



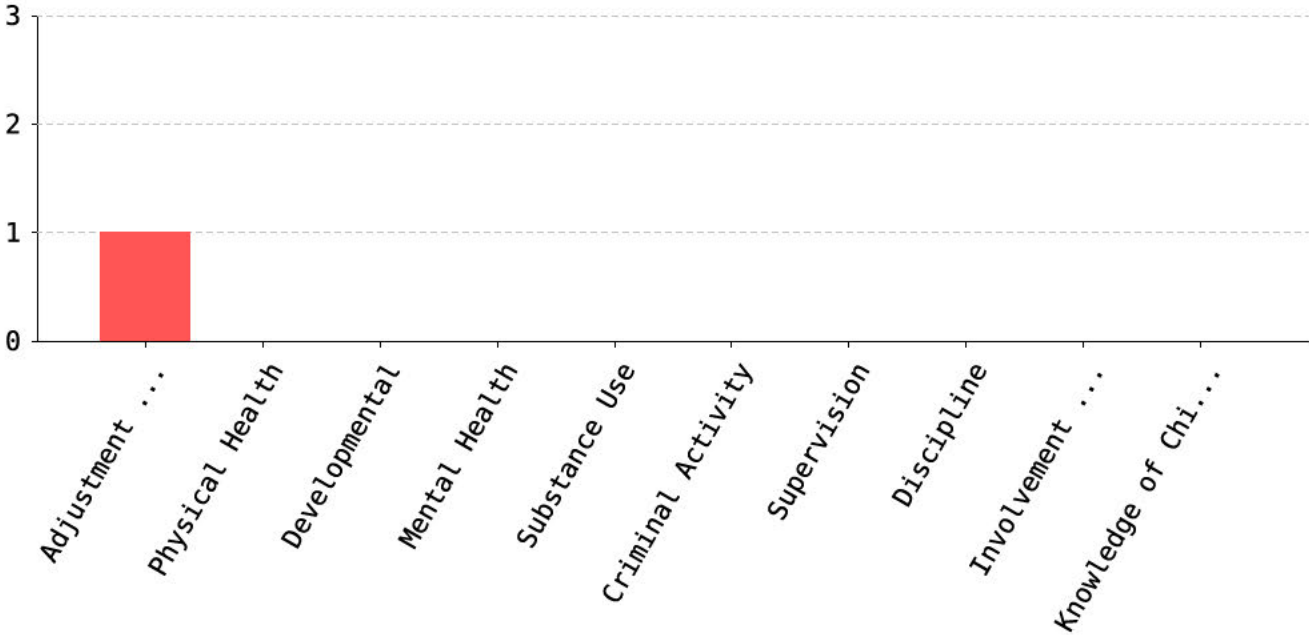
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 05/19/2023
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
---	------------------------------	--------------------------------



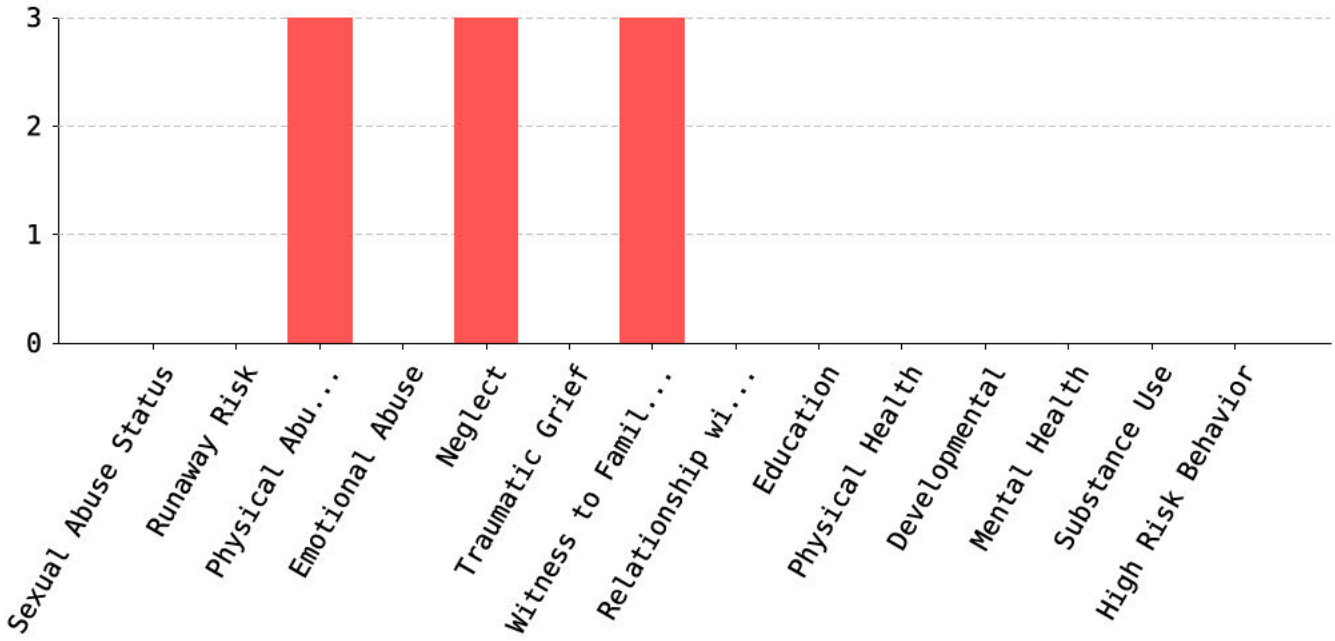
Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	1	The acv was shot by a gun in the home
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



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

Event Type: CPS Case	Assessment Date: 05/19/2023
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] [REDACTED] (CSEM)	Person ID: [REDACTED]	Age: Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	3	The acv was shot by a gun in the home
Emotional Abuse	0	
Neglect	3	The acv was shot by a gun in the home
Traumatic Grief	0	
Witness to Family, School or Community Violence	3	The acv was shot by a gun in the home
Relationship with Primary Caregiver	0	
Education	0	
Physical Health	0	
Developmental	0	



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

Event Type: CPS Case	Assessment Date: 05/19/2023
Assessment Type: FAST	CPS Case ID: [REDACTED]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	