

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

Intake ID: [REDACTED]

Intake Taken By: [REDACTED]

Intake Date/Time: 10/30/2023 07:28 PM [REDACTED]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [REDACTED]

Date Screened: 10/30/2023

**Investigation**

Investigation ID: [REDACTED]

First County/Region Assigned: [REDACTED]

Date/Time Assigned : 10/31/2023 07:01 AM

First Team Leader Assigned: [REDACTED] [REDACTED]

Date/Time Assigned : 10/31/2023 12:00 AM

First Case Manager Assigned: [REDACTED] [REDACTED]

Date/Time Assigned : 10/31/2023 12:00 AM

**Allegations**

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

**Referent(s)**

Referent Name: [REDACTED] [REDACTED]

Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

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

Open CPS: INV / [REDACTED] / DEC / 08-29-2023 / Not classified/ DCS CM [REDACTED] and Supervisor

[REDACTED]  
Substantiated: No



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

Death: No

History (not listed above): No

County of Jurisdiction: [REDACTED]

School/ Daycare: No

Active Military: No

Reporter's Name/Relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (2 months) resides with birth mother, [REDACTED] or [REDACTED] (33) birth father, [REDACTED] (36) in [REDACTED] County TN. The mother said she was married, but the mother gave the name [REDACTED]

[REDACTED] has a 14-year-old (Unknown) and the mother does not have custody of the 14 year old child. The 14 year old child is never in the parent's home.

Deputy [REDACTED] Badge [REDACTED] is the working the report/investigation.

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

LE is requesting immediate assistance for DCS to arrive at the home. Address [REDACTED]

[REDACTED] TN

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

On 10.30.2023 LE was sent to the home for a cardiac arrest of a two-month-old. It is believed that the father called 911 at 6:34PM, but this has not been confirmed at this time. The fire department was the first responders on scene. They about had to break the door as no one came to the door. When the fire department made entry into the home, they saw [REDACTED] on the bed by himself. They attempted to do CPR and then EMS arrived shortly after. LE arrived on scene after EMS. EMS was in the home when LE arrived. [REDACTED] was taken into the ambulance, and transported to [REDACTED] hospital. [REDACTED] has been pronounced deceased and the time of death is unknown. It is unknown if [REDACTED] passed at the hospital or if he passed in the ambulance. A detective is on scene and there is currently an ongoing investigation. LE has already gone to the hospital to take photos of [REDACTED] LE is now currently at the home. It is unknown if there were any kind of injuries on [REDACTED] When LE arrived to the home, the infant was already in the ambulance.

LE made contact with the parents. The parents seemed to be under the influence of some kind of drug. The drug may have been a depressant as they could barely hold their head up. The parents have slurred speech and slow reactions. LE saw suboxone, marijuana and other stuff laying all over the home. LE has dealt with [REDACTED] before. LE has used Narcan on the father before. The details to the parents drug usage is unknown at this time. The parents were in the home at the time of the unknown incident with [REDACTED]. It is not clear what happened to [REDACTED] as the parents are not able to comprehend much. It was stated that [REDACTED] has had no prior health problems. There is a concern for neglect being a potential cause of death. LE are on scene investigating everything. There is a possibility that the parents could have charges, but this is not for sure. There are no other children in the home.

DCS is already involved with the family.

LE # [REDACTED]

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?

No, LE is on scene. The home has been cleared.

-Anything additional to add to this initial report for the responding worker to know prior to response?

No

Intake Notation: None

Screening Notation: None



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

Emailed/Paged CPSI On Call: [REDACTED] 10-30-2023 20:23:25 work email Received

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

Child Programs Director [REDACTED]

Per SDM: INV P1 / [REDACTED] Intake TL 10-30-2023@8:33pm.



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

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

**Deceased Date:** 10/30/2023

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:** UNKNOWN

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**





Case #2023.156

**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:** 37 Yrs

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2023.156

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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

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

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

Tennessee Department of Children's Services  
Case Recording Summary

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

Case Recording Details

|                   |   |                   |            |
|-------------------|---|-------------------|------------|
| Recording ID:     |   | Status:           | Completed  |
| Contact Date:     | 2024-05-17 14:45:00   | Contact Method:   |            |
| Contact Time:     | 02:45 PM  | Contact Duration: |            |
| Entered By:       |   | Recorded For:     |            |
| Location:         |   | Created Date:     | 05/17/2024 |
| Completed date:   | 05/17/2024  | 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: 05/17/2024 01:47 PM      Entered By:

This case was justified to be overdue due to being a death investigation.

This case has been reviewed and approved for closure by Team Leader (TL) . Notice of the classification decision to the County Juvenile Court Judge will be provided by TL . Notification of the classification to the district attorney will be provided by TL per local protocol. Notice of the classification to the DCS Legal Attorney will be provided by TL. All the appropriate paperwork has been reviewed and signed if applicable by TL . The case was reviewed and approved to be closed by Team Coordinator (TC) and Executive Director, on this date. No further services are needed.

Narrative Type: Addendum 1      Entry Date/Time: 05/17/2024 01:50 PM      Entered By:

This case was justified to be overdue due to being a death investigation.

**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: 2024-05-17 08:56:00   | Contact Method:                     |
| Contact Time: 08:56 AM  | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]   | Recorded For:                       |
| Location:   | Created Date: 05/17/2024            |
| Completed date: 05/17/2024  | 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: 05/17/2024 01:50 PM      Entered By: [REDACTED] [REDACTED]

On October 30, 2023, the Department of Children's Services (DCS) received a referral with the allegation of Abuse Death concerning Alleged Child Victim (ACV) [REDACTED] (DOB: [REDACTED]; 2 months) with the Alleged Perpetrator listed as [REDACTED] (Father) and [REDACTED] (Mother). The investigation was assigned to Child Protective Services (CPS) [REDACTED] by Team Leader (TL) [REDACTED] on October 31, 2023. The case was worked in conjunction with the [REDACTED] County Sheriffs Department, Detective (Det.) [REDACTED]

At the time of the alleged incident, ACV [REDACTED] resided with his parents, [REDACTED] and [REDACTED]. The referral alleged that Law Enforcement was sent to the home for a cardiac arrest of a two month old. First responders attempted to get into the home as no one came to the door upon their arrival. One inside, they located [REDACTED] on the bed alone and they attempted CPR shortly after. EMS took [REDACTED] to the hospital. Law Enforcement made contact with the parents. Both parents appeared to be under the influence of some kind of drug. They could barely hold their head up. The parents had slurred speech and slow reactions. Law Enforcement observed suboxone, marijuana and other stuff laying all over the home. Law enforcement had prior interaction with [REDACTED] and have had to Narcan him in the past. The parents were in the home at the time of the incident.

[REDACTED] was pronounced deceased on October 30, 2023, at 9:17 pm at [REDACTED] Hospital. He was taken straight to the [REDACTED] County Medical Examiners office.

On October 30, 2023, CM [REDACTED] engaged Detective [REDACTED] and Sheriff [REDACTED] at the [REDACTED] County Sheriffs Department. Sheriff [REDACTED] reported they did find two mason jars of marijuana in the home, which totaled 3.8 oz., along with several different types of drug paraphernalia. Sheriff [REDACTED] reported both parents admitted to smoking marijuana in the child's presence previously to this date. Sheriff [REDACTED] reported there were used needles in the back bedroom of the home. Drug paraphernalia next to baby items and there were strands of hair found in both of [REDACTED] hands at [REDACTED] Hospital. There were no significant marks or bruises on [REDACTED]. Firefighters reported finding [REDACTED] on his back, in the bedroom of the home.

On October 30, 2023, CM [REDACTED] and Detective [REDACTED] with the [REDACTED] County Sheriffs Department interviewed the mother [REDACTED] Ms. [REDACTED] reported she has another child, [REDACTED] ([REDACTED]), that lives



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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

with the maternal grandmother, [REDACTED]. Ms. [REDACTED] reported she has custody of [REDACTED] but [REDACTED] has been with her grandmother since 2017. Ms. [REDACTED] first report of what happened, was that [REDACTED] had been fighting sleep after Mr. [REDACTED] fed and burped him. Ms. [REDACTED] reported she took [REDACTED] from the bedroom where he was being fed and walked him around the home for a while. Ms. [REDACTED] reported she went to rock [REDACTED] in the recliner, and he fell asleep on her right shoulder. Ms. [REDACTED] reported she was watching television and dozed off as well while still sitting up with [REDACTED] on her chest. Ms. [REDACTED] reported she does not know what happened after that. Ms. [REDACTED] reported she woke up randomly, looked down where he was laying on her shoulder, and [REDACTED] did not look right. Ms. [REDACTED] reported Mr. [REDACTED] called 911 and the operator instructed them on how to do chest compressions and to put [REDACTED] on the floor. Ms. [REDACTED] reported before Mr. [REDACTED] fed [REDACTED] a parent was holding [REDACTED] but she does not remember who it was. Ms. [REDACTED] was unable to remember any time frames when she was asked. Ms. [REDACTED] reported she possibly started walking around with [REDACTED] around 7:00 or 8:00 PM. The 911 call came in at 6:34 PM. Ms. [REDACTED] reported she took her medication before she sat with [REDACTED] on the recliner. Ms. [REDACTED] reported she took Seroquel 200mg (for sleep and mood stabilizer), Alprazolam 1mg (for sleep), Subutex 8mg, and split a joint with [REDACTED] before walking around. Ms. [REDACTED] reported she took the Seroquel earlier today because she forgot to take it yesterday and she did not feel good. Ms. [REDACTED] was observed on this date to be in and out of consciousness. Ms. [REDACTED] was observed falling asleep between questions. Ms. [REDACTED] was observed to slur her speech and appeared groggy. Ms. [REDACTED] could not remember specific times and could not remember any solid details after she ate lunch. Ms. [REDACTED] was observed with her head down and wobbly and not making eye contact. Ms. [REDACTED] later consented to a drug screen and was positive for Buprenorphine, Benzodiazepine, and THC.

Ms. [REDACTED] second story of what happened, was she took her medication at 1:30 PM and was sitting in the bedroom watching television while Mr. [REDACTED] was feeding and burping [REDACTED]. Ms. [REDACTED] reported she walked around for an hour then took [REDACTED] out of the room to walk with him. Ms. [REDACTED] reported after she woke up with [REDACTED] on her chest, she was going into the bedroom to see what her husband was doing because she had been asleep for a couple hours. Ms. [REDACTED] reported she did not know anything was wrong with [REDACTED] until she began walking with him to the bedroom.

Ms. [REDACTED] third story of what happened, was she and [REDACTED] woke up at 7:30 AM, [REDACTED] had been asleep on the Boppy pillow on the bed. Ms. [REDACTED] reported she fed him. Ms. [REDACTED] reported Mr. [REDACTED] was already awake because he was supposed to be at work but was feeling bad. Ms. [REDACTED] reported she, Mr. [REDACTED] and [REDACTED] sat in the bed for a couple hours watching Family Guy and Bobs Burgers. Ms. [REDACTED] reported she fed [REDACTED] and got him to sleep in the swing. Ms. [REDACTED] reported she then made herself lunch, peanut butter and jelly and Velveeta Mac and Cheese. Ms. [REDACTED] reported this was around 12:00 PM. Ms. [REDACTED] reported she and Mr. [REDACTED] watched Batman in the bedroom and she fed [REDACTED] on the bed around 4:00 PM. Ms. [REDACTED] reported she got [REDACTED] to sleep in the swing again and then she cleaned up the kitchen. Ms. [REDACTED] reported that [REDACTED] woke up and Mr. [REDACTED] fed [REDACTED] in the bedroom. Ms. [REDACTED] reported [REDACTED] was fussy and she walked him around until the other stuff happened. Ms. [REDACTED] reiterated multiple times that there was no way that [REDACTED] slipped down into the crook of her arm or into her side. Ms. [REDACTED] reported it was not possible because she woke up every time he even farted. Ms. [REDACTED] reported she cannot remember what happened and does not know what happened. Ms. [REDACTED] reported it is not a possibility that he scooted down or that she dropped him. Ms. [REDACTED] reported she has no idea what happened.

On October 30, 2023, CM [REDACTED] spoke to Chief [REDACTED] on this date at the [REDACTED] County Sheriffs Department who conducted the interview with AP [REDACTED]. Chief [REDACTED] reported Mr. [REDACTED] had a different story than Ms. [REDACTED]. Chief [REDACTED] reported Mr. [REDACTED] reported that he was in bed asleep until 6:30 or 7:00 PM. Mr. [REDACTED] reported he was awoken by Ms. [REDACTED] telling him that something was wrong with the baby. Chief [REDACTED] reported Mr. [REDACTED] reported they ran to the living room, where [REDACTED] was in the recliner, and he called 911. Chief [REDACTED] reported Mr. [REDACTED] reported 911 gave them instructions and he began doing compressions.

CM [REDACTED] interviewed Mr. [REDACTED] concerning drug use. Mr. [REDACTED] reported he has prescriptions for Xanax, Suboxone, Oxycarbonate, Seroquel, and Propanol. Mr. [REDACTED] reported he will additionally be positive for THC. Mr. [REDACTED] consented to a drug screen on this date but could not urinate. Mr. [REDACTED] signed he admitted to Buprenorphine, Benzodiazepine, and THC use. Mr. [REDACTED] was observed to be visibly impaired. Mr. [REDACTED] hand was very shaky when signing his name and was



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

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

observed hunched over during the interaction. Mr. [REDACTED] had moderately slurred speech.

Sheriff [REDACTED] reported Alleged Perpetrators (AP) [REDACTED] and [REDACTED] father and mother of Alleged Child Victim (ACV) [REDACTED] were being charged with Aggravated Child Neglect and Felony Possession of a Schedule VI. Ms. [REDACTED] and Mr. [REDACTED] bond has been set for \$250,000 each.

On October 31, 2023, Case Manager (CM) [REDACTED] met with [REDACTED] and [REDACTED] maternal grandparents to Alleged Child Victim (ACV) [REDACTED] (2 months old) and his sister, [REDACTED] (11 Years old), at their home, [REDACTED] TN, to complete a home study. Mrs. [REDACTED] reported she is the mother to, Alleged Perpetrator (AP) [REDACTED]. Mrs. [REDACTED] reported Ms. [REDACTED] lived with her and Mr. [REDACTED] while she was pregnant. Mrs. [REDACTED] reported Ms. [REDACTED] left her home when [REDACTED] was 6 months old. Mrs. [REDACTED] reported she left, and we have had her ever since. Mrs. [REDACTED] reported Ms. [REDACTED] would come and take [REDACTED] for a week or two but she would always bring her right back. CM [REDACTED] asked Mrs. [REDACTED] if she ever retained custody of [REDACTED]. Mrs. [REDACTED] reported Ms. [REDACTED] was against them having custody of [REDACTED]. Mrs. [REDACTED] reported she didnt want to give up her rights. Mrs. [REDACTED] reported Ms. [REDACTED] lived nearby and rarely stopped at their home to visit with [REDACTED]. Mrs. [REDACTED] reported Ms. [REDACTED] did not take [REDACTED] off on her own or spend time with her.

On October 31, 2023, Case Manager (AM) [REDACTED] met with Alleged Perpetrator (AP) [REDACTED] mother of Alleged Child Victim (ACV) [REDACTED] at the [REDACTED] County Jail. Ms. [REDACTED] agreed and signed an Immediate Protection Agreement (IPA) placing [REDACTED] with her mother, [REDACTED] due to her incarceration and charges.

On October 31, 2023, an autopsy was completed on [REDACTED] by [REDACTED], M.D., Regional Forensic Center, [REDACTED] TN. The report listed the cause of death is undetermined, and manner of death is undetermined.

On February 23, 2024, Case Manager (CM) [REDACTED] presented the allegation of Abuse Death against [REDACTED] and [REDACTED] concerning Alleged Child Victim [REDACTED] to the [REDACTED] County Child Protective Services Investigation Team (CPII). Those present were CM [REDACTED], IL [REDACTED], Assistant District Attorney (ADA) [REDACTED], Youth Services Officer (YSO) [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED] with the [REDACTED] Child Advocacy Center (HCAC), Detective [REDACTED] with [REDACTED] County Sheriffs Department. The team agreed to classify the case as Allegation Substantiated/Perpetrator Substantiated against both parents due to the impairment of the parents and being unable to care for themselves or that of their infant child, the multiple medications and drug paraphernalia found in the home.

In addition to Abuse Death, an allegation of Drug Exposed Child was added against the parents, [REDACTED] and [REDACTED] concerning Alleged Child Victim, [REDACTED]. This allegation is being classified as Substantiated/Perpetrator Substantiated.

Per DCS Policy Work Aid 1 Section E:  
 Child Death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Per DCS Policy Work Aid 1 Section B:

Drug Exposed Child is defined as:

Any child under the age of 18 who:

Has been exposed to or experiencing withdrawal from use, sale, or manufacture of a drug or chemical substance (including, but not limited to alcohol such as a diagnosis of Fetal Alcohol Syndrome, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamines, heroin, inhalants) that could adversely affect the child

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|              |       |               |  |        |
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| Case Id:     |       | Case Name:    |  |        |
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s physical, mental, or emotional functioning as a result of the actions or behaviors of the parent/caregiver; or

Has a parent/caregiver that uses drugs or chemical substances that impacts their ability to adequately care for the child; or

Has a parent/caregiver that has current addiction issues that could adversely affect the child's physical, mental, or emotional functioning.

There is a preponderance of evidence to support the allegation Abuse Death against APs and

There is a preponderance of evidence to support the allegation of Drug Exposed Child against the APs and

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:     | 2024-04-16 11:20:00   | Contact Method:   |            |
| Contact Time:     | 11:20 AM  | Contact Duration: |            |
| Entered By:       |   | Recorded For:     |            |
| Location:         |   | Created Date:     | 04/17/2024 |
| Completed date:   | 04/17/2024  | 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: | 04/17/2024 10:24 AM | Entered By: |  |
|-----------------|----------|------------------|---------------------|-------------|--|

Team Leader (TL) re-staffed this case with Case Manager (CM) All investigative tasks have been completed and case has been sent for review to Team Coordinator (TC) who will review and send to central office for final review and approval for closure. There are no safety concerns. Case is justified to be overdue due to being a death investigation.



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:     | 2024-03-12 10:35:00   | Contact Method:   |            |
| Contact Time:     | 10:35 AM  | Contact Duration: |            |
| Entered By:       |   | Recorded For:     |            |
| Location:         |   | Created Date:     | 03/12/2024 |
| Completed date:   | 03/12/2024  | 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: 03/12/2024 11:50 AM      Entered By:

Team Leader (TL) re-staffed this case with Case Manager (CM) This case is justified to be overdue due to being a death investigation. CM has completed all investigative tasks and will be preparing case for final review and closure. Case was presented to the Child Protective Investigative Team (CPIT) in February with an agreed classification for Allegation Substantiated/Alleged Perpetrator Substantiated for Abuse Death regarding both parents.

**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:     | 2024-02-23 10:00:00   | Contact Method:   | Face To Face |
| Contact Time:     | 10:00 AM  | Contact Duration: |              |
| Entered By:       | ██████████  | Recorded For:     |              |
| Location:         | Court   | Created Date:     | 04/01/2024   |
| Completed date:   | 04/01/2024  | 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: 04/01/2024 03:22 PM      Entered By: ██████████

On February 23, 2024, Case Manager (CM) ██████████ presented the allegation of Abuse Death against ██████████ and ██████████ concerning Alleged Child Victim ██████████ to the ██████████ County Child Protective Services Investigation Team (CPIT) at the ██████████ County Court House. Those present were CM ██████████, TL ██████████, Assistant District Attorney (ADA) ██████████, Youth Services Officer (YSO) ██████████, ██████████, ██████████, ██████████, and ██████████ with the ██████████ Child Advocacy Center (CAC), Detective ██████████ with ██████████ County Sheriffs Department. CM ██████████ presented the facts of the case, it was reported the child was found unresponsive while in the care of the mother and father. The mother gave several different stories of what happened during the evening of October 30, 2023. The mother and father were both visibly impaired and were unable to remain coherent during the interview. There were multiple medications found in the home, some not belonging to Mr. ██████████ or Ms. ██████████. Det. ██████████ reported the mother and father appeared to be in a state of physical wellbeing that could not provide the necessary care of an infant child. The team agreed to classify the case as Allegation Substantiated/Perpetrator Substantiated due to the impairment of the parents and being unable to care for themselves or that of their infant child, the multiple medications and drug paraphernalia found in the home. All team members agreed and a copy of the signed CPIT form has been uploaded into TFACTS.

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:     | 2024-02-21 14:15:00   | Contact Method:   |            |
| Contact Time:     | 02:15 PM  | 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 01:57 PM      Entered By:   
Case Manager (CM) obtained the court findings for Alleged Perpetrator (AP) and   
from the County Circuit and General Sessions Courts. These documents will be uploaded into TFACTS in the   
document sections under Ms. and Mr. names.

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

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

**Case Recording Details**

|                   |   |                   |                  |
|-------------------|---|-------------------|------------------|
| Recording ID:     |   | Status:           | Created In Error |
| Contact Date:     | 2024-02-13 14:30:00   | Contact Method:   | Face To Face     |
| Contact Time:     | 02:30 PM  | Contact Duration: |                  |
| Entered By:       |   | Recorded For:     |                  |
| Location:         | Other Community Site  | Created Date:     | 02/16/2024       |
| Completed date:   | 02/16/2024  | Completed By:     |                  |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |                  |
| Contact Type(s):  | ACV Interview/Observation                                       |                   |                  |
| Contact Sub Type: |   |                   |                  |

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

Narrative Type: Original Entry Date/Time: 02/16/2024 01:24 PM Entered By:   
wrong case

age 14 attended a forensic interview on this date at Childrens Advocacy Center in TN. CPS Case Manager (CM) and Detective (Det.) observed the interview. was brought to the interview by her mother, . was the Forensic Interviewer. During the interview, rapport was built with disclosed that her uncle when she was 10 or 11 tried to grab her and pull her into the car. She disclosure that he grabbed her by the arms during the forensic interview. The interview was recorded and can be viewed by approved personnel.

Narrative Type: Created In Error Entry Date/Time: 02/16/2024 01:28 PM Entered By:   
wrong case



**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:     | 2024-02-01 14:00:00   | Contact Method:   |            |
| Contact Time:     | 02:00 PM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         |   | Created Date:     | 02/02/2024 |
| Completed date:   | 02/02/2024  | 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: 02/02/2024 07:06 AM      Entered By: ██████████

After further staffing and due to the level of impairment of the parents and criminal charges, the allegation of Abuse Death will be classified as Allegation Substantiated/Alleged Perpetrator Substantiated.

Team Leader (TL) ██████████ re-staffed this case with Case Manager (CM) ██████████. This case is justified to be overdue due to being a death investigation. CM ██████████ reported that the final autopsy report regarding the minor child, ██████████ has been received, documented, and uploaded in TFACTS. The autopsy report stated that Toxicology was negative. Bacterial cultures were positive for microorganisms consistent with postmortem overgrowth and/or contamination. Viral studies were negative. The Cause of Death is Undetermined and Manner of Death is Undetermined. Upon talking with Chief Deputy, ██████████ with the ██████████ County Sheriff's Department, the parents, ██████████ and ██████████ entered a plea of guilty regarding their charges and will serve 6 months in jail and 2 years on probation. CM ██████████ reported that Ms. ██████████ daughter, ██████████ age 11 remain in the custody of her grandparents, ██████████ and ██████████ with no safety concerns. The mother and Mr. ██████████ are restricted on contact with ██████████ who has reported she wants to remain with her grandparents. CM ██████████ will present the case to the Child Protective Investigative Team (CPIT) this month with the classification of Allegation Unsubstantiated/Alleged Perpetrator Unsubstantiated regarding the Abuse Death allegation. The parents will be substantiated for Lack of Supervision and Drug Exposed Child due to their level of impairment at the time of the child's death and case will be prepared for closure.

Narrative Type: Addendum 1      Entry Date/Time: 02/02/2024 07:32 AM      Entered By: ██████████

After further staffing and due to the level of impairment of the parents and criminal charges, the allegation of Abuse Death will be classified as Allegation Substantiated/Alleged Perpetrator Substantiated.

**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:     | 2024-02-01 13:23:00   | Contact Method:   |            |
| Contact Time:     | 01:23 PM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         | DCS Office  | Created Date:     | 02/01/2024 |
| Completed date:   | 02/01/2024  | 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: 02/01/2024 01:22 PM      Entered By: ██████████

Case Manager (CM) ██████████ and Team Leader (TL) ██████████ received the final autopsy reported on this date for Alleged Child Victim (ACV) ██████████. The Director of Critical Incident Report, ██████████. The report was completed by the Regional Forensic Center on 12/18/2023. Toxicology was negative. Bacterial cultures were positive for microorganisms consistent with postmortem overgrowth and/or contamination. Viral studies were negative.

CAUSE OF DEATH: Undetermined  
MANNER OF DEATH: Undetermined

A copy of the entire report has been uploaded in documents in TFACTs under ACV, ██████████



**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: 2024-01-31 12:45:00   | Contact Method: Face To Face        |
| Contact Time: 12:45 PM  | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]   | Recorded For:                       |
| Location: Other Caretaker Home  | Created Date: 04/02/2024            |
| Completed date: 04/02/2024  | 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****Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/02/2024 02:39 PM Entered By: [REDACTED] [REDACTED]

January 31, 2024, Case Manager (CM) [REDACTED] met with [REDACTED] custodian and maternal grandmother to [REDACTED] CM [REDACTED] was invited into the home by Mrs. [REDACTED] CM [REDACTED] asked Mrs. [REDACTED] how things were going with [REDACTED] Mrs. [REDACTED] reported everything was going well. CM [REDACTED] asked Mrs. [REDACTED] if she had thought anymore about therapy services for [REDACTED] Mrs. [REDACTED] reported [REDACTED] did not feel she needed them at this time. CM [REDACTED] reported the family could reach out to her at any time for resources. CM [REDACTED] asked Mrs. [REDACTED] if she has heard from the mother, Alleged Perpetrator (AP) [REDACTED] Mrs. [REDACTED] reported they recently went to court where Ms. [REDACTED] and AP [REDACTED] pled. Mrs. [REDACTED] reported Mr. [REDACTED] and Ms. [REDACTED] were both charged with child abuse and neglect and the drug charges and plead guilty. Mrs. [REDACTED] reported Ms. [REDACTED] and Mr. [REDACTED] were sentenced to 6 months in jail and time served on the 3 months they have been incarcerated and two years supervised probation with drug court with Judge [REDACTED] CM [REDACTED] reminded Mrs. [REDACTED] that when Ms. [REDACTED] gets out of jail, she will remain strictly supervised with [REDACTED] CM [REDACTED] asked Mrs. [REDACTED] if she could speak with [REDACTED] Mrs. [REDACTED] reported that was fine.

CM [REDACTED] observed [REDACTED] clean and free of any visible marks or bruises. [REDACTED] was observed playing games on a laptop. CM [REDACTED] asked [REDACTED] how school was going. [REDACTED] reported it was going well. CM [REDACTED] asked [REDACTED] how she felt about therapy services. [REDACTED] reported she did not feel she needed them right now, her grandmother was a good support for her. CM [REDACTED] asked [REDACTED] how she felt about visitation with her mother, Ms. [REDACTED] reported she did not want to visit with her mother. [REDACTED] reported she did not want to see her mother. CM [REDACTED] reported she understood. CM [REDACTED] asked [REDACTED] if she had any questions for her. [REDACTED] reported she did not. CM [REDACTED] thanked [REDACTED] for speaking with her.

CM [REDACTED] thanked Mrs. [REDACTED] for meeting with CM [REDACTED] today. CM [REDACTED] urged Mrs. [REDACTED] to reach out to her if the family needed anything or had any questions.

**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:     | 2024-01-10 09:00:00   | Contact Method:   | Face To Face |
| Contact Time:     | 09:00 AM  | Contact Duration: |              |
| Entered By:       |   | Recorded For:     |              |
| Location:         | Court   | Created Date:     | 04/02/2024   |
| Completed date:   | 04/02/2024  | Completed By:     |              |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |              |
| Contact Type(s):  | Court Hearing   |                   |              |
| Contact Sub Type: |   |                   |              |

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

Narrative Type: Original Entry Date/Time: 04/02/2024 02:22 PM Entered By:

Today was the Adjudicatory Hearing regarding in County Juvenile Court before Judge . The mother, and her paramour, father of (deceased), were still incarcerated and not brought over from the jail for this hearing. The custodian and grandmother of was present. The Guardian Ad Litem (GAL) was present. The mothers attorney, was present for the hearing. The mother has been ordered supervised visits with no overnights. The mother cannot have visits while she is incarcerated. The child remains in the custody of Mr. and Mrs. with no reported safety concerns by DCS, CASA, and the GAL.



**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:     | 2024-01-09 09:30:00   | Contact Method:   |            |
| Contact Time:     | 09:30 AM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         |   | Created Date:     | 01/09/2024 |
| Completed date:   | 01/09/2024  | 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: 01/09/2024 08:31 AM      Entered By: ██████████

CM ██████████ reported that the adjudicatory hearing from 12/13/23 in ██████████ County Juvenile Court was reset for 1/10/24. The mother, ██████████ and her paramour, ██████████ remain incarcerated on Child Abuse charges regarding Neglect on Alleged Child Victim (ACV), ██████████ who is deceased. The half-sibling, ██████████ remains in the custody of her maternal grandparents, ██████████ and ██████████ Judge ██████████ ordered that the mother, ██████████ can have supervised visits with ██████████ The autopsy report regarding ██████████ is pending. There are no safety concerns for ██████████ at this time and case will remain open pending autopsy reported and presentation of the allegations to the Child Protective Investigative Team (CPIT).

**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: 2023-12-13 09:20:00   | Contact Method: Face To Face        |
| Contact Time: 09:20 AM  | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]   | Recorded For:                       |
| Location: Court   | Created Date: 12/13/2023            |
| Completed date: 12/13/2023  | Completed By: [REDACTED] [REDACTED] |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being |                                     |
| Contact Type(s): Court Hearing  |                                     |
| Contact Sub Type:   |                                     |

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

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

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/13/2023 03:25 PM      Entered By: [REDACTED] [REDACTED]

Today was the Adjudicatory Hearing regarding [REDACTED] in [REDACTED] County Juvenile Court before Judge [REDACTED]. The mother, [REDACTED] and her paramour, father of [REDACTED] (deceased), [REDACTED] were present in court but still incarcerated. The custodian and grandmother of [REDACTED] was present. The Guardian Ad Litem (GAL) [REDACTED] was present. The mother requested that an attorney be appointed to represent her. Attorney, [REDACTED] was appointed and asked for a continuance. The Adjudicatory Hearing has been set for 1/10/24. The mother has been ordered supervised visits with no overnights. The mother cannot have visits while she is incarcerated. The child remains in the custody of Mr. and Mrs. [REDACTED] with no reported safety concerns by DCS, CASA, and the GAL.

**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:     | 2023-12-10 18:50:00   | Contact Method:   |            |
| Contact Time:     | 06:50 PM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         |   | Created Date:     | 12/10/2023 |
| Completed date:   | 12/10/2023  | 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: 12/10/2023 06:43 PM      Entered By: ██████████

Team Leader (TL) ██████████ re-staffed this case with Case Manager (CM) ██████████. CM ██████████ reported that the adjudicatory hearing is set for 12/13/23 in ██████████ County Juvenile Court. The mother, ██████████ and her paramour, ██████████ remain incarcerated on Child Abuse charges regarding Neglect on Alleged Child Victim (ACV), ██████████ who is deceased. The half-sibling, ██████████ remains in the custody of her maternal grandparents, ██████████ and ██████████. Judge ██████████ ordered that the mother, ██████████ can have supervised visits with ██████████. The autopsy report regarding ██████████ is pending. There are no safety concerns for ██████████ at this time and case will remain open pending autopsy reported and presentation of the allegations to the Child Protective Investigative Team (CPIT).

**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:     | 2023-11-03 15:07:00   | Contact Method:   |                       |
| Contact Time:     | 03:07 PM  | Contact Duration: |                       |
| Entered By:       | ██████████ ██████████   | Recorded For:     |                       |
| Location:         | DCS Office  | Created Date:     | 11/06/2023            |
| Completed date:   | 11/06/2023  | 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: 11/06/2023 12:14 PM      Entered By: ██████████ ██████████

## FAST 2.0 Notation:

Case Manager (CM) ██████████ ██████████ completed a Family Advocacy Support Tool (FAST) 2.0 on November 03, 2023. The assessment indicated high need/risk and immediate intervention recommended.



**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:     | 2023-11-02 15:30:00   | Contact Method:   | Correspondence |
| Contact Time:     | 03:30 PM  | Contact Duration: |                |
| Entered By:       | ██████████  | Recorded For:     |                |
| Location:         | DCS Office  | Created Date:     | 11/02/2023     |
| Completed date:   | 11/02/2023  | 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: 11/02/2023 02:35 PM      Entered By: ██████████

Case Manager (CM) ██████████ convened Child Protective Investigation Team (CPIT) on November 2, 2023, with Chief ██████████ with the ██████████ County Sheriff's Department, Youth Service Officer (YSO) ██████████, Assistant District Attorney (ADA) ██████████, ██████████, ██████████, ██████████ and ██████████ with ██████████ Child Advocacy Center. CPIT was originally convened on October 30, 2023. the referral has been sent on this date. This case has been assigned to Detective ██████████

**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:     | 2023-11-02 12:20:00   | Contact Method:   |            |
| Contact Time:     | 12:20 PM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         | DCS Office  | Created Date:     | 11/02/2023 |
| Completed date:   | 11/02/2023  | 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: 11/02/2023 03:18 PM      Entered By: ██████████

On November 2, 2023, at approximately 12:20 PM, Case Manager (CM) ██████████ received the 911 call log and the 911 recording concerning the Alleged Child Victim (ACV) ██████████. CM ██████████ will upload the documents into TFACTS under the child's name in the document section.

**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: 2023-11-02 12:15:00   | Contact Method:                     |
| Contact Time: 12:15 PM  | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]   | Recorded For:                       |
| Location:   | Created Date: 11/02/2023            |
| Completed date: 11/02/2023  | 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: 11/02/2023 11:29 AM      Entered By: [REDACTED] [REDACTED]

Team Leader (TL) [REDACTED] re-staffed this case with Case Manager (CM) [REDACTED]. The case was initially staffed with TL [REDACTED] on call with CPS CM [REDACTED]. The referral was assigned with the allegation of Abuse Death against the parents, [REDACTED] and [REDACTED] on [REDACTED] passed on 10/30/23. Both parents have been charged and remain incarcerated at the time of this staffing. [REDACTED] has a half-sister, [REDACTED] age 11. [REDACTED] is reported to be the putative father of [REDACTED]. He is incarcerated in [REDACTED] Ohio. [REDACTED] has been living with her maternal grandmother and step-grandfather, [REDACTED] and [REDACTED] since birth. TL [REDACTED] completed a criminal history check on Mr. and Mrs. [REDACTED] which was clear. CM [REDACTED] completed TFACTS history checks and internet checks on Mr. and Mrs. [REDACTED] and reported no records. CM [REDACTED] completed a non-custodial expedited home study on Mr. and Mrs. [REDACTED] that was approved by Team Coordinator (TC) [REDACTED] on 10/31/23. An Immediate Protection Agreement (IPA) was staffed with TL [REDACTED] and TC [REDACTED] with legal being consulted. By agreement of the mother the IPA was developed and court order will be filed giving Mr. and Mrs. [REDACTED] custody of [REDACTED]. The mother and [REDACTED] will have no contact with [REDACTED]. CM [REDACTED] reported that the preliminary autopsy findings showed some older rib fractures. There is currently an open case for Drug Exposed Child and TL Evans reported that the prenatal and birth records have been requested as well as the mother and father's mental health health records. The parents are reported to have prescriptions. CM [REDACTED] reported that she talked with Detective (Det.) [REDACTED] who reported that Mr. [REDACTED] admitted to shooting up Suboxone and reported that the needles found in the home belonged to him. Both parents admitted to smoking marijuana in the home in the presence of [REDACTED]. Det. [REDACTED] further stated that there were multiple prescription bottles in the home, some belonging to the parents, some that weren't labeled, and some that belonged to other individuals. Det. [REDACTED] reported a large amount of pills found in the home along with 2 mason jars of marijuana. Det. [REDACTED] reported that upon interviewing the parents the last time [REDACTED] was reported to have been fed by the parents was at approximately 7:30 am on the morning of 10/30/23. CM [REDACTED] has requested [REDACTED] PCP records, 911 call log, EMS records, arrest and police report, and dispatch recording. CM [REDACTED] has obtained a flash drive of photographs of [REDACTED] and the home that were taken by law enforcement and will upload those. CM [REDACTED] will continue to staff this case with supervision to determine next steps and classification.



**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: 2023-11-02 11:05:00   | Contact Method: Phone Call          |
| Contact Time: 11:05 AM  | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]   | Recorded For:                       |
| Location: DCS Office  | Created Date: 11/02/2023            |
| Completed date: 11/02/2023  | Completed By: [REDACTED] [REDACTED] |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being |                                     |
| Contact Type(s): Parent/Caretaker Interview                                 |                                     |
| Contact Sub Type:   |                                     |

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

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/02/2023 02:27 PM      Entered By: [REDACTED] [REDACTED]

On November 2, 2023 at approximately 11:05 AM, Case Manager (AM) [REDACTED] spoke with [REDACTED], maternal grandmother to Alleged Child Victim (ACV) [REDACTED] (6 months old) and his sister, [REDACTED] (11 Years old). CM [REDACTED] asked Mrs. [REDACTED] if she knew the middle name of putative father, [REDACTED]. Mrs. [REDACTED] reported his middle name was [REDACTED]. Mrs. [REDACTED] reported she went yesterday to see her daughter, Alleged Perpetrator (AP) [REDACTED] mother of Alleged Child Victim (ACV) [REDACTED] and [REDACTED]. Mrs. [REDACTED] reported Ms. [REDACTED] was not doing well. Mrs. [REDACTED] reported Ms. [REDACTED] was in a real bad mental state. Mrs. [REDACTED] reported she just kept saying she wanted her baby. Mrs. [REDACTED] reported she said momma I didnt kill my baby. Mrs. [REDACTED] reported she said she remembered holding him and falling asleep and she woke up and said he was looking at her. Mrs. [REDACTED] reported Ms. [REDACTED] public defender was [REDACTED]. Mrs. [REDACTED] reported Ms. [REDACTED] has not been arraigned at this time due to her being listed as not in any mental state to go before the judge. Mrs. [REDACTED] reported she also went yesterday and signed the papers for [REDACTED] cremation. CM [REDACTED] asked Mrs. [REDACTED] if she had any questions. Mrs. [REDACTED] reported she did not. CM [REDACTED] thanked her for her time.



**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:     | 2023-11-01 11:48:00   | Contact Method:   |                       |
| Contact Time:     | 11:48 AM  | Contact Duration: |                       |
| Entered By:       | ██████████ ██████████   | Recorded For:     |                       |
| Location:         | DCS Office  | Created Date:     | 11/02/2023            |
| Completed date:   | 11/02/2023  | 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: 11/02/2023 02:44 PM      Entered By: ██████████ ██████████

On November 1, 2023, Case Manager (CM) ██████████ ██████████ faxed a records request to ██████████ Medical Group, concerning the Alleged child Victim (ACV) ██████████ ██████████. Once the records are recived, CM ██████████ will upload them under the documents section in TFACTS.

**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:     | 2023-11-01 11:00:00   | Contact Method:   |            |
| Contact Time:     | 11:00 AM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         |   | Created Date:     | 11/16/2023 |
| Completed date:   | 11/16/2023  | 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: 11/16/2023 12:03 PM      Entered By: ██████████

The Abuse Death investigation regarding Alleged Child Victim (ACV) ██████████ was debriefed with the following staff:  
 Case Manager (CM) ██████████, CM ██████████, Team Leader (TL) ██████████, TL ██████████, TL ██████████,  
 Team Coordinator (TC) ██████████, CPS Director (CPSD) ██████████, and Director of Critical Incident Support (DCIS) ██████████.

The CPS investigation was assigned on 10/31/23 concerning the death of ACV ██████████ (2mo). It was reported ██████████ resided with his birth mother ██████████ and birth father ██████████ in ██████████ County.

On 10/30/23 911 was called from the family home due to the parents reportedly finding ██████████ unresponsive. FD, LE, and EMS responded to the home and ██████████ was transported to ██████████ Hospital where pronounced deceased. There were no observable signs of trauma or abuse. Autopsy results are pending.

The mother and father were described as heavily under the influence and impaired when first responders arrived and during initial interactions. The mother dozed off during interviews. She consented to urine drug screen and was positive for THC, benzodiazepines, and buprenorphine. The father stated he was unable to provide a sample for testing, but admitted to using the same substances as the mother. A container of THC was found in the home, along with scales, paraphernalia, and a sharps container with needles. LE may have confiscated the mothers prescribed medications. Both the mother and father report current mental health services and prescriptions. This is being confirmed. The parents gave different and conflicting accounts of the timeline prior to ██████████ death. It is believed the mother may have been sleeping in the recliner with ██████████ and fallen asleep or passed out. The home does have a bassinet and crib available, but each contained items and did not appear to be in use. The parents reported ██████████ typically slept in a baby swing or propped on a pillow in bed. Follow-up drug screen was attempted with the father, with him still reporting he could not provide a sample. The parents were both arrested and charged with aggravated child neglect and possession of schedule VI drugs. The jail/LE has agreed requested to complete drug screen with the father ASAP.

There was an open DEC case the time of the incident due to ██████████ and the mother testing positive at birth for Subutex, benzodiazepines, and THC. Additionally, ██████████ was positive for fentanyl but this was determined to be due to the mother

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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

receiving fentanyl during delivery. The parents were being cooperative during the open case, with safety assessment ongoing. No immediate concerns had been noted during face to face contact and medical records were requested and being waited on for next steps within that case. The mother additionally has an 11yo child [REDACTED] [REDACTED] who has always been in the physical custody of the grandparents since birth. An IPA was completed for this child with the grandparents to ensure safety and supervision. The father [REDACTED] [REDACTED] of the 11yo is reportedly not on the birth certificate, has never been involved, and is incarcerated in Ohio for drug related charged.

**Next Steps:**

- CM will request ACVs birth and PCP records. Records will be reviewed and uploaded to TFACTS.
- CM will request parents mental health records and verify prescriptions.
- 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 document and upload autopsy into TFACTS once received.
- CM will complete Closing FAST prior to case closure.
- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

Employee Assistance Program (EAP) information and supervisory support was discussed with involved staff.



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

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

**Case Recording Details**

|                   |   |                   |                  |
|-------------------|---|-------------------|------------------|
| Recording ID:     | ██████████  | Status:           | Created In Error |
| Contact Date:     | 2023-10-31 21:00:00   | Contact Method:   |                  |
| Contact Time:     | 09:00 PM  | Contact Duration: |                  |
| Entered By:       | ██████████  | Recorded For:     |                  |
| Location:         | Other Community Site  | Created Date:     | 11/02/2023       |
| Completed date:   | 11/02/2023  | Completed By:     | ██████████       |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |                  |
| Contact Type(s):  | Notation  |                   |                  |
| Contact Sub Type: |   |                   |                  |

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

██████████ Sheriff ██████████ Detective ██████████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/02/2023 12:52 PM      Entered By: ██████████

Wrong date entered.

On October 30, 2023 at approximately 9:00 PM, Case Manager (CM) ██████████ spoke with Officer ██████████ Detective ██████████ Sheriff ██████████ and two other officers/detectives on this date at the above location. Officer ██████████ and another officer reported they have had many interactions with, Alleged Perpetrator (AP)Ms. ██████████ mother of Alleged Child Victim (ACV) ██████████ (2 months old). Officer ██████████ believed Ms. ██████████ has another child, ██████████ (11 years old), that is in the custody of the maternal grandmother, ██████████ however, this was later proven to be untrue, as the grandmother only keeps the child at her home. Officer ██████████ reported they thought Ms. ██████████ was doing better, concerning her drug use.

CM ██████████ spoke with Sheriff ██████████ Sheriff ██████████ reported they did find two mason jars of marijuana in the home, which totaled 3.8 oz., along with several different types of drug paraphernalia. Sheriff ██████████ reported both parents, Ms. ██████████ and her paramour, AP ██████████ admitted to smoking marijuana in the child's presence previously to this date. Mr. ██████████ is the father to the ACV ██████████ Sheriff ██████████ reported there were used needles in the back bedroom of the home.

CM ██████████ spoke with Detective ██████████ who reported they found drug paraphernalia next to baby items. Detective ██████████ reported there were strands of hair found in both of ██████████ hands at ██████████ Hospital. Detective ██████████ reported there were no significant marks or bruises on ██████████ Detective ██████████ reported it appeared as if there was extra puffiness around both sides of ██████████ mandible bones. Detective ██████████ reported firefighters reported finding ██████████ on his back, in the bedroom of the home. Detective ██████████ reported there was a horseshoe pillow (Boppy) on the bed with a pillow under it.

Tennessee Department of Children's Services  
Case Recording Summary

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

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Narrative Type: Created In Error Entry Date/Time: 11/02/2023 12:55 PM Entered By:

Wrong date entered.

**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: 2023-10-31 15:15:00  | Contact Method: Face To Face        |
| Contact Time: 03:15 PM   | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]  | Recorded For:                       |
| Location: Detention/Jail   | Created Date: 11/02/2023            |
| Completed date: 11/02/2023   | Completed By: [REDACTED] [REDACTED] |
| Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being |                                     |
| Contact Type(s): Alleged Perpetrator Interview, Parent/Caretaker Interview     |                                     |
| Contact Sub Type:  |                                     |

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

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/02/2023 02:26 PM Entered By: [REDACTED] [REDACTED]

On October 31, 2023 at approximately 3:15 PM, Case Manager (AM) [REDACTED] met with Alleged Perpetrator (AP) [REDACTED] mother of Alleged Child Victim (ACV) [REDACTED] at the [REDACTED] County Jail. CM observed Ms. [REDACTED] in a corner of her jail cell, under a blanket. CM [REDACTED] explained who she was. CM [REDACTED] reported to Ms. [REDACTED] due to her being in jail, there was not a current custodian for her daughter, [REDACTED]. CM [REDACTED] asked Ms. [REDACTED] if she was in agreement for her mother, [REDACTED] to have custody of [REDACTED]. Ms. [REDACTED] reported she was. CM [REDACTED] had Ms. [REDACTED] sign and Immediate Protection Agreement. CM [REDACTED] explained until court, she and Mr. [REDACTED] would have no contact with [REDACTED]. CM [REDACTED] asked Ms. [REDACTED] how long [REDACTED] has been with Mrs. [REDACTED]. Ms. [REDACTED] reported [REDACTED] has been with Mrs. [REDACTED] since she was 4 years old. Ms. [REDACTED] reported before that she lived in the home with the family. CM [REDACTED] asked Ms. [REDACTED] how often she would visit with [REDACTED]. Ms. [REDACTED] reported she would see [REDACTED] 3 to 4 times a week, at Mrs. [REDACTED] home. Ms. [REDACTED] reported after [REDACTED] was born, [REDACTED] would come over to her home to visit. CM [REDACTED] asked Ms. [REDACTED] who [REDACTED] father was. Ms. [REDACTED] reported her father was [REDACTED]. Ms. [REDACTED] reported Mr. [REDACTED] was currently incarcerated in Ohio. CM [REDACTED] reported she was unable to leave a card with Ms. [REDACTED] while she was in jail, but reported her mother, Mrs. [REDACTED] had CM [REDACTED] phone number, in case she was able to bond out. MC [REDACTED] asked Ms. [REDACTED] for her phone number. Ms. [REDACTED] reported it was [REDACTED]. CM [REDACTED] explained she would file a petition for Mrs. [REDACTED] to have custody of [REDACTED]. CM [REDACTED] explained if Ms. [REDACTED] was still in jail, the courts would bring her over for the hearing. CM [REDACTED] asked Ms. [REDACTED] if she had any questions for her. Ms. [REDACTED] reported she did not. CM thanked Ms. [REDACTED] for her time.

CM [REDACTED] attempted a urine drug screen on AP [REDACTED] father of ACV [REDACTED]. Mr. [REDACTED] was still visibly impaired and was unable to provide a sample.

Ms. [REDACTED] and Mr. [REDACTED] bond has been set for \$250,000 each.



Tennessee Department of Children's Services  
Case Recording Summary

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

**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:     | 2023-10-31 11:09:00   | Contact Method:   |                       |
| Contact Time:     | 11:09 AM  | Contact Duration: |                       |
| Entered By:       | ██████████ ██████████   | Recorded For:     |                       |
| Location:         | DCS Office  | Created Date:     | 11/06/2023            |
| Completed date:   | 11/06/2023  | 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: 11/06/2023 12:12 PM      Entered By: ██████████ ██████████

A screen out referral came in on October 31, 2023 at approximately 11:09 AM ██████████. Please see below for the narrative:

Incident County: ██████████

Describe in detail what has happened to the child. What is the abuse or neglect?:

- 2m/W/M - OOC - ██████████ Co ME ordered - asphyxiation
- LKA: 10/30/23 @ 0730 h when decedent was fed, poss 1300 h but both parents had discrepancies on LKA time
- 9-1-1 10/30/23 @ 1834 h
- Arrival ██████████ H 10/30/23 @ 1905, Pr: 1917 by Dr. ██████████
- dad said dec face down in recliner, mom said she fell asleep holding dec and dec slid down her arm, L side of neck was on arm
- both parents arrested and are currently incarcerated
- DCS referral was in place prior to incident
- Narcotics present in home (Xanax, suboxone, valium, marijuana)
- Dec was @ ██████████ after birth for drug withdrawal syndrome (UDS+ buprenorphine, THC, fentanyl)
- PMH: poss Hep C+, drug withdrawal syndrome, intrauterine drug exposure, low birth weight

When did the abuse or neglect occur?:  
10/30/2023

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:  
N/A

Does the child need medical care? Has the child received medical care? If so, where?:  
N/A

Describe in detail how the child has been affected or harmed by the abuse or neglect.:

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

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

N/A

Are there any concerns for Domestic Violence in the home that pose a danger to the child's safety? If yes, please describe your concerns.:

N/A

Has the child made a disclosure of the abuse or neglect? If yes, what did the child disclose? Who did the child tell?:

N/A

What do the child's parents/caregivers say about the abuse/neglect?:

N/A

Is anyone in the home protective of this child? If yes, who?:

N/A

When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?:

N/A

Does the child have any special needs or disabilities? Please describe.:

N/A

Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?:

N/A

Intake Notation: None

Screener Notation: None

Emailed/Paged CPSI On Call: No

Notified Child Death/Preliminary Near-Death Notification Group via Email: No

Child Programs Director or SIU TC: No

Per SDM: Screen Out. Has been referred for follow up to the DCS Case Manager who has an open case on the child and/or family (INV [REDACTED] Abuse Death, [REDACTED] out of office, [REDACTED]). FYI email sent to associated open case (INV [REDACTED]). Approval for Screen Out provided by CAH Director [REDACTED], CAH TL on 10-31-23 @ 10:08 am



**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:     | 2023-10-31 09:35:00   | Contact Method:   | Face To Face |
| Contact Time:     | 09:35 AM  | Contact Duration: |              |
| Entered By:       | ██████████  | Recorded For:     |              |
| Location:         | Family Home   | Created Date:     | 11/02/2023   |
| Completed date:   | 11/02/2023  | Completed By:     | ██████████   |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |              |
| Contact Type(s):  | Parent/Caretaker Interview,Sibling Interview/Observation        |                   |              |
| Contact Sub Type: |   |                   |              |

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

██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/02/2023 02:25 PM Entered By: ██████████

On October 31, 2023 at approximately 9:30 AM, Case Manager (AM) ██████████ met with ██████████ and ██████████ maternal grandparents to Alleged Child Victim (ACV) ██████████ (6 months old) and his sister, ██████████ (11 Years old), at their home, ██████████, TN, to complete a home study. CM was invited into the home by Mrs. ██████████. The home was observed very clean and neat. CM observed a kitchen and living room attached to one another. CM observed 3 bedrooms and 1 bathroom. CM observed one bedroom to have been converted into a playroom, Mr. and Mrs. ██████████ had their own room and ██████████ was observed with a bedroom. ██████████ room was neat and clean, with a bed, dresser, television and some toys. CM also observed a laundry room. The home had working utilities and plenty of food.

CM ██████████ engaged Mrs. ██████████ concerning ██████████ and how long she has been in her care. Mrs. ██████████ reported the mother, Alleged Perpetrator (AP) ██████████. Mrs. ██████████ reported Ms. ██████████ lived with her and Mr. ██████████ while she was pregnant. Mrs. ██████████ reported Ms. ██████████ left her home when ██████████ was 6 months old. Mrs. ██████████ reported she left and we have had her ever since. Mrs. ██████████ reported Ms. ██████████ would come and take ██████████ for a week or two but she would always bring her right back. CM ██████████ asked Mrs. ██████████ if she ever retained custody of ██████████. Mrs. ██████████ reported Ms. ██████████ was against them having custody of ██████████. Mrs. ██████████ reported she didnt want to give up her rights. Mrs. ██████████ reported Ms. ██████████ would interfere when it came to ██████████ education. CM ██████████ asked Mrs. ██████████ what she meant by that. Mrs. ██████████ reported ██████████ still wanted to come to school functions, but she never wanted to be around. Mrs. ██████████ reported Ms. ██████████ lived nearby and rarely stopped at their home to visit with ██████████. Mrs. ██████████ reported Ms. ██████████ did not take ██████████ off on her own or spend time with her. CM ██████████ asked Mrs. ██████████ if ██████████ was in school now. Mrs. ██████████ reported ██████████ is enrolled in the ██████████ County Virtual Academy (CVA). Mrs. ██████████ reported on days ██████████ has to attend in person school, she goes to ██████████ School.

CM ██████████ asked Mrs. ██████████ if she knew who ██████████ birth father was. Mrs. ██████████ reported there was not anyone listed on the birth certificate as a father. Mrs. ██████████ reported they believe the father is her husbands nephew, Todd ██████████. Mrs. ██████████ reported Todd ██████████ was in and out of jail for theft and drugs.

CM ██████████ asked Mrs. ██████████ if ██████████ has a primary care doctor. Mrs. ██████████ reported ██████████ sees Dr. ██████████.

Tennessee Department of Children's Services  
Case Recording Summary

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

with Pediatrics. CM asked Mrs. where goes for her orthodontist. Mrs. reported she sees Dr. at Orthodontics.

CM briefly spoke with was observed neat and clean and free of visible marks or bruises. appeared to have a bond with her grandmother, CM asked how she liked the virtual school. reported she really liked it. CM asked if she did get to visit with her brother, Alleged Child Victim (ACV) reported she had seen the baby. was shy and quiet.



**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:     | 2023-10-31 09:00:00   | Contact Method:   |            |
| Contact Time:     | 09:00 AM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         |   | Created Date:     | 10/31/2023 |
| Completed date:   | 10/31/2023  | 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: 10/31/2023 08:11 AM      Entered By: ██████████

At this time, it is unknown what the cause of death is. LE, EMS and Fire were dispatched to the family home after a call of cardiac arrest around 6:34 p.m. on 10/30/23. The father called 911. When Fire and EMS arrived, it appeared the mother was slouched over the baby attempting to perform CPR. EMS immediately took the child to ██████████ Hospital where he was pronounced deceased. Time of death is unknown at this time. I spoke with Chief ██████████ with the ██████████ County Sheriffs Dept. He stated that there was a container of Marijuana sitting on the table, scales, paraphalia, also needles in a sharps container. Mother and father are both very much under the influence at this time. Slurred speech and slow reactions. Parents could not recall the events in order to tell LE. The parents and LE are currently at the sheriffs department obtaining statements from the mother and father at this time. They were the only ones in the home with the child. Mother has already given several different statements. Father has given completely different story from the mother so far. Parents will both be going to jail tonight on charges of Aggravated Child Neglect and Felony Possession of Schedule 6. Mother is dozing off, slouched over with slurred speech. She would be completely unable to care for an infant in her condition at this time. Autopsy will be performed and more information will be known at that time. Mother was positive on a drug screen for THC, Benzodiazepine and Buprenorphine. Mother does have a prescription but those were unable to be verified at this time. Father refused drug screen but admitted that he used the same substances as the mother. Mother and Father both admitted to Smoking Marijuana in the childs presence. The mother does have another child who is around 13 years old. That child has been with the grandmother since 2017. We will be attempting to do an IPA placement of that child with that grandmother since custody was never exchanged. Child only sees her mother periodically according to the grandmother but is never left with the mother. CM ██████████ will be assigned this case. She will obtain all birth and Primary Care records on the child. She will also obtain the 911 call from dispatch. Law enforcement has provided pictures of the child and of the scene.



**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: 2023-10-30 23:50:00   | Contact Method: Face To Face        |
| Contact Time: 11:50 PM  | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]   | Recorded For:                       |
| Location: Other Community Site  | Created Date: 11/02/2023            |
| Completed date: 11/02/2023  | Completed By: [REDACTED] [REDACTED] |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being |                                     |
| Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview   |                                     |
| Contact Sub Type:   |                                     |

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

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

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/02/2023 02:00 PM      Entered By: [REDACTED] [REDACTED]

On October 30, 2023, at approximately 11:50 PM, Case Manager (CM) [REDACTED] [REDACTED] and Detective [REDACTED] [REDACTED] completed a face to face with Alleged Perpetrator (AP) [REDACTED] [REDACTED] father of Alleged Child Victim (ACV) [REDACTED] [REDACTED] on this date at the [REDACTED] County Jail. CM [REDACTED] engaged Mr. [REDACTED] concerning drug use. Mr. [REDACTED] reported he has prescriptions for Xanax, Suboxone, Oxycarbonate, Seroquel, and Propanol. Mr. [REDACTED] reported he will additionally be positive for THC. Mr. [REDACTED] consented to a drug screen on this date but could not urinate. Mr. [REDACTED] signed he admitted to Buprenorphine, Benzodiazepine, and THC use. Mr. [REDACTED] was thanked for his time and told that someone would probably be by tomorrow to speak with him and re-screen him. Mr. [REDACTED] had no questions. Mr. [REDACTED] was observed to be visibly impaired. Mr. [REDACTED] hand was very shaky when signing his name and was observed hunched over during the interaction. Mr. [REDACTED] had moderately slurred speech.

Later in the night, Sheriff [REDACTED] reported Alleged Perpetrator (AP) [REDACTED] [REDACTED] and [REDACTED] [REDACTED] father and mother of Alleged Child Victim (ACV) [REDACTED] [REDACTED] were being charged with Aggravated Child Neglect and Felony Possession of a Schedule VI.

**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:     | 2023-10-30 23:15:00   | Contact Method:   | Face To Face |
| Contact Time:     | 11:15 PM  | Contact Duration: |              |
| Entered By:       | ██████████  | Recorded For:     |              |
| Location:         | Other Community Site  | Created Date:     | 11/02/2023   |
| Completed date:   | 11/02/2023  | Completed By:     | ██████████   |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being   |                   |              |
| Contact Type(s):  | Alleged Perpetrator Interview,Notation,Parent/Caretaker Interview |                   |              |
| Contact Sub Type: |   |                   |              |

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

██████████ ██████████ ██████████ ██████████ ██████████ ██████████

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/02/2023 01:15 PM      Entered By: ██████████

On October 30, 2023 at approximately 11:15 PM, Case Manager (CM) ██████████ spoke to Chief ██████████ on this date at the ██████████ County Sheriffs Department. Due to being in interview with alleged Perpetrator (AP) ██████████ mother of Alleged Child Victim (ACV) ██████████ (2months old), CM ██████████ spoke with Chief ██████████ concerning the interview with AP ██████████ father of the ACV, ██████████ Ms. ██████████ and Mr. ██████████ interviews were ongoing simultaneously. Chief ██████████ reported Mr. ██████████ had a different story than Ms. ██████████ Chief ██████████ reported Mr. ██████████ reported that he was in bed asleep until 6:30 or 7:00 PM. Mr. ██████████ reported he was awoken by Ms. ██████████ telling him that something was wrong with the baby. Chief ██████████ reported Mr. ██████████ reported they ran to the living room, where ██████████ was in the recliner, and he called 911. Chief ██████████ reported Mr. ██████████ reported 911 gave them instructions and he began doing compressions. Chief ██████████ was thanked for his 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: 2023-10-30 22:00:00   | Contact Method: Face To Face        |
| Contact Time: 10:00 PM  | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]   | Recorded For:                       |
| Location: Other Community Site  | Created Date: 11/02/2023            |
| Completed date: 11/02/2023  | Completed By: [REDACTED] [REDACTED] |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being |                                     |
| Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview   |                                     |
| Contact Sub Type:   |                                     |

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

[REDACTED] [REDACTED] [REDACTED] LE-Detective [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/02/2023 01:00 PM Entered By: [REDACTED] [REDACTED]

On October 30, 2023, approximately 10:00 PM, Case Manager (CM) [REDACTED] and Detective [REDACTED] with the [REDACTED] County Sheriffs Department, spoke with Ms. [REDACTED] mother of Alleged Child Victim (ACV) [REDACTED] (2 months old), on this date at the [REDACTED] County sheriffs Department. Detective [REDACTED] read Ms. [REDACTED] her Miranda Rights at the beginning of the interview. Ms. [REDACTED] signed and acknowledged that she understood. Ms. [REDACTED] did not ask for counsel during the interview. Ms. [REDACTED] reported that she works at [REDACTED] and was off today, along with [REDACTED] father, AP [REDACTED]. Ms. [REDACTED] reported Mr. [REDACTED] works at [REDACTED]. Ms. [REDACTED] reported she has another child, [REDACTED] (2/28/2012), that lives with the maternal grandmother, [REDACTED]. Ms. [REDACTED] reported she has custody of [REDACTED] but [REDACTED] has been with her grandmother since 2017, when Ms. [REDACTED] was previously incarcerated.

Ms. [REDACTED] first report of what happened on October 30, 2023, was that [REDACTED] had been fighting sleep after Mr. [REDACTED] fed and burped him. Ms. [REDACTED] reported she took [REDACTED] from the bedroom where he was being fed and walked him around the home for a while. Ms. [REDACTED] reported she went to rock [REDACTED] in the recliner, and he fell asleep on her right shoulder. Ms. [REDACTED] reported she was watching television and dozed off as well while still sitting up with [REDACTED] on her chest. Ms. [REDACTED] reported she does not know what happened after that. Ms. [REDACTED] reported she woke up randomly, looked down where he was laying on her shoulder, and [REDACTED] did not look right. Ms. [REDACTED] reported she did not check his breathing at this time because she did not know what was wrong with him. Ms. [REDACTED] reported she cannot say why [REDACTED] did not look right or explain it, but he just did not. Ms. [REDACTED] reported she could just tell that something was wrong, so she took [REDACTED] into the bedroom to ask Mr. [REDACTED] what to do. Ms. [REDACTED] reported Mr. [REDACTED] called 911 and the operator instructed them on how to do chest compressions and to put [REDACTED] on the floor. Ms. [REDACTED] reported Mr. [REDACTED] put [REDACTED] on the floor and tried to do chest compressions. Ms. [REDACTED] reported she had to take over because Mr. [REDACTED] could not count out loud due to screaming and crying. Ms. [REDACTED] reported the operator told me to go a half inch on his chest and count to 120 and that is what I did. Ms. [REDACTED] reported Mr. [REDACTED] got out of the way at this time and went to the door to answer it. Ms. [REDACTED] reported that is when the fire department arrived. Ms. [REDACTED] reported before Mr. [REDACTED] fed [REDACTED] a parent was holding [REDACTED] but she does not remember who it was. Ms. [REDACTED] was unable to remember any time frames when she was asked. Ms. [REDACTED] reported she possibly started walking around with [REDACTED] around 7:00 or 8:00 PM. The 911 call came in at 6:34 PM.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] reported she normally rocks [REDACTED] in the recliner to get him to sleep. Ms. [REDACTED] reported he can be pretty gassy if he is not burped all of the way. Ms. [REDACTED] reported they give [REDACTED] gas drops before but not tonight. Ms. [REDACTED] reported [REDACTED] typically sleeps in his bassinet or his swing. Ms. [REDACTED] reported that is why the camera is pointed towards the swing. Ms. [REDACTED] reported [REDACTED] was still too small for his crib. Ms. [REDACTED] reported there were a couple of occasions where [REDACTED] slept on his circle pillow (Boppy) in the bed with them. Ms. [REDACTED] reported that did not happen today.

Ms. [REDACTED] reported she took her medication before she sat with [REDACTED] on the recliner. Ms. [REDACTED] reported she took Seroquel 200mg (for sleep and mood stabilizer), Alprazolam 1mg (for sleep), Subutex 8mg, and split a joint with [REDACTED] before walking around. Ms. [REDACTED] reported she takes the same medication every night. Ms. [REDACTED] reported she took the Seroquel earlier today because she forgot to take it yesterday and she did not feel good. Ms. [REDACTED] was observed on this date to be in and out of consciousness. Ms. [REDACTED] was observed falling asleep between questions. Ms. [REDACTED] was observed to slur her speech and appeared groggy. Ms. [REDACTED] could not remember specific times and could not remember any solid details after she ate lunch. Ms. [REDACTED] was observed with her head down and wobbly and not making eye contact. Ms. [REDACTED] later consented to a drug screen and was positive for Buprenorphine, Benzodiazepine, and THC. Ms. [REDACTED] reported it usually takes her one hour to an hour and a half, to fall asleep after she takes her medication. Ms. [REDACTED] reported she normally wakes up every 3 hours when [REDACTED] needs to be fed.

Ms. [REDACTED] second story of what happened on October 30, 2023, was she took her medication at 1:30 PM and was sitting in the bedroom watching television while Mr. [REDACTED] was feeding and burping [REDACTED]. Ms. [REDACTED] reported she walked around for an hour then took [REDACTED] out of the room to walk with him. Ms. [REDACTED] reported after she woke up with [REDACTED] on her chest, she was going into the bedroom to see what her husband was doing because she had been asleep for a couple hours. Ms. [REDACTED] reported she did not know anything was wrong with [REDACTED] until she began walking with him to the bedroom. Ms. [REDACTED] reported that is when she woke Mr. [REDACTED] up for help. In this variation, Ms. [REDACTED] reported she did not have the television on while in the recliner. Ms. [REDACTED] was asked what she noticed looked wrong with [REDACTED] at this time, she reported he felt warm, but he had really cold feet because the blue blanket fell off his legs.

Ms. [REDACTED] third story of what happened on October 30, 2023, was she and [REDACTED] woke up at 7:30 AM, [REDACTED] had been asleep on the Boppy pillow on the bed. Ms. [REDACTED] reported she fed him. Ms. [REDACTED] reported Mr. [REDACTED] was already awake because he was supposed to be at work but was feeling bad. Ms. [REDACTED] reported she, Mr. [REDACTED], and [REDACTED] sat in the bed for a couple hours watching Family Guy and Bobs Burgers. Ms. [REDACTED] reported she fed [REDACTED] and got him to sleep in the swing. Ms. [REDACTED] reported she then made herself lunch, peanut butter and jelly and Velveeta Mac and Cheese. Ms. [REDACTED] reported this was around 12:00 PM. Ms. [REDACTED] reported she and Mr. [REDACTED] watched Batman in the bedroom and she fed [REDACTED] on the bed around 4:00 PM. Ms. [REDACTED] reported she got [REDACTED] to sleep in the swing again and then she cleaned up the kitchen. Ms. [REDACTED] reported Mr. [REDACTED] was in the bedroom asleep. Ms. [REDACTED] reported that [REDACTED] woke up and Mr. [REDACTED] fed [REDACTED] in the bedroom. Ms. [REDACTED] reported [REDACTED] was fussy and she walked him around until the other stuff happened.

Ms. [REDACTED] reiterated multiple times that there was no way that [REDACTED] slipped down into the crook of her arm or into her side. Ms. [REDACTED] reported it was not possible because she woke up every time he even farted. Ms. [REDACTED] reported she cannot remember what happened and does not know what happened. Ms. [REDACTED] reported it is not a possibility that he scooted down or that she dropped him. Ms. [REDACTED] reported she has no idea what happened.

CM [REDACTED] explained all forms and engaged the family during the paperwork process. Ms. [REDACTED] signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Authorization for Release of Information to the Department of Children's Services form. CM [REDACTED] obtained signed acknowledgements of such, and

**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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copies have been placed into the electronic file. A Genogram and Ecomap were completed with the family.



**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:     | 2023-10-30 21:00:00   | Contact Method:   |            |
| Contact Time:     | 09:00 PM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         | Other Community Site  | Created Date:     | 11/02/2023 |
| Completed date:   | 11/02/2023  | Completed By:     | ██████████ |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |            |
| Contact Type(s):  | Notation  |                   |            |
| Contact Sub Type: |   |                   |            |

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

██████████ Sheriff ██████████ Detective ██████████

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/02/2023 12:55 PM Entered By: ██████████

On October 30, 2023 at approximately 9:00 PM, Case Manager (CM) ██████████ spoke with Officer ██████████ Detective ██████████ Sheriff ██████████ and two other officers/detectives on this date at the above location. Officer ██████████ and another officer reported they have had many interactions with, Alleged Perpetrator (AP)Ms. ██████████ mother of Alleged Child Victim (ACV) ██████████ (2 months old). Officer ██████████ believed Ms. ██████████ has another child, ██████████ (11 years old), that is in the custody of the maternal grandmother, ██████████ however, this was later proven to be untrue, as the grandmother only keeps the child at her home. Officer ██████████ reported they thought Ms. ██████████ was doing better, concerning her drug use.

CM ██████████ spoke with Sheriff ██████████ Sheriff ██████████ reported they did find two mason jars of marijuana in the home, which totaled 3.8 oz., along with several different types of drug paraphernalia. Sheriff ██████████ reported both parents, Ms. ██████████ and her paramour, AP ██████████ admitted to smoking marijuana in the child's presence previously to this date. Mr. ██████████ is the father to the ACV ██████████ Sheriff ██████████ reported there were used needles in the back bedroom of the home.

CM ██████████ spoke with Detective ██████████ who reported they found drug paraphernalia next to baby items. Detective ██████████ reported there were strands of hair found in both of ██████████ hands at ██████████ Hospital. Detective ██████████ reported there were no significant marks or bruises on ██████████ Detective ██████████ reported it appeared as if there was extra puffiness around both sides of ██████████ mandible bones. Detective ██████████ reported firefighters reported finding ██████████ on his back, in the bedroom of the home. Detective ██████████ reported there was a horseshoe pillow (Boppy) on the bed with a pillow under it.



**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:     | 2023-10-30 21:00:00   | Contact Method:   | Attempted Face To Face |
| Contact Time:     | 09:00 PM  | Contact Duration: |                        |
| Entered By:       | ██████████  | Recorded For:     |                        |
| Location:         | Family Home   | Created Date:     | 11/03/2023             |
| Completed date:   | 11/03/2023  | Completed By:     | ██████████             |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |                        |
| Contact Type(s):  | Good Faith Effort   |                   |                        |
| Contact Sub Type: | Attempted Home Visit/Home Visit                                 |                   |                        |

**Children Concerning**

██████████

**Participant(s)**

██████████

**Narrative Details**

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

On October 30, 2023, at approximately 9:00 PM, Case Manager (CM) ██████████ was unable to complete a home visit with the Alleged Child Victim (ACV) ██████████ and his parents, Alleged Perpetrators (AP) ██████████ and ██████████. Ms. ██████████, Mr. ██████████ and ██████████ had all been removed from the home at the time of the referral. ██████████ had been taken to ██████████ Hospital and then transferred to the Medical Examiners office. Ms. ██████████ and Mr. ██████████ had been transported to the ██████████ County Jail.

Per Chapter 14, Work Aide 2:

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

**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:     | 2023-10-30 21:00:00   | Contact Method:   | Attempted Face To Face |
| Contact Time:     | 09:00 PM  | Contact Duration: |                        |
| Entered By:       | ██████████  | Recorded For:     |                        |
| Location:         | Other Community Site  | Created Date:     | 11/03/2023             |
| Completed date:   | 11/03/2023  | Completed By:     | ██████████             |
| Purpose(s):       | Permanency,Safety - Child/Community,Service Planning,Well Being |                   |                        |
| Contact Type(s):  | Good Faith Effort   |                   |                        |
| Contact Sub Type: | Collateral Contact  |                   |                        |

**Children Concerning**

██████████

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 11/03/2023 12:18 PM      Entered By: ██████████

On October 30, 2023, at approximately 9:00 PM, Case Manager (CM) ██████████ was unable to complete a face to face visit with the Alleged Child Victim (ACV) ██████████ had been taken to ██████████ Hospital and then transferred to the Medical Examiners office.

Per Chapter 14, Work Aide 2:

Note: 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: 2023-10-30 21:00:00   | Contact Method:                     |
| Contact Time: 09:00 PM  | Contact Duration:                   |
| Entered By: [REDACTED] [REDACTED]   | Recorded For:                       |
| Location: Other Community Site  | Created Date: 11/03/2023            |
| Completed date: 11/03/2023  | 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: 11/03/2023 01:37 PM      Entered By: [REDACTED] [REDACTED]

**Opening Case Summary:****Case Assignment:**

On October 30, 2023 at [REDACTED], a referral was called into Child Abuse Hotline. The referral was screened into [REDACTED] County as a P1 with allegations of Abuse Death. The alleged child victim is [REDACTED] and the alleged perpetrators are the mother, [REDACTED] and the father [REDACTED]. This case was assigned to Case Manager [REDACTED] [REDACTED] by TL [REDACTED]. It is not known if this child is of Native American descent. This information will need to be obtained when response is met.

**DCS History:**

[REDACTED] [REDACTED] Investigation 2 Open 08/29/2023 [REDACTED] Region

Name of family: [REDACTED]

Address: [REDACTED] TN [REDACTED]

Initial Notification to the County Judge is made by the TL [REDACTED] [REDACTED]. At the conclusion of this case, a 740 will be submitted to the supervisor to be reviewed and signed, and then submitted to the Juvenile Court on a weekly basis as requested by the court.

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

[REDACTED] (2 months) resides with birth mother, [REDACTED] [REDACTED] or [REDACTED] (33) birth father, [REDACTED] (36) in [REDACTED] County TN. The mother said she was married, but the mother gave the name [REDACTED]

[REDACTED] has a 14-year-old (Unknown) and the mother does not have custody of the 14 year old child. The 14 year old child is never in the parent's home.

Deputy [REDACTED] Badge [REDACTED] is the working the report/investigation.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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

LE is requesting immediate assistance for DCS to arrive at the home. Address [REDACTED] t TN

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

On 10.30.2023 LE was sent to the home for a cardiac arrest of a two-month-old. It is believed that the father called 911 at 6:34PM, but this has not been confirmed at this time. The fire department was the first responders on scene. They about had to break the door as no one came to the door. When the fire department made entry into the home, they saw [REDACTED] on the bed by himself. They attempted to do CPR and then EMS arrived shortly after. LE arrived on scene after EMS. EMS was in the home when LE arrived. [REDACTED] was taken into the ambulance, and transported to [REDACTED] hospital. [REDACTED] has been pronounced deceased and the time of death is unknown. It is unknown if [REDACTED] passed at the hospital or if he passed in the ambulance. A detective is on scene and there is currently an ongoing investigation. LE has already gone to the hospital to take photos of [REDACTED] LE is now currently at the home. It is unknown if there were any kind of injuries on [REDACTED] When LE arrived to the home, the infant was already in the ambulance.

LE made contact with the parents. The parents seemed to be under the influence of some kind of drug. The drug may have been a depressant as they could barely hold their head up. The parents have slurred speech and slow reactions. LE saw suboxone, marijuana and other stuff laying all over the home. LE has dealt with [REDACTED] before. LE has used Narcan on the father before. The details to the parents drug usage is unknown at this time. The parents were in the home at the time of the unknown incident with [REDACTED] It is not clear what happened to [REDACTED] as the parents are not able to comprehend much. It was stated that [REDACTED] has had no prior health problems. There is a concern for neglect being a potential cause of death. LE are on scene investigating everything. There is a possibility that the parents could have charges, but this is not for sure. There are no other children in the home.

DCS is already involved with the family.

LE # [REDACTED]

-Are there any concerns for the safety of a Department of Childrens Services Case Manager responding to the childs home? No, LE is on scene. The home has been cleared.

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

Intake Notation: None

Screener Notation: None

Emailed/Paged CPSI On Call: [REDACTED] 10-30-2023 20:23:25 work email Received

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

Child Programs Director [REDACTED]

Per SDM: INV P1 / [REDACTED] Intake TL 10-30-2023@8:33pm.

**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:     | 2023-10-30 20:15:00   | Contact Method:   | Phone Call |
| Contact Time:     | 08:15 PM  | Contact Duration: |            |
| Entered By:       | ██████████  | Recorded For:     |            |
| Location:         |   | Created Date:     | 11/02/2023 |
| Completed date:   | 11/02/2023  | 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: 11/02/2023 05:41 PM      Entered By: ██████████

Team Leader (TL) ██████████ convened Child Protective Investigative Team (CPIT) with Chief ██████████ with the ██████████ County Sheriff's Department on this date via phone. Chief ██████████ contacted TL ██████████ regarding the Abuse Death of Alleged Child Victim (ACV) ██████████ age 2 months. Chief ██████████ reported that the parents of the child, ██████████ and ██████████ are at the home and under the influence. TL ██████████ advised that on call CPS Case Manager (CM) ██████████ would be on her way and TL ██████████ would notify on call TL ██████████.





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

### A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 10/30/2023

Assignment Date: 10/31/2023

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<br>CSEM | Classified By<br>Classified |
|---|-----------------|------------|------------------------------|----------------------------|-------------------------|--|----------------------|-----------------------------|
| 1 | [REDACTED]      | [REDACTED] | Drug Exposed Child           | [REDACTED]                 | [REDACTED],<br>12:00 AM | Allegation Substantiated / Perpetrator Substantiated | No                   | [REDACTED]<br>12/14/2023    |
| 2 | [REDACTED]      | [REDACTED] | Abuse Death                  | [REDACTED]                 | [REDACTED],<br>12:00 AM | Allegation Substantiated / Perpetrator Substantiated | Yes                  | [REDACTED]<br>12/14/2023    |
| 3 | [REDACTED]      | [REDACTED] | Drug Exposed Child           | [REDACTED]                 | [REDACTED],<br>12:00 AM | Allegation Substantiated / Perpetrator Substantiated | No                   | [REDACTED]<br>12/14/2023    |
| 4 | [REDACTED]      | [REDACTED] | Abuse Death                  | [REDACTED]                 | [REDACTED],<br>12:00 AM | Allegation Substantiated / Perpetrator Substantiated | Yes                  | [REDACTED]<br>12/14/2023    |

### C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is a preponderance of evidence to support the allegation Abuse Death against APs [REDACTED] and [REDACTED]. There is a preponderance of evidence to support the allegation of Drug Exposed Child against the AP's [REDACTED] and [REDACTED]. Both parents remain incarcerated at the closing of this case. The half-sister, [REDACTED], remains in the custody of the maternal grandparents, [REDACTED] and [REDACTED] with no safety concerns. The mother is restricted to supervised visits with no overnights.

### D. Case Workers

Case Worker: [REDACTED]

Date: 12/14/2023

Team Leader: [REDACTED]

Date: 05/17/2024

### 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:**

[REDACTED] was pronounced deceased on October 30, 2023, at 9:17 pm at [REDACTED] Hospital. He was taken





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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

straight to the [REDACTED] County Medical Examiner's office. Per law enforcement there were no significant marks or bruises observed on [REDACTED]. He was observed to have strands of hair found in both of his hands when he was observed at [REDACTED] Hospital.

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

Both parents, [REDACTED] and [REDACTED] were charged with Aggravated Child Neglect and Felony Possession of a Schedule VI.

On February 23, 2024, Case Manager (CM) [REDACTED] presented the allegation of Abuse Death against [REDACTED] and [REDACTED] concerning Alleged Child Victim [REDACTED] to the [REDACTED] County Child Protective Services Investigation Team (CPIT) at the [REDACTED] County Court House. Those present were CM [REDACTED], TL [REDACTED], Assistant District Attorney (ADA) [REDACTED], Youth Services Officer (YSO) [REDACTED], [REDACTED] inyon, [REDACTED], [REDACTED] and [REDACTED] with the [REDACTED] Child Advocacy Center (CAC), Detective [REDACTED] with [REDACTED] County Sheriff's Department. CM [REDACTED] presented the facts of the case, it was reported the child was found unresponsive while in the care of the mother and father. The mother gave several different stories of what happened during the evening of October 30, 2023. The mother and father were both visibly impaired and were unable to remain coherent during the interview. There were multiple medications found in the home, some not belonging to Mr. [REDACTED] or Ms. [REDACTED]. Det. [REDACTED] reported "the mother and father appeared to be in a state of physical wellbeing that could not provide the necessary care of an infant child". The team agreed to classify the case as Allegation Substantiated/Perpetrator Substantiated due to the impairment of the parents and being unable to care for themselves or that of their infant child, the multiple medications and drug paraphernalia found in the home.

On February 1, 2024, Team Leader (TL) [REDACTED] and Case Manager (CM) [REDACTED] received a copy of the final autopsy report regarding Alleged Child Victim (ACV) [REDACTED]. The report was completed by [REDACTED], M.D., Regional Forensic Center on October 31, 2023. At autopsy, there are small bony calluses on the posterolateral surfaces of left ribs six and seven. There is prominent anterior lividity on the face and chest consistent with a face-down position. No significant natural disease was identified. Bacterial cultures were positive for microorganisms consistent with postmortem overgrowth and/or contamination. Lung bacterial cultures show multiple organisms, most consistent with postmortem contamination. Viral studies were negative. The cause of death is undetermined, and manner of death is undetermined.

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

On October 30, 2024 the mother, [REDACTED] was interviewed by law enforcement and was observed to be impaired. She provided three different statements regarding the death of [REDACTED]. Ms. [REDACTED] later consented to a drug screen and was positive for Buprenorphine, Benzodiazepine, and THC.

On October 30, 2023, CM [REDACTED] spoke to Chief [REDACTED] on this date at the [REDACTED] County Sheriff's Department. Due to being in interview with Ms. [REDACTED], CM [REDACTED] spoke with Chief [REDACTED] concerning the interview with AP [REDACTED], Ms. [REDACTED] and Mr. [REDACTED]. Interviews were ongoing simultaneously. Chief [REDACTED] reported Mr. [REDACTED] had a different story than Ms. [REDACTED]. Chief [REDACTED] reported Mr. [REDACTED] reported that he was in bed asleep until "6:30 or 7:00 PM". Mr. [REDACTED] reported he was awoken by Ms. [REDACTED] "telling him that something was wrong with the baby". Chief [REDACTED] reported Mr. [REDACTED] reported they "ran to the living room", where [REDACTED] was in the recliner, and "he called 911". Chief [REDACTED] reported Mr. [REDACTED] reported "911 gave them instructions and he began doing compressions". CM [REDACTED] and Det. [REDACTED] completed a face to face with Alleged Perpetrator (AP) [REDACTED] at the [REDACTED] County Jail. CM [REDACTED] engaged Mr. [REDACTED] concerning drug use. Mr. [REDACTED] reported he has prescriptions for Xanax, Suboxone, Oxycarbonate, Seroquel, and Propanol. Mr. [REDACTED] reported he will additionally be positive for THC. Mr. [REDACTED] consented to a drug screen on this date but could not urinate. Mr. [REDACTED] signed he admitted to Buprenorphine, Benzodiazepine, and THC use. Mr. [REDACTED] was observed to be visibly impaired. Mr. [REDACTED] hand was very shaky when signing his name and was observed hunched over during the interaction. Mr. [REDACTED] had moderately slurred speech.

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

On October 30, 2023, CM [REDACTED] engaged Detective [REDACTED] and Sheriff [REDACTED] at the [REDACTED] County Sheriff's Department. Sheriff [REDACTED] reported they did find two mason jars of marijuana in the home, which totaled 3.8 oz., along





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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

with several different types of drug paraphernalia. Sheriff [REDACTED] reported both parents admitted to smoking marijuana in the child's presence previously to this date. Sheriff [REDACTED] reported there were used needles in the back bedroom of the home. Drug paraphernalia next to baby items and there were strands of hair found in both of [REDACTED] hands at [REDACTED] Hospital. There were no significant marks or bruises on [REDACTED]. Firefighters reported finding [REDACTED] on his back, in the bedroom of the home.

On October 31, 2023, Case Manager (CM) [REDACTED] met with [REDACTED] and [REDACTED] maternal grandparents to Alleged Child Victim (ACV) [REDACTED] (2 months old) and his sister, [REDACTED] (11 Years old), at their home, 1671 Mill Springs Rd. New Market, TN, to complete a home study. Mrs. [REDACTED] reported the mother, Alleged Perpetrator (AP) [REDACTED]. Mrs. [REDACTED] reported Ms. [REDACTED] lived with her and Mr. [REDACTED] while she was pregnant. Mrs. [REDACTED] reported Ms. [REDACTED] left her home when [REDACTED] was 6 months old. Mrs. [REDACTED] reported "she left, and we have had her ever since". Mrs. [REDACTED] reported Ms. [REDACTED] would come and take [REDACTED] for "a week or two but she would always bring her right back". CM [REDACTED] asked Mrs. [REDACTED] if she ever retained custody of [REDACTED]. Mrs. [REDACTED] reported Ms. [REDACTED] was against them having custody of [REDACTED]. Mrs. [REDACTED] reported "she didn't want to give up her rights". Mrs. [REDACTED] reported Ms. [REDACTED] lived nearby and rarely stopped at their home to visit with [REDACTED]. Mrs. [REDACTED] reported Ms. [REDACTED] did not take [REDACTED] off on her own or spend time with her.

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

Based on the observation of impairment of the parents by CPS and law enforcement, their criminal charges, and drugs that were found at the home, there was enough evidence to support the allegations.

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: 10/31/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED]     |

| OVERVIEW  |  |  |   |  |  |  |
|---|--|--|---|--|--|--|
| Safety Level:<br>Immediate Intervention Recommended |  |  | Assessed at Location:<br>Sheriff's Department |  |  |  |
| Risk Level: High Need/Risk                          |  |  |   |  |  |  |
| Event Start Date: 05/17/2024                        |  |  | Last Assessed Date:                           |  |  |  |
| Assessment Status: Approved                         |  |  | Assessor: [REDACTED] [REDACTED]               |  |  |  |
| Date Approved: 11/06/2023                           |  |  | Approver: [REDACTED] [REDACTED]               |  |  |  |

| PARTICIPANTS     |          |           |        |            |              |           |
|------------------|----------|-----------|--------|------------|--------------|-----------|
| Name             | Age      | Role      | Gender | Person ID  | Trauma Score | CSEM Risk |
| [REDACTED]       | 60 Yrs   | Caregiver | M      | [REDACTED] | N/A          | N/A       |
| [REDACTED] (AP)  | 36 Yrs   | Caregiver | M      | [REDACTED] | N/A          | N/A       |
| [REDACTED]       | 11 Yrs   | Youth     | F      | [REDACTED] | 0            | Low       |
| [REDACTED]       | 57 Yrs   | Caregiver | F      | [REDACTED] | N/A          | N/A       |
| [REDACTED] (ACV) | Deceased | Youth     | M      | [REDACTED] | 3            | Low       |
| [REDACTED] (AP)  | 33 Yrs   | Primary   | F      | [REDACTED] | N/A          | N/A       |



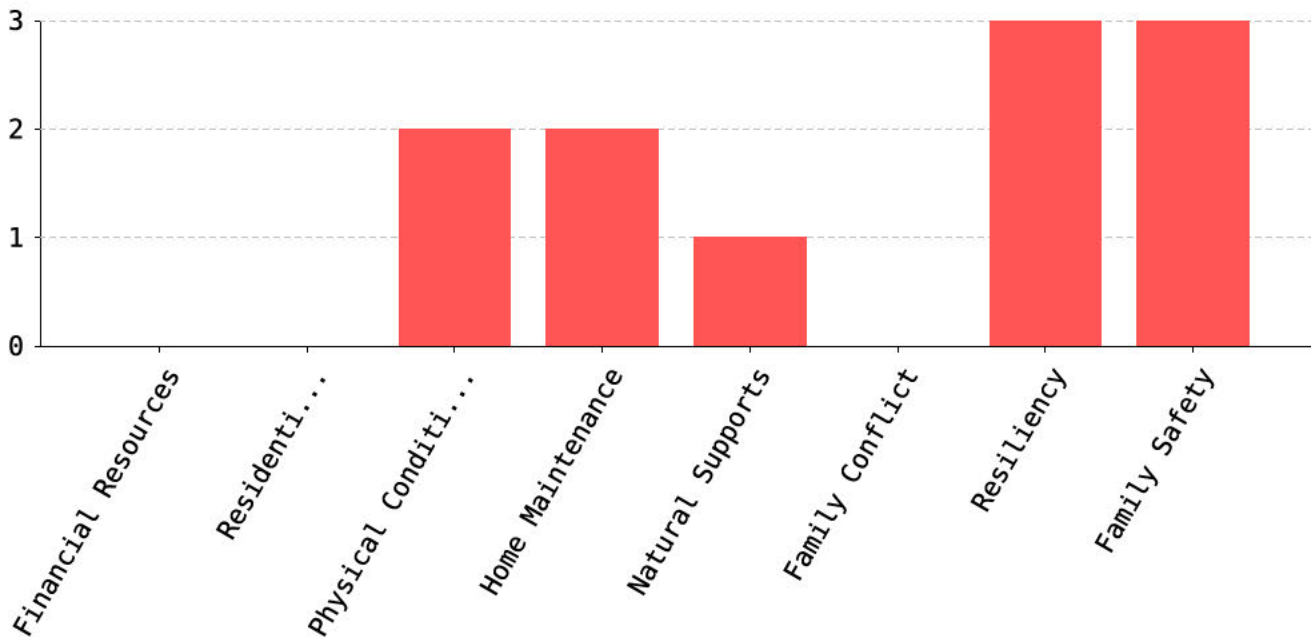


**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <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 | 2     | The home was cluttered. There were several pill bottles lying around in the open. there were pill bottles that did not belong to the mother and the father. The child's bassinet was cluttered with clothing and blankets. There were straws used for drug use lying in the open.  |
| Home Maintenance           | 2     | The home was cluttered. There were several pill bottles lying around in the open. there were pill bottles that did not belong to the mother and the father. The child's bassinet was cluttered with clothing and blankets. There were straws used for drug use lying in the open.<br><br>The flooring in the bedroom was subfloor and there was black coloring on the floor where it met the wall. |
| Natural Supports           | 1     | The family appeared to have limited support systems.   |
| Family Conflict            | 0     |  |
| Resiliency                 | 3     | Both the mother and father were severely under the influence, they were  |



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

|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

|               |   |   |
|---------------|---|---|
|               |   | unable to care for themselves or their child.   |
| Family Safety | 3 | Both the mother and father were severely under the influence, they were unable to care for themselves or their child. |



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

|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

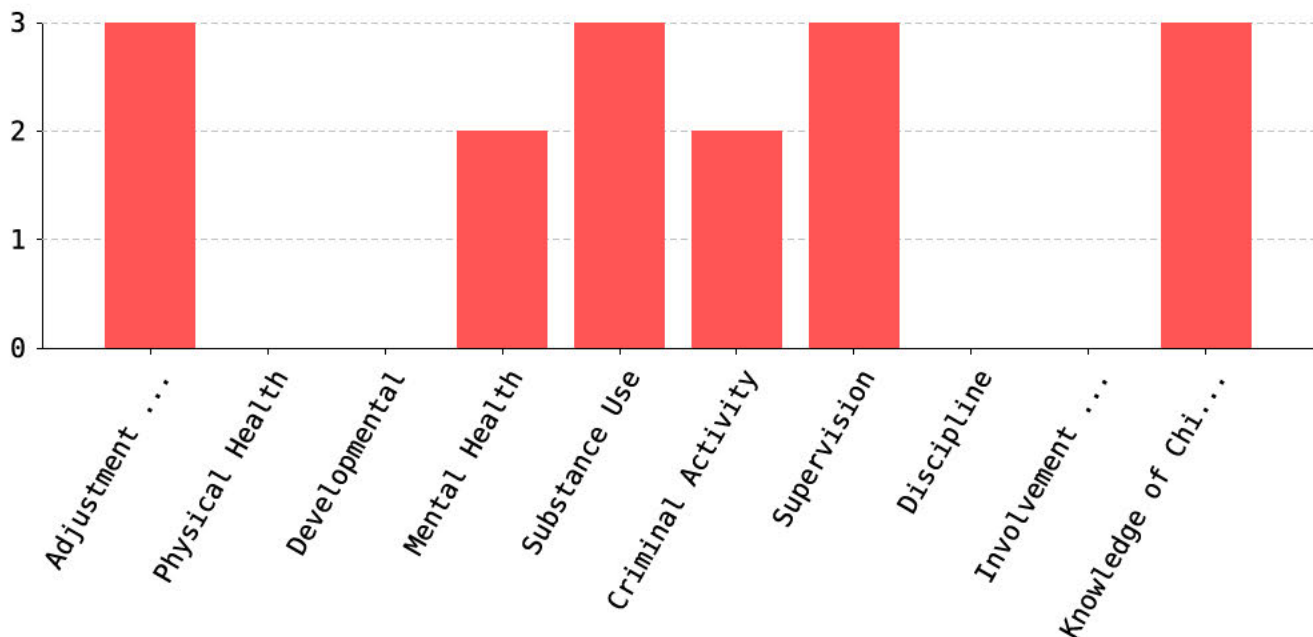
**CAREGIVERS**

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     | Father reported he was sexually abused by his father and sister when he was a child.<br>Father's infant child is now deceased. Father was severely under the influence the influence when child was found deceased.   |
| Physical Health                     | 0     |   |
| Developmental                       | 0     |   |
| Mental Health                       | 2     | Father reported he has anxiety, depression and bipolar disorder.  |
| Substance Use                       | 3     | Father was severely under the influence the influence when child was found deceased.<br>There were multiple pill bottles found in the home. There were prescription bottles with no labels and prescriptions belonging to other people, including out of state prescriptions.<br>drug paraphernalia was found in the home, including needles, pen straws, plastic straws, pill grinders, THC vapes. |





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

|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

|                                     |   |   |
|-------------------------------------|---|---|
| Criminal Activity                   | 2 | Father has been in an out of jail for drugs.  |
| Supervision                         | 3 | Father's infant child is now deceased. Father was severely under the influence the influence when child was found deceased. |
| Discipline                          | 0 |   |
| Involvement in Caregiving Functions | 0 |   |
| Knowledge of Child and Family Needs | 3 | Father's infant child is now deceased. Father was severely under the influence the influence when child was found deceased. |



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

|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

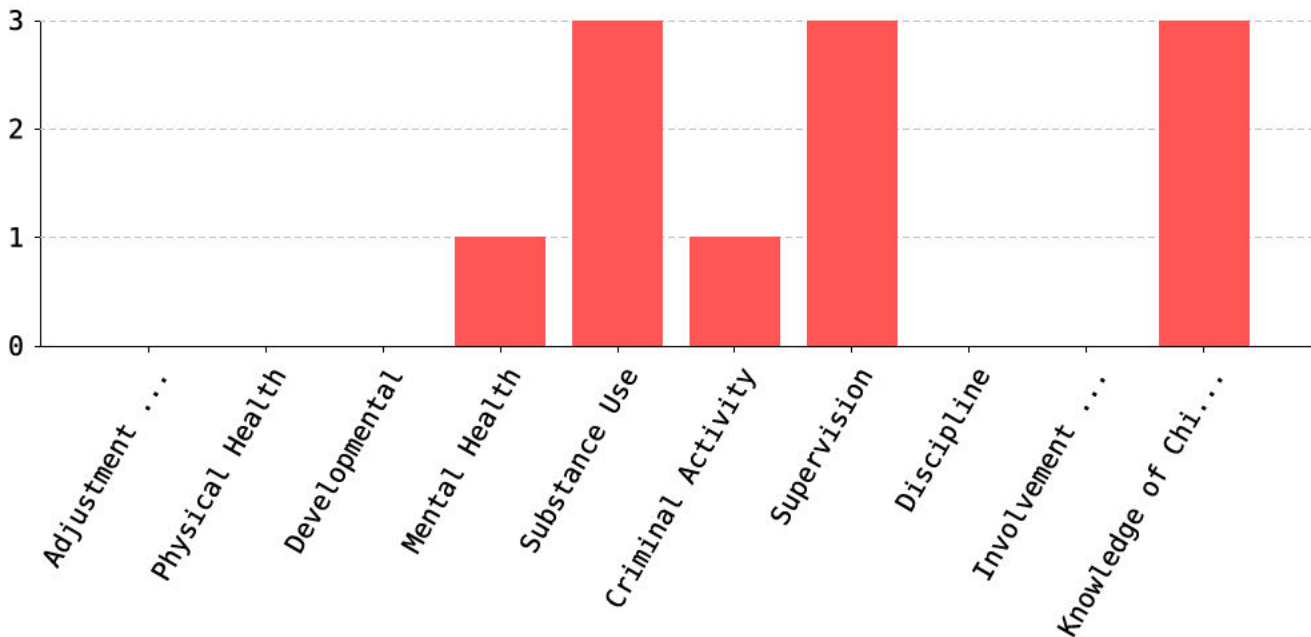
**CAREGIVERS**

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 Primary Caregiver



| Item                                | Score | Justification/Narrative  |
|-------------------------------------|-------|--|
| Adjustment to Traumatic Experiences | 0     |  |
| Physical Health                     | 0     |  |
| Developmental                       | 0     |  |
| Mental Health                       | 1     | Mother reported she has anxiety.   |
| Substance Use                       | 3     | There were multiple pill bottles found in the home. There were prescription bottles with no labels and prescriptions belonging to other people, including out of state prescriptions.<br><br>Mother was severely impaired when the infant was found deceased. the mother was falling asleep during the interviews.<br><br>drug paraphernalia was found in the home, including needles, pen straws, plastic straws, pill grinders, THC vapes. |
| Criminal Activity                   | 1     | Mother was arrested in the past for theft and DUI.   |
| Supervision                         | 3     | Mother's infant child is now deceased. Mother was severely under the influence the influence when child was found deceased.  |



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

|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

|                                     |   |   |
|-------------------------------------|---|---|
| Discipline                          | 0 |   |
| Involvement in Caregiving Functions | 0 |   |
| Knowledge of Child and Family Needs | 3 | Mother's infant child is now deceased. Mother was severely under the influence the influence when child was found deceased. |





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

|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

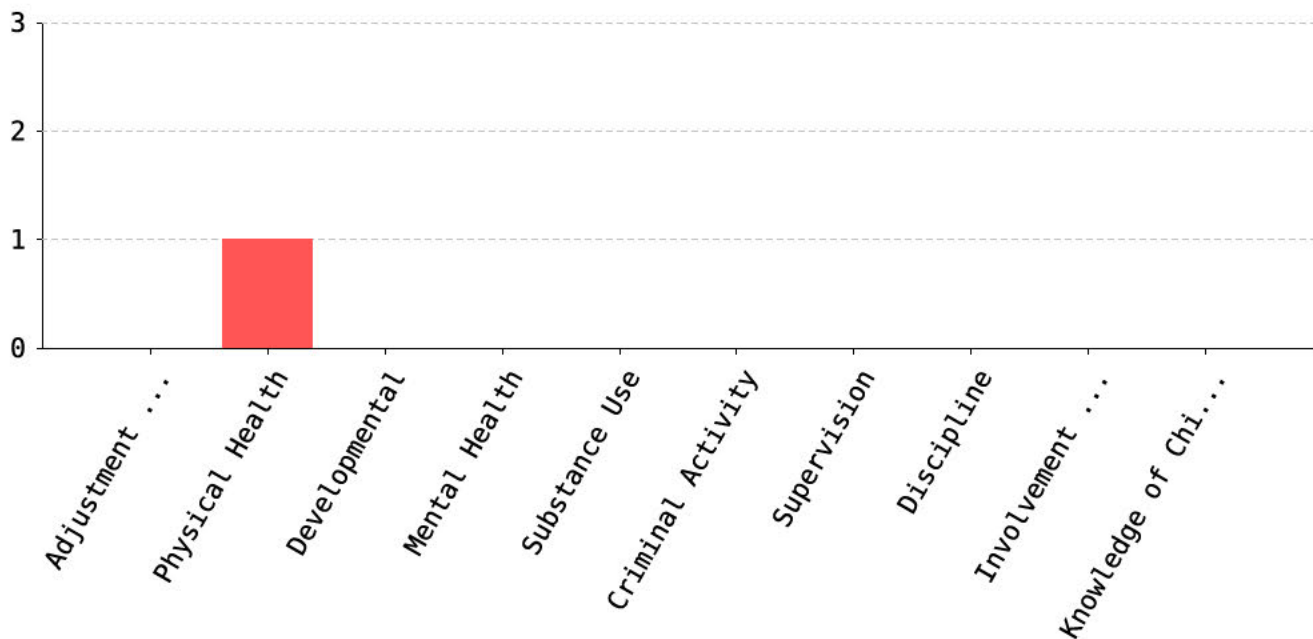
**CAREGIVERS**

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 | 0     |                                |
| Physical Health                     | 1     | recovering from a broken back. |
| 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**  
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|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

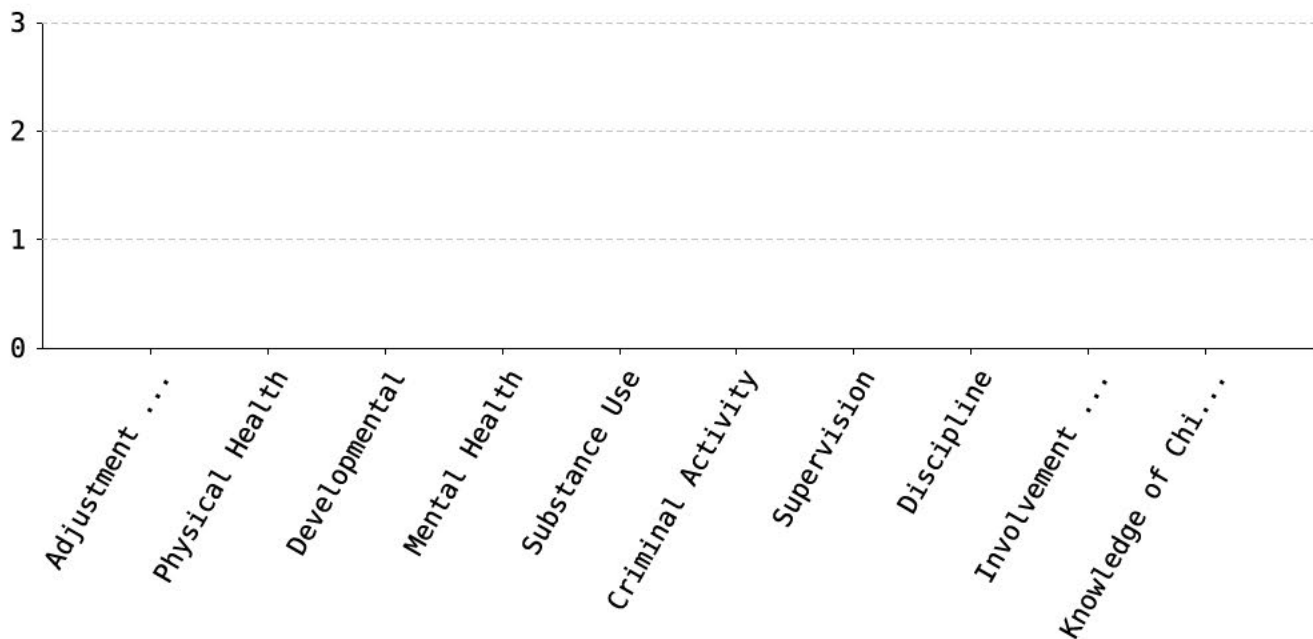
**CAREGIVERS**

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 | 0     |                         |
| 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     |                         |



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|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

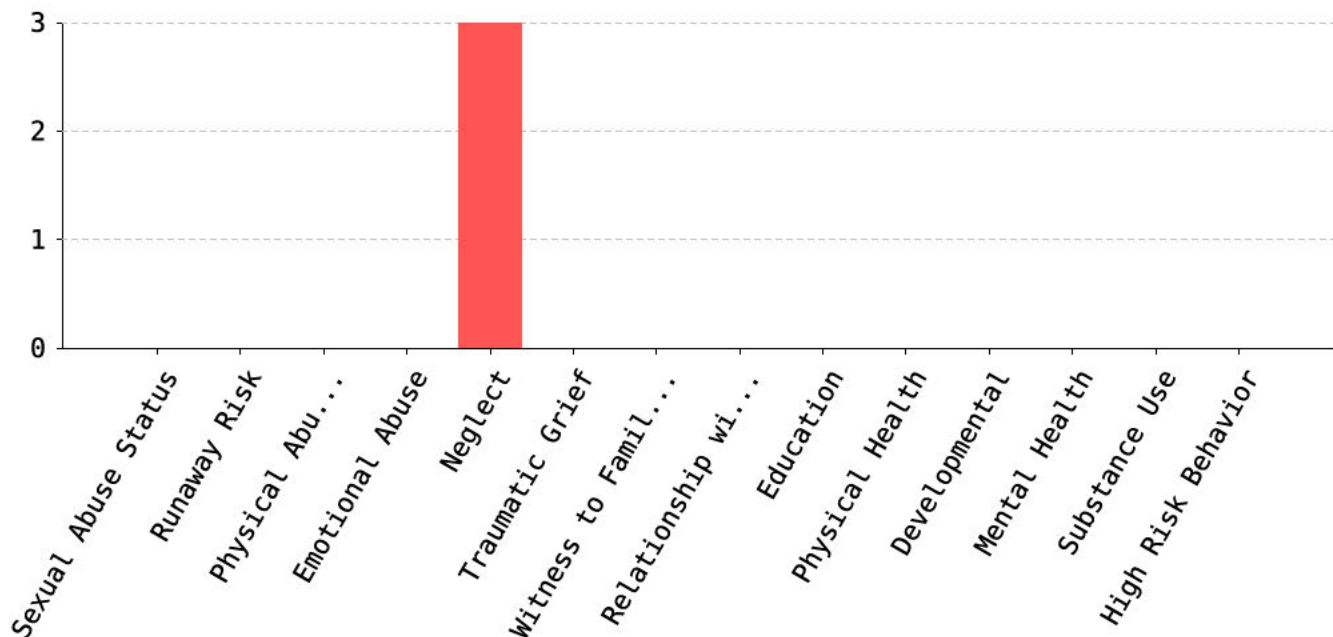
**YOUTH**

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

Participant: [REDACTED]

Person ID: [REDACTED]

Age: Deceased



| Item  | Score | Justification/Narrative  |
|---|-------|--|
| Sexual Abuse Status                             | 0     |  |
| Runaway Risk                                    | 0     |  |
| Physical Abuse Status                           | 0     |  |
| Emotional Abuse                                 | 0     |  |
| Neglect   | 3     | Mother and father were severely impaired, they were unable to care for themselves and the child. |
| Traumatic Grief                                 | 0     |  |
| Witness to Family, School or Community Violence | 0     |  |
| Relationship with Primary Caregiver             | 0     |  |
| Education                                       | NA    |  |
| Physical Health                                 | 0     |  |
| Developmental                                   | 0     |  |





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|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

|                    |   |  |
|--------------------|---|--|
| Mental Health      | 0 |  |
| Substance Use      | 0 |  |
| High Risk Behavior | 0 |  |



**Tennessee Department of Children's Services**  
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|                              |                                    |
|------------------------------|------------------------------------|
| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

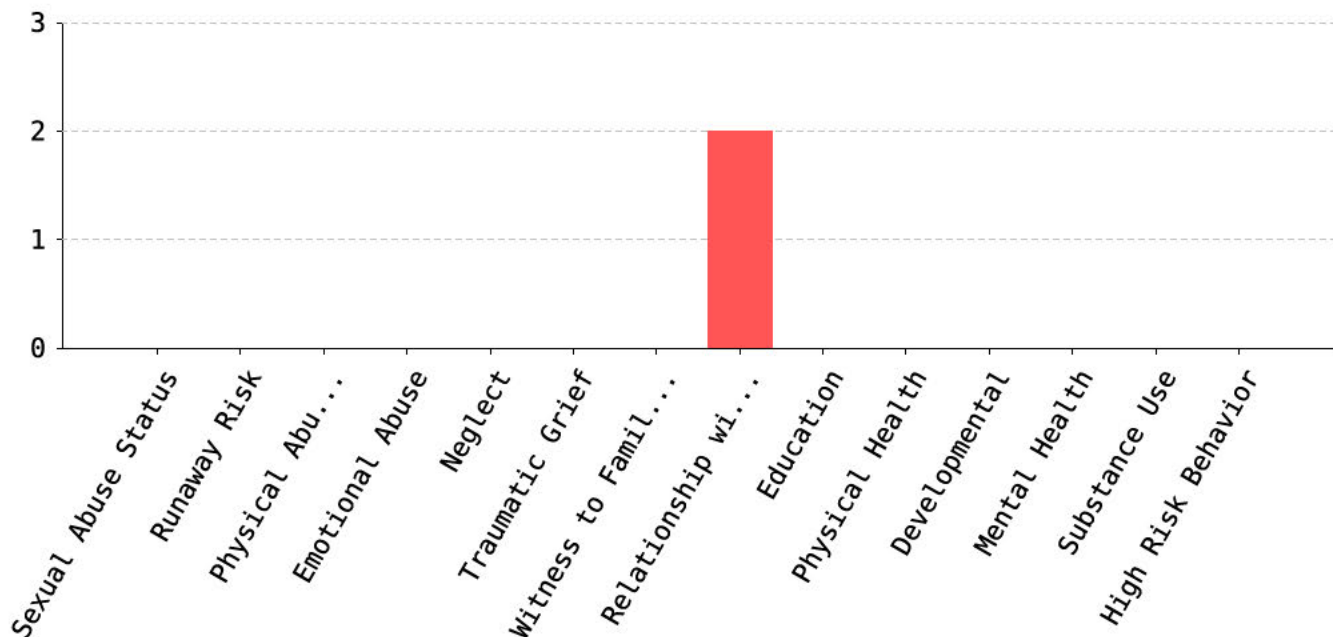
**YOUTH**

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

Participant: [REDACTED] [REDACTED]

Person ID: [REDACTED]

Age: 11 Yrs



| Item  | Score | Justification/Narrative  |
|---|-------|--|
| Sexual Abuse Status                             | 0     |  |
| Runaway Risk                                    | 0     |  |
| Physical Abuse Status                           | 0     |  |
| Emotional Abuse                                 | 0     |  |
| Neglect   | 0     |  |
| Traumatic Grief                                 | 0     |  |
| Witness to Family, School or Community Violence | 0     |  |
| Relationship with Primary Caregiver             | 2     | Child does not have a relationship with her mother and lives with her maternal grandparents. |
| Education                                       | 0     |  |
| Physical Health                                 | 0     |  |
| Developmental                                   | 0     |  |



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|                              |                                    |
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| <b>Event Type:</b> CPS Case  | <b>Assessment Date:</b> 10/31/2023 |
| <b>Assessment Type:</b> FAST | <b>CPS Case ID:</b> [REDACTED]     |

|                    |   |  |
|--------------------|---|--|
| Mental Health      | 0 |  |
| Substance Use      | 0 |  |
| High Risk Behavior | 0 |  |