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

Intake

Intake ID: [redacted]

Intake Taken By: Web Service

Intake Date/Time: 01/03/2023 08:26 AM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 01/03/2023

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 01/03/2023 12:00 AM

First Team Leader Assigned: [redacted] Date/Time 01/03/2023 12:00 AM

First Case Manager [redacted] Date/Time 01/03/2023 12:00 AM

Investigation

Investigation ID: [redacted]

First County/Region [redacted] Child Abuse Hotline

Date/Time Assigned : 01/03/2023 12:00 AM

First Team Leader Assigned: [redacted] Date/Time 01/03/2023 12:00 AM

First Case Manager [redacted] Date/Time 01/03/2023 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes /	Unknown Participant [redacted] Unknown	None

Referent(s)

Referent Name: UNKNOWN [redacted] UNKNOWN

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted], Tennessee [redacted]

Referent Phone Number: [redacted]

Type of Contact: Web Referral

Notification: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: No
Associated Case IDs:No

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

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

Pending: No
Awaiting Screening: No
Submitted: No

Open CPS: ASMT/[redacted] DEC/[redacted] Begin date 8-19-22/No classification/[redacted] CM[redacted]/ Supervisor [redacted]/ ACV [redacted]
Death: No
Screen Outs: No

History (not listed above): No

County of Jurisdiction: [redacted]

Reporter's name/relationship: [redacted]

Referent:
Interpreter needed: unknown
Type of Interpreter:

Victim:
Interpreter needed: unknown
Type of Interpreter:
First Name: [redacted]
Last Name: [redacted]
Deceased: Yes
Date of Death: 12/29/2022
Describe the Victim:
Native American Descent: Unknown
Contact:
Contact Address [redacted] TN, [redacted]
Directions:
School Name:
School Grade:
School Address:
School Contact:
Day Care Name:
Day Care Address:
Day Care Contact:

Perpetrator:
Interpreter needed: unknown
Type of Interpreter:
Anonymous Name: Unknown Perpetrator 0
Deceased: unknown
Date of Death: none
Describe the Perpetrator:
Native American Descent: unknown
Does the alleged perpetrator currently have access to the victims(s)?: unknown
Does the alleged perpetrator have a criminal record?: unknown
Does the alleged perpetrator have prior involvement with DCS?: unknown
Contact:
Contact Address:

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

Directions:
Employer Name:
Employer Address:
Employer Contact:

Incident County: [redacted]
Describe in detail what has happened to the child. What is the abuse or neglect?:
3/W/M- OOC- [redacted] Co.- GSW to Head, Suspected Accident
-Ruger 9mm semi-auto handgun found, unk. casings, unk. projectiles, weapon is likely father's; however, father is denying that weapon was at residence, stated it was given to his cousin
-Perforating GSW to head, defect noted to posterior cranium, no definitive defect noted anteriorly (through naris?). significant stippling noted on dec.'s face
-Witnessed event on 12/29/22 at approx. 1700, father put dec. to bed in shared upstairs bedroom at family residence before leaving for store, the rest of the family was downstairs at residence, dec.'s father happened to return to residence at the same time a gunshot was heard from the upstairs bedroom, 911 contacted by family and father rushed dec. to hospital via POV
-Admitted: 12/29/22 approx. 1700 via POV (father)
-Pronounced: 12/29/22 at 1723 by Dr. [redacted]

When did the abuse or neglect occur?:
12/29/2022

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.:
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

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

CM Notation: [redacted] DOB in TFACTS was found as 7-19-19. This death does not appear to be the result of the concerns in the open case.
Screener Notation: No

Emailed/Paged CPSI On Call: No

Notified Child Death/Preliminary Near-Death Notification Group via Email:
[redacted] Region [redacted]) RA [redacted] CC'd on Email

Per SDM: INVST P1. Approved by CAH Director [redacted]. Emailed [redacted], CM4 @ 918a on 1-3-23.
Email response from [redacted] @ 925am on 1-3-23.

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

Participant(s)

Name: [redacted]

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Native | Age: Deceased

Address: [redacted] Tennessee [redacted]

Deceased Date: 12/29/2022

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: [redacted] | Age: Deceased

Address: [redacted] Tennessee [redacted]

Deceased Date: 12/29/2022

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

Gender: Date of Birth: Partipant ID: [redacted]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-27 12:13:00.0	Contact Method:	
Contact Time:	12:13 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/27/2023
Completed date:	05/27/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/27/2023 11:18 AM Entered By: [redacted]

Investigation is complete and is submitted for review and closure.

[redacted] died of a gun shot wound. Loaded guns had been left out in the reach of the child.
Charges have been presented to the [redacted] County Grand Jury on the father due to lack of supervision and the guns in the home. The father had several pending charges including a gun charge when the incident occurred.

Notice of Initial referral and case classification is sent to the Judge and DA per local protocols.
Case has been reviewed by CPIT and case classified as ASPS for lack of supervision on the [redacted] father.

Case is approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-27 12:00:00.0	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/27/2023
Completed date:	05/27/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/27/2023 11:13 AM Entered By: [redacted]

On January 3, 2023 the Department of Childrens Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] (3 years old). The alleged perpetrator was Unknown. Additional allegations were added for Abuse Death and Lack of Supervision regarding Alleged Child Victim (ACV) [redacted] by the father, [redacted] This investigation was assigned to Child Protective Service Case Manager (CPSCM) [redacted] by Team Leader (TL) [redacted] This case was worked in conjunction with [redacted] Police Department Detective [redacted] resided in the home with his father [redacted] and paternal grandmother [redacted] mother, [redacted] does not live in the home

On December 29, 2022 [redacted] was transported to [redacted] Hospital by his father [redacted] for a gunshot wound to the head. [redacted] was admitted to the hospital on December 29, 2022 at approximately 1700 hours and was pronounced deceased by Dr. [redacted] at 1723 hours.

On December 29, 2022 [redacted] was interviewed at the [redacted] Police Department by Detective [redacted] in regards to the shooting death of his son, [redacted] Mr. [redacted] advised that he took [redacted] upstairs to their shared bedroom and turned on cartoons for [redacted] to watch. Mr. [redacted] originally stated he was unaware of the firearm that was involved in the incident, but that he has guns that are put away, which are an AR-15 and an AK-47. Later in the interview, he advised he was familiar with the gun and then later said it was his cousins gun.

A search warrant was issued on the home and both guns AR-15 and AK-47 were located to be in the closet, accessible, and loaded with a live round in the chamber of each gun in the bedroom [redacted] was left in. [redacted] had recent criminal charges from 12/23/22 involving possession of firearm during commission of a dangerous felony; possession with intent to distribute; possession of a controlled substance; simple possession; and other various traffic violations

On January 3, 2023 [redacted] and [redacted] were interviewed by CPSCM [redacted] and Detective [redacted] at the family home. Ms. [redacted] and Mr. [redacted] stated that they were home at the time of the incident. Ms. [redacted] stated that they let someone stay at the home and they left the gun. The family refused to let CPSCM [redacted] or Detective [redacted] in the home.

On January 3, 2023 the case was reviewed with Detective [redacted] and he will be presenting the investigation to

Tennessee Department of Children's Services

Case Recording Summary

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

the [redacted] County Grand Jury for review for charges on [redacted] for the death of [redacted]
On January 12, 2023 the case was presented to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were: Department of Children Services TL [redacted] District Attorney [redacted], [redacted] Police Department Detective [redacted] and Child Advocacy Center [redacted]. The team was in agreement that there was a preponderance of evidence to support the allegations of Abuse Death and Lack of Supervision on [redacted] by the father, [redacted]

On December 31, 2022 an autopsy was completedon [redacted] (ACV) by [redacted], M.D., Regional Forensic Center, [redacted] Tn. The autopsy noted there was an intermediate range entrance gunshot wound to the right nostril. The bullet passed through the brain and exited the back of the head. There were severe injuries of the brain and fractures of the skull. The investigation of the circumstances surrounding the death and the autopsy findings are consistent with cause of death being gunshot wound of head and the manner of death as accident.

Per DCS Policy Work Aid 1 Section G:
Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Per policy and Work Aid 1, Section C: 5:
Lack of Supervision is defined as:
Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that:
a) The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or
b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).
c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.
There is a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated against [redacted] for Abuse Death of Alleged Child Victim (ACV) [redacted] There is a preponderance of evidence to support the allegation of Lack of Supervision. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated against [redacted] for Lack of Supervision of Alleged Child Victim (ACV) [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-19 10:15:00.0	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/20/2023
Completed date:	05/20/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2023 10:53 PM Entered By: [redacted]

Case was reviewed with TL [redacted]

She has been in contact with Detective [redacted] to clarify some information and to also inquire on the status of the criminal investigation.

Detective [redacted] clarified that the Father [redacted] was pulling back into the house when the incident occurred (according to statements). The grandmother [redacted] was present in the home when the incident occurred. The cousin that was mentioned has never been located for an interview to this date. The case went through Grand Jury this week so they should know something next week about charges.

was returning to the home when the incident occurred. The grandmother, [redacted] was at the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-01 10:09:00.0	Contact Method:	Face To Face
Contact Time:	10:09 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2023
Completed date:	05/01/2023	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2023 09:09 AM Entered By: [redacted]

Per DCS Policy, Chapter 14, Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-04-12 12:05:00.0	Contact Method:	Face To Face
Contact Time:	12:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/12/2023
Completed date:	04/12/2023	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/12/2023 11:06 AM Entered By: [redacted]

Per DCS Policy, Chapter 14, Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-04-01 08:00:00.0	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2023
Completed date:	05/01/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2023 09:08 AM Entered By: [redacted]

The death summary has been sent for TC [redacted] to review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-30 12:05:00.0	Contact Method:	
Contact Time:	12:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/30/2023
Completed date:	03/30/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/30/2023 08:43 PM Entered By: [redacted]

The autopsy was received on March 30th at 12:05 PM.

Narrative from the autopsy:

The decedent is a 3-year-old boy who was found with a gunshot wound to the head. According to report, the decedents father heard a gunshot as he returned home and found the decedent upstairs. It appeared the decedent had gotten a hold of a gun and accidentally shot himself. The father transported him to the hospital where he was pronounced dead. At autopsy, there was an intermediate range entrance gunshot wound to the right nostril. The bullet passed through the brain and exited the back of the head. There were severe injuries of the brain and fractures of the skull. No other injury was seen. There was no significant natural disease. Toxicology was negative for alcohol and drugs. The investigation of the circumstances surrounding the death and the autopsy findings are consistent with the manner of death as accident.

CAUSE OF DEATH: Gunshot wound of head
MANNER OF DEATH: Accident

Performed by: [redacted], M.D.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-30 09:32:00.0	Contact Method:	
Contact Time:	09:32 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/30/2023
Completed date:	03/30/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/30/2023 08:36 PM Entered By: [redacted]

The certified medical records were received from [redacted] The records have been uploaded into TFACTS.

Diagnosis: Gunshot wound to the brain with a loss of consciousness and traumatic cardiac arrest.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-17 08:57:00.0	Contact Method:	
Contact Time:	08:57 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/30/2023
Completed date:	03/30/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/30/2023 08:39 PM Entered By: [redacted]

TL [redacted] spoke with Det. [redacted] who reported the autopsy was back. Det. [redacted] agreed to send TL a copy of it.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-08 05:00:00.0	Contact Method:	
Contact Time:	05:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/08/2023
Completed date:	03/08/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/08/2023 04:52 AM Entered By: [redacted]

Case reviewed.

CM is waiting on the autopsy and medical records for the child. Medical records have been requested 3 times by the case manager and not yet received. TC will advise TL [redacted] to follow up on this task.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-07 12:59:00.0	Contact Method:	
Contact Time:	12:59 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/07/2023
Completed date:	03/07/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/07/2023 12:01 PM Entered By: [redacted]

Case conference was held with CM [redacted] CM reported CM has started the death summary, but CM reports it is not complete. CM is waiting on medical records from [redacted] and reports having requested the records 3 times now. CM is also waiting on the autopsy. Det. [redacted] with [redacted] PD is assigned the case, and the case has been presented at CPIT.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-01 08:00:00.0	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/01/2023
Completed date:	03/01/2023	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/01/2023 08:09 AM Entered By: [redacted]

Per DCS Policy, Chapter 14, Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-22 08:00:00.0	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/01/2023
Completed date:	03/01/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/01/2023 08:02 AM Entered By: [redacted]

On February 22, 2023 CPSI [redacted] sent a second request for medical records from [redacted] Hospital in [redacted] TN for [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-15 10:00:00.0	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/16/2023
Completed date:	02/16/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/16/2023 08:33 AM Entered By: [redacted]

The case is a death case. CM needs to be re-requested from [redacted] due to them never sending the records. The case is still pending an autopsy, and CM needs to complete the closing case summary on a word document for review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-10 18:58:00.0	Contact Method:	
Contact Time:	06:58 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/10/2023
Completed date:	02/10/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/10/2023 05:59 PM Entered By: [redacted]

CM has requested medical records [redacted] and [redacted] Pediatrics. CM is still waiting on those records. CM is going to request the medical records again due to not receiving them yet. CM has gotten with law enforcement and got all the interviews. CM has taken this case to [redacted] CPIT and it has been classified as ASPS on Abuse Death. CM is still waiting on the autopsy.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-07 12:25:00.0	Contact Method:	Face To Face
Contact Time:	12:25 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/07/2023
Completed date:	02/07/2023	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/07/2023 11:25 AM Entered By: [redacted]

Per DCS Policy, Chapter 14, Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-19 10:15:00.0	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/25/2023
Completed date:	01/25/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/25/2023 12:16 PM Entered By: [redacted]

On January 19, 2023 CPSI [redacted] received medical records from [redacted] Pediatrics for [redacted] The records indicate that [redacted] last visit was a 6 month well-child visit. There were no major medical concerns noted in the records. It was noted that the mother, [redacted] had a hard time bonding with the child at birth. There was concerns about the young age of the parents. However no other major concerns were noted in the records.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-12 13:00:00.0	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/25/2023
Completed date:	01/25/2023	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/25/2023 11:51 AM Entered By: [redacted]

This case was presented to the [redacted] County CPIT team on 01/12/2023.
Individuals Present:
ADA [redacted]
Det. [redacted]
LI [redacted]
[redacted] (CAC Director)

The allegation was substantiated.
The CPIT Team was in agreement.
This case will be referred for prosecution.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-11 13:15:00.0	Contact Method:	Correspondence
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/21/2023
Completed date:	03/21/2023	Completed By:	[redacted]

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)

[redacted] Detective, [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/21/2023 10:25 AM Entered By: [redacted]

On January 11, 2023 CPSI [redacted] spoke with Detective [redacted] who provided CPSI [redacted] with his interview note for [redacted]

On December 29, 2022 [redacted] was interviewed at the [redacted] Police Department by Detective [redacted] in regards to the shooting death of his son, [redacted] He advised that he took his son upstairs to their shared bedroom and turned on cartoons while he took his mother to work. He advised originally he was unaware of the firearm that was involved in the incident, but that he has guns that are put away, an AR-15 and an AK-47, both found by crime scene during the search warrant to be in the closet, accessible, and loaded with a live round in the chamber of each inside the bedroom he was left in. Later in the interview, he advised he was familiar with the gun and then later said it was his cousins gun. The interview was video recorded at the [redacted] Police Department.

CPSI [redacted] thanked Detective [redacted] for his time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-05 15:00:00.0	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/05/2023
Completed date:	01/05/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/05/2023 02:51 PM Entered By: [redacted]

On January 5, 2023 CPSI [redacted] requested certified records from [redacted] Hospital in [redacted] and certified pediatric records for [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-04 12:00:00.0	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/13/2023
Completed date:	01/13/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/13/2023 11:05 AM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with Case Manager (CM) [redacted] and Team Leader (TL) [redacted] Also present was Team Coordinator (TC) [redacted], CPS Director (CPSD) [redacted], and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned on 1/3/23 concerning the death of ACV [redacted] (3yo). It was reported [redacted] primarily resided with his birth father [redacted] and paternal grandmother [redacted] in [redacted] County. The birth mother [redacted] is not allowed at the property. The parents have been separated but it has been reported they may have resumed their relationship within the past month. The mother was not involved or present at the time of the incident. The parents have no other children and no other minors reside in the home.

On 12/29/22 [redacted] was in the care of the father at the apartment they share with the paternal grandmother. [redacted] was in the fathers bedroom alone when a gunshot was heard. The father ran to check on him and found [redacted] with a self-inflicted gunshot wound to the head. The father immediately placed [redacted] in his personal vehicle and transported the child to [redacted] Hospital where pronounced deceased. LE completed an extensive scene observation, interviews, and search warrant prior to DCS notification. The fathers bedroom contained four firearms including the handgun used during the incident all loaded and within reach for a 3yo child. The father eventually admitted the gun belonged to him during LEs interview. LE has notified and spoken with the mother. The grandmother was also interviewed by LE and is protective of the father. Preliminary autopsy indicates the incident occurred as was described with the injuries and marking appearing to support self-inflicted gunshot. Family would not allow CM into the home, but did sign releases and answer general questions. CM discussed grief counseling services with the family as well as gun safety considerations for any minors that may be in the home in the future. The father had recent criminal charges from 12/23/22 involving possession of firearm during commission of a dangerous felony; possession with intent to distribute; possession of a controlled substance; simple possession; and other various traffic violations and new criminal charges are likely pending from this death incident.

Tennessee Department of Children's Services

Case Recording Summary

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

Next Steps:
-- CM will request current ACVs medical records to include birth, PCP and current incident. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete contact with mother and discuss grief counseling/service support.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-03 14:30:00.0	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2023
Completed date:	01/03/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/03/2023 03:12 PM Entered By: [redacted]

On January 3, 2023 CPSI [redacted] staffed the case with Legal [redacted]. CPSI [redacted] was advised there was no immediate legal interventions necessary. Legal [redacted] stated that there was no further action needed by CPSI [redacted] at this time. CPSI [redacted] thanked Legal [redacted] for her time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-03 14:00:00.0	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2023
Completed date:	01/03/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/03/2023 03:09 PM Entered By: [redacted]

On January 3, 2022 CPSI [redacted] spoke with Detective [redacted] of the [redacted] Police Department. Detective [redacted] stated that he wrote a search warrant for the home and has pictures of the entire home. Detective [redacted] stated that he would share all photos and interview notes with CPSI [redacted] Detective [redacted] stated that he would be pursuing charges on Mr. [redacted] and would be taking this case to grand jury.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	2023-01-03 13:30:00.0	Contact Method:	Attempted Face To Face
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/03/2023
Completed date:	01/03/2023	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/03/2023 02:42 PM Entered By: [redacted]

Per DCS Policy, Chapter 14, Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

Narrative Type: Created In Error Entry Date/Time: 01/05/2023 12:25 PM Entered By: [redacted]

Wrong Note

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-03 13:30:00.0	Contact Method:	Face To Face
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/03/2023
Completed date:	01/03/2023	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/03/2023 03:02 PM Entered By: [redacted]

On January 3, 2022 CPSI [redacted] and Detective [redacted] conducted a face to face interview with [redacted] and [redacted] CPSI [redacted] introduced herself and explained why she was there. CPSI [redacted] discussed counseling services with Mr. [redacted] and Ms. [redacted] Mr. [redacted] and Ms. [redacted] stated that they have insurance and may be interested in counseling. CPSI [redacted] provided the family with the bereavement packet for [redacted] County. Mr. [redacted] stated that he would reach out to CPSI [redacted] if he decided he wanted individual counseling.

Ms. [redacted] and Mr. [redacted] stated that they were home at the time of the incident. Ms. [redacted] stated that they let someone stay at the home and they left a gun. Ms. [redacted] and Mr. [redacted] stated that there were no other children under the age of 18 who reside in the home, however children do visit regularly. CPSI [redacted] discussed gun safety with the family.

Mr. [redacted] was recently arrested by the [redacted] Police Department.

CPSI [redacted] requested to see the inside of the home. The family refused to let CPSI [redacted] or Detective [redacted] in the home.

Investigator [redacted] explained MRS, the Clients Rights Handbook to include the Parents Bill of Rights and HIPAA and provided the family with copies of each and kept copies of signature pages for the HIPAA and Clients Rights Handbook. CM asked if the child client was of Native American descent and obtained appropriate signatures on the Native American Heritage Veto Verification. CM obtained demographic information and completed the pictorial tool. CM obtained all appropriate releases of information at that time and consent to enter the home.

This case was staffed with LI [redacted] and TC [redacted]. CPSI [redacted] was advised that no immediate interventions were necessary at this time.

Tennessee Department of Children's Services

Case Recording Summary

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-03 13:30:00.0	Contact Method:	Face To Face
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/05/2023
Completed date:	01/05/2023	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/05/2023 12:26 PM Entered By: [redacted]

Per DCS Policy, Chapter 14, Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-03 12:30:00.0	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2023
Completed date:	01/03/2023	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/03/2023 02:39 PM Entered By: [redacted]

CPIT was convened on 01/03/2023 by contacting the District Attorneys Office, [redacted] Police Department, and Childrens Advocacy Center. Detective [redacted] was assigned to the case.

CPSI [redacted] spoke with Detective [redacted] Detective [redacted] informed CPSI [redacted] that he had completed a 4 hour interview with the AP. Detective [redacted] stated that he would share any and all notes with CPSI [redacted] Detective [redacted] stated that Mr. [redacted] was uncooperative and requested that CPSI [redacted] not complete another timeline with Mr. [redacted] CPSI [redacted] thanked Detective [redacted] for his time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-03 12:05:00.0	Contact Method:	Phone Call
Contact Time:	12:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2023
Completed date:	01/03/2023	Completed By:	[redacted]

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/03/2023 02:33 PM Entered By: [redacted]

Inv. [redacted] contacted the referent and let them know that the case had been assigned. Inv. [redacted] obtained no further information.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-01-03 11:45:00.0	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2023
Completed date:	01/03/2023	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/03/2023 02:32 PM Entered By: [redacted]

CASE NAME: [redacted]
INTAKE NUMBER: [redacted]
INTAKE DATE & TIME: 01/03/23 08:26 AM

This case was assigned to Inv. [redacted] on 01/03/2023. All times are recorded in [redacted]. The response priority was P1, and the allegations were Abuse Death. The alleged victim was [redacted] and the alleged perpetrator was [redacted] Reporter was contacted on 01/03/2022. The District Attorneys office is notified of all severe abuse cases per local protocol. Upon classification the District Attorney is notified at the Child Protective Investigative Team (CPIT) monthly meeting. Juvenile Court judges are notified of all referrals per local protocol. Notice of classification is submitted to the Juvenile Court Judge and District Attorney per local protocol via the 740.

DEMOGRAPHICS:

CHILD: [redacted]
DOB: [redacted]
ADDRESS: [redacted] TN [redacted]

PARENT: [redacted]
DOB: [redacted]
ADDRESS: [redacted] TN [redacted]

The case history of the family was reviewed on 01/03/2023. There is history between the family and the Department.

DATE: August 2022 / CASE ID: [redacted] / ACV: [redacted] / AP: [redacted] / ALLEGATIONS +

Tennessee Department of Children's Services

Case Recording Summary

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

CLASSIFICATIONS: DEC + currently open (not yet classified)

Background and Criminal Background Checks:
CPSI [redacted] completed an internet records search for [redacted] This search includes the following databases: Tennessee Felony Offender Database, Meth Offender Registry, TN Sex Offender Registry, National Sex Offender Registry and the Department of Health Vulnerable Persons Check.

The results are as follows: No Findings

Narrative Type: Addendum 1 Entry Date/Time: 01/03/2023 03:05 PM Entered By: [redacted]

The paternal grandmother, [redacted] (DOB: [redacted]), also resides in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2022-01-03 15:52:00.0	Contact Method:	
Contact Time:	03:52 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/03/2023
Completed date:	01/03/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/03/2023 02:53 PM Entered By: [redacted]

This case came in with allegations of abuse death on [redacted] by the father [redacted] was left in a bedroom with multiple loaded weapons. Preliminary reports appear that the gunshot wound was self-inflicted. There are no other concerns noted with the home at this time. CPSI [redacted] offered counseling resources to the family and the family refused a home visit. Det. [redacted] of the [redacted] Police Department stated that he completed a search warrant for the home and would share all information with the department. Det. [redacted] also reported that he did not want Inv. [redacted] to go over a timeline or ask anything in regards to the gunshot. Det. [redacted] stated that he would provide everything that was needed to her. Mr. [redacted] has a history of criminal charges and was recently incarcerated. The mother, [redacted] does not live in the home. There were no other concerns noted at this time.

Department of Children's Services

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

A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 01/03/2023

Assignment Date: 03/23/2023

Street Adress: [redacted],

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

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified Date
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/22/2023
2	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/22/2023

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [redacted] was taken to [redacted] Hospital in [redacted] TN on December 29, 2022 due to a gunshot wound in the face. [redacted] was pronounced dead at the hospital. The autopsy was ruled as an accident due to a self-inflicted gunshot wound. Mr. [redacted] was interviewed by Detective [redacted] of the [redacted] Police Department. Mr. [redacted] stated that he put [redacted] in the room while he took his mother to work. Mr. [redacted] originally denied any knowledge of the firearms in the home however later stated that he knew about the gun that [redacted] accidentally shot himself with along with other firearms that were accessible in the room. An executed search warrant of the home confirmed that there was an AR-15 and an AK-47 closet, accessible, and loaded with a live round in the chamber of each inside the bedroom [redacted] was in. This case was taken to [redacted] CPIT and the team agreed to classify ASPS.

D. Case Workers

Case Worker: [redacted]

Date: 03/22/2023

Team Leader: [redacted]

Date: 03/25/2023

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

Per DCS Policy, Chapter 14, Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child. The family refused to let CPSI [redacted] or Detective [redacted] in the home

Department of Children's Services

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

Case Name : [redacted] **Investigation ID:** [redacted]

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

On January 30, 2023 the Autopsy on [redacted] (ACV) was received. The Autopsy noted there was an intermediate range entrance gunshot wound to the right nostril. The bullet passed through the brain and exited the back of the head. There were severe injuries of the brain and fractures of the skull. The investigation of the circumstances surrounding the death and the autopsy findings are consistent with cause of death being gunshot wound of head and the the manner of death as accident.

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

On January 3, 2022, CPSI [redacted] and Detective [redacted] conducted a face-to-face interview with [redacted] and [redacted] Ms. [redacted] and Mr. [redacted] stated that they were home at the time of the incident. Ms. [redacted] stated that they let someone stay at the home and they left a gun. Ms. [redacted] and Mr. [redacted] stated that there were no other children under the age of 18 who reside in the home, [redacted] was interviewed at the [redacted] Police Department by Detective [redacted] in regard to the shooting death of his son, [redacted] He advised that he took his son upstairs to their shared bedroom and turned-on cartoons while he took his mother to work. He advised originally, he was unaware of the firearm that was involved in the incident, but that he has guns that are put away, an AR-15 and an AK-47, both found by crime scene during the search warrant to be in the closet, accessible, and loaded with a live round in the chamber of each inside the bedroom he was left in. Later in the interview, he advised he was familiar with the gun and then later said it was his cousin's gun.

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

[redacted] stated that they let someone stay at the home and they left the gun. The family refused to let CPSI [redacted] or Detective [redacted] in the home.

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

[redacted] had recent criminal charges from 12/23/22 involving possession of firearm during commission of a dangerous felony; possession with intent to distribute; possession of a controlled substance; simple possession; and other various traffic violations

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Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 01/03/2023**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** In the Home
Risk Level: High Need/Risk	
Event Start Date: 05/27/2023	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** null
Date Approved: 01/03/2023	**Approver:** [redacted] [redacted]

PARTICIPANTS

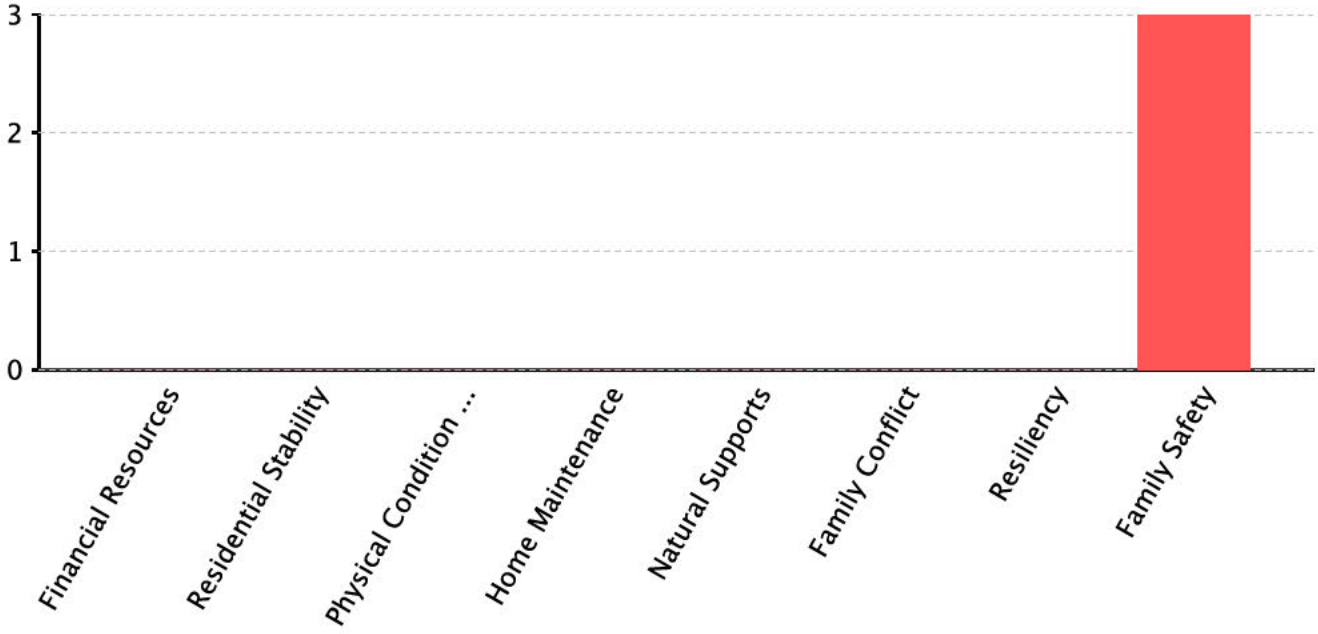
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	M	[redacted]	3	Low
[redacted] (AP)	22 Yrs	Primary Caregiver	M	[redacted]	N/A	N/A
[redacted]	46 Yrs	Caregiver	F	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 01/03/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

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

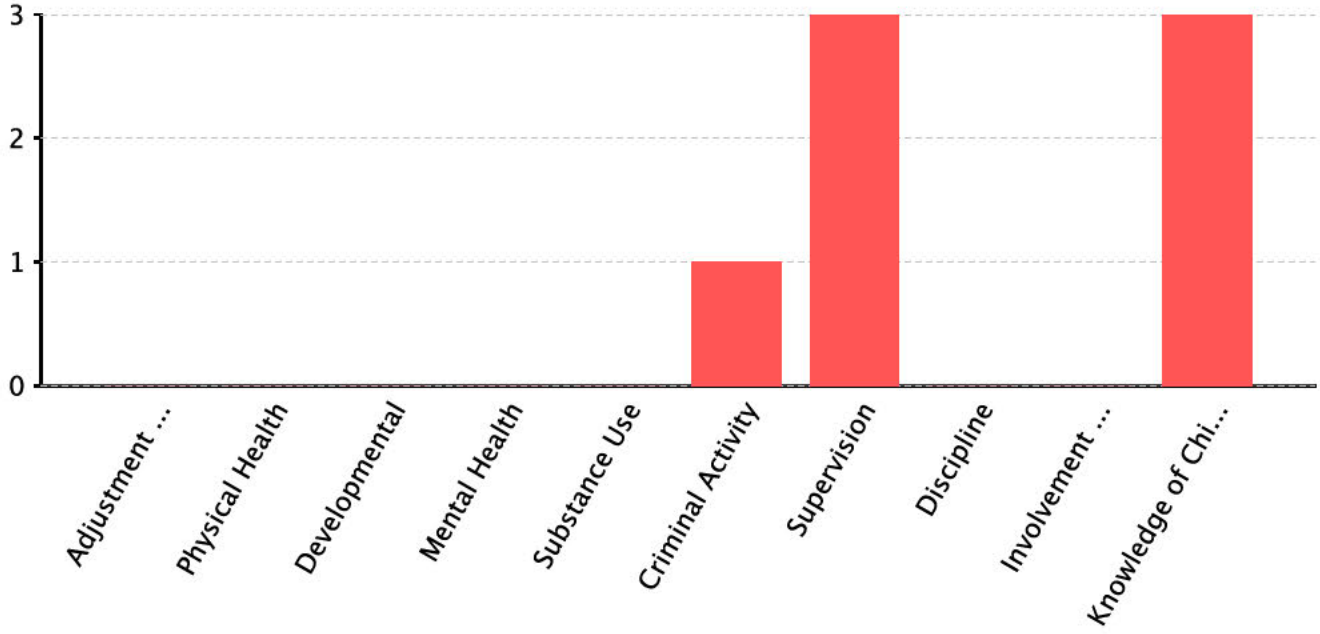


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	3	[redacted] was left in a bedroom with multiple guns that were loaded. [redacted] suffered a fatal self-inflicted gunshot wound.

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

Event Type: CPS Case	**Assessment Date:** 01/03/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role Primary Caregiver

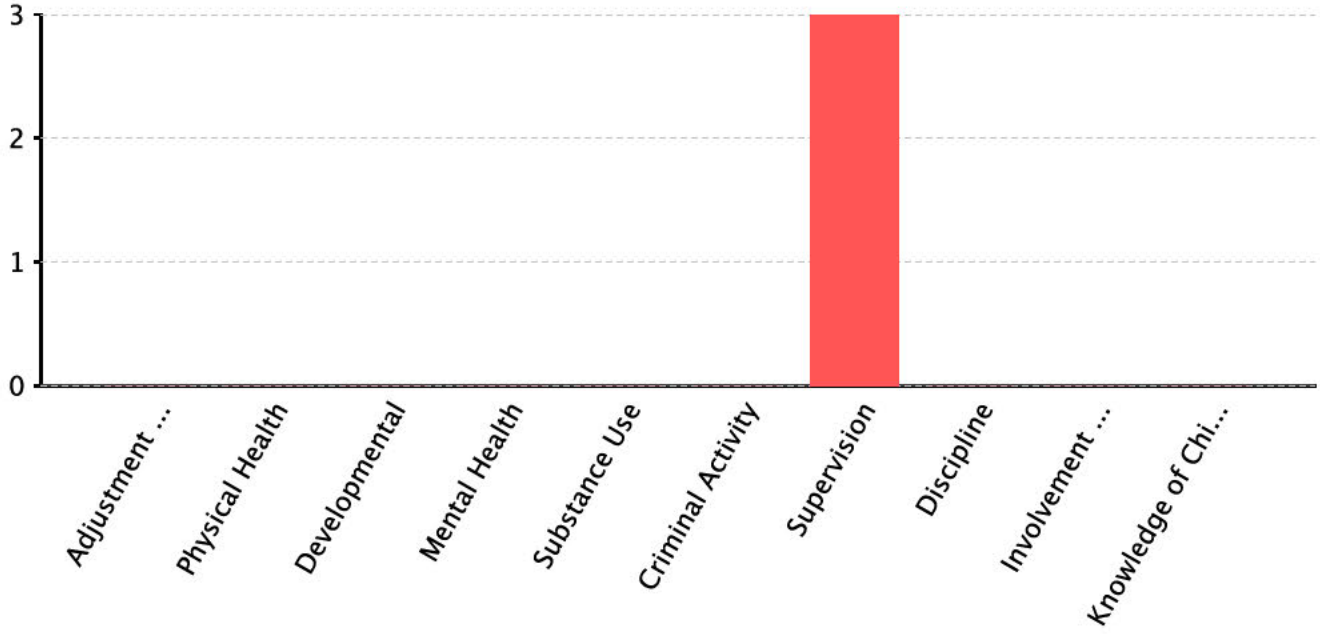


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	1	Mr. [redacted] has a history of criminal charges and was recently incarcerated.
Supervision	3	[redacted] was left in a bedroom with multiple guns that were loaded. [redacted] suffered a fatal self-inflicted gunshot wound.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	3	[redacted] was left in a bedroom with multiple guns that were loaded. [redacted] suffered a fatal self-inflicted gunshot wound.

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

Event Type: CPS Case	**Assessment Date:** 01/03/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

CAREGIVERS		
Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.		
Participant: [redacted]	Person ID: [redacted]	Role: Caregiver

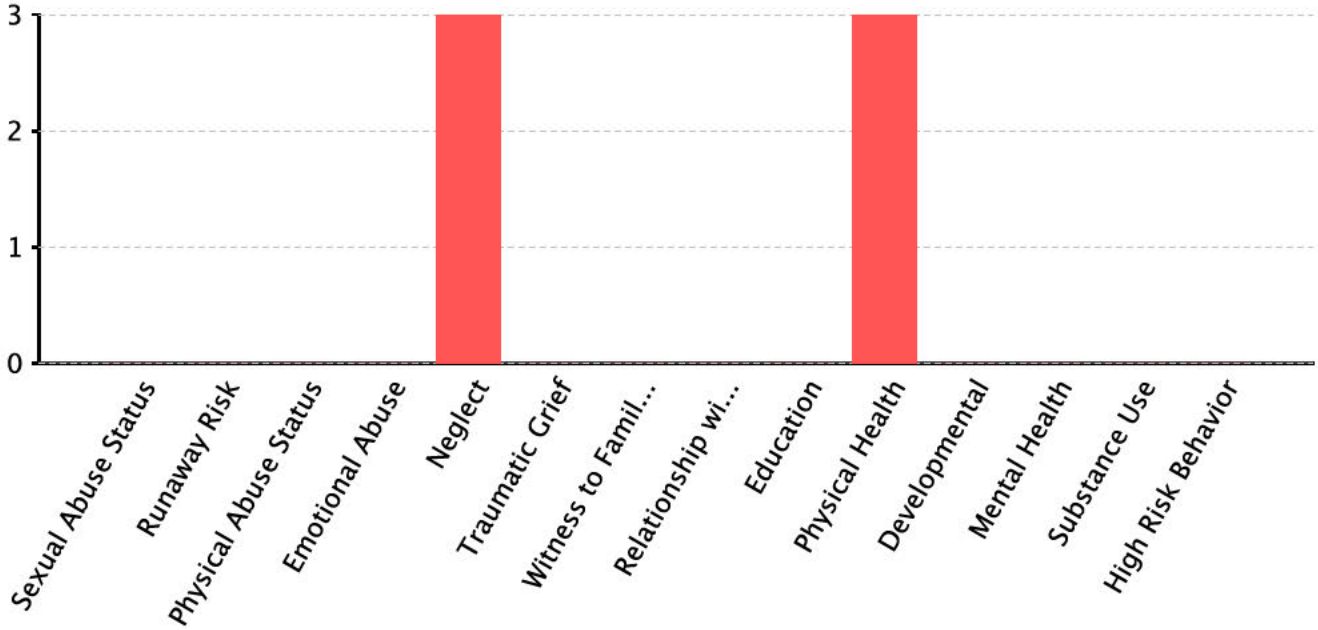


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	3	[redacted] was left in a bedroom with multiple guns that were loaded. [redacted] suffered a fatal self-inflicted gunshot wound.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	

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

Event Type: CPS Case	**Assessment Date:** 01/03/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted] (CSEM)	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	[redacted] was left in a bedroom with multiple guns that were loaded. [redacted] suffered a fatal self-inflicted gunshot wound.
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	3	The child is deceased, due to a self-inflicted gunshot wound.
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 01/03/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	