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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 12/05/2022 07:07 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 12/05/2022

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 12/06/2022 08:46 AM

First Team Leader Assigned: [redacted]

Date/Time 12/05/2022 12:00 AM

First Case Manager [redacted]

Date/Time 12/05/2022 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	

Referent(s)

Referent Name: [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: [redacted]

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP No
Closed Court Custody Yes. 08/28/2019-04/19/2020 ([redacted]

Pending: No
Awaiting Screening: No
Submitted: No

Open CPS: INV / [redacted] / DEC / No approved classification / 10-18-2022 / DCS CM [redacted]

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[redacted] and Supervisor [redacted] ([redacted] / [redacted] County)
Substantiated: No
Death: No
Screen Outs: No

History (not listed above): Yes
INV / [redacted] / PHA / AUPU / 03-18-2019
ASMT / [redacted] / MDM / Services Recommended / 01-03-2018
INV / [redacted] / SEE / AUPU / 10-23-2017
INV/ [redacted] / SEE / AUPU & Child w/Sexual behavior problems / 06-22-2017
INV / [redacted] / DEC / AUPU / 01-25-2017
ASMT / [redacted] / DEC, LOS / No Services Needed / 12-13-2016
ASMT / [redacted] / LOS, DEC / No Services Needed / 04-07-2009
ASMT / [redacted] / DEC / No Services Needed / 08-26-2008
ASMT / [redacted] / PYA / Services Needed/Court Ordered / 05-06-2022
ASMT / [redacted] / LOS / No Services Needed / 06-18-2015
ASMT / [redacted] / ENN, MDM / No Services Needed / 05-24-2012

County of Jurisdiction: [redacted] County
School/ Daycare: Did not ask.
Active Military Status: Did not ask.

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (deceased) lived with his mother [redacted] (20), father [redacted] (18), and brother [redacted] (21) in [redacted] County. [redacted] (20), [redacted] (18), and [redacted] (est. age 20) are no relation to the family.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Neither

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
Police were called to [redacted] Hospital with a report of a deceased 2-month-old child. When police arrived at the hospital, they were informed that the child passed away. Police went to the home at [redacted] TN ([redacted] County) and took photos of the scene. [redacted] was spoken to by police and stated '[redacted] and [redacted] were reclined backwards in a chair falling in and out of sleep, [redacted] kept waking [redacted] up telling her to fix [redacted] neck". [redacted] states "10mins went by and he looked at them again sleeping and noticed that [redacted] was not looking normal". [redacted] and [redacted] moved [redacted] to a bed behind the reclining couch and called 911 to get medical assistance. It is unknown what happened when EMS arrived, however the child was transported to the hospital. It is believed the [redacted] was pronounced deceased at the hospital, it is unknown what time [redacted] was pronounced deceased. Currently the cause of death is unknown. This is an ongoing investigation; at this time, it is unknown if the cause of death is related to abuse or neglect. The police report number is [redacted] the case number is [redacted] and [redacted] are no relation to the family. They reside at the home where [redacted] was visiting and passed away.

[redacted] has been interviewed by law enforcement and DCS, it is unknown what [redacted] stated. [redacted] is at the hospital currently with [redacted] has been interviewed by law enforcement; [redacted] refused to give law enforcement a statement. [redacted] was not present when the incident occurred. [redacted] has not been interviewed by law enforcement. [redacted] states he was "upstairs doing his homework and all of a sudden he heard sirens, [redacted] came downstairs and saw [redacted] wasn't breathing and they took [redacted] to the hospital". Law enforcement has not been to [redacted] home, the only home that has been observed was the home to where the incident occurred. It is unknown if law enforcement has responded to this home previously. It is unknown if there are any concerns for domestic violence, drug/alcohol abuse, or mental health concerns.

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There was "a homemade bong" observed, open containers of alcohol, "marijuana roaches", and the home smelled like marijuana. None of these objects were in reach of the child.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
None

-Anything additional to add to this initial report for the responding worker to know prior to response?
None

CM Notation: None
Screener Notation: None

Emailed/Paged CPSI On Call: [redacted] 12-05-2022 21:35:46 work phone Received

Notified Child Death/Preliminary Near-Death Notification Group via Email:
[redacted]
Region RA [redacted]

Per SDM: This intake was reviewed by CAH Director [redacted] and approved to be screened in and sent to the county to be investigated. [redacted] TL 12-05-2022@9:31pm. INV P1.

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: | Age: 21 Yrs

Address: [redacted] Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 21 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

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
Tennessee Child Abuse Hotline Summary

Name: [redacted]

Gender: Male

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 20 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

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] [redacted]

Gender: Male

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 22 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Black/African | Age: Deceased

Address: [redacted], Tennessee [redacted]

Deceased Date: 12/05/2022

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: | Age: 19 Yrs

Address: [redacted] Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: | Age: 21 Yrs (Est)

Address: [redacted] Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-28 12:25:00.0	Contact Method:	
Contact Time:	12:25 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/28/2023
Completed date:	08/28/2023	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/28/2023 12:28 PM Entered By: [redacted]

On December 5th, 2022, the Department of Childrens Services received a referral with an allegation of Abuse Death. The Alleged Child Victim (ACV) is [redacted] and the Alleged Perpetrator is Unknown. This investigation was assigned to Child Protective Services Investigator (CPSI) [redacted] The Lead Investigator (LI) is [redacted] The case was worked in conjunction with Captain (Cpt.) [redacted] of the [redacted] Police Department. Allegations of Abuse Death, Drug Exposed Child, and Nutritional Neglect were later added with Ms. [redacted] and Mr. [redacted] being the alleged perpetrators.

At the time of the incident, [redacted] (50 days) and [redacted] (18 months) resided with their mother, [redacted] and their father, [redacted] in [redacted] County. The family was visiting a friends home in [redacted] TN, when the incident occurred.

On December 5th, 2022, the referral included the following information: EMS was called to the home after [redacted] was found unresponsive after Ms. [redacted] fell asleep while holding him. [redacted] was transported to the hospital and pronounced deceased upon arrival. At the home where the family was visiting, a homemade bong, alcohol, and THC were located.

On December 5th, 2022, CPSI [redacted] responded to [redacted] Hospital in [redacted] TN, to meet Cpt. [redacted] of the [redacted] Police Department. CPSI [redacted] and Cpt. [redacted] made contact with Dr. [redacted] (pediatrician), who treated [redacted] Dr. [redacted] advised that emergency services had been contacted at approximately 4:39 p.m. with reports that Ms. [redacted] had been co-sleeping with [redacted] Dr. [redacted] reported that when emergency services arrived, [redacted] did not have a pulse. Dr. [redacted] advised that he pronounced [redacted] deceased at 5:12 p.m.

On December 5th, 2022, CPSI [redacted] and Cpt. [redacted] interviewed Ms. [redacted] at the hospital. Ms. [redacted] reported she, Mr. [redacted] and [redacted] traveled to [redacted] TN, on December 4th, 2022, to stay with Mr. [redacted] friend, Mr. [redacted] Ms. [redacted] reported [redacted] was asleep on a

Tennessee Department of Children's Services

Case Recording Summary

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

toddler bed. She stated she woke up around 8:00 a.m. on December 5th, 2022, to feed and change [redacted] She stated she then put him back to sleep. Ms. [redacted] reported around 11:00 a.m., she smoked THC. Ms. [redacted] reported around 12:00 p.m., she placed [redacted] on her chest and reclined the couch she was sitting on and fell asleep with [redacted] She reported she woke up around 1:00 p.m., and [redacted] was still asleep on her chest. She stated she fell back asleep and was woken up by Mr. [redacted] around 3:50 p.m. or 4:00 p.m. She reported Mr. [redacted] was telling her to look at [redacted] Ms. [redacted] stated [redacted] face was blue, and he appeared to not be breathing. She described [redacted] face being in the fold between her arm and shoulder. During the interview, Ms. [redacted] also informed CPSI [redacted] and Cpt. [redacted] that [redacted] had not been to any follow-up appointments with a primary care doctor since his birth.

On December 5th, 2022, CPSI [redacted] and Cpt. [redacted] interviewed Mr. [redacted] Mr. [redacted] reported him, Ms. [redacted] and their two children were in [redacted] TN, visiting his friend. Mr. [redacted] reported Ms. [redacted] and [redacted] had been sleeping on and off throughout the day. Mr. [redacted] reported he woke Ms. [redacted] up once, asking her to adjust [redacted] head. Mr. [redacted] stated he then later turned on the light and made Ms. [redacted] wake up. He reported he realized something was wrong with [redacted] and described [redacted] looking like the life had been drained out of him. Mr. [redacted] denied THC use and found it difficult to believe that Ms. [redacted] admitted to using THC. Both parents later consented to urine drug screens. Ms. [redacted] and Mr. [redacted] were both positive for THC and negative for all other substances.

On December 5th, 2022, Investigator (Inv.) [redacted] of the [redacted] Police Department informed CM [redacted] that Mr. [redacted] who resided at the residence the family was visiting, refused to write out a statement. Inv. [redacted] reported the other individual who resides in the home, [redacted] stated he was upstairs in his bedroom doing homework when he heard sirens. Inv. [redacted] reported Mr. [redacted] stated he then went downstairs to see what was going on and stated [redacted] was not breathing. Inv. [redacted] advised that another individual resides at the residence, Ms. [redacted], but she was not at the home at the time of the incident.

Medical records were reviewed from [redacted] County Health Department for both children. [redacted] was seen at the Health Department on September 29th, 2023, weighing 6 pounds 6 ounces, on October 12th, 2021, weighing 5 pounds 15 ounces, on April 4th, 2022, weighing 14 pounds 6 ounces, and November 10th, weighing 21 pounds 15 ounces. [redacted] was seen on October 16th, 2022, weighing 6 pounds 13 ounces and on November 10th, 2022, weighing 6 pounds 14 ounces.

Medical records were also reviewed from the [redacted] Clinic in [redacted] TN, regarding [redacted] He was seen on October 18th, 2021, and to return in two weeks. He was not seen again until December 10th, 2021. His next visit was over a year later on December 28th, 2022, after CPSI [redacted] requested [redacted] be seen by a pediatrician. He weighed 23 pounds. He was to return in 3 months. [redacted] was seen again at the request of CPSI [redacted] on March 8th, 2023, and he weighed 25 pounds. There are no records to show that [redacted] was ever seen by a pediatrician after his birth.

On March 20th, 2023, the final autopsy report was received on [redacted] from the Office of the Medical Examiner, [redacted] Regional Forensic Center. The autopsy was completed by Medical Examiner, [redacted], M.D. Based on the autopsy result, [redacted] cause of death is Dehydration and Malnourishment. The manner of death could not be determined. Autopsy noted scattered petechiae, but no evidence of trauma. It is noted that while the reported scene circumstances are concerning for a potential asphyxia event in the setting of unsafe sleep, the details differ in the three reports obtained regarding sudden unexpected infant death. The differences in reports along with the lack of doll reenactment makes it hard to definitively say this death was related to asphyxia. Postmortem electrolytes show a dehydration pattern as well

Tennessee Department of Children's Services

Case Recording Summary

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

as blood toxicology and the infants weight went from the 30th percentile to the 2nd, these details support the diagnosis of dehydration and malnourishment. A natural underlying process such as malabsorptive syndrome cannot be entirely excluded and the microvesicular steatosis on the liver histology is of unknown significance.

On April 20th, 2023, CPSI [redacted] presented the case to the Child Protective Investigative Team (CPIT) for final presentation. Those in attendance were CPSI [redacted] Captain [redacted] of the [redacted] Police Department, Assistant District Attorney [redacted], Juvenile Court Director [redacted], Mental Health Team Member [redacted], CAC Director [redacted] Dr. [redacted] and DCS Team Coordinator [redacted] The team was in agreement that there is a preponderance of evidence that supports the substantiation of Abuse Death and Nutritional Neglect with Ms. [redacted] and Mr. [redacted] as the perpetrators. The team agreed to classify those allegations as Allegation Substantiated/Perpetrator Substantiated.

Child death: Child death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.
2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline selects Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician.
NOTE: Preliminary near deaths are always treated as severe child abuse.

Nutritional neglect:
A parent or caretakers failure to provide adequate nutrition to a child. Nutritional neglect occurs when children repeatedly experience hunger for hours or a large part of the day and no food is available. These behaviors may include:
a) Begging from neighbors for food;
b) Eating out of garbage cans; or
c) Constantly stating a need for food.

NOTE: In its more severe form, nutritional neglect is the failure to feed a child that result in poor growth which may include the childs weight, height and head circumference falling significantly below the growth rates of average children, malnutrition and non-organic failure to thrive.

Drug Exposed Child:
This allegation pertains to a person under the age of 18 who:
a) Has been exposed to or is at risk of exposure to a drug or chemical substance (including, but not limited to alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamines, heroin, inhalants) that could adversely affect the childs physical, mental or emotional functioning; or
b) Has a parent/caregiver that uses drugs or chemical substances that impacts or is at risk of impacting their ability to adequately care for the child.

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Case Recording Summary

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

NOTE: The manufacturing of methamphetamine where children are present or in close proximity will always be considered severe abuse.

During the course of this investigation, CPSI [redacted] filed for court-ordered services. Attempts were made to maintain contact and work services with the parents, but the attempts were mostly unsuccessful. Cpt. [redacted] made attempts to reach the family for a reenactment of the scene but was unsuccessful. On March 22, 2023, [redacted] was removed from Ms. [redacted] and Mr. [redacted] custody and placed in DCS custody. [redacted] exited DCS custody to Ms. [redacted] on June 1st, 2023. DCS was relieved of services on this date.

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:	2023-08-09 16:20:00.0	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/09/2023
Completed date:	08/09/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2023 04:19 PM Entered By: [redacted]

case staffed with TL [redacted] and CM [redacted] Court ordered services were filed in January due to non compliance. The parents would not comply and during that same time the autopsy came back the cause of death was malnutrition. [redacted] was removed and placed in state custody on March 22, 2023. FSW [redacted], took over the case in March. [redacted] was placed with the great grandmother Ms. [redacted] on April 24, 2023, [redacted] to begin a trail home visit. The case was heard on June 1, 2023, and the parties agreed for [redacted] trial home visit with Ms. [redacted] to end on this date, with custody of [redacted] vested with Ms. [redacted] Visitation between the parents and the child shall be at the discretion of Ms. [redacted] It was ordered when the parents comply with services and are ready to resume custody of their child they shall file a petition with the court. Case is being submitted for final review at this time.

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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:	2023-07-18 09:00:00.0	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/09/2023
Completed date:	08/09/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2023 04:21 PM Entered By: [redacted]

Case staffed with TL [redacted] and CM [redacted] [redacted] is with a relative at this time. No charges have been filed at this time, however it has been discussed case will be presented to grand jury.

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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:	2023-06-21 10:00:00.0	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/18/2023
Completed date:	07/18/2023	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: 07/18/2023 12:41 PM Entered By: [redacted]

Case was staffed with CM [redacted] TC [redacted] and TL [redacted] Closing summary has been submitted for review. CM [redacted] is going to follow up with CPIT partner about possible criminal charges in the future.

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:	2023-06-01 09:00:00.0	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	06/06/2023
Completed date:	06/06/2023	Completed By:	[redacted]

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

Contact Type(s): Court Hearing

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/06/2023 03:08 PM Entered By: [redacted]

The adjudication and dispositional hearing was held on this date at the [redacted] County Juvenile Court.

Ms. [redacted] (AP/Mother) and Mr. [redacted] (AP/Father) both stipulated that [redacted] (ACV) was dependent and neglected at the time of the removal. The parties agreed to reserve the issue of severe abuse.

As disposition, the parties agreed for [redacted] trial home visit with Ms. [redacted] to end on this date, with custody of [redacted] vested with Ms. [redacted] Visitation between the parents and the child shall be at the discretion of Ms. [redacted]

This case is now closed and retired from the docket.

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:	2023-05-25 15:00:00.0	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/09/2023
Completed date:	08/09/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2023 12:13 PM Entered By: [redacted]

Case staffed with TL [redacted] and CM [redacted] The sibling remaining in the home was removed due to the results of the autopsy. Hearing is set for adjudication and disposition.

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:	2023-04-27 09:00:00.0	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	05/08/2023
Completed date:	05/08/2023	Completed By:	[redacted]

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

Contact Type(s): Court Hearing

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/08/2023 02:26 PM Entered By: [redacted]

The preliminary hearing was held on this date at [redacted] County Juvenile Court. Parties present before the court were: Ms. [redacted] (AP/Mother), Mr. [redacted] (AP/Father), Ms. [redacted] (Attorney for parents), Ms. [redacted] (GAL), Case Manager (CM) [redacted] and [redacted] and [redacted] (ACV).

Ms. [redacted] and Mr. [redacted] waived the preliminary hearing in this matter. The Adjudication and Disposition Hearing is set for June 1st at 9:00 a.m.

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:	2023-04-20 12:00:00.0	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/24/2023
Completed date:	04/24/2023	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: 04/24/2023 03:54 PM Entered By: [redacted]

Case presented to the [redacted] County CPIT team on this date. The team agreed to classify the allegations as follows:

ACV - [redacted] Abuse Death; Alleged Perpetrators - Mr. [redacted] and Ms. [redacted] Allegation Substantiated/Perpetrator Substantiated
ACV - [redacted] Nutritional Neglect (Severe); Alleged Perpetrators - Mr. [redacted] and Ms. [redacted] Allegation Substantiated/Perpetrator Substantiated
ACV - [redacted] Abuse Death; Alleged Perpetrator - Unknown; Allegation Unsubstantiated/Perpetrator Unsubstantiated

CPIT Forms are uploaded into TFACTS.

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:	2023-04-11 14:35:00.0	Contact Method:	
Contact Time:	02:35 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/11/2023
Completed date:	04/11/2023	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: 04/11/2023 02:38 PM Entered By: [redacted]

Autopsy review by [redacted] (DCS Nurse) received.

Per autopsy reviewed for [redacted] (DOB: [redacted] DOD:12/05/2022),

The cause of death was noted to be dehydration and malnourishment and the manner of death could not be determined. ME notes that the infant was one month (50 days old) who was found unresponsive after co-sleeping on a couch with his mother. EMS was called and transported the infant to the hospital where death was pronounced. SUIDI report noted evidence of wedging, overlay, and probable obstruction/compression of the infants nose, mouth, and chest. Birth history included mother receiving no prenatal care and delivering around 37-38 weeks gestation. Infants urine drug screen positive for THC. Noted the infant was not seen by a physician/pediatrician since birth so it makes it hard to rule any other conditions causing the malnourishment. Birth weight 6lbs 8oz and death weight 7lbs 9oz. Infant was seen by a nurse at the health department for WIC on 10/16/22 weighing 6lbs 13oz and 11/10/22 weighing 6lbs 14oz.

Autopsy noted scattered petechiae but no evidence of trauma. ME noted that while the reported scene circumstances are concerning for a potential asphyxia event in the setting of unsafe sleep, the details differ in the three reports obtained regarding sudden unexpected infant death. The differences in reports along with the lack of doll reenactment makes it hard to definitively say this death was related to asphyxia. Postmortem electrolytes show a dehydration pattern as well as blood toxicology and the infants weight went from the 30th percentile to the 2nd, these details support the diagnosis of dehydration and malnourishment. A natural underlying process such as malabsorptive syndrome cannot be entirely excluded and the microvesicular steatosis on the liver histology is of unknown significance.

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:	2023-03-28 13:00:00.0	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	04/03/2023
Completed date:	04/24/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Court Hearing,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2023 10:56 AM Entered By: [redacted]

The preliminary hearing was held on this date at [redacted] County Juvenile Court. Ms. [redacted] (AP/mother) and Mr. [redacted] (AP/father) were both present at court. Both parents expressed they were going to hire their own attorney (Ms. [redacted]). They waived the timing of the hearing, and it was reset to April 27th at 9:00 a.m.

Cpt. [redacted] of the [redacted] Police Department was present at court on this date. Cpt. [redacted] asked Ms. [redacted] if she would be willing to speak to him and CM [redacted] Ms. [redacted] agreed. Cpt. [redacted] thanked Ms. [redacted] for speaking with him. Cpt. [redacted] asked Ms. [redacted] why he could not get her and Mr. [redacted] back to [redacted] TN, for a reconstruction of the scene. Ms. [redacted] reported that the people they were there visiting did not live there any longer. Ms. [redacted] did not provide any further explanation.

Cpt. [redacted] explained the autopsy findings to Ms. [redacted] Ms. [redacted] admitted she did not take [redacted] (ACV) to a primary care doctor after birth. Cpt. [redacted] asked Ms. [redacted] why. Ms. [redacted] stated she was trying to get situated. Ms. [redacted] stated she was trying to get a car and a place, and she did not have anybody to take them to the doctor. Cpt. [redacted] asked Ms. [redacted] if she believed she was wrong for not taking him to the doctor, and she stated yes. Ms. [redacted] reported she took him to the health department. Cpt. [redacted] explained that the health department is different from a primary care doctor.

Cpt. [redacted] stated he remembered Ms. [redacted] stating that she fed [redacted] before he went to sleep. Ms. [redacted] stated that she did. Cpt. [redacted] advised Ms. [redacted] that [redacted] did not have anything in his stomach, per the medical examiner. Ms. [redacted] again stated she fed him. Cpt. [redacted] asked Ms. [redacted] what she was feeding him. Ms. [redacted] stated she used Advance Similac in the blue can. She stated its the same thing she used for [redacted] (ACV/sibling). CM [redacted] asked Ms. [redacted] how much [redacted] weighed at birth, and she stated 6.13 pounds. Cpt. [redacted] informed Ms. [redacted] that in the 50 days that [redacted] was alive, he only gained approximately 1.2 pounds.

Tennessee Department of Children's Services

Case Recording Summary

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

CM [redacted] asked Ms. [redacted] if she was getting WIC or food stamps, and she stated yes. CM [redacted] expressed that [redacted] had only been to a primary care doctor approximately twice until DCS became involved. Ms. [redacted] stated she took him more than that. CM [redacted] stated according to the records from the [redacted] Clinic, he had only been twice. Ms. [redacted] again stated she took him more than that. Ms. [redacted] stated she also took [redacted] to the Health Department in Lexington, but she never took him to a primary care doctor there.

Cpt. [redacted] asked Ms. [redacted] if she understood the concern, and Ms. [redacted] stated yes. Cpt. [redacted] asked Ms. [redacted] if she had any questions, and she stated no. Cpt. [redacted] and CM [redacted] thanked Ms. [redacted] for speaking with them.

Cpt. [redacted] asked Mr. [redacted] [redacted] (AP/Father) if he would be willing to speak with him, and Mr. [redacted] stated no.

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:	2023-03-27 08:00:00.0	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/03/2023
Completed date:	04/24/2023	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: 04/03/2023 10:15 AM Entered By: [redacted]

Case Manager (CM) [redacted] was notified by Ms. [redacted] (A&D Assessment) that Ms. [redacted] (AP/Mother) called and scheduled her A&D assessment for today. Ms. [redacted] stated Mr. [redacted] (AP/father) scheduled his A&D assessment for Wednesday, March 29th. CM [redacted] thanked Ms. [redacted] for the 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:	2023-03-22 16:05:00.0	Contact Method:	Face To Face
Contact Time:	04:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/24/2023
Completed date:	04/24/2023	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/24/2023 08:42 AM Entered By: [redacted]

Case Manager (CM) [redacted] had the petition and protective custody order signed on this date by Judge [redacted], bringing [redacted] (ACV) into DCS Custody. Court is set for March 28th at 1:00 p.m.

CM [redacted] and LI [redacted] traveled to the family home to pick up [redacted] CM [redacted] provided the family with the signed order.

CM [redacted] then transported [redacted] to the DCS foster home in [redacted] TN. [redacted] was observed to be happy and healthy.

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:	2023-03-22 16:00:00.0	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/03/2023
Completed date:	04/22/2023	Completed By:	TFACTS, Person Merge

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

Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2023 10:12 AM Entered By: [redacted]

Case Manager (CM) [redacted] had the petition and protective custody order signed on this date by Judge [redacted], bringing [redacted] (ACV) into DCS Custody. Court is set for March 28th at 1:00 p.m.

CM [redacted] and LI [redacted] traveled to the family home to pick up [redacted] CM [redacted] provided the family with the signed order.

CM [redacted] then transported [redacted] to the DCS foster home in [redacted] TN. [redacted] was observed to be happy and healthy.

Narrative Type: Created In Error Entry Date/Time: 04/24/2023 08:42 AM Entered By: [redacted]

system completed.

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:	2023-03-21 14:05:00.0	Contact Method:	Phone Call
Contact Time:	02:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/24/2023
Completed date:	04/24/2023	Completed By:	[redacted]

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

Contact Type(s): Diligent Search

Contact Sub Type: Other Relative

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/24/2023 08:44 AM Entered By: [redacted]

A clear search was completed on Ms. [redacted] (P. Grandmother) and Ms. [redacted] (M. Aunt) for possible placement options.

CM [redacted] was able to make phone contact with Ms. [redacted]. She reported that Ms. [redacted] is her niece. Ms. [redacted] reported Ms. [redacted] works with her, so she picks her up and takes her to work. Ms. [redacted] reported she has contact with Ms. [redacted] at least every other day. She reported Ms. [redacted] is doing well and holding up well. CM [redacted] thanked Ms. [redacted] for the information.

CM [redacted] then attempted to contact Ms. [redacted] (m. great-grandmother) via phone but was unsuccessful. CM [redacted] later spoke with Ms. [redacted] via phone. Ms. [redacted] reported she hasnt had much contact with the parents since the funeral. She reported her car is broke down, so she does not have transportation. Ms. [redacted] reported Ms. [redacted] is doing good and has her own place now. Ms. [redacted] stated DCS needed to leave them alone. She stated the children come first for Ms. [redacted] and she has no concerns. CM [redacted] thanked Ms. [redacted] for talking with her.

CM [redacted] attempted to contact Ms. [redacted] (P. Aunt) but was unsuccessful.

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:	2023-03-21 14:00:00.0	Contact Method:	Phone Call
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/03/2023
Completed date:	04/21/2023	Completed By:	TFACTS, Person Merge

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

Contact Type(s): Diligent Search

Contact Sub Type: Other Relative

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2023 10:07 AM Entered By: [redacted]

A clear search was completed on Ms. [redacted] (P. Grandmother) and Ms [redacted] (M. Aunt) for possible placement options.

CM [redacted] was able to make phone contact with Ms. [redacted]. She reported that Ms. [redacted] is her niece. Ms. [redacted] reported Ms. [redacted] works with her, so she picks her up and takes her to work. Ms. [redacted] reported she has contact with Ms. [redacted] at least every other day. She reported Ms. [redacted] is doing well and holding up well. CM [redacted] thanked Ms. [redacted] for the information.

CM [redacted] then attempted to contact Ms. [redacted] (m. great-grandmother) via phone but was unsuccessful. CM [redacted] later spoke with Ms. [redacted] via phone. Ms. [redacted] reported she hasnt had much contact with the parents since the funeral. She reported her car is broke down, so she does not have transportation. Ms. [redacted] reported Ms. [redacted] is doing good and has her own place now. Ms. [redacted] stated DCS needed to leave them alone. She stated the children come first for Ms. [redacted] and she has no concerns. CM [redacted] thanked Ms. [redacted] for talking with her.

CM [redacted] attempted to contact Ms. [redacted] (P. Aunt) but was unsuccessful.

Narrative Type: Created In Error Entry Date/Time: 04/24/2023 08:43 AM Entered By: [redacted]

system completed

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:	2023-03-21 08:45:00.0	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	03/29/2023
Completed date:	03/29/2023	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: 03/29/2023 03:21 PM Entered By: [redacted]

Case Manager (CM) [redacted] staffed this case with DCS Attorney [redacted] on this date for a petition and protective custody order on [redacted] (ACV). Attorney [redacted] approved CM [redacted] request for a petition/PCO.

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:	2023-03-21 08:00:00.0	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/11/2023
Completed date:	04/11/2023	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: 04/11/2023 02:41 PM Entered By: [redacted]

Case was staffed with CM [redacted] TL [redacted] and IC [redacted] Autopsy was received for the deceased child with concerns of malnutrition and dehydration. CM reported parents have not been compliant with visits and services since the court ordered services petition was filed in [redacted] Co. Juvenile court. Permission was given to CM [redacted] to contact DCS Legal to staff case for a removal for 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:	2023-03-20 14:45:00.0	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/08/2023
Completed date:	08/08/2023	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: 08/08/2023 03:21 PM Entered By: [redacted]

On March 20th, 2023, the final autopsy report was received on [redacted] from the Office of the Medical Examiner, [redacted] Regional Forensic Center. The autopsy was completed by Medical Examiner, [redacted], M.D. Based on the autopsy result, [redacted] cause of death is Dehydration and Malnourishment. The manner of death could not be determined. Autopsy noted scattered petechiae, but no evidence of trauma. It is noted that while the reported scene circumstances are concerning for a potential asphyxia event in the setting of unsafe sleep, the details differ in the three reports obtained regarding sudden unexpected infant death. The differences in reports along with the lack of doll reenactment makes it hard to definitively say this death was related to asphyxia. Postmortem electrolytes show a dehydration pattern as well as blood toxicology and the infants weight went from the 30th percentile to the 2nd, these details support the diagnosis of dehydration and malnourishment. A natural underlying process such as malabsorptive syndrome cannot be entirely excluded and the microvesicular steatosis on the liver histology is of unknown significance.

The autopsy is uploaded into TFACTS.

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 13:00:00.0	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/29/2023
Completed date:	03/29/2023	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: 03/29/2023 01:34 PM Entered By: [redacted]

Case Manager (CM) [redacted] was notified by Ms. [redacted] (who is conducting the A&D assessments) that she had been unsuccessful at reaching the parents. Ms. [redacted] reported she has made multiple attempts on different dates to make contact with them to no avail.

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:	2023-03-14 14:30:00.0	Contact Method:	Attempted Face To Face
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	03/29/2023
Completed date:	03/29/2023	Completed By:	[redacted]

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

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/29/2023 01:28 PM Entered By: [redacted]

Case Manager (CM) [redacted] attempted to make contact with the family via text but was unsuccessful.

CM [redacted] then traveled to the family home on this date in an attempt to make face to face contact with [redacted] (ACV). As CM [redacted] was getting out of her car, somebody was seen opening and closing the front door quickly. CM [redacted] knocked at the door for several minutes, and nobody answered.

As CM [redacted] left the family home, Mr. [redacted] (AP/father) text CM [redacted] and stated she seen [redacted] at the beginning and end of February. CM [redacted] explained to Mr. [redacted] that she needed to maintain face to face contact with parents and [redacted] CM [redacted] informed Mr. [redacted] that she needed to see [redacted] again in the home, due to it being a new month. Mr. [redacted] stated, youll see us at court. CM [redacted] was unsuccessful at completing a home visit on this date with the family.

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:	2023-03-13 08:30:00.0	Contact Method:	
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/29/2023
Completed date:	03/29/2023	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: 03/29/2023 01:23 PM Entered By: [redacted]

Case Manager (CM) [redacted] contacted the [redacted] Clinic in [redacted] TN, on this date to inquire about [redacted] (ACV).

CM [redacted] was informed that [redacted] attended his appointment on 03/08/23. It was reported he weighed 25 pounds, putting him just above the 50th percentile. No concerns were noted in the records. It was noted that [redacted] will follow up for a well-child exam when he turns two years old.

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 10:00:00.0	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/29/2023
Completed date:	03/29/2023	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: 03/29/2023 01:20 PM Entered By: [redacted]

The case service request for A&D assessments on Mr. [redacted] (AP/father) and Ms. [redacted] (AP/mother) were approved on this date. Ms. [redacted] of [redacted] will be conducting the assessments.

The case service request for in-home services with [redacted] was also approved on this date.

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:	2023-02-21 13:15:00.0	Contact Method:	Face To Face
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	03/03/2023
Completed date:	03/03/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/03/2023 03:28 PM Entered By: [redacted]

Case Manager (CM) [redacted] traveled to [redacted], TN, on this date to make face to face contact with [redacted] (ACV), Ms. [redacted] (AP/Mother), and Mr. [redacted] (AP/Father). Upon arrival, CM [redacted] was greeted and welcomed into the home by Mr. [redacted] CM [redacted] observed Ms. [redacted] (p. grandmother) to be in the home. CM [redacted] greeted Ms. [redacted] and Ms. [redacted] who was sitting in the living room. CM [redacted] observed [redacted] to be playing in the living room with his toys. CM [redacted] asked Ms. [redacted] if she was living with them now, and she stated no. Ms. [redacted] reported she is still staying in [redacted] TN. She reported she got a new phone number. CM [redacted] stated that must be why she wasnt able to reach her. Ms. [redacted] stated it was.

CM [redacted] asked the parents if they have scheduled [redacted] next doctors appointment. Ms. [redacted] stated no. She reported she still needed to call. CM [redacted] asked Ms. [redacted] if she could call and get the appointment scheduled now. Ms. [redacted] stated she would. While CM [redacted] was present, Ms. [redacted] got [redacted] doctors appointment scheduled for March 8th at 10:30 a.m. CM [redacted] thanked Ms. [redacted] The parents reported [redacted] has been doing well.

CM [redacted] asked the parents when they moved into their apartment. Mr. [redacted] reported they moved in around the 10th or 13th of this month. Both parents reported they liked it and are excited to have their own place. Mr. [redacted] reported he had an interview with Hydrogear this morning. He stated his hours are going to be 3:00 p.m. to 11 p.m. He reported he doesnt know when he is going to start. He stated he is waiting to hear back from them. Ms. [redacted] stated she is still working at [redacted].

CM [redacted] asked if they have gotten their A&D assessment scheduled, and they stated no. CM [redacted] talked with the parents about DCS paying for the service. CM [redacted] reported she would put in a request for the A&D assessment to be completed. CM [redacted] also talked with the family about putting in a case service request for in-

Tennessee Department of Children's Services

Case Recording Summary

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

home services to begin to address parenting. Both parents expressed understanding. CM [redacted] informed the parents that it was very important that they participate in and complete the services. They expressed understanding.

CM [redacted] discussed the court date coming up in March. Both parents reported they remember when it is. CM [redacted] asked if she could see the apartment. Ms. [redacted] showed CM [redacted] the apartment. CM [redacted] observed there to be three bedrooms. CM [redacted] observed [redacted] to have a playroom. CM [redacted] observed [redacted] to have a pack-n-play, appropriate for safe sleep. CM [redacted] observed there to be plenty of food in the home. There were no safety or well-being concerns observed.

CM [redacted] asked the family if they had any questions, and they stated no. CM [redacted] thanked the family for their time and left 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:	2023-02-21 09:00:00.0	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/09/2023
Completed date:	08/09/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2023 11:40 AM Entered By: [redacted]

Case staffed with TL[redacted] and CM[redacted] CM[redacted] saw baby on 2/2 and was doing good, wrote the plan and it was court ordered, drug screens court ordered. Will need to talk to the doctor, will go back out to the home. The baby never went to the doctor after it was born, need to put CSR in for parenting as well as the A&D assm.

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:	2023-02-16 14:30:00.0	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/03/2023
Completed date:	03/03/2023	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: 03/03/2023 01:47 PM Entered By: [redacted]

Case Manager (CM) [redacted] spoke with the [redacted] Clinic in [redacted] TN, on this date regarding [redacted] (ACV).

CM [redacted] was informed that [redacted] last visit was on 12/28/22. [redacted] weighed 23 pounds. He is in the 50th percentile for his height and weight. He also received 3 shots. CM [redacted] was informed that there were no concerns noted in the records.

CM [redacted] was informed prior to the visit on 12/28/22, [redacted] was seen on 12/10/21 and 10/18/21.

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:	2023-02-02 10:00:00.0	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/03/2023
Completed date:	02/03/2023	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/03/2023 03:49 PM Entered By: [redacted]

After court, Case Manager (CM) [redacted] met with Ms. [redacted] (AP/Mother) and Mr. [redacted] (AP/Father) outside the court room. Both parents were waiting on a ride. Mr. [redacted] asked if CM [redacted] would be able to take them home, due to CM [redacted] having to come by their house anyway. CM [redacted] stated she would. CM [redacted] transported the parents to the home of Ms. [redacted] (aunt) at [redacted] in [redacted] TN. The family is still residing with Ms. [redacted] at this time.

Upon arrival, Ms. [redacted] and Mr. [redacted] invited CM [redacted] into the home. CM [redacted] observed [redacted] (ACV) to be sitting on the couch eating and watching TV. Ms. [redacted] was in the same room, but she was on a phone call. Ms. [redacted] greeted CM [redacted] and went to another room. CM [redacted] spoke with the parents in the living room of the home.

CM [redacted] asked the parents how they were doing. Both parents reported they were doing well. CM [redacted] talked with them about grief counseling. Both parents denied the need for counseling at this time. Both expressed they are doing okay and have a lot of family support. CM [redacted] asked the family how [redacted] was doing. Ms. [redacted] stated he was doing good. Mr. [redacted] stated he keeps them busy. Ms. [redacted] stated [redacted] sleeps in his pack-n-play. CM [redacted] observed a pack-n-play in the living room of the home, appropriate for safe sleep. CM [redacted] talked with the parents about ensuring they are practicing safe sleep. Both stated they were. Ms. [redacted] stated [redacted] goes back to the doctor in March. She stated she needs to call and get the appointment set up. CM [redacted] encouraged her to do that as soon as possible and let CM [redacted] know when its scheduled.

CM [redacted] went over the non-custodial permanency plan with the family and asked if they had questions. Both parents stated they understood and agreed to the plan. CM [redacted] asked the parents to try and get [redacted] doctors appointment scheduled soon, as well as their A&D assessment. Both parents stated they would.

Tennessee Department of Children's Services

Case Recording Summary

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

Ms. [redacted] stated she is still working at [redacted]. Mr. [redacted] reported he is trying to get a job at Hydrogear currently. CM [redacted] asked about housing. The parents showed CM [redacted] paperwork on where they were approved for an apartment. Mr. [redacted] stated they should be able to get the key today. He showed CM [redacted] outside which apartment it was ([redacted]). CM [redacted] asked the parents to maintain communication with her and let her know when they move in.

CM [redacted] inquired about THC use. Both parents admitted to using THC a few days prior. Mr. [redacted] stated he plans to quit and get clean. Ms. [redacted] stated the same. CM [redacted] encouraged the parents to stop using THC, as it is illegal and can affect their parenting. Both parents expressed understanding. CM [redacted] asked if they would submit to a urine drug screen, and they agreed. Both Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.

CM [redacted] asked the family if they had any questions or concerns at this time, and they stated no. CM [redacted] thanked the family for letting her come by. She reported she would be in touch with the family soon.

CM [redacted] observed [redacted] to be happy and healthy, as evidenced by him smiling and playing. Both parents were very attentive to [redacted] during the visit, as evidenced by them playing with him and being attentive to his needs. He was appropriately dressed in clothing free of dirt and stains. There were no safety or well-being concerns observed.

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:	2023-02-02 09:00:00.0	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	02/03/2023
Completed date:	02/03/2023	Completed By:	[redacted]

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

Contact Type(s): Court Hearing

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/03/2023 03:35 PM Entered By: [redacted]

The preliminary hearing was held on this date regarding the petition filed for Court-Ordered Services. Present for court on this date was Case Manager (CM) [redacted] Mr. [redacted] (AP/Father), and Ms. [redacted] (AP/Mother). Mr. [redacted] and Ms. [redacted] waived their right to an attorney and waived the preliminary hearing. Both parents agreed to cooperate with DCS and comply with services.

Narrative Type: Addendum 1 Entry Date/Time: 02/03/2023 03:35 PM Entered By: [redacted]

The next hearing is set for March 30th, 2023, for a 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:	System Completed
Contact Date:	2023-02-01 09:00:00.0	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/03/2023
Completed date:	05/04/2023	Completed By:	System Completed

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: 05/03/2023 09:16 AM Entered By: [redacted]

Case Manager (CM) [redacted] received the records from the [redacted] Clinic regarding [redacted] (ACV).

On October 18th, 2021, [redacted] was seen for a 2-week well-child exam. Its noted that [redacted] birth weight was 6 pounds, 5.8 ounces. [redacted] weighed 6 pounds, 8 ounces on this date. No concerns are noted on this date. [redacted] was to follow-up in two weeks.

On December 10, 2021, [redacted] was seen for his 2-month well-child exam. [redacted] weighed 10 pounds, 2 ounces on this date. No concerns are noted.

On December 28th, 2022, [redacted] was seen for his 15-month well-child exam. [redacted] weighed 23 pounds even on this date. No concerns are noted. [redacted] is to follow-up in three months.

The records are uploaded into TFACTS.

CM [redacted] was unable to find any records to show that [redacted] was seen by a pediatrician after birth.

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:	2023-01-31 11:30:00.0	Contact Method:	Attempted Face To Face
Contact Time:	11:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/31/2023
Completed date:	02/03/2023	Completed By:	[redacted]

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

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/31/2023 09:48 AM Entered By: [redacted]

The scheduled visit on this date had to be rescheduled, due to hazardous road and weather conditions. It was rescheduled to Thursday after court.

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:	2023-01-30 11:45:00.0	Contact Method:	Phone Call
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/31/2023
Completed date:	01/31/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/31/2023 09:47 AM Entered By: [redacted]

Case Manager (CM) [redacted] made contact with [redacted] (AP/Father) and Ms. [redacted] (AP/Mother) on this date via phone. Mr. [redacted] reported he missed LI [redacted] visit earlier. Mr. [redacted] reported they are currently staying with Ms. [redacted] aunt, [redacted] Mr. [redacted] reported they are working on getting their own place.

CM [redacted] talked with Mr. [redacted] and Ms. [redacted] about maintaining better contact. They reported they understood. CM [redacted] informed the family about court on Thursday at 9:00 a.m., and the family expressed they understood. CM [redacted] reported she would come by and see the family tomorrow, and Mr. [redacted] stated that would be fine. CM [redacted] thanked the family for their 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:	2023-01-30 11:00:00.0	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/31/2023
Completed date:	01/31/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Good Faith Effort		
Contact Sub Type:	Attempted Home Visit/Home Visit		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/31/2023 09:44 AM Entered By: [redacted]

LI [redacted] attempted to make contact with [redacted] (ACV), Ms. [redacted] (AP/Mother), and Mr. [redacted] (AP/Father) on this date a [redacted], TN. LI [redacted] was unsuccessful.

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:	2023-01-24 08:30:00.0	Contact Method:	
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/31/2023
Completed date:	01/31/2023	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: 01/31/2023 03:07 PM Entered By: [redacted]

Case Manager (CM) [redacted] staffed the case on this date with DCS Attorney [redacted] for Court Ordered Services. CM [redacted] was granted the request.

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 15:00:00.0	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/09/2023
Completed date:	08/09/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/09/2023 12:11 PM Entered By: [redacted]

Case staffed with TL [redacted] and CM [redacted] Due to the concerns and the family avoiding the department, case was staffed for court ordered services.

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 10:00:00.0	Contact Method:	Attempted Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2023
Completed date:	01/23/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/23/2023 03:52 PM Entered By: [redacted]

A CFTM was scheduled on this date for the development of a Non-Custodial Permanency Plan, regarding [redacted] (ACV), [redacted] (ACV), Ms. [redacted] (AP/Birth Mother) and Mr. [redacted] (AP/Birth Father). The meeting was held at the [redacted] County DCS office. Ms. [redacted] and Mr. [redacted] were notified of the meeting on 12/26/22 and agreed to the time and date.

Ms. [redacted] and Mr. [redacted] did not show up for the scheduled meeting.

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:	2023-01-09 11:05:00.0	Contact Method:	
Contact Time:	11:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/03/2023
Completed date:	05/03/2023	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: 05/03/2023 09:00 AM Entered By: [redacted]

The medical records were received from the [redacted] County Health Department for both children. The following records were for WIC appointments.

[redacted] (Alleged Child Victim (ACV)) was seen on 09/29/2021, 10/12/021, 04/04/2022, and 11/10/2022. The following weights were reported for the corresponding dates: six pounds and six ounces, five pounds and 15 ounces, 14 pounds and six ounces, and 21 pounds and 15 ounces.

[redacted] (ACV) was seen on 10/16/2022 and 11/10/2022, and he weighed six pounds and 13 ounces on the first date and six pounds and 14 ounces on the second date.

On 04/04/2022, [redacted] was given his shots at the Health Department. Its noted that the family did not desire assistance with their PCP.

On 11/10/2022, the following barrier was noted in the record: Lack of knowledge on when to have well-child exams completed. The importance of well-child exams was discussed with the family. Its noted that the patient does not desire assistance with the PCP, and a CHANT referral was initiated.

All records are uploaded into TFACTS.

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:	2023-01-09 11:00:00.0	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/09/2023
Completed date:	02/10/2023	Completed By:	TFACTS, Person Merge

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: 02/09/2023 02:29 PM Entered By: [redacted]

The medical records were received from the [redacted] County Health Department for both children. The following records were for WIC appointments.

[redacted] (Alleged Child Victim (ACV)) was seen on 09/29/2021, 10/12/021, 04/04/2022, and 11/10/2022. The following weights were reported for the corresponding dates: six pounds and six ounces, five pounds and 15 ounces, 14 pounds and six ounces, and 21 pounds and 15 ounces.

[redacted] (ACV) was seen on 10/16/2022 and 11/10/2022, and he weighed six pounds and 13 ounces on the first date and six pounds and 14 ounces on the second date.

On 04/04/2022, [redacted] was given his shots at the Health Department. Its noted that the family did not desire assistance with their PCP.

On 11/10/2022, the following barrier was noted in the record: Lack of knowledge on when to have well-child exams completed. The importance of well-child exams was discussed with the family. Its noted that the patient does not desire assistance with the PCP, and a CHANT referral was initiated.

All records are uploaded into TFACTS.

Narrative Type: Created In Error Entry Date/Time: 05/03/2023 08:59 AM Entered By: [redacted]

system completed

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:	2022-12-28 14:00:00.0	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/20/2023
Completed date:	01/20/2023	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: 01/20/2023 02:14 PM Entered By: [redacted]

Case Manager (CM) [redacted] was contacted by Ms. [redacted] (aunt) on this date. Ms. [redacted] informed CM [redacted] that [redacted] (ACV/sibling) was taken to the doctor on this date. She reported that [redacted] is caught up on his shots, and everything was good. Ms. [redacted] sent CM [redacted] a picture of [redacted] shot record/treatment summary. [redacted] was seen at the [redacted] Clinic in [redacted] TN. CM [redacted] thanked Ms. [redacted] for the 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:	2022-12-22 12:30:00.0	Contact Method:	Face To Face
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/09/2023
Completed date:	02/09/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/09/2023 11:34 AM Entered By: [redacted]

FACE TO FACE- TL [redacted] met with [redacted] (maternal aunt), and [redacted] at Ms. [redacted] home in [redacted] TN. Everyone in the home had just woke up. [redacted] was sitting on the couch with his father. The family reported that it was okay for Ms. [redacted] to be part of the visit. Ms. [redacted] reported that [redacted] had never seen a dr. because he has never been sick but he got all his immunizations thru the health dept during WIC visits. TL asked that the family take [redacted] to see a dr. in the next couple days for a wellness exam. The aunt. Ms. [redacted] stated she would ensure that the child was seen. TL spoke to the family about their living arrangements. They reported that they can only stay with Ms. [redacted] for a couple days since she lived in housing and they were not on the lease then they would have to go stay with the maternal grandfather in [redacted] Both parents reported that they have applied for housing in the housing authority and should have an apt in the next couple weeks. Ms. [redacted] reported that he is not employed but looking for employment. Ms. [redacted] reported that she is employed at [redacted]. TL spoke to the family about DCS working with the family and providing services. Both parents agreed they needed support and was willing to attend a meeting with DCS after the holidays to create a plan to work services. Ms, [redacted] stated she would ensure the parents made it to the meeting since she was the one that provided transportation. [redacted] has his own sleeping arrangements in the home and TL stressed the importance of not co sleeping. TL gave the family CM [redacted] contact information again and stressed the importance of them remaining in contact with her.

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:	2022-12-22 10:10:00.0	Contact Method:	Attempted Phone Call
Contact Time:	10:10 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/19/2023
Completed date:	01/19/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/19/2023 10:34 AM Entered By: [redacted]

Case Manager (CM) [redacted] contacted Ms. [redacted] (P. Grandmother) phone on this date in an attempt to make contact with Ms. [redacted] (AP/Birth Mother) and Mr. [redacted] (AP/Birth Father). An automated message stated that the number was not able to receive calls at this 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:	2022-12-22 10:05:00.0	Contact Method:	Phone Call
Contact Time:	10:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/19/2023
Completed date:	01/19/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/19/2023 10:32 AM Entered By: [redacted]

Case Manager (CM) [redacted] contacted Ms. [redacted] phone on this date in an attempt to make contact with Ms. [redacted] (AP/Birth Mother) and Mr. [redacted] (AP/Birth Father). There was no answer. CM [redacted] left a voicemail asking for a returned call.

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:	2022-12-22 10:00:00.0	Contact Method:	Phone Call
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/19/2023
Completed date:	01/19/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/19/2023 10:31 AM Entered By: [redacted]

Case Manager (CM) [redacted] contacted [redacted] on this date in an attempt to make contact with Ms. [redacted] (AP/Birth Mother) and Mr. [redacted] (AP/Birth Father). There was no answer. CM [redacted] left a voicemail asking for a returned call.

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:	2022-12-21 09:00:00.0	Contact Method:	Attempted Phone Call
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/19/2023
Completed date:	01/19/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/19/2023 10:25 AM Entered By: [redacted]

Case Manager (CM) [redacted] called Ms. [redacted] (P. Grandmother) phone on this date in an attempt to make contact with Ms. [redacted] (Birth Mother/AP) and Mr. [redacted] (Birth Father/AP). CM [redacted] did not get an answer, as Ms. [redacted] phone was not in service. CM [redacted] attempted to text Ms. [redacted] but was unsuccessful.

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:	2022-12-21 08:45:00.0	Contact Method:	Attempted Phone Call
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/19/2023
Completed date:	01/19/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/19/2023 10:21 AM Entered By: [redacted]

Case Manager (CM) [redacted] attempted to contact Ms. [redacted] (Birth Mother/AP) and Mr. [redacted] (Birth Father/AP) on this date. The parents did not answer my call. CM [redacted] sent a text to the parents asking for a phone call.

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:	2022-12-20 13:15:00.0	Contact Method:	Other
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/19/2023
Completed date:	01/19/2023	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/19/2023 10:23 AM Entered By: [redacted]

Case Manager (CM) [redacted] sent Ms. [redacted] (Paternal Grandmother) a text on this date asking about the family, due to them residing with her at this time. CM [redacted] never received a response.

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:	2022-12-09 08:30:00.0	Contact Method:	
Contact Time:	08:30 AM	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 11:51 AM Entered By: [redacted]

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

The CPS investigation was assigned on 12/6/22 concerning the death of ACV [redacted] (1mo). It was reported [redacted] resided with his birth mother [redacted] birth father [redacted] and 1yo sibling [redacted]. At the time of the incident the family had recently moved out of the home of the paternal great grandmother and were staying with friends [redacted] and [redacted] These three individuals were all young adults with no children of their own and no other children residing in the home. Additionally, at the time of the incident there was an open CPS investigation [opening mid October 2022] concerning allegations of Drug Exposed Child with [redacted] listed as ACV and the mother as the AP, concerning positive THC screen results at birth. CM with the open case had been able to make contact with the parents at the familys home when they were residing with the paternal grandmother, with know immediate concerns and follow-up visit to occur, prior to the death incident. Safe sleep was discussed and observed during the initial contact.

On 12/5/22 the children and parents had moved out the paternal great grandmothers home and were staying overnight in the home of family friends, arriving the day before on 12/4/22. The mother stated at 8pm she fed [redacted] and he went to sleep, next waking between 11pm-12am, at which point he was fed and changed again and went back to sleep. The mother reported staying up at that time until 4am playing video games and watching a movie with the father. They woke next at 8am at which time [redacted] was fed and changed again. The mother stated she smoked a joint with the father around 11am. She laid on the couch and put the baby on her chest and went to sleep, next waking at 1pm and observing the baby was fine and asleep on chest. She reported going back to sleep at 2pm and at 3:50-4pm the father woke her up and said the baby was blue. The mother stated the baby at that time was face down between in the fold between her arm and shoulder. 911 was contacted and [redacted] was transported to the hospital. The sibling was sleeping by the father in the couch at

Tennessee Department of Children's Services

Case Recording Summary

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

the time of incident. The sibling was observed by CM with no immediate concerns. The parents were drug screened and positive for THC only. LE noted THC, drug paraphernalia and alcohol in the home and the smell of marijuana. No observable signs of abuse/neglect were present and autopsy is pending.

The parents have since moved in with the paternal grandmother, who reported to CM she strictly supervising and allowing no drug use in the home. No concerns were noted with the grandmother. The friend residing in the home refused cooperation or to be interviewed by law enforcement.

Next Steps:
-- CM will request current incident medical records, birth, PCP, and any DOH records available on both ACV and sibling. 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 follow-up with the family at paternal grandmothers home to complete safety plan which will include A&D and parenting assessment and grief support.
-- CM will request well-child check for sibling.
-- 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:	2022-12-08 14:00:00.0	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/03/2023
Completed date:	05/03/2023	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: 05/03/2023 10:00 AM Entered By: [redacted]

Per medical records received from [redacted] Hospital in [redacted] TN, [redacted] (ACV) was admitted on December 5th, 2022. Its noted that Ms. [redacted] contacted EMS for an unresponsive 7-week-old. When EMS arrived at the home, [redacted] was pulseless and not breathing. CPR was started by EMS and continued upon [redacted] arrival to the hospital, as he was in cardiac arrest. [redacted] was pronounced deceased at the hospital at 5:12 p.m. and transported to [redacted] TN, for an autopsy.

Records are uploaded into TFACTS.

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:	2022-12-07 09:45:00.0	Contact Method:	
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/07/2022
Completed date:	12/12/2022	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: 12/07/2022 09:49 AM Entered By: [redacted]

NSOR Checks:

[redacted] No Matches

[redacted] No Matches

Address No Matches

TFACTS History Check:

Current Open Investigation ID: [redacted] October 2022; ACV [redacted] Drug Exposed Child; AP [redacted] Not Classified

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:	2022-12-06 12:05:00.0	Contact Method:	Video Conference
Contact Time:	12:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	05/03/2023
Completed date:	05/03/2023	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/03/2023 08:58 AM Entered By: [redacted]

Case Manager (CM) [redacted] made contact with Ms. [redacted] (P. Grandmother) on this date via phone. Ms. [redacted] reported they arrived at her home last night in [redacted] around 12:00 1:00 a.m. She reported the parents were able to get some sleep. She stated they plan to remain with her at this time. She reported her aunt, Ms. [redacted] also resides in the home. Ms. [redacted] video called CM [redacted] and gave her a walk through of the home. CM [redacted] did not observe any safety concerns in the home. Ms. [redacted] was holding [redacted] (sibling) during the call. CM [redacted] briefly spoke to Mr. [redacted] (father) and Ms. [redacted] (mother). Both parents stated they were able to sleep last night. Ms. [redacted] reported she is going to find a toddler bed or pack-n-play for [redacted] (sibling). Ms. [redacted] Mr. [redacted] and Ms. [redacted] stated [redacted] would not be sleeping with them. CM [redacted] thanked the family for talking with her and reported she would be in contact soon.

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:	2022-12-06 12:00:00.0	Contact Method:	Video Conference
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	12/07/2022
Completed date:	01/06/2023	Completed By:	TFACTS, Person Merge

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/07/2022 11:24 AM Entered By: [redacted]

Case Manager (CM) [redacted] made contact with Ms. [redacted] (P. Grandmother) on this date via phone. Ms. [redacted] reported they arrived at her home last night in [redacted] around 12:00 1:00 a.m. She reported the parents were able to get some sleep. She stated they plan to remain with her at this time. She reported her aunt, Ms. [redacted] also resides in the home. Ms. [redacted] video called CM [redacted] and gave her a walk through of the home. CM [redacted] did not observe any safety concerns in the home. Ms. [redacted] was holding [redacted] (sibling) during the call. CM [redacted] briefly spoke to Mr. [redacted] (father) and Ms. [redacted] (mother). Both parents stated they were able to sleep last night. Ms. [redacted] reported she is going to find a toddler bed or pack-n-play for [redacted] (sibling). Ms. [redacted] Mr. [redacted] and Ms. [redacted] stated [redacted] would not be sleeping with them. CM [redacted] thanked the family for talking with her and reported she would be in contact soon.

Narrative Type: Created In Error Entry Date/Time: 05/03/2023 08:57 AM Entered By: [redacted]

System completed

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:	2022-12-05 17:45:00.0	Contact Method:	Face To Face
Contact Time:	05:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	12/12/2022
Completed date:	12/19/2022	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Initial ACV Face To Face,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/12/2022 09:06 AM Entered By: [redacted]

Family Composition:

[redacted] (ACV/2 months)
[redacted] (ACV/1)
[redacted] (Birth Mother)
[redacted] (Birth Father)

Case Manager (CM) [redacted] traveled to [redacted] Hospital in [redacted] TN, on this date to make face to face contact with [redacted] (ACV). CM [redacted] spoke with Captain (Cpt.) [redacted] via phone in reference to this case on the way to the hospital. Cpt. [redacted] informed CM [redacted] that [redacted] had been pronounced deceased. Cpt. [redacted] advised he would meet her at the hospital. Upon arrival to the hospital, CM [redacted] and Cpt. [redacted] made contact with Dr. [redacted] (pediatrician), who treated [redacted] Dr. [redacted] advised that emergency services had been contacted at approximately 4:39 p.m. with reports that Ms. [redacted] had been co-sleeping with [redacted] Dr. [redacted] reported that when emergency services arrived, [redacted] did not have a pulse. He stated that when [redacted] arrived at the hospital, he still did not have a pulse. Dr. [redacted] advised that he pronounced [redacted] deceased at 5:12 p.m.

Cpt. [redacted] and CM [redacted] conducted and interview with Ms. [redacted] (Birth mother). Ms. [redacted] stated she, Mr. [redacted] (Birth Father), [redacted] (ACV), and [redacted] (sibling/1) reside at [redacted], TN. She reported that her, Mr. [redacted] and the children traveled to [redacted], TN, on Sunday, December 4th, to stay with Mr. [redacted] friend, Mr. [redacted] Ms. [redacted] reported that when they arrived, they played video games and watched movies until the early morning hours of December 5th. Ms. [redacted] stated she put [redacted] to bed at approximately 8:00 p.m. the night of December

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Case Recording Summary

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

4th. She stated [redacted] woke up around 11:00 p.m. or 12:00 a.m., and she fed and changed him. Ms. [redacted] stated [redacted] then went back to sleep. Ms. [redacted] stated she laid [redacted] on a toddler bed to sleep by himself the night of December 4th.

Ms. [redacted] reported she went to sleep around 4:00 a.m. the morning of December 5th. She reported she woke up around 8:00 a.m. to feed and change [redacted] She reported she then put [redacted] back to sleep, and she watched movies and Mr. [redacted] play video games until approximately 11:00 am. Ms. [redacted] reported she then smoked THC. Ms. [redacted] reported during this time, Mr. [redacted] and [redacted] were also on the couch. Ms. [redacted] stated around 12:00 p.m., she placed [redacted] on her chest and reclined the couch she was sitting on. Ms. [redacted] stated her and [redacted] fell asleep at this time. She reported [redacted] was lying on her chest when she went to sleep.

Ms. [redacted] reported at approximately 1:00 p.m., she woke up and [redacted] was still on her chest asleep. Ms. [redacted] stated [redacted] appeared to fine at this time. Ms. [redacted] reported she believes she was awake for another hour, and then fell back asleep around 2:00 p.m. with [redacted] still laying on her chest. She reported she never moved off of the couch when she woke up at 1:00 p.m.

Ms. [redacted] reported she was woken up by Mr. [redacted] around 3:50 p.m. or 4:00 p.m. She reported Mr. [redacted] was telling her to get up and look at him, referencing [redacted] Ms. [redacted] stated she looked and realized [redacted] face was blue, and he appeared to not be breathing. Ms. [redacted] described [redacted] face being in the fold between her arm and shoulder. She reported they contacted 911 and were transported to the hospital. Ms. [redacted] stated she never should have laid him on her. Ms. [redacted] was visibly emotional throughout the interview and describing the events that occurred. Ms. [redacted] held [redacted] throughout the interview.

Ms. [redacted] advised that [redacted] usually sleeps in his baby bed alone and on his back. She reported his bed is located on her side of the bed at home. Ms. [redacted] reported yesterday, [redacted] was fine. She denied he was on any medication. Ms. [redacted] stated [redacted] weighed 6.13 pounds at birth and estimated he weighed 7.10 pounds now. She reported Dr. [redacted] in [redacted] TN, is his primary care doctor. CM [redacted] asked if he had been to any follow-up appointments since his birth. Ms. [redacted] stated he has not seen Dr. [redacted] yet. She reported she had an appointment scheduled after Thanksgiving, but she had to reschedule. She reported that she takes [redacted] to the [redacted] County Health Department.

Ms. [redacted] reported she believed [redacted] may have been running a fever earlier in the day, and he was crying. She stated she was able to feed him and comfort him. She reported she did not take [redacted] temperature, due to not having a thermometer. She denied giving him any medication for a possible fever. Ms. [redacted] denied using any substances, other than THC. Ms. [redacted] also stated Mr. [redacted] uses THC.

CM [redacted] and Cpt. [redacted] thanked Ms. [redacted] for speaking with them and exited the room. Ms. [redacted] remained in the room with [redacted]

Cpt. [redacted] and CM [redacted] then interviewed Mr. [redacted] (Birth Father). Mr. [redacted] stated he, Ms. [redacted] and their two children came to his friends home (Mr. [redacted] the night before around 11:00 p.m. Mr. [redacted] advised he was present when [redacted] was found unresponsive. Mr. [redacted] reported he was in the living room on the couch with [redacted] (sibling). He reported Ms. [redacted] was on the other side of the couch reclined with [redacted] He reported they had been sleeping on and off throughout the day.

Mr. [redacted] reported he believed [redacted] may have been running a fever earlier that morning, but they did

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

not check him temperature. Mr. [redacted] denied [redacted] was on any medications. Mr. [redacted] reported [redacted] had woken up during the morning hours, and Ms. [redacted] fed him, and he went back to sleep. Mr. [redacted] stated [redacted] had been crying on a regular basis since they came to Mr. [redacted] residence. Mr. [redacted] stated [redacted] started throwing a fit around 12:00 or 1:00 p.m., and Ms. [redacted] picked him up. He reported she was holding [redacted] lying in the recliner, while he was watching movies and playing video games.

Mr. [redacted] reported Ms. [redacted] started to fall asleep. Mr. [redacted] reported he woke Ms. [redacted] up once, asking her to adjust [redacted] head. He reported he later turned on the light and made Ms. [redacted] wake up. Mr. [redacted] stated he realized something was wrong with [redacted] He reported he and Ms. [redacted] both began panicking. Mr. [redacted] stated it looked as if the life had been drained out of him.

Mr. [redacted] denied using THC, and he found it difficult to believe that Ms. [redacted] admitted to using THC. Mr. [redacted] was unable to provide a detailed timeline concerning these events. Mr. [redacted] did provide a written statement to Investigator (Inv.) [redacted] Mr. [redacted] became emotional during the interview and wanted to go be with Ms. [redacted] and [redacted] Cpt. [redacted] and CM [redacted] thanked Mr. [redacted] for speaking with them.

At this time, family began to arrive at the hospital. Cpt. [redacted] contacted Dr. [redacted] (medical examiner). CM [redacted] spoke with Ms. [redacted] (P. Grandmother). Ms. [redacted] advised that [redacted] (sibling) was sitting in the car with another family member ([redacted] Aunt) asleep. Mr. [redacted] was present for CM [redacted] conversation with Ms. [redacted] and gave CM [redacted] permission to go see him. Mr. [redacted] and Ms. [redacted] walked CM [redacted] outside to the car. CM [redacted] observed [redacted] in the backseat of the vehicle asleep. He was appropriately dressed. No safety or well-being concerns were observed. The family member, [redacted] was sitting in the backseat with him.

CM [redacted] returned inside the hospital. Cpt. [redacted] advised that he and CM [redacted] could go to the home where the incident occurred. Once inside the home, CM [redacted] observed a three-cushion couch in the living room. The right side of the couch was reclined, and a blanket was laying on the couch. CM [redacted] also observed a toddler bed to be in the living room area of the home. Cpt. [redacted] showed CM [redacted] the homemade bong used to smoke THC that was sitting on the counter. It was made out of a drink bottle. Investigator [redacted] with [redacted] Police Department had taken photos of the scene. CM [redacted] also took photos of the living room/kitchen area of the home where the family was staying at the time of the incident.

After returning to the hospital, Inv. [redacted] informed CM [redacted] that Mr. [redacted] who resided at the residence the family was visiting, refused to write out a statement. Inv. [redacted] reported the other individual who resides in the home, [redacted] stated he was upstairs in his bedroom doing homework when he heard sirens. Inv. [redacted] reported Mr. [redacted] stated he then went downstairs to see what was going on and stated [redacted] was not breathing. Inv. [redacted] advised that another individual resides at the residence, Ms. [redacted], but she was not at the home at the time of the incident.

Inv. [redacted] reported that when he went to the home to observe the scene, he took photographs of the entire apartment. He reported he found the homemade bong, as well as marijuana roaches. He reported there were alcoholic beverages found throughout the house. He stated that none of these items would have been in reach of the children present.

CM [redacted] asked Ms. [redacted] and Mr. [redacted] if they would consent to a drug screen. Both agreed. Both parents were positive for THC and negative for all other substances. Both parents reported they would be staying with Mr. [redacted] mother, Ms. [redacted] CM [redacted] spoke with Ms. [redacted] who confirmed the

Tennessee Department of Children's Services

Case Recording Summary

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

parents and [redacted] would be staying with her. She provided the following address: [redacted], [redacted] TN.

While at the hospital, Ms. [redacted] was admitted for flu like symptoms. CM [redacted] asked Ms. [redacted] and the parents to video call CM [redacted] once they got to Ms. [redacted] home. The parents agreed to do so. CM [redacted] obtained a copy of the Sudden Unexplained Infant Death form from the medical examiner. Once transportation arrived for [redacted] to be taken to [redacted] for an autopsy, Cpt. [redacted] asked the family to say their goodbyes. CM [redacted] informed the family that somebody would be in touch with them in the morning. CM [redacted] and Cpt. [redacted] gave the family their condolences. [redacted] was then taken by EMS to [redacted] for 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:	2022-12-05 17:40:00.0	Contact Method:	Face To Face
Contact Time:	05:40 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	12/07/2022
Completed date:	12/12/2022	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: 12/07/2022 11:28 AM Entered By: [redacted]

Referent notified of open investigation.

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:	2022-12-05 17:20:00.0	Contact Method:	Phone Call
Contact Time:	05:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	12/07/2022
Completed date:	12/12/2022	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/07/2022 11:21 AM Entered By: [redacted]

Case Manager (CM) [redacted] spoke with Captain (Cpt.) [redacted] via phone in reference to this case on the way to the hospital. Cpt. [redacted] informed CM [redacted] that [redacted] had been pronounced deceased. Cpt. [redacted] advised he would meet her at the hospital.

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:	2022-12-05 17:15:00.0	Contact Method:	
Contact Time:	05:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/07/2022
Completed date:	12/12/2022	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: 12/07/2022 11:19 AM Entered By: [redacted]

Case assigned to CM [redacted]

Notification of referral was sent to the DA and juvenile court per local DCS protocol.

TN 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: 12/05/2022

Assignment Date: 12/06/2022

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] / 04/25/2023
2	[redacted]	[redacted]	Nutritional Neglect	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 04/25/2023
3	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] / 05/09/2023
4	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] / 05/09/2023
5	[redacted]	[redacted]	Nutritional Neglect	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 04/25/2023
6	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 04/25/2023
7	[redacted]	[redacted]	Abuse Death	Unknown Participant [redacted]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 04/25/2023

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: ACV - [redacted] Drug Exposed Child; AP - [redacted] ASPS; ACV - [redacted] Abuse Death; AP - [redacted] ASPS; ACV - [redacted] Abuse Death; AP - Unknown; AUPU; ACV - [redacted] Nutritional Neglect; AP - [redacted] ASPS; [redacted] was removed from the parents custody and placed in DCS custody. [redacted] exited DCS custody to a relative, where his needs are being met. Mr. [redacted] and Ms. [redacted] admitted to THC use and continued to use. [redacted] was not seen by a primary care physician after birth. He was born in the 30th percentile for his weight, and at his

Department of Children's Services

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

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

death, he was in the 2nd percentile. [redacted] autopsy report listed the cause of death as Dehydration and Malnurioushment. The manner of death could not be determined. Both parents resided in the home together and were responsible for the care of the child.

D. Case Workers

Case Worker: [redacted] Date: 05/09/2023

Team Leader: [redacted] Date: 05/09/2023

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:

[redacted] was seen on 10/16/2022 and 11/10/2022 at the [redacted] County Health Department. He weighed 6 pounds 13 ounces on the first date, and 6 pounds 14 ounces on the second date. There are no records to show that [redacted] was ever seen by a pediatrician after his birth. Due to [redacted] age, CPSI [redacted] was unable to interview him. During the course of this investigation, CPSI [redacted] filed for court-ordered services. Attempts were made to maintain contact and work services with the parents, but the attempts were mostly unsuccessful. Cpt. [redacted] made attempts to reach the family for a reenactment of the scene but was unsuccessful. On March 22, 2023, [redacted] was removed from Ms. [redacted] and Mr. [redacted] custody and placed in DCS custody. [redacted] has since exited DCS custody and was placed in the custody of a relative. DCS has been relieved of services.

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

There are no records to show that [redacted] was ever seen by a pediatrician after his birth. On March 20th, 2023, the final autopsy report was received on [redacted] from the Office of the Medical Examiner, [redacted] Regional Forensic Center. The autopsy was completed by Medical Examiner, [redacted], M.D. Based on the autopsy result, [redacted] cause of death is Dehydration and Malnourishment. The manner of death could not be determined. Autopsy noted scattered petechiae, but no evidence of trauma. It is noted that while the reported scene circumstances are concerning for a potential asphyxia event in the setting of unsafe sleep, the details differ in the three reports obtained regarding sudden unexpected infant death. The differences in reports along with the lack of doll reenactment makes it hard to definitively say this death was related to asphyxia. Postmortem electrolytes show a dehydration pattern as well as blood toxicology and the infants weight went from the 30th percentile to the 2nd, these details support the diagnosis of dehydration and malnourishment.

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

Ms. [redacted] reported she and [redacted] fell asleep on the couch. She reported when she fell asleep, he was laying on her chest. She reported she was woken up by Mr. [redacted] around 3:50 p.m. or 4:00 p.m. She reported Mr. [redacted] was telling her to look at [redacted] Ms. [redacted] stated [redacted] face was blue, and he appeared to not be breathing. She described [redacted] face being in the fold between her arm and shoulder. During the interview, Ms. [redacted] also informed CPSI [redacted] and Cpt. [redacted] that [redacted] had not been to any follow-up appointments with a primary care doctor since his birth. Ms. [redacted] also admitted to using THC before she fell asleep with [redacted] Mr. [redacted] reported Ms. [redacted] and [redacted] had been sleeping on and off throughout the day. Mr. [redacted] reported he woke Ms. [redacted] up once, asking her to adjust [redacted] head. Mr. [redacted] stated he then later turned on the light and made Ms. [redacted] wake up. He reported he realized something was wrong with [redacted] and described [redacted] looking like "the life had been drained out of him". Mr. [redacted] eventually admitted to THC use.

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

Department of Children's Services

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

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

On December 5th, 2022, the Department of Children's Services received a referral with an allegation of Abuse Death. The Alleged Child Victim (ACV) is [redacted] and the Alleged Perpetrator is Unknown. This investigation was assigned to Child Protective Services Investigator (CPSI) [redacted] The Lead Investigator (LI) is [redacted] The case was worked in conjunction with Captain (Cpt.) [redacted] of the [redacted] Police Department. Allegations of Abuse Death, Drug Exposed Child, and Nutritional Neglect were later added with Ms. [redacted] and Mr. [redacted] being the alleged perpetrators.

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

Based on the autopsy findings, the children not receiving regular medical care, the parents THC use, there is enough evidence to support the allegations of Drug Exposed Child, Abuse Death, and Nutritional Neglect against Mr. [redacted] and Ms. [redacted] was removed from the parents custody and placed in DCS custody. [redacted] exited DCS custody to a relative, where all of his needs are being met.

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: 12/12/2022**
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** In the Home
Event Start Date: 08/28/2023	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 12/13/2022	**Approver:** [redacted]

PARTICIPANTS

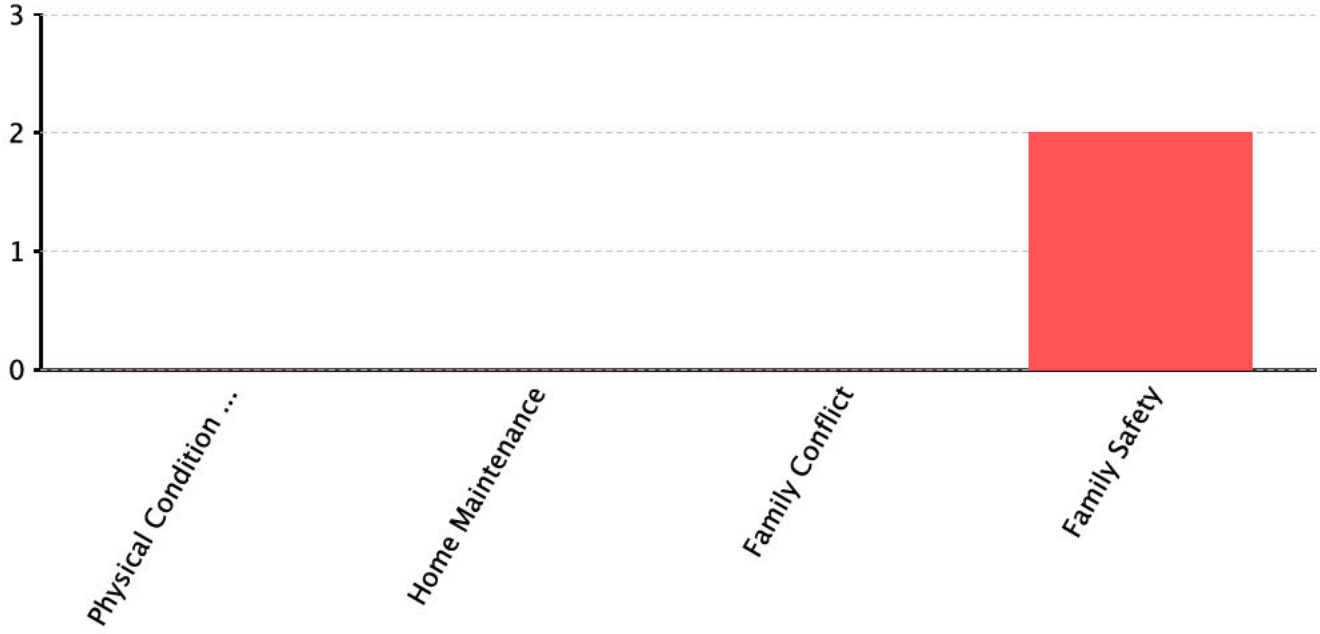
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted]	42 Yrs	Caregiver	F	[redacted]	N/A	N/A
[redacted] (ACV)	1 Yr 2 Mos	Youth	M	[redacted]	N/A	
[redacted] (ACV)	Deceased	Youth	M	[redacted]	N/A	
[redacted] (AP)	20 Yrs	Primary Caregiver	F	[redacted]	N/A	N/A
[redacted] (AP)	18 Yrs	Caregiver	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 12/12/2022
Assessment Type: SAFETY	**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).

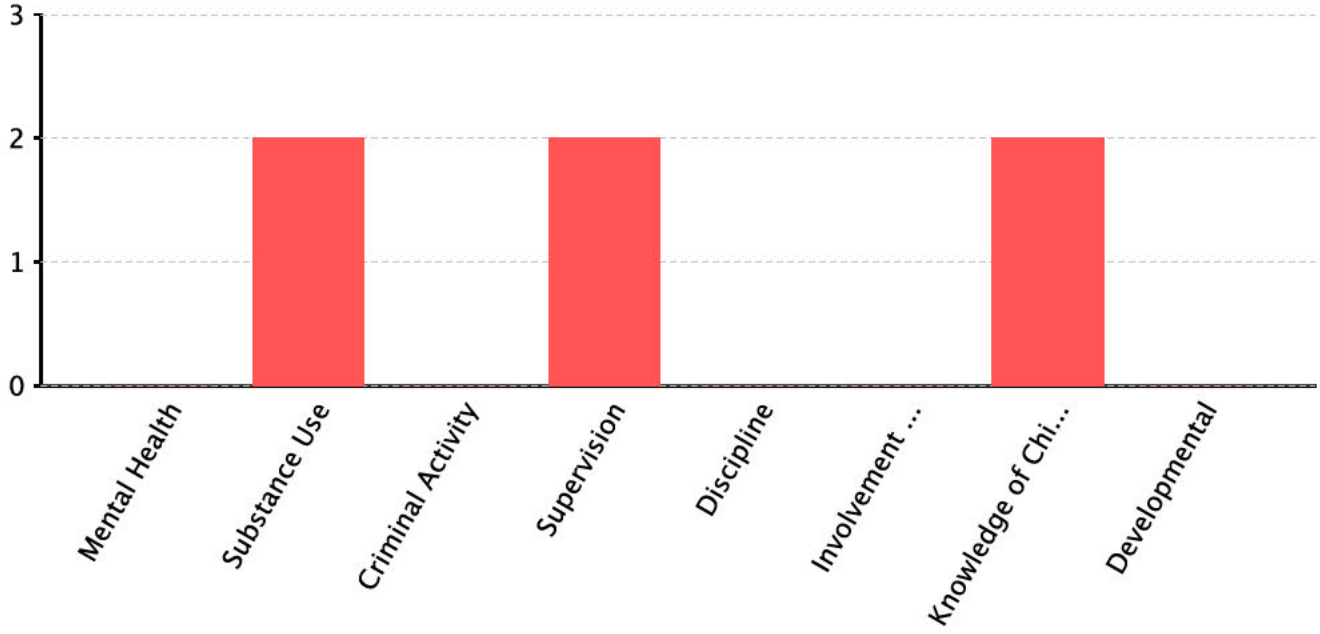


Item	Score	Justification/Narrative
Physical Condition of Home	0	
Home Maintenance	0	
Family Conflict	0	
Family Safety	2	12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.

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

Event Type: CPS Case	**Assessment Date:** 12/12/2022
Assessment Type: SAFETY	**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
Mental Health	0	
Substance Use	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.
Criminal Activity	0	
Supervision	2	12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC

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

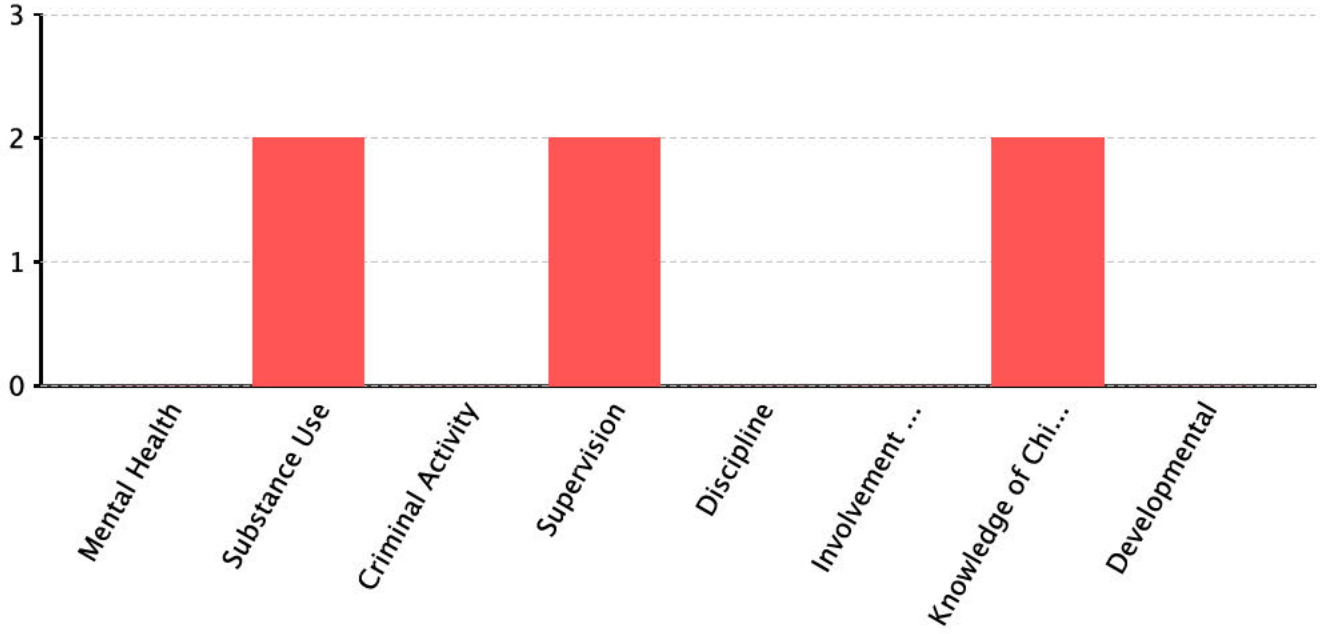
Event Type: CPS Case	**Assessment Date:** 12/12/2022
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

		and negative for all other substances.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances. Mr. [redacted] is 18 and Ms. [redacted] is 20. It has not been confirmed that either child has been established with a PCP since they were born.
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 12/12/2022
Assessment Type: SAFETY	**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
Mental Health	0	
Substance Use	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.
Criminal Activity	0	
Supervision	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted]

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

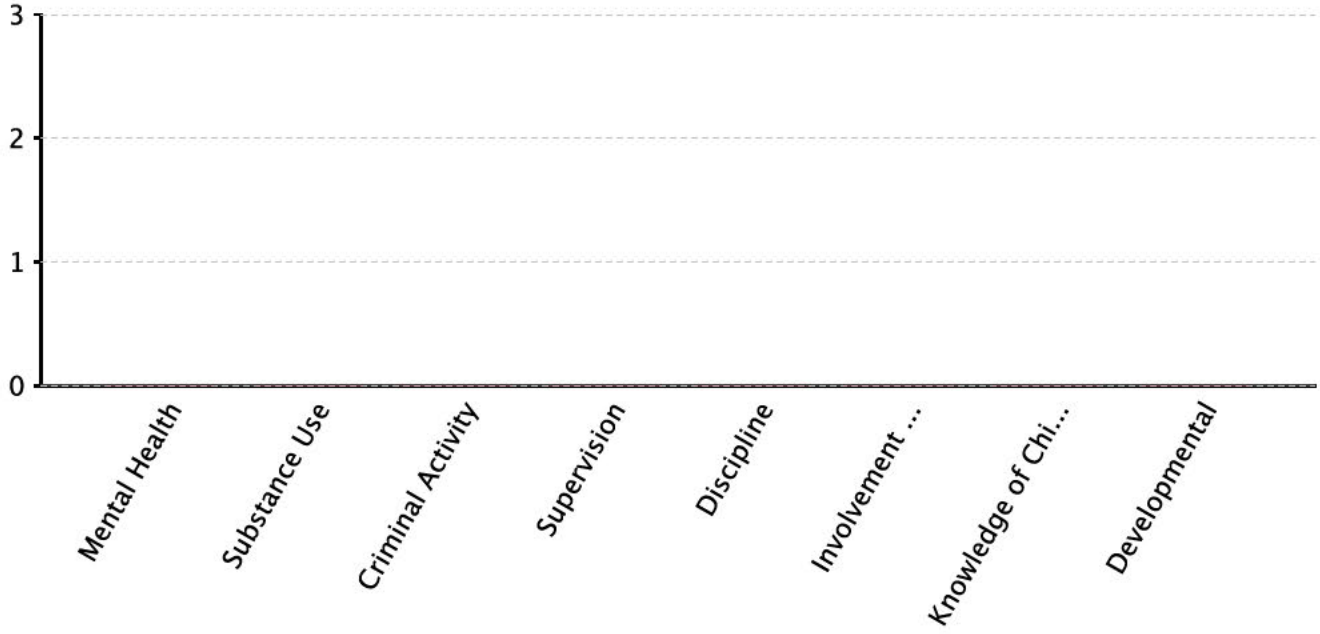
Event Type: CPS Case	**Assessment Date:** 12/12/2022
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

		admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances. Mr. [redacted] is 18 and Ms. [redacted] is 20. It has not been confirmed that either child has been established with a PCP since they were born.
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 12/12/2022
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

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

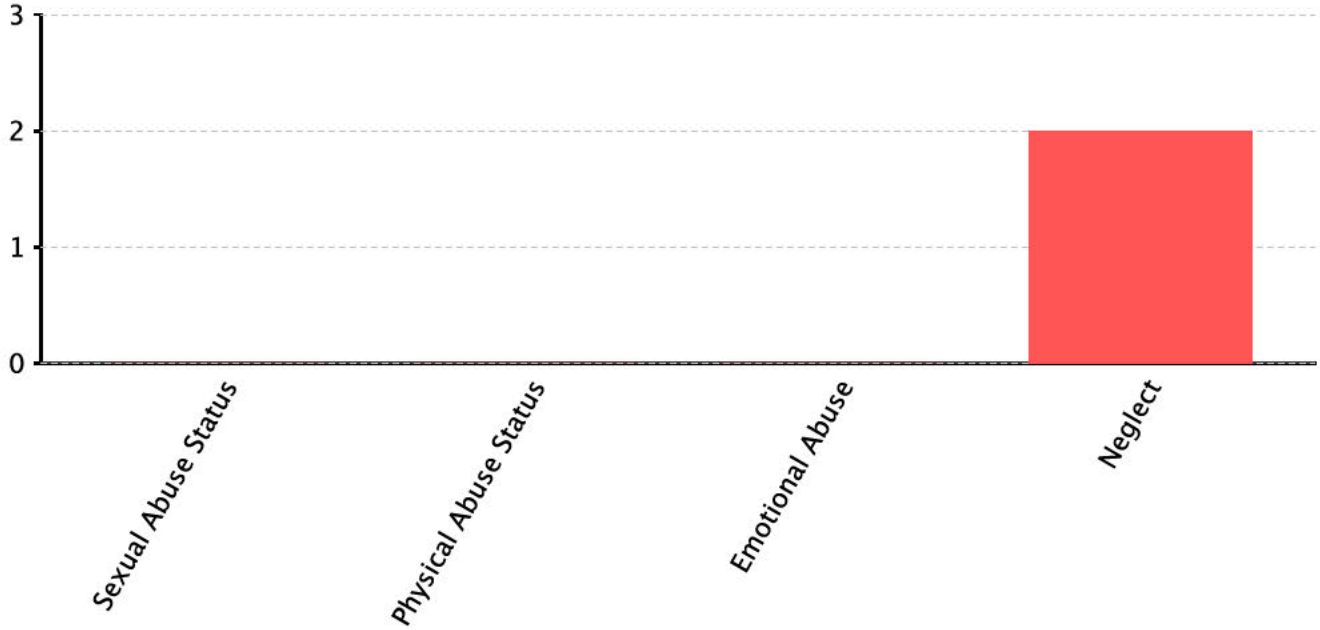


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 12/12/2022
Assessment Type: SAFETY	**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]	Person ID: [redacted]	Age:1 Yr 2 Mos

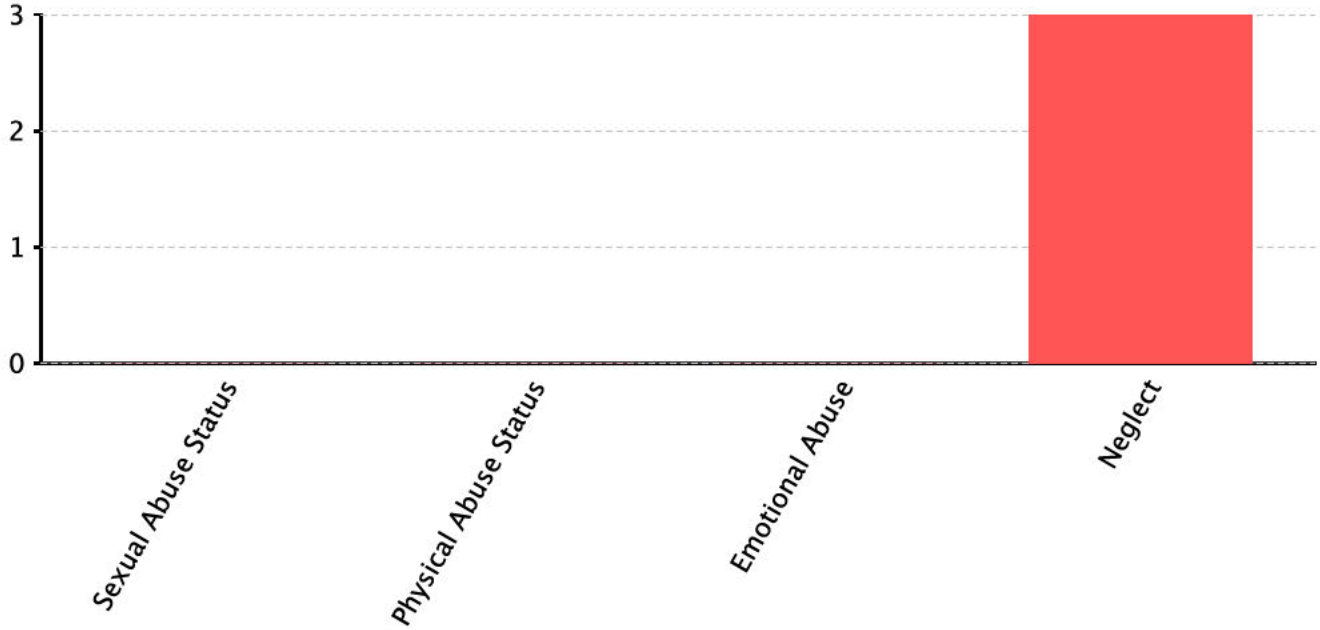


Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	2	12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances. [redacted] was present in the room where the incident occurred with [redacted] It has not been confirmed that either child has been established with a PCP since birth.

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

Event Type: CPS Case	**Assessment Date:** 12/12/2022
Assessment Type: SAFETY	**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]	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances. It has not been confirmed that either child has been established with a PCP since birth.

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 12/19/2022**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** In the Home
Risk Level: High Need/Risk	
Event Start Date: 08/28/2023	**Last Assessed Date:** 12/12/2022
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 12/19/2022	**Approver:** [redacted]

PARTICIPANTS

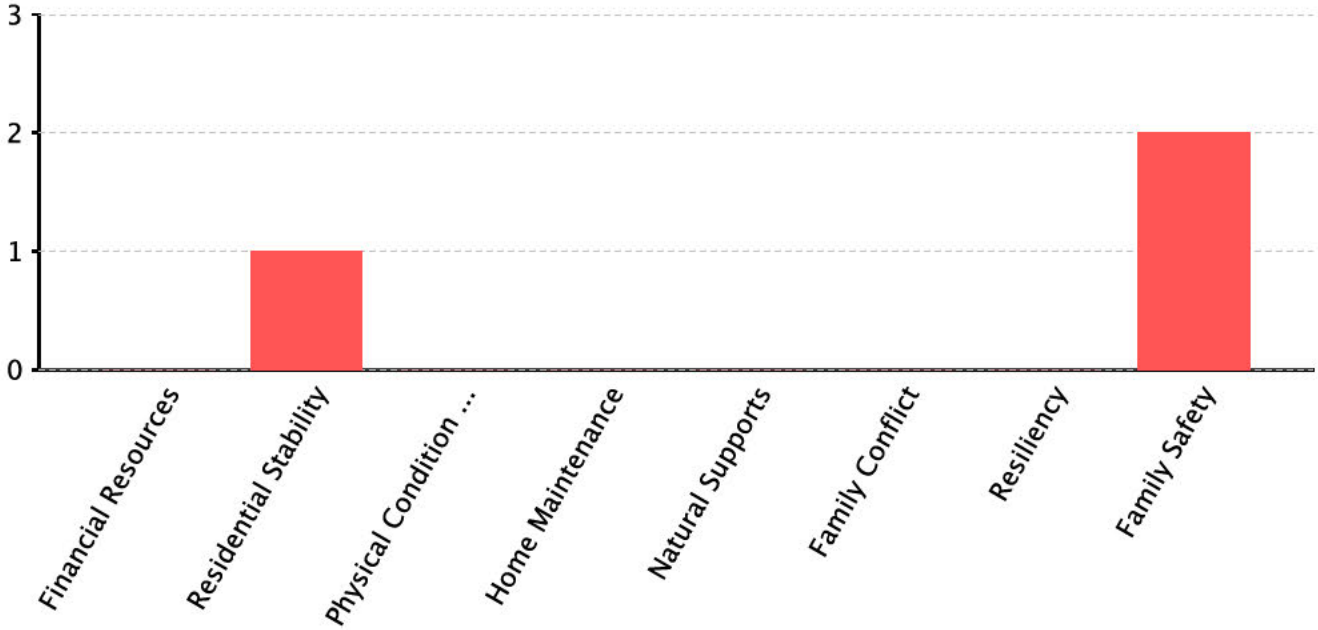
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted]	42 Yrs	Caregiver	F	[redacted]	N/A	N/A
[redacted] (ACV)	Deceased	Youth	M	[redacted]	3	Low
[redacted] (AP)	20 Yrs	Primary Caregiver	F	[redacted]	N/A	N/A
[redacted] (AP)	19 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] (ACV)	1 Yr 2 Mos	Youth	M	[redacted]	3	Low

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

Event Type: CPS Case	**Assessment Date:** 12/19/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

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



Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	1	12/19/22 - The parents have a history of moving around and staying with different people.
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	2	12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC

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and negative for all other substances.

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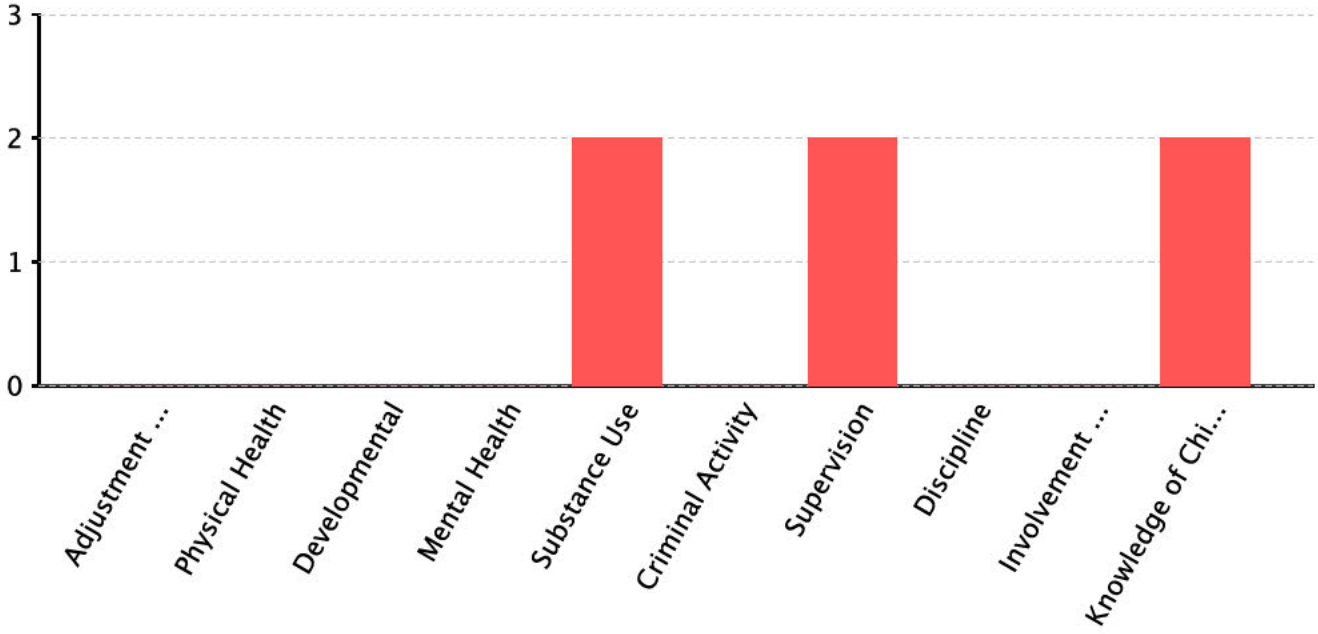
Assessment Type: FAST	**CPS Case ID:** [redacted]

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	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.
Criminal Activity	0	
Supervision	2	12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported

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		that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances. Mr. [redacted] is 18 and Ms. [redacted] is 20. It has not been confirmed that either child has been established with a PCP since they were born.

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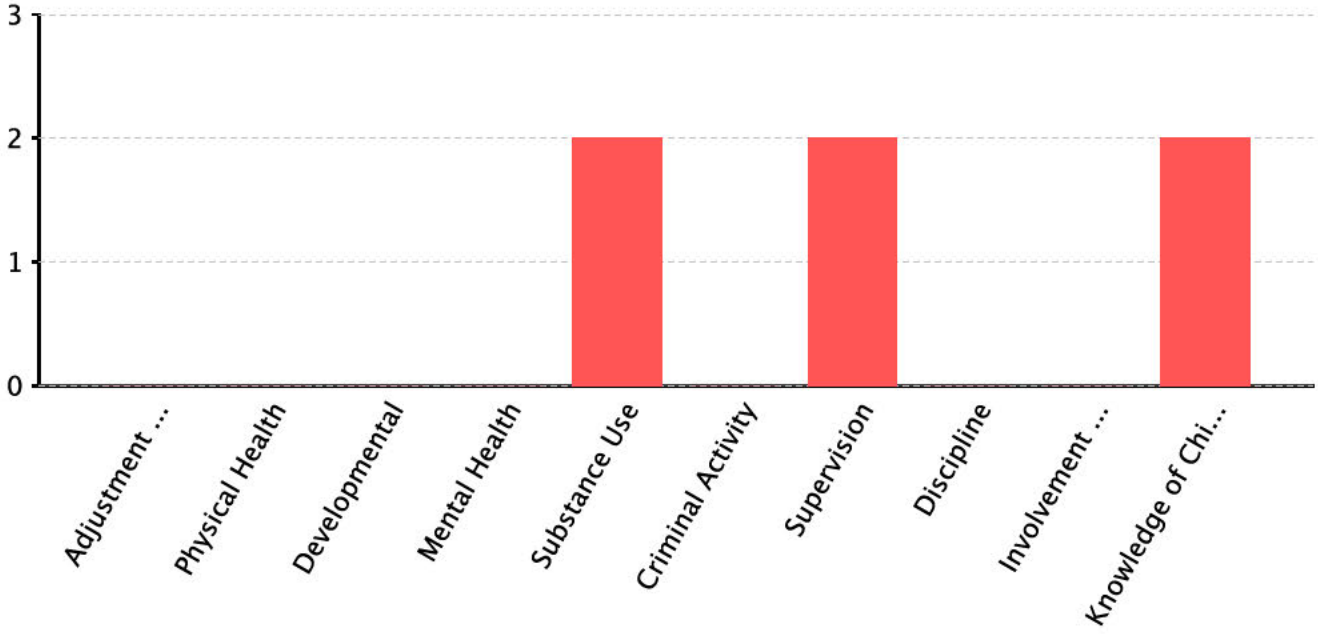
Assessment Type: FAST	**CPS Case ID:** [redacted]

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	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.
Criminal Activity	0	

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Assessment Type: FAST	**CPS Case ID:** [redacted]

Supervision	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	2	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances. Mr. [redacted] is 18 and Ms. [redacted] is 20. It has not been confirmed that either child has been established with a PCP since they were born.

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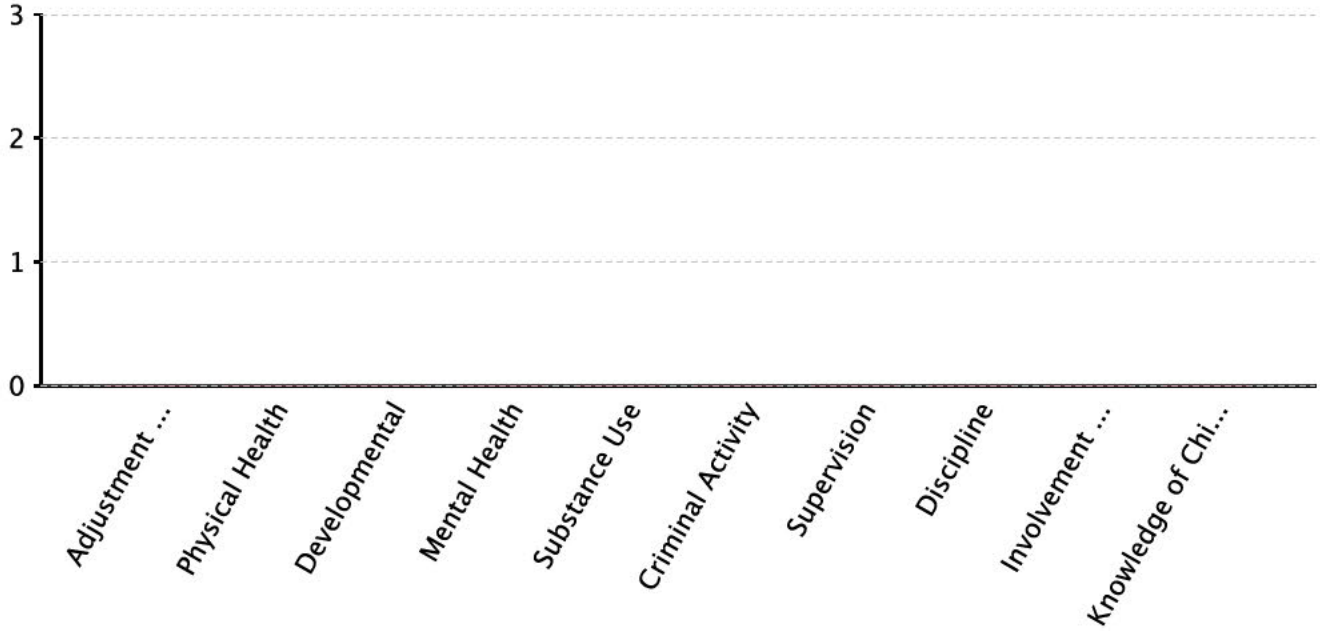
Assessment Type: FAST	**CPS Case ID:** [redacted]

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	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	

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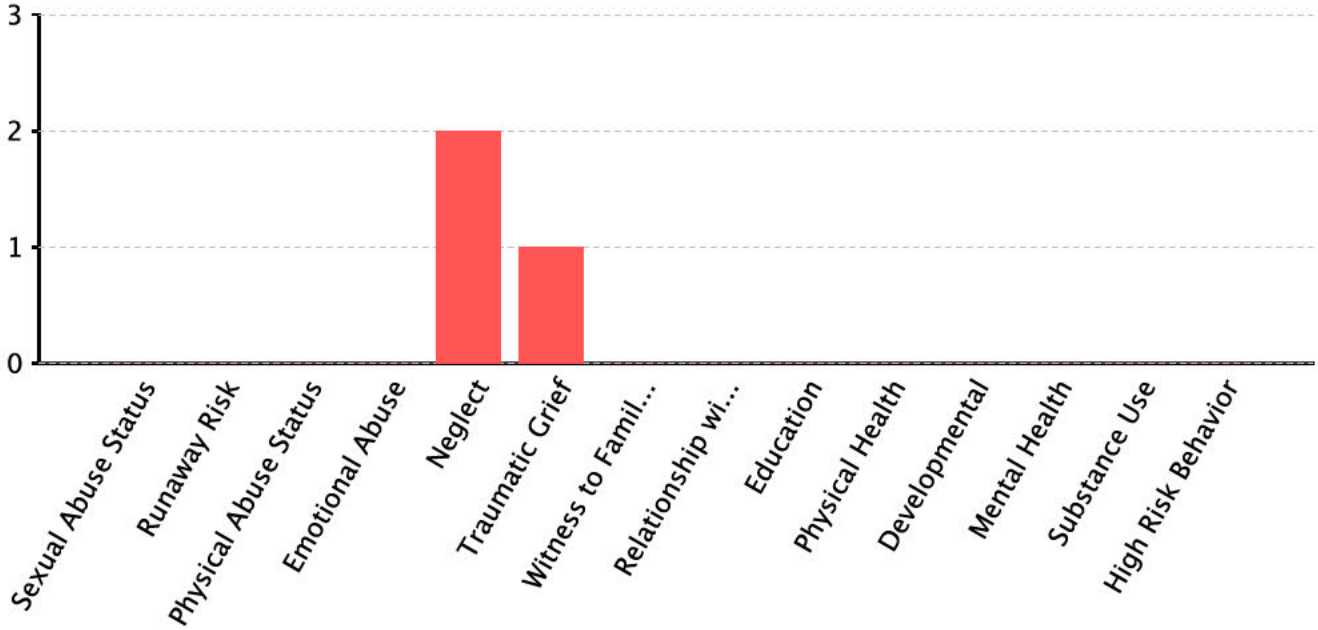
Event Type: CPS Case	**Assessment Date:** 12/19/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted]	Person ID: [redacted]	Age:1 Yr 2 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	2	12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances. [redacted] was present in the room where the incident occurred with [redacted] It has not been confirmed that either child has been established with a PCP since birth.
Traumatic Grief	1	12/19/22 - [redacted] brother, [redacted] passed away on

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Assessment Type: FAST	**CPS Case ID:** [redacted]

		12/05/22.
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

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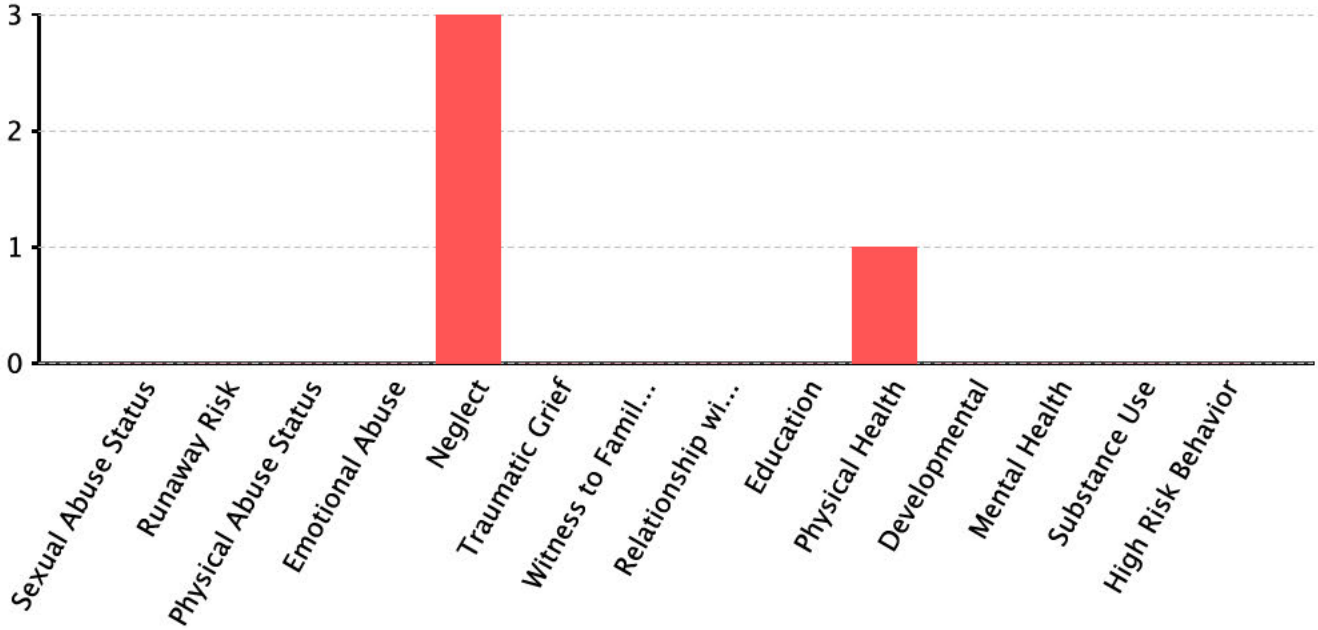
Event Type: CPS Case	**Assessment Date:** 12/19/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted]	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	10/26/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery. 12/12/22 - [redacted] passed away on 12/05/22. Ms. [redacted] reported that she fell asleep with [redacted] on her chest. She reported she was woken up by Mr. [redacted] who reported something was wrong with [redacted] was unresponsive and not breathing. He was transported to the hospital by EMS, where he was pronounced deceased. Ms. [redacted] admitted to using THC earlier in the day before she went to sleep. Mr. [redacted] and Ms. [redacted] were positive for THC and negative for all other substances. It has not been confirmed that either child has been established with a PCP since birth.
Traumatic Grief	0	

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Event Type: CPS Case	**Assessment Date:** 12/19/2022
Assessment Type: FAST	**CPS Case ID:** [redacted]

Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	1	10/24/22 - The mother and child were positive on a urine drug screen for THC upon admission for delivery.
Developmental	0	
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	