

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

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 10/04/2023 03:53 PM [REDACTED]  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 10/04/2023

**Investigation**

Investigation ID: [REDACTED]  
First County/Region Assigned: [REDACTED]  
Date/Time Assigned : 10/04/2023 05:37 PM  
First Team Leader Assigned: [REDACTED] [REDACTED] [REDACTED] Date/Time Assigned : 10/04/2023 12:00 AM  
First Case Manager Assigned: [REDACTED] [REDACTED] Date/Time Assigned : 10/04/2023 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
Unknown Participant [REDACTED] Unknown	1 Yr 9 Mos (Est)	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	

**Referent(s)**

Referent Name: [REDACTED] [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address:  
Referent Phone Number: [REDACTED]  
Type of Contact: I-3 Phone  
Notification: None  
Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: No  
Associated Case IDs: No

TFACTS Note: Per Google Maps, the address is [REDACTED], TN, [REDACTED]  
Address match in TFACTS to Investigation Case [REDACTED] closed 2/28/2022.  
ACV: [REDACTED] [REDACTED], Birth Mother/AP: [REDACTED] [REDACTED], Birth Father: [REDACTED]  
[REDACTED] [REDACTED].

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



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

Pending: No  
Awaiting Screening: No  
Submitted: No

Open CPS: No  
Substantiated: No  
Death: No  
Screen Outs: No

History (not listed above): No

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

Reporter's Name/Relationship: [REDACTED]

**-Child/Family Identification and Relationship Introduction Paragraph:**

Unknown Child (1) lives in [REDACTED] County. It is unknown who else lives in the home. It is unknown who is caring for the child. The mother and father are unknown.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?  
Yes, Immediate Assistance is requested to the home.

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

On Wednesday, 10/4/2023, [REDACTED] County Sheriff's Office Detective [REDACTED] contacted DCS in reference to a deceased child. Detective [REDACTED] reported that Law Enforcement located the child in a locked rear bedroom of the home; the child was found deceased. The child's date of death is unknown. The child's body appeared green in coloring. It is unknown if there are any injuries on the child's body. It is unknown if the child's body has been transported to the hospital.

Abuse and/or neglect is suspected as the potential cause of the child's death. The circumstances and/or concerns surrounding the child's death are unknown. It is unknown how Law Enforcement initially became involved. The parents and/or caretakers have not provided a statement. The living conditions of the home are unknown. It is unknown if there are any concerns for mental health, domestic violence, alcohol, or drug abuse issues.

-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

Intake Notation: No  
Screener Notation: No

Emailed/Paged CPSI On Call: Email sent to [REDACTED] Region CPS Notification group. Received by [REDACTED].

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

DCS Child Death or Preliminary Near Death Alert group

Interim Director: [REDACTED]

Per SDM: Investigation P1: Approved by CAH Director [REDACTED]. Intake Supervisor [REDACTED]  
on 10/4/2023 @ 4:56 PM [REDACTED]



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

**Participant(s)**

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** [REDACTED] **Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED]

**Age:** [REDACTED]

**Address:** [REDACTED]

**Deceased Date:** [REDACTED]

**School/ ChildCare Comments:** [REDACTED]

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** [REDACTED]

**Contact Comments:** [REDACTED]

**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:**

Race Unknown

**Age:**

1 Yr 9 Mos (Est)

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

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:** NOTELEPHONE

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2023.142

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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** Female

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Tennessee Department of Children's Services  
Case Recording Summary

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

Case Recording Details

Recording ID:		Status:	Completed
Contact Date:	2024-04-21 21:20:00	Contact Method:	
Contact Time:	09:20 PM	Contact Duration:	
Entered By:		Recorded For:	
Location:		Created Date:	04/21/2024
Completed date:	04/21/2024	Completed By:	
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: 04/21/2024 09:24 PM      Entered By:

This case has been approved for closure by Executive Director, . Ms. was substantiated in this case based on the investigation task completed by CM . This case was worked with law enforcement and the TBI is still investigating this case. The CPIT team agreed for the substantiation. There are no other children/youth in the mother's care and Mental health issues appear to be one of the underlying concerns. Juvenile court and the district attorney will be notified with a copy of the case summary.

**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:	2024-04-21 13:55:00	Contact Method:	
Contact Time:	01:55 PM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:		Created Date:	04/21/2024
Completed date:	04/21/2024	Completed By:	██████████
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: 04/21/2024 01:56 PM Entered By: ██████████

On October 4, 2023, the Department of Childrens Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) ██████████ (Date of Birth: ██████████). The Alleged Perpetrator (AP) was listed as ██████████ birth mother. The investigation was assigned to Child Protective Services Case Manager (CM) ██████████ by Team Leader (TL) ██████████. This case was worked in conjunction with the ██████████ County Sherriifs Department and the Tennessee Bureau of Investigation.

██████████ resided in the family home with his mother, ██████████ and maternal grandmother, ██████████

██████████ County Sherriifs Office responded to the family home on October 4, 2023, at 01:43 P.M. Dispatch had advised that ██████████ had found her grandchild, ██████████ unresponsive inside the family home, ██████████. In. Ms. ██████████ also advised that ██████████ was blue and cold to the touch. Law Enforcement reported they immediately rushed inside the home and the odor observed was to be that of a decomposing body. Law Enforcement reported they entered the room where ██████████ was located and made initial contact with him. Law Enforcement reported that ██████████ was observed laying in the supine position, wrapped in a sheet. They reported ██████████ was observed to be blue in color, eyes profusely bulging, blood exiting the nose, and no pulse was present. Law Enforcement then advised dispatch to confirm the death of the child and requested EMS assistance.

EMS arrived on scene at 4:25 pm and began their investigation. EMS reported ██████████ was observed to show immense signs of death including moderate decomposition, bloating, and lividity. EMS reported numerous signs of possible abuse covering parts of his body including bruising and marking. EMS reported these findings were discovered on ██████████ face, right arm, groin, and both legs. EMS then placed ██████████ on the cardiac monitor to confirm asystole in all leads. No resuscitative efforts were performed. At this time, Law Enforcement contacted TBI agents ██████████ and ██████████ who arrived on scene at 9:12 pm.

On October 4, 2023, CM ██████████ observed Detective ██████████ interview the adults present at the time of the incident. The mother, ██████████ was found on the laundry room floor and appeared to be in pain. Due to the circumstances of this situation, Ms. ██████████ was placed in the back of a patrol vehicle. Law enforcement spoke with ██████████ grandmother about the events that occurred on October 4, 2023. Ms.



## Tennessee Department of Children's Services

### Case Recording Summary

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

[REDACTED] reported that she had not seen or heard [REDACTED] for 2 days. Ms. [REDACTED] reported she had left for work at approximately 7:00 am and returned home approximately 2:00pm. Ms. [REDACTED] reported that upon her arrival home, she began beating on [REDACTED] bedroom door. At some point, [REDACTED] cracked the door open and Ms. [REDACTED] forced entry into the room. Ms. [REDACTED] reported that she then saw [REDACTED] on the bed dead. Ms. [REDACTED] reported she touched him to check for a pulse and then called 911. Ms. [REDACTED] reported that her son, [REDACTED] arrived at the home at approximately 3:30pm. She reported that once Mr. [REDACTED] realized the circumstances of the situation, he immediately placed hands on [REDACTED].

Law enforcement spoke with [REDACTED] about the events that occurred on the same date. Mr. [REDACTED] reported that he arrived at the home at approximately 3:30 pm. He reported that [REDACTED] had killed [REDACTED]. Mr. [REDACTED] reported that once he realized the severity of the situation, he immediately placed his hands on [REDACTED].

On October 4, 2023, Child Protective Services Case Manager [REDACTED] spoke with [REDACTED] at the [REDACTED] County Jail. TBI agent [REDACTED] requested CM [REDACTED] to administer a urine drug screen on [REDACTED]. [REDACTED] consented to this drug screen which was negative for all substances. During this interaction, [REDACTED] was observed to be very confused as she was observed speaking in different languages and continued to state, [REDACTED] is not dead, he is just at home sleeping. Ms. [REDACTED] was also observed grasping and reaching through the air. CM [REDACTED] did observed [REDACTED] interview with TBI agent [REDACTED]. Ms. [REDACTED] was observed to display these same behaviors during this interview. Ms. [REDACTED] was observed to answer most questions with [REDACTED] is not dead; he is just home sleeping. Otherwise, she was observed to answer the questions in a different language or not answer them at all.

CM [REDACTED] and Detective [REDACTED] spoke with [REDACTED] on October 5, 2023, about this incident. Ms. [REDACTED] reported she had left the family home at approximately 7:00am on October 4, 2023 and went to work in [REDACTED]. She reported that at approximately 3:00pm she returned home and stated, I knew something was wrong when I walked in the door, because of the condition of the house. Ms. [REDACTED] reported the home had been destroyed. She reported, There was flour and sugar all over everything, like [REDACTED] just threw it all over the house. Ms. [REDACTED] reported she went directly to [REDACTED] bedroom door to request entry into the room. Ms. [REDACTED] reported she was concerned about [REDACTED] as she had not seen he or [REDACTED] leave this bedroom in approximately 2 days. Ms. [REDACTED] reported [REDACTED] cracked the door open and I saw [REDACTED] laying on the bed dead and green. Ms. [REDACTED] reported she checked [REDACTED] for a pulse, and he was cold to the touch. Once no pulse was found, Ms. [REDACTED] called 911 for help. Ms. [REDACTED] reported [REDACTED] repeatedly stated, He is not dead, he is just asleep.

On October 5, 2023, an autopsy was performed on [REDACTED] by [REDACTED] M.D., Ph.D., Office of the Medical Examiner, [REDACTED] TN. The report states that the cause of [REDACTED] death was Undetermined, the manner of death was Undetermined, and the circumstances of death was Unknown. The report also states the following: The mechanism of death remains uncertain at the time of the report signing. The red discolorations on the lateral aspects of the face, the significant differences in decomposition of the face compared to the remainder of the body and the circumstances surrounding the death are highly suspicious and concerning for an asphyxia mechanism of death including but not limited to suffocation, smothering of overlay. Foul play and a homicidal manner of death cannot be ruled out. Given the unclear circumstances surrounding this death, and because a cause of death not otherwise identifiable, the cause and manner of death are undetermined. Should more information arise the cause and manner of death may be amended.

On October 20, 2023, CM [REDACTED] presented this case to [REDACTED] County Child Protective Investigative Team (CPIT). Those in attendance were [REDACTED] DCS CM, [REDACTED] DCS TL, [REDACTED] - [REDACTED] County Youth Services Officer, [REDACTED] - CAC, [REDACTED] - CAC, Det. [REDACTED] - [REDACTED] County Sheriffs Office, Det. [REDACTED] - City of [REDACTED] Police Department.

The team agreed that there is a preponderance of evidence to support the Abuse Death allegation.

Per DCS Policy Work Aid 1 Section E:

Child death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or 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. 2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting



Tennessee Department of Children's Services  
Case Recording Summary

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

from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline selects Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician. NOTE: Preliminary near deaths are always treated as severe child abuse. There is a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated against AP regarding ACV

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:	2024-04-12 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:		Recorded For:	
Location:		Created Date:	04/12/2024
Completed date:	04/12/2024	Completed By:	
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: 04/12/2024 11:29 AM      Entered By:

TL  staffed this case with CM  and it is noted that the Autopsy for ACV  was returned as "Inconclusive."  
Up to date there have been no criminal charges against the mother,  .  
Ms.  other living children are in permanent guardianship with Ms.  aunt,  . Ms.  has supervised visitation rights however, she does not visit the children.

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:	2024-02-26 16:59:00	Contact Method:	
Contact Time:	04:59 PM	Contact Duration:	
Entered By:		Recorded For:	
Location:		Created Date:	02/26/2024
Completed date:	02/26/2024	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: 02/26/2024 06:24 PM      Entered By:

On this date, CM received a copy of autopsy from .  
A copy of this has been uploaded into the Documents section of TFACTS.  
The findings reported are: COD- Undetermined MOD- Could Not Be Determined.

There is no new information concerning the APs criminal case.  
TBI Agent reported she will update the Department with any new developments.



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:	2024-02-07 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:		Recorded For:	
Location:	DCS Office	Created Date:	02/21/2024
Completed date:	02/21/2024	Completed By:	
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Medical Exam,Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original      Entry Date/Time: 02/21/2024 03:12 PM      Entered By:

CM received a copy of autopsy and a copy of this has been uploaded into the Documents section of TFACTS.  
There is no new information concerning the criminal investigation linked to this case.  
TBI Agent reported she would update CM with any new developments.

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:	2024-01-24 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:		Recorded For:	
Location:	DCS Office	Created Date:	02/21/2024
Completed date:	02/21/2024	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: 02/21/2024 03:10 PM      Entered By:

CM spoke with TBI Agent concerning this case.  
There is no new information at this time, investigators are still waiting for the autopsy results.

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:	2023-12-14 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:		Recorded For:	
Location:	DCS Office	Created Date:	02/21/2024
Completed date:	02/21/2024	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: 02/21/2024 03:08 PM      Entered By:

CM spoke with TBI Agent concerning this case.  
There is no new information at this time, investigators are still waiting for the autopsy results.



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:	2023-10-20 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:		Recorded For:	
Location:	DCS Office	Created Date:	02/21/2024
Completed date:	02/21/2024	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: 02/21/2024 03:04 PM      Entered By:

On this date, the CPIT Team agreed to the classification of this case as ASPS as to the allegation of Abuse Death as to ACV by AP  
A copy of this CPIT Form has been uploaded into the Documents section of TFACTS.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-10-05 16:00:00	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/09/2023
Completed date: 10/09/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/09/2023 03:32 PM      Entered By: [REDACTED] [REDACTED]

On this date, CM [REDACTED] and Det. [REDACTED] spoke with Ms. [REDACTED] and Ms. [REDACTED] at her home in [REDACTED] Tn.

Ms. [REDACTED] met CM [REDACTED] and Det. [REDACTED] at the front door of the home and invited them inside. [REDACTED] five older children were observed sitting in the living room of the home. [REDACTED] [REDACTED] [REDACTED] and [REDACTED] were each observed on clean clothing with no visible marks, cuts, or bruises observed.

Ms. [REDACTED] asked if CM [REDACTED] and Det. [REDACTED] would be comfortable talking on the front porch as she did not want the children to hear the conversation.

CM [REDACTED] and Det. [REDACTED] spoke with Ms. [REDACTED] and Ms. [REDACTED] on the front porch of the home.

Ms. [REDACTED] reported that she is [REDACTED] mother and [REDACTED] grandmother. Ms. [REDACTED] reported she lives with [REDACTED] and [REDACTED] in a rental house located at [REDACTED] Tn.

Ms. [REDACTED] reported [REDACTED] birth father to be [REDACTED]. She reported Mr. [REDACTED] and [REDACTED] are not married. Ms.

[REDACTED] reported that Mr. [REDACTED] visits the residence periodically and, to her knowledge, he saw [REDACTED] last week.

Ms. [REDACTED] reported that her son, [REDACTED] had stayed over night at the home the past two nights.

She reported that [REDACTED] lives with his girlfriend at another address in [REDACTED] County, but they had an argument and [REDACTED] came to stay for a couple days.

Ms. [REDACTED] reported the last time she saw [REDACTED] alive was Monday morning, 10/2/23. She reported that [REDACTED] was awake in the early morning hours, around 6:30. Ms. [REDACTED] reported that she watched TV with [REDACTED] and he played with toys while she was getting ready for work. Ms. [REDACTED] reported she left for work and returned to the home later that evening. Ms.

[REDACTED] reported that [REDACTED] bedroom door was closed and locked. When Ms. [REDACTED] knocked on the bedroom door; she reported [REDACTED] did not open the door, but explained, We are sick. Dont come in because I dont want you to get sick.

Ms. [REDACTED] reported this did not raise any concerns, as she was under the impression that the two were sick.

Ms. [REDACTED] reported the bedroom door remained closed and [REDACTED] continued to report she and [REDACTED] were sick Tuesday, 10/3/23, and Wednesday morning, 10/4/23.

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

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] reported she and Mr. [REDACTED] became very concerned on Wednesday, as this was the third day that [REDACTED] refused entry into the bedroom.

Ms. [REDACTED] reported that she and Mr. [REDACTED] approached the bedroom door and stated, [REDACTED] open the door, I need to see the baby!

Ms. [REDACTED] reported that [REDACTED] opened the door and stated, Hes not dead. Yall dont worry, hes not dead.

Ms. [REDACTED] reported she could see [REDACTED] laying on the bed. She reported [REDACTED] was not moving and realized he was not breathing. Ms. [REDACTED] reported she began screaming and called 911.

Ms. [REDACTED] reported [REDACTED] had pulled [REDACTED] out of the bedroom once he realized what was going on. Ms. [REDACTED] reported that [REDACTED] and [REDACTED] were then involved in a physical altercation.

Ms. [REDACTED] reported when she entered the home on this date, I cold just feel that something was wrong, I just had to know.

Ms. [REDACTED] reported there was sugar and coffee strowed all over my kitchen. Like she just took it and threw it everywhere.

Ms. [REDACTED] reported that [REDACTED] does have a history of this type of behavior. She reported [REDACTED] has been diagnosed with Bi-Polar disorder, but is not currently taking any medication. Ms. [REDACTED] reported a family history of Bi-Polar disorder as this is her own diagnosis. Ms. [REDACTED] reported she does take prescribed medication and denied any current symptoms.

Ms. [REDACTED] reported her concern for [REDACTED] and her well-being. She reported [REDACTED] is currently staying with her father, Mr. Odell [REDACTED]. She reported that Mr. [REDACTED] called this morning and reported that [REDACTED] has been displaying strange behavior. Mr. [REDACTED] reported [REDACTED] has taken a shower with her clothes on, has been observed talking to herself, has been observed writing with her finger in the air, and has thrown coffee and sugar into the bathtub.

Ms. [REDACTED] reported Mr. [REDACTED] will take [REDACTED] to [REDACTED] Psychiatric Hospital on 10/6/23 for a psychiatric evaluation and assessment.

Ms. [REDACTED] reported that she is [REDACTED] aunt and was granted permanent guardianship of her five older children in 2019 by [REDACTED] County court.

Ms. Wright and Ms. [REDACTED] reported [REDACTED] has a severe drug abuse history and her drug of choice is methamphetamine.

Ms. [REDACTED] reported that she has suspected that [REDACTED] has relapsed. She reported That meth makes her act crazy.

Ms. [REDACTED] and Ms. [REDACTED] reported they suspect [REDACTED] has used methamphetamine during the last two weeks. This assumption is based on [REDACTED] observed erratic behaviors described above.

Ms. [REDACTED] invited CM [REDACTED] into the home. CM [REDACTED] said Hello to [REDACTED] [REDACTED] [REDACTED] and [REDACTED]. Each of the children said Hello to CM [REDACTED]. The children were all observed on the living room. They were observed to be very quiet. Ms. [REDACTED] reported They are so upset over all this.

Ms. [REDACTED] and Ms. [REDACTED] requested therapy and counseling options.

CM [REDACTED] explained a list of grief counselors and therapists would be provided for all family members.

CM [REDACTED] and Det. [REDACTED] thanked the family and left the 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:	2023-10-04 22:22:00	Contact Method:	
Contact Time:	10:22 PM	Contact Duration:	
Entered By:	██████ ██████████	Recorded For:	
Location:		Created Date:	10/06/2023
Completed date:	10/06/2023	Completed By:	██████ ██████████
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: 10/06/2023 12:02 PM      Entered By: ██████████ ██████████

On 10/4/2023 a P1 referral was received concerning a child death in a home in Westmoreland. CM ██████████ updated that the ██████████ County Sheriff's Office (██████████ CSO) responded to the home for the deceased child. After initial contact and interviews in the home, ██████████ CSO contacted TBI and they responded to the home and continued interviews at the sheriff's office. CM ██████████ will continue working with law enforcement with interviews. CM ██████████ did note there were no other children in the home and the other children had previously been removed due to drug use.

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:	2023-10-04 16:30:00	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:		Recorded For:	
Location:	Family Home	Created Date:	04/21/2024
Completed date:	04/21/2024	Completed By:	
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original      Entry Date/Time: 04/21/2024 01:55 PM      Entered By:   
On this date, CM spoke with the referent who confirmed all information reported in the referral.

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

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

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 2023-10-04 16:00:00	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: Family Home	Created Date: 10/09/2023
Completed date: 10/09/2023	Completed By: [REDACTED] [REDACTED]
Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Alleged Perpetrator Interview, Initial ACV Face To Face, Other Persons Living in Home Interview/Observation, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED] [REDACTED] [REDACTED]

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 10/09/2023 11:41 AM      Entered By: [REDACTED] [REDACTED]

On 10/4/2023 a P1 referral was received concerning a child death in a home in [REDACTED]. CM [REDACTED] and CM [REDACTED] responded to the home. CPII partner, Det. [REDACTED], met CMs in the driveway of the home. Det. [REDACTED] reported that the [REDACTED] County Sheriff's Department responded to the home and found ACV [REDACTED] deceased in a back bedroom of the home. The child's mother, AP [REDACTED] was found in the home, sitting on the laundry room floor. Responding officer, Deputy [REDACTED] reported the child was observed to be blue in color, eyes profusely popping out, with blood observed to be coming out of the nose, and there was no pulse. At that time, Deputy [REDACTED] requested EMS. [REDACTED] grandmother, and [REDACTED] uncle, were also at the home. They each reported to law enforcement they had come to the home to check on [REDACTED] and [REDACTED] as they had not heard from them in several days. [REDACTED] reported when she entered the home, she could tell that something wasn't right based on the condition of the home. [REDACTED] reported that [REDACTED] came out of the back bedroom where [REDACTED] was located. [REDACTED] reported she immediately observed the child was unresponsive and called 911. [REDACTED] reported that [REDACTED] and [REDACTED] live in the home and had been locked in this back bedroom for several days and would not come out. CSO contacted TBI Agent [REDACTED] and she responded to the home. Agent [REDACTED] and Agent [REDACTED] also responded to the home, as it was an active crime scene, and began collecting evidence. [REDACTED] was transported to the [REDACTED] CSO and interviewed by Agent [REDACTED]. CM [REDACTED] and CM [REDACTED] observed this interview. [REDACTED] reported that [REDACTED] had been sick and became argumentative when Agent [REDACTED] advised that he was deceased. [REDACTED] showed no emotion when she was told of [REDACTED] condition. CM [REDACTED] spoke with [REDACTED] at the advisement of Agent [REDACTED]. CM [REDACTED] explained to Ms. [REDACTED] there is an open DCS case concerning this child death.



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

Case Id: [REDACTED]

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

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] reported she understood and reported previous involvement with the Department as her five older children were placed in a permanent guardianship with family member [REDACTED].

[REDACTED] [REDACTED] consented to a UDS which was negative for all substances. She signed the UDS form and a copy of this has been uploaded into the documents section of TFACTS.

Agent [REDACTED] spoke with DA [REDACTED] concerning the initial circumstances of this case. DA [REDACTED] advised that the charge of abuse of a corpse could be brought against [REDACTED] [REDACTED] tonight, however General [REDACTED] advised it may be best to wait for the autopsy results and search warrants/results as more charges are expected.

Deputy [REDACTED] transported [REDACTED] [REDACTED] to her fathers, [REDACTED] [REDACTED] home in [REDACTED]

CM [REDACTED] and CM [REDACTED] thanked all CPIT partners and left the [REDACTED] CSO.

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:	2023-10-04 15:30:00	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:		Recorded For:	
Location:		Created Date:	10/04/2023
Completed date:	10/04/2023	Completed By:	
Purpose(s):	Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original      Entry Date/Time: 10/04/2023 07:57 PM      Entered By:

P! Immediate Response Child Death assigned to CM for investigation.

LE reportedly on scene at the home where 18 month old male child found unresponsive. Child alleged to have been found in a locked room where he appeared to have been deceased for some time.

CM will respond with CPIT partners at the home along with TBI.

CM has initiated CPIT process with Detectives with CSO.

TC notified of alleged child death.

DA and Juvenile Court Judge notified per local protocol.

**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:	2023-10-04 15:30:00	Contact Method:	
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	██████████ ██████████	Recorded For:	
Location:		Created Date:	10/09/2023
Completed date:	10/09/2023	Completed By:	██████████ ██████████
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: 10/09/2023 11:06 AM      Entered By: ██████████ ██████████  
 NON-CUSTODIAL CHILD DEATH

Family Case IDs: No  
 Associated Case IDs: No

TFACTS Note: Per Google Maps, the address is "████████████████████, TN, ██████████  
 Address match in TFACTS to Investigation Case ██████████ closed 2/28/2022.

ACV: ██████████ ██████████ (██████████), Birth Mother/AP: ██████████ ██████████ (██████████), Birth Father: ██████████ ██████████  
 (██████████).

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

Pending: No  
 Awaiting Screening: No  
 Submitted: No

Open CPS: No  
 Substantiated: No  
 Death: No  
 Screen Outs: No

History (not listed above): No

County of Jurisdiction: ██████████  
 School/ Daycare: Unknown

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

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

Active Military: Unknown

Reporters Name/Relationship: [REDACTED] [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

Unknown Child (1) lives in [REDACTED] County. It is unknown who else lives in the home. It is unknown who is caring for the child. The mother and father are unknown.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?  
 Yes, Immediate Assistance is requested to the home.

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

On Wednesday, 10/4/2023, [REDACTED] County Sheriff's Office Detective [REDACTED] contacted DCS in reference to a deceased child. Detective [REDACTED] reported that Law Enforcement located the child in a locked rear bedroom of the home; the child was found deceased. The child's date of death is unknown. The child's body appeared green in coloring. It is unknown if there are any injuries on the child's body. It is unknown if the child's body has been transported to the hospital.

Abuse and/or neglect is suspected as the potential cause of the child's death. The circumstances and/or concerns surrounding the child's death are unknown. It is unknown how Law Enforcement initially became involved. The parents and/or caretakers have not provided a statement. The living conditions of the home are unknown. It is unknown if there are any concerns for mental health, domestic violence, alcohol, or drug abuse issues.

-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

Intake Notation: No

Screener Notation: No

Emailed/Paged CPSI On Call: Email sent to [REDACTED] Region CPS Notification group. Received by [REDACTED].

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

DCS Child Death or Preliminary Near Death Alert group

Interim Director: [REDACTED]

Per SDM: Investigation P1: Approved by CAH Director [REDACTED]. Intake Supervisor [REDACTED] on 10/4/2023 @ 4:56 PM [REDACTED]

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

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

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**Case Recording Details**

Recording ID:	██████████	Status:	Completed
Contact Date:	2023-10-04 15:25:00	Contact Method:	Phone Call
Contact Time:	03:25 PM	Contact Duration:	
Entered By:	██████ ██████████ ██████████	Recorded For:	
Location:	Family Home	Created Date:	10/04/2023
Completed date:	10/04/2023	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: 10/04/2023 08:00 PM      Entered By: ██████████ ██████████ ██████████

CM ██████████ has initiated CPIT process with Detectives with ██████████ CSO.





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

### A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 10/04/2023

Assignment Date: 10/04/2023

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]	Abuse Death	[REDACTED]	[REDACTED], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED]  02/21/2024

### C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated against AP [REDACTED] regarding ACV [REDACTED]. On 10/20/2023, the CPIT Team agreed with the classification of this case as ASPS as to the allegation of Abuse Death as to ACV [REDACTED] by AP [REDACTED]. The autopsy was received from the Medical Examiner and a copy of this has been uploaded into the Documents section of TFACTS. The TBI's criminal investigation relating to this case remains open with no new updates. There is a preponderance of evidence to support the allegation of Abuse Death.

### D. Case Workers

Case Worker: [REDACTED]

Date: 02/28/2024

Team Leader: [REDACTED]

Date: 02/29/2024

### 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:**

On October 4, 2023, the Department of Children's Services received a referral for an allegation of Abuse Death regarding ACV [REDACTED]. The AP was listed as [REDACTED] birth mother. The investigation was assigned to CPSI [REDACTED]. This case was worked in conjunction with the [REDACTED] County Sheriff's Department and the Tennessee Bureau of Investigation.

[REDACTED] resided in the family home with his mother, [REDACTED] and maternal grandmother, [REDACTED]. [REDACTED] County Sheriff's Office responded to the family home on October 4, 2023, at 01:43 P.M. Dispatch had advised that [REDACTED] had found her grandchild, [REDACTED] unresponsive inside the family home, [REDACTED]. In. Ms. [REDACTED] also advised that [REDACTED] was blue and cold to the touch. Law Enforcement reported they immediately rushed inside the home and the odor observed was to be that of a decomposing body. Law Enforcement reported they entered the room where [REDACTED] was located and made initial contact with him. Law Enforcement reported that [REDACTED] was observed laying in the supine position, wrapped in a sheet. They reported [REDACTED] was observed to be blue in





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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

color, eyes profusely bulging, blood exiting the nose, and no pulse was present. Law Enforcement then advised dispatch to confirm the death of the child and requested EMS assistance.

EMS arrived on scene at 4:25 pm and began their investigation. EMS reported [REDACTED] was observed to show immense signs of death including moderate decomposition, bloating, and lividity. EMS reported numerous signs of possible abuse covering parts of his body including bruising and marking. EMS reported these findings were discovered on [REDACTED] face, right arm, groin, and both legs. EMS then placed [REDACTED] on the cardiac monitor to confirm asystole in all leads. No resuscitative efforts were performed. At this time, Law Enforcement contacted TBI agents [REDACTED] and [REDACTED] who arrived on scene at 9:12 pm.

**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 October 5, 2023, an autopsy was performed on [REDACTED] by [REDACTED] M.D., Ph.D., Office of the Medical Examiner, [REDACTED] TN. The report states that the cause of [REDACTED] death was "Undetermined", the manner of death was "Undetermined", and the circumstances of death was "Unknown." The report also states the following: "The mechanism of death remains uncertain at the time of the report signing. The red discolorations on the lateral aspects of the face, the significant differences in decomposition of the face compared to the remainder of the body and the circumstances surrounding the death are highly suspicious and concerning for an asphyxial mechanism of death including but not limited to suffocation, smothering or overlay. Foul play and a homicidal manner of death cannot be ruled out. Given the unclear circumstances surrounding this death, and because a cause of death not otherwise identifiable, the cause and manner of death are undetermined. Should more information arise the cause and manner of death may be amended."

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

On October 4, 2023, CPSI [REDACTED] spoke with [REDACTED] at the [REDACTED] County Jail. TBI agent [REDACTED] requested CPSI [REDACTED] to administer a urine drug screen on [REDACTED]. [REDACTED] consented to this drug screen which was negative for all substances. During this interaction, [REDACTED] was observed to be very confused as she was observed speaking in different languages and continued to state, "[REDACTED] is not dead, he is just at home sleeping." Ms. [REDACTED] was also observed grasping and reaching through the air. CM [REDACTED] did observed [REDACTED] interview with TBI agent [REDACTED]. Ms. [REDACTED] was observed to display these same behaviors during this interview. Ms. [REDACTED] was observed to answer most questions with "[REDACTED] is not dead; he is just home sleeping." Otherwise, she was observed to answer the questions in a different language or not answer them at all.

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

Law enforcement spoke with [REDACTED] grandmother about the events that occurred on October 4, 2023. Ms. [REDACTED] reported that she had not seen or heard [REDACTED] for 2 days. Ms. [REDACTED] reported she had left for work at approximately 7:00 am and returned home approximately 2:00pm. Ms. [REDACTED] reported that upon her arrival home, she began beating on [REDACTED] bedroom door. At some point, [REDACTED] cracked the door open and Ms. [REDACTED] forced entry into the room. Ms. [REDACTED] reported that she then saw [REDACTED] on the bed dead. Ms. [REDACTED] reported she touched him to check for a pulse and then called 911. Ms. [REDACTED] reported that her son, [REDACTED] arrived at the home at approximately 3:30pm. She reported that once Mr. [REDACTED] realized the circumstances of the situation, he immediately placed hands on [REDACTED]. CPSI [REDACTED] and Detective [REDACTED] spoke with [REDACTED] on October 5, 2023, about this incident. Ms. [REDACTED] reported she had left the family home at approximately 7:00am on October 4, 2023 and went to work in [REDACTED]. She reported that at approximately 3:00pm she returned home and stated, "I knew something was wrong when I walked in the door, because of the condition of the house." Ms. [REDACTED] reported the home had been "destroyed". She reported, "There was flour and sugar all over everything, like [REDACTED] just threw it all over the house." Ms. [REDACTED] reported she went directly to [REDACTED] bedroom door to request entry into the room. Ms. [REDACTED] reported she was concerned about [REDACTED] as she had not seen he or [REDACTED] leave this bedroom in approximately 2 days. Ms. [REDACTED] reported [REDACTED] cracked the door open and "I saw [REDACTED] laying on the bed dead and green." Ms. [REDACTED] reported she checked [REDACTED] for a pulse, and he was cold to the touch. Once no pulse was found, Ms. [REDACTED] called 911 for help. Ms. [REDACTED] reported [REDACTED] repeatedly stated, "He is not dead, he is just asleep."

Law enforcement spoke with [REDACTED] about the events that occurred on the same date. Mr. [REDACTED] reported that he arrived at the home at approximately 3:30 pm. He reported that [REDACTED] had killed [REDACTED]. Mr. [REDACTED] reported that once he realized the severity of the situation, he immediately placed his hands on [REDACTED].





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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

On October 20, 2023, CPSI [REDACTED] presented this case to [REDACTED] County Child Protective Investigative Team (CPIT). Those in attendance were [REDACTED] DCS CPSI, [REDACTED] DCS TL, [REDACTED] County Youth Services Officer, [REDACTED] - CAC, [REDACTED] - CAC, Det. [REDACTED] - [REDACTED] County Sheriff's Office, Det. [REDACTED] City of [REDACTED] Police Department.

The team agreed that there is a preponderance of evidence to support the Abuse Death allegation.

Per DCS Policy Work Aid 1 Section E:

Child death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse. 2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect. NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline selects Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician. NOTE: Preliminary near deaths are always treated as severe child abuse.

Closing FAST: Immediate Intervention Recommended

High Need/Risk

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: 10/04/2023
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: 04/21/2024	Last Assessed Date:
Assessment Status: Approved	Assessor: [REDACTED] [REDACTED]
Date Approved: 10/10/2023	Approver: [REDACTED] [REDACTED] [REDACTED]

PARTICIPANTS						
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] [REDACTED] [REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	9	Low
[REDACTED] [REDACTED] [REDACTED] (AP)	34 Yrs	Primary	F	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED]	38 Yrs	Caregiver	M	[REDACTED]	N/A	N/A
[REDACTED] [REDACTED]	61 Yrs	Caregiver	F	[REDACTED]	N/A	N/A

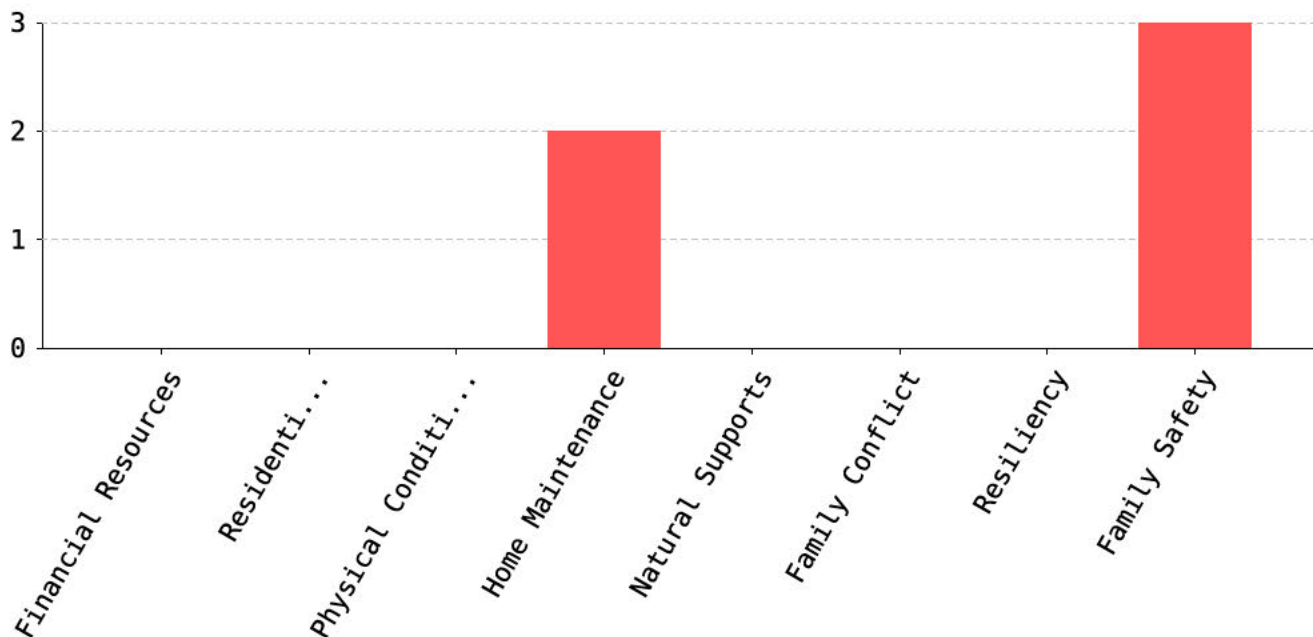


**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 10/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**THE FAMILY TOGETHER**

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



Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	2	The home was observed to be somewhat cluttered and required cleaning. There was coffee and sugar covering the kitchen floor and countertops. There was an odor present.
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	3	On 10/4/23, [REDACTED] County Sheriffs Department responded to the home of ACV [REDACTED] who was found deceased in a back bedroom of the home. The child's mother, AP [REDACTED] was found in the home, sitting on the laundry room floor. Responding officer, Deputy [REDACTED] reported the child was observed to be blue in color, eyes profusely popping out, with blood





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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 10/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

observed to be coming out of the nose, and there was no pulse. At that time, Deputy [REDACTED] requested EMS.  
The family reported that [REDACTED] had locked herself and [REDACTED] in this bedroom for 3 days.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 10/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

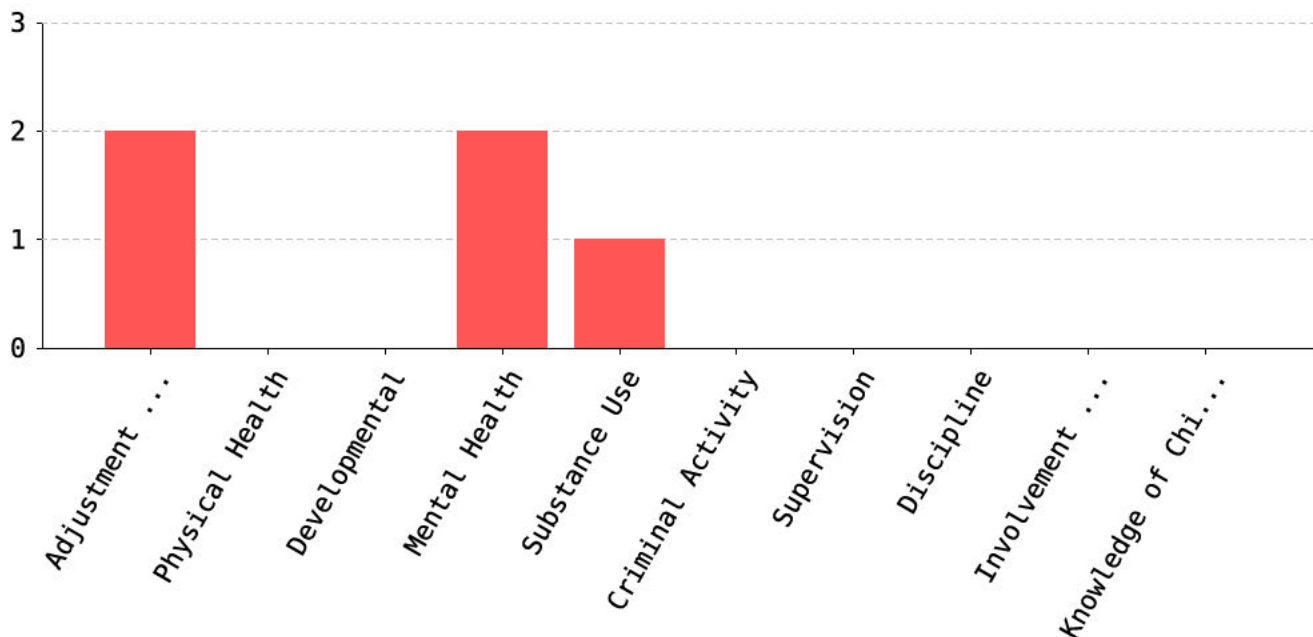
**CAREGIVERS**

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

Participant: [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	Ms. [REDACTED] reported symptoms of severe anxiety and depression due to the circumstances of the family.
Physical Health	0	
Developmental	0	
Mental Health	2	Ms. [REDACTED] reported a diagnosis of Bi-Polar Disorder. She reported current medication compliance. however she also reported experiencing severe anxiety and depression due to the death of her grandson, [REDACTED].
Substance Use	1	Ms. [REDACTED] has a history of drug abuse, but reported she is clean and sober.
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



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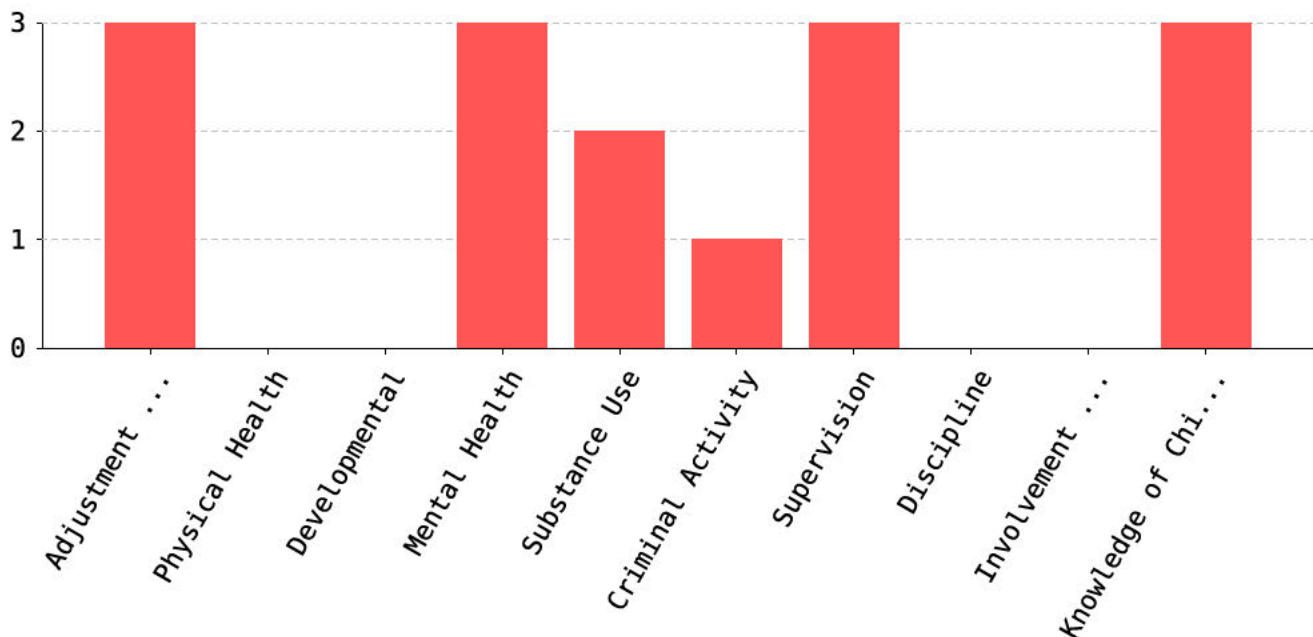
**CAREGIVERS**

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

Participant: [REDACTED] [REDACTED] [REDACTED]

Person ID: [REDACTED]

Role Primary Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	3	Ms. [REDACTED] was observed wearing soiled clothing, her hair was unkempt, and she was not wearing shoes. Ms. [REDACTED] was observed talking to herself and writing with her finger in the air. The family reported they believe this behavior is the result of her son, [REDACTED] death.
Physical Health	0	
Developmental	0	
Mental Health	3	The family reported that Ms. [REDACTED] has been diagnosed with Bi-Polar Disorder but does not take any medication and this diagnosis has been left untreated. Ms. [REDACTED] demonstrated atypical behaviors following her son's death. Ms. [REDACTED] was observed talking to herself and writing with her finger in the air. Ms. [REDACTED] was observed to giggle, at times, while being interviewed concerning [REDACTED] death. Ms. [REDACTED] was observed to have a flat affect and did not cry. The family reported they believe this behavior is the result of her son, [REDACTED] death.



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Substance Use	2	Ms. [REDACTED] has a history of severe drug abuse. Her drug of choice is methamphetamine. Ms. [REDACTED] consented to a UDS which was negative for all substances. The fraily reported concern that Ms. [REDACTED] "has started using again." They reported this suspicion is based on her recent erratic behavior.
Criminal Activity	1	MS. [REDACTED] has a criminal history. She denied any current or pending charges and is not currently on probation.
Supervision	3	[REDACTED] was found deceased on 10/4/23 in the bedroom of the family home. Ms. [REDACTED] had locked herself and [REDACTED] in this bedroom on Monday 10/2/23. From 10/2/23 to 10/4/23, she refused to leave the bedroom or open the door. Ms. [REDACTED] opened the bedroom door and allowed [REDACTED] [REDACTED] to enter the room on 10/4/23. [REDACTED] found [REDACTED] to be unresponsive and not breathing. She called 911 and law enforcement along with emergency personnel responded to the home.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	3	[REDACTED] was found deceased on 10/4/23 in the bedroom of the family home. Ms. [REDACTED] had locked herself and [REDACTED] in this bedroom on Monday 10/2/23. From 10/2/23 to 10/4/23, she refused to leave the bedroom or open the door. Ms. [REDACTED] opened the bedroom door and allowed [REDACTED] [REDACTED] to enter the room on 10/4/23. [REDACTED] found [REDACTED] to be unresponsive and not breathing. She called 911 and law enforcement along with emergency personnel responded to the home.





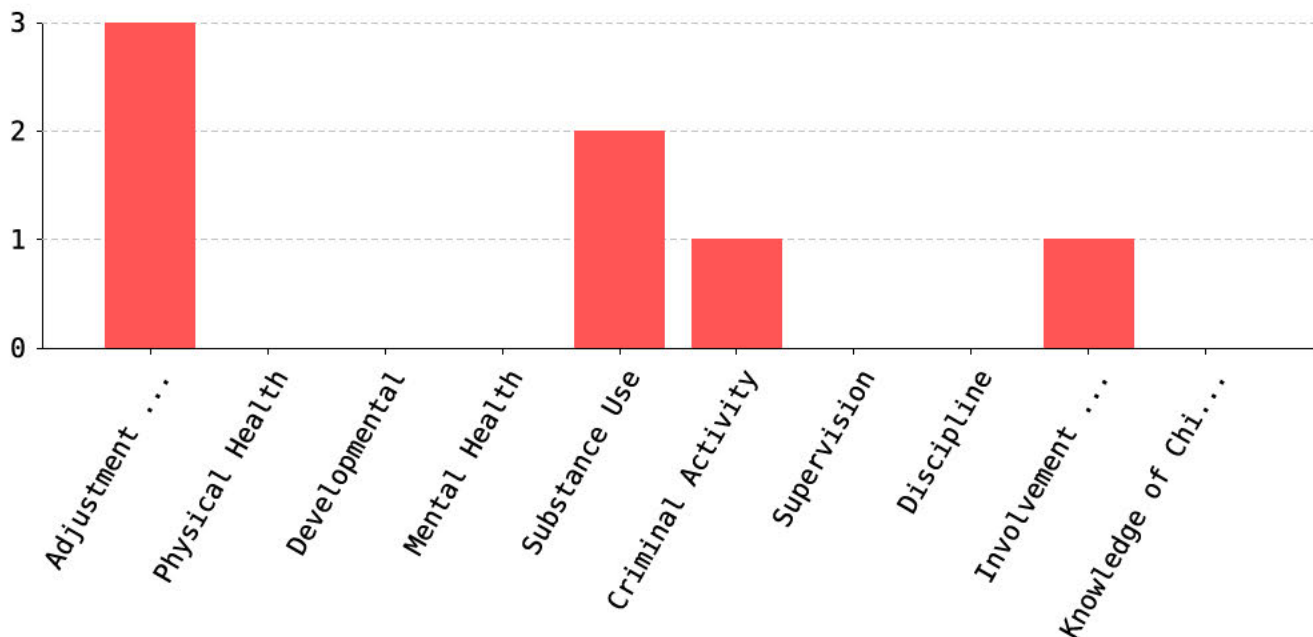
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<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 10/04/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**CAREGIVERS**

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

Participant: [REDACTED] Person ID: [REDACTED] Role: Caregiver



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	3	Mr. [REDACTED] is [REDACTED] birth father. Mr. [REDACTED] is currently experiencing a traumatic event as [REDACTED] was found deceased in the bedroom of the family home.
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	2	Mr. [REDACTED] recently served jail time related to drug charges in [REDACTED] County. Mr. [REDACTED] is currently clean, however there is a significant history of drug use.
Criminal Activity	1	Mr. [REDACTED] was recently released from the [REDACTED] County Jail. He has no current or pending criminal charges at this time.
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	1	The family reported Mr. [REDACTED] "sees [REDACTED] ever couple of days." Mr. [REDACTED] does not live in the family home, but spends time with [REDACTED] often.
Knowledge of Child and Family Needs	0	



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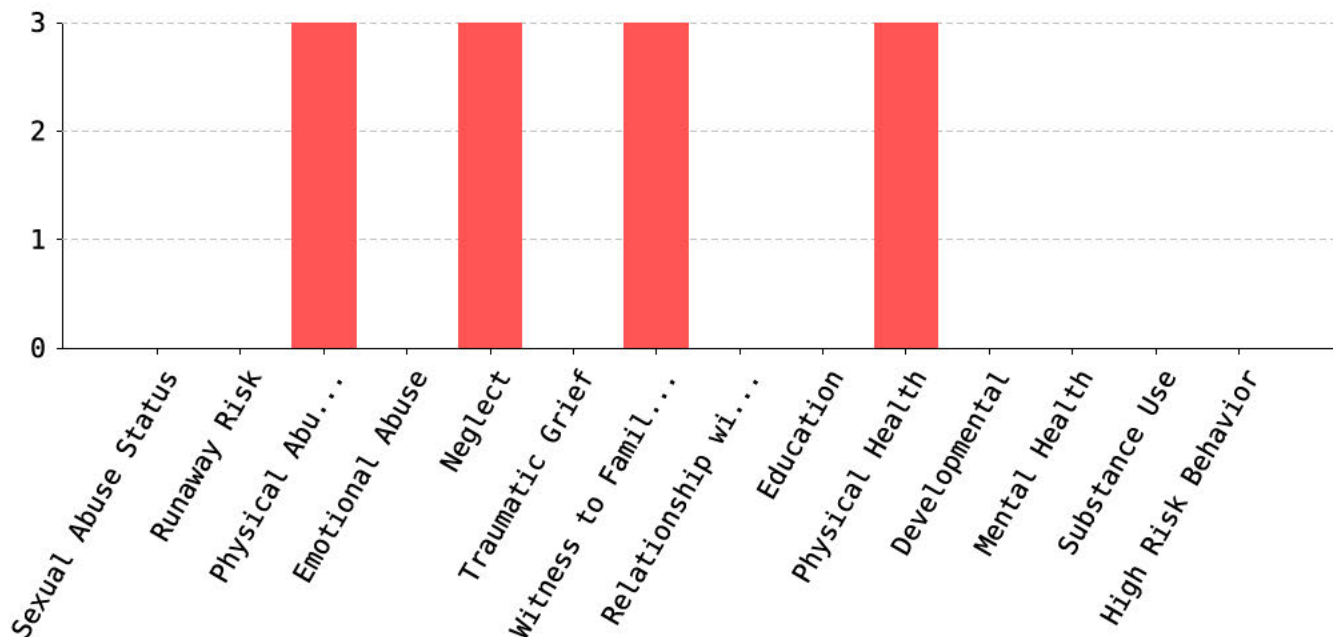
**YOUTH**

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

Participant: [REDACTED]

Person ID: [REDACTED]

Age: Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	3	[REDACTED] was found deceased on 10/4/23 in the bedroom of the family home. Ms. [REDACTED] had locked herself and [REDACTED] in this bedroom on Monday 10/2/23. From 10/2/23 to 10/4/23, she refused to leave the bedroom or open the door. Ms. [REDACTED] opened the bedroom door and allowed [REDACTED] [REDACTED] to enter the room on 10/4/23. [REDACTED] found [REDACTED] to be unresponsive and not breathing. She called 911 and law enforcement along with emergency personnel responded to the home.
Emotional Abuse	0	
Neglect	3	[REDACTED] was found deceased on 10/4/23 in the bedroom of the family home. Ms. [REDACTED] had locked herself and [REDACTED] in this bedroom on Monday 10/2/23. From 10/2/23 to 10/4/23, she refused to leave the bedroom or open the door. Ms. [REDACTED] opened the bedroom door and allowed [REDACTED] [REDACTED] to enter the room on 10/4/23. [REDACTED] found [REDACTED] to be unresponsive and not breathing. She called 911 and law enforcement along with emergency personnel responded to the home.



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		personnel responded to the home.
Traumatic Grief	0	
Witness to Family, School or Community Violence	3	<p>[REDACTED] was found deceased on 10/4/23 in the bedroom of the family home.</p> <p>Ms. [REDACTED] had locked herself and [REDACTED] in this bedroom on Monday 10/2/23. From 10/2/23 to 10/4/23, she refused to leave the bedroom or open the door. Ms. [REDACTED] opened the bedroom door and allowed [REDACTED] to enter the room on 10/4/23. [REDACTED] found [REDACTED] to be unresponsive and not breathing. She called 911 and law enforcement along with emergency personnel responded to the home.</p> <p>Autopsy results are pending.</p>
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	3	<p>[REDACTED] was found deceased on 10/4/23 in the bedroom of the family home.</p> <p>[REDACTED] found [REDACTED] to be unresponsive and not breathing. She called 911 and law enforcement along with emergency personnel responded to the home.</p> <p>The family reported that [REDACTED] had been in the care of his mother, [REDACTED] for the last three days.</p> <p>Ms. [REDACTED] had locked herself and [REDACTED] in this bedroom on Monday 10/2/23. From 10/2/23 to 10/4/23, she refused to leave the bedroom or open the door. Ms. [REDACTED] opened the bedroom door and allowed [REDACTED] to enter the room on 10/4/23. [REDACTED] found [REDACTED] to be unresponsive and not breathing. She called 911 and law enforcement along with emergency personnel responded to the home.</p> <p>Autopsy results are pending.</p>
Developmental	0	
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	