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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 11/19/2024 02:09 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 11/20/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 11/20/2024 10:16 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 11/19/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 11/19/2024 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [redacted] Unknown	5 Yrs (Est)	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: None

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [redacted]
Associated Case IDs: No

TFACTS Note: The ACV appears to be [redacted] (5; DOB [redacted]). The other child may be [redacted] (8; DOB: [redacted])

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

Pending: No
Awaiting Screening: No

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

Submitted: No

Open CPS: No
Substantiated: No
Death: No
Screen Outs: [redacted]

History (not listed above):
ASMT [redacted] / MDM / SN / 2022-05-23
INV [redacted] / MDM / AUPU / 2020-03-31
ASMT [redacted] / ABN / SRec / 2019-07-01

County of Jurisdiction: [redacted]
School/ Daycare: Unknown

Reporter's Name/Relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
Unknown Female (5) lives with her mother [redacted] (30), and her father, [redacted] (45), in [redacted] County. Another child, Unknown, may live in the home.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Yes, Immediate Assistance is requested to the family home at [redacted] TN [redacted]

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On Tuesday, 11/19/2024, at 2:45 PM, Law Enforcement responded to the home in reference to cardiac arrest. The Unknown Female (5) was observed outside 10 feet away from the camper beside the home; the child was not breathing. The child is deceased; however, the time of death is unknown. It is unknown if there are any injuries on the child's body. The Medical Examiner has not been contacted. It is unknown what occurred. The family last had contact with the child on Monday, 11/18/2024, at 11:45 PM. It was reported that the child may have been in her bed when she was taken to the camper. Police Report Number [redacted].

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
No

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

Intake Notation: No
Screener Notation: No

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

Investigation Track - P1 Child Death
[redacted], CAH Director, on 11/20/24 @ 10:10am

Notified Child Death/Preliminary Near Death Notification Group via Email

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

Participant(s)

Name: [redacted] [redacted]

Gender: Female
Date of Birth:
Partipant ID: [redacted]
SSN:
Race:
Age: 30 Yrs (Est)
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:
Partipant ID: [redacted]
SSN:
Race:
Age: 45 Yrs (Est)
Address:
Deceased Date:
School/ ChildCare Comments:

Alleged Perpetrator: No
DCS Foster Child: No
Contact:
Contact Type:
Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

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

SSN: Race: White Age: 5 Yrs (Est)

Address: [redacted] Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: Mother ([redacted] [redacted]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

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

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-05 15:13:00	Contact Method:	
Contact Time:	03:13 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/05/2025
Completed date:	06/05/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2025 02:29 AM Entered By: [redacted]

This case was reviewed and approved for closure by Director [redacted] on June 4, 2025. The District Attorney and Juvenile Court will be notified per local protocol.

On November 19, 2024, the Department of Children's Services (DCS) received a referral with the allegation of Abuse Death concerning Alleged Child Victim (ACV) [redacted] (DOB: [redacted]; 5 years old) with the Alleged Perpetrator listed as Unknown. Allegations of Abuse Death, Environmental Neglect, Lack of Supervision, Medical Maltreatment, and Nutritional Neglect were added concerning the ACV [redacted] with the Alleged Perpetrators being the birth father, [redacted] and birth mother, [redacted] An Allegation of Educational Neglect was added concerning Alleged Child Victim (ACV) [redacted] (DOB: [redacted] 8 years old) with the Alleged Perpetrators being the birth father, [redacted] and birth mother, [redacted] The investigation was assigned to Case Manager (CM) [redacted] by Team Leader (TL) [redacted] on November 20, 2024. The case was worked in conjunction with the [redacted] Police Department, Detective (Det.) [redacted]

At the time of the alleged incident, ACV [redacted] resided with her parents, [redacted] and [redacted] sister and ACV, [redacted] resided on the same property with her paternal grandmother, [redacted] but remained in the custody of the parents.

The referral alleged that [redacted] was found unresponsive by her parents on 11/19/24 at approximately 2:45 pm and hadnt checked on her since the evening prior on 11/18/25 before bed. While at the home, law enforcement observed a domestic altercation as the father, [redacted] hit the mother, [redacted] in the face. Mr. [redacted] was arrested and charged with Domestic Assault. There were concerns that [redacted] had been living in a neglect situation due to the condition of the home and due to the child having Downs Syndrome and Epilepsy.

[redacted] was pronounced deceased on November 20, 2024, at the scene at the family home by Emergency Medical Services. An Approximate time of death was 2:46 pm per 911 Dispatch Records.

On November 19, 2024, CM [redacted] talked to Det. [redacted] Det. [redacted] reported Ms. [redacted] spoke with Det. [redacted] reporting she and Mr. [redacted] had lain [redacted] down for bed around midnight with a sippy cup of milk. Ms. [redacted] reported she nor Mr. [redacted] had laid eyes on [redacted] from the time she went to bed, until they woke up around 2:30 PM. Ms. [redacted] reported she and Mr. [redacted] heard [redacted] awake around 5:00 AM, playing with a toy but she nor Mr. [redacted] got up to check on her. Ms. [redacted] and Mr. [redacted] woke up around 2:30 PM and Ms. [redacted] got up to check on [redacted] and found her unresponsive and not breathing. Det. [redacted] reported the 911 call came in at 2:36 PM, Chief [redacted] arrived at the home at

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

2:37 PM. Mr. [redacted] reported they watched Monday Night Law and when it ended around 11:00 PM, he took medicine to make him sleep and went to bed. Mr. [redacted] reported he woke up around 2:30, got up and went outside to pee. Both parents denied alcohol and drug use. Ms. [redacted] reported [redacted] was on liquid Keppra for Epilepsy. Det. [redacted] reported [redacted] was also diagnosed with Down Syndrome. Det. [redacted] did collect [redacted] medication. Mr. [redacted] was arrested and charged with Domestic Assault as he struck the mother in the eye in the presence of law enforcement.
On November 19, 2024, CM [redacted] attempted to interview the father, [redacted] Mr. [redacted] told CM [redacted] you are really pushing my buttons right now and I dont have anything to say to you.
On November 19, 2024, CM [redacted] interviewed the mother, [redacted] Ms. [redacted] reported that she and Mr. [redacted] lost custody of their children but regain custody after working their plan. Ms. [redacted] reported [redacted] was taking Keppra for her seizures due to being epileptic. Medication was reported to be filled last in October 2024. Ms. [redacted] reported that [redacted] last seizure was last week as she makes a certain type of noise, like shes gasping for air and thats how we know she was having a seizure. Ms. [redacted] reported [redacted] went to [redacted] for her neurology appointments but didnt remember the physicians name. Ms. [redacted] reported [redacted] was last seen last summer. Ms. [redacted] reported that [redacted] primary care physician was [redacted] Pediatrics in [redacted] and [redacted] was seen three to four months ago. Ms. [redacted] reported [redacted] had no other medical providers. Ms. [redacted] reported having no concerns with [redacted] or her health and she had acted normal. Ms. [redacted] reported the children were home schooled but not through an accredited program or through the school system. Ms. [redacted] reported they bought books and taught the children from home. Ms. [redacted] reported the grandmother, Ms. [redacted] primarily teaches [redacted] CM [redacted] asked Ms. [redacted] if she could walk her through everything from Monday evening until this afternoon.
Ms. [redacted] reported that [redacted] doesnt have a scheduled be time but will typically go to bed between 10:00 pm and midnight. Ms. [redacted] reported she will usually get up around 11:00 am each day. Ms. [redacted] reported that [redacted] typically sleeps all night but that she did hear [redacted] around 5:00 am playing with one of her toys, she got up and made her a cup of milk, she drank some milk and went back to sleep. Ms. [redacted] reported that [redacted] sleeps in a playpen by the door of the camper and sometimes she and Mr. [redacted] would make her a pallet with blankets in the floor. Ms. [redacted] was observed to have a bandage over her eye and when asked about it, she reported that she was speaking with Mr. [redacted] and he smacked her in the head. She denied any other domestic violence. Ms. [redacted] reported she and Mr. [redacted] have had verbal arguments in the past but nothing physical.
On November 20, 2024, CM [redacted] did engage and observe sister and ACV, [redacted] at the home of her grandmother, [redacted] to be clean and healthy with no visible marks or bruises. [redacted] made no disclosures of abuse or neglect at this time.
On November 20, 2024, CM [redacted] and Det. [redacted] completed a walkthrough of the camper where ACV [redacted] was found deceased. CM [redacted] observed a playard, like a pack-n-play, by the door, where [redacted] slept, to the left of the door. CM [redacted] observed Mr. [redacted] and Ms. [redacted] to have their own room, to the right of the door. CM [redacted] observed the camper to have no running water. The camper was observed to have electricity. CM [redacted] observed a small refrigerator, with little food, milk and an empty sippy cup. CM [redacted] observed the camper to have wood over the windows where the parents slept. A large outside umbrella was anchored to the camper, to cover the porch. CM [redacted] observed trash and several beer cans outside of the camper. CM [redacted] did take pictures of the home, and they will be uploaded into TFACTS. Det. [redacted] reported he collected [redacted] medication and has entered it into evidence. Det. [redacted] reported he will take the medication and the sippy cup from her bed to the medical examiners office, in the morning, for the autopsy. Det. [redacted] reported Mr. [redacted] and Ms. [redacted] statements were pretty identical. CM [redacted] informed Det. [redacted] Ms. [redacted] reported to getting up at 5:00 this morning and making her a fresh cup of milk. Det. [redacted] reported both parents reported they did not get up with her when she woke up, only that they heard her playing with her toys.
On November 20, 2024, CM [redacted] developed an Immediate Protection Agreement (IPA) by agreement of both parents to continue to allow [redacted] age 8 to reside with the paternal grandmother, [redacted] with the father continuing to have supervised visits with no overnights per current court order and the mother to have supervised visits with no overnights pending results preliminary autopsy of the ACV, [redacted] getting [redacted] enrolled in and pending a forensic interview of [redacted]
On November 21, 2024, CM [redacted] interviewed the paternal grandmother, [redacted] Ms. [redacted] reported that

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

[redacted] stays with her on a consistent basis and [redacted] lived in the camper out back with her parents. Ms. [redacted] reported that she would visit with [redacted] on occasion if her parents brought her into her house. Ms. [redacted] denied visiting with [redacted] at the camper. Ms. [redacted] reported that she cooks dinner each night for her and [redacted] and reported that [redacted] was unable to feed herself and someone had to feed her. Ms. [redacted] reported that [redacted] food had to be mashed up for her to swallow it. Ms. [redacted] reported that [redacted] would take her socks off and try to eat them as well as try to eat her hair. Ms. [redacted] reported that [redacted] was unable to walk on her own and had to be held or have her hand held for her to try to walk. Ms. [redacted] reported that [redacted] mainly stayed in a pack-n-play. Ms. [redacted] reported that she only keeps [redacted] due to her age and [redacted] required a lot of care which she was unable to provide. She reported having no concerns for [redacted] while under the care of her parents. Ms. [redacted] reported she provides home school for [redacted] as she is a retired teachers assistant. She denied using an accredited program and reported she just uses books to go over with her.

On December 2, 2024, sister and Alleged Child Victim (ACV) [redacted] attended a forensic interview. [redacted] made no disclosures of abuse but reported that her dad is currently staying in the basement at her Nana's house where she is currently placed, that she and her Nana trace dots in a book for her school, that her dad is staying with them because he hit her mom "by accident", that her Nana doesn't like her mom, and that she saw her dad perform CPR on her sister, [redacted] who passed away because she had "Down Syndrome" and was "special needs". [redacted] was unable to spell her name, write, or read based on what was observed in the forensic interview.

On December 2, 2024, [redacted] was removed into DCS Custody due to the grandmother, Ms. [redacted] violating the court order regarding the father, [redacted] contact as she was allowing him to live in the house due to him having bond restrictions regarding the mother of the children, [redacted] and due to [redacted] educational needs not being met.

On March 10, 2025, A copy of the final autopsy report regarding Alleged Child Victim (ACV) [redacted] was received via email on this date. The autopsy was authorized by Dr. [redacted] with the Regional Forensic Center in [redacted] TN. The cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative. A copy of the final autopsy has been uploaded into documents in TFACTS.

On March 21, 2025, CM [redacted] presented the allegation of Abuse Death, Severe Lack of Supervision, Severe Medical Maltreatment and Severe Nutritional Neglect against the mother [redacted] and the father [redacted] and Abuse Death against an Unknown Perpetrator, concerning Alleged Child Victim (ACV) [redacted] to Child Protective Services Investigation Team (CPIT). People present were CM [redacted] with the District Attorneys Office, Youth Service Officer (YSO) [redacted], [redacted], [redacted], and [redacted], with the [redacted] Child Advocacy Center ([redacted] CAC), and Detective [redacted] with [redacted] Police Department. CM [redacted] presented the facts of the case, [redacted] was found deceased on November 19th, 2024. [redacted] has diagnoses of Down Syndrome, Hydrocephalus and Epilepsy. [redacted] was found by her parents, [redacted] and [redacted] when they awoke at approximately 2:30 PM on November 19th,2024. Ms. [redacted] reported she gave [redacted] her Keppra medication regularly and ensured [redacted] made all medical appointments. Ms. [redacted] reported [redacted] seizures were becoming more frequent and worse. Ms. [redacted] reported she did not notify the neurologist. Ms. [redacted] reported [redacted] woke up at approximately 5:00 AM on November 19th and Mr. [redacted] got up with her to take care of [redacted] CM [redacted] interviewed Mr. [redacted] who reported he did not get up with Ms. [redacted] when [redacted] allegedly woke up that morning. CM [redacted] obtained medical records and spoke with Dr. [redacted] with [redacted] Dr. [redacted] with [redacted] Pediatrics and with [redacted] Neurology. [redacted] had several diagnoses of Failure to Thrive while she was being seen by Dr. [redacted] CM [redacted] was also informed by [redacted] neurologist that she did not show for her last 3 appointments, including the appointment on November 18th, 2024. The office also reported there were no phone calls informing them the family was unable to attend. The autopsy showed the cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative and the Levetiracetam (Keppra) was not found in her system, levels subtherapeutic. The team agreed to classify the allegations as Substantiated/Perpetrator Substantiated due to the medical records stating the child has several Failure to Thrive diagnoses, her medication not being present in her system when she passed away, the lack of food in the home and in her stomach and multiple missed appointments. The allegation of Abuse Death against an

Tennessee Department of Children's Services

Case Recording Summary

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

Unknown Perpetrator will be classified as Unsubstantiated/Perpetrator Unsubstantiated due to the lack of evidence to support the allegation. All team members agreed and a copy of the signed CPIT form has been uploaded into TFACTS.

CM [redacted] engaged [redacted] medical providers during the investigation all of whom reported concerns with the parents, [redacted] and [redacted] regarding the care they provided for [redacted] by way of neglecting to keep medical appointments, appropriate feedings and diet, the administering of medication, and not following recommendations that were medically necessary for [redacted] growth and health. All medical records have been requested, received, and uploaded into documents in TFACTS.
During the investigation, CM [redacted] provided the family with resources for grief counseling.
ACV, [redacted] remains in DCS custody at the closing of this case.
Per DCS Policy Work Aid 1 Section E:
Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Environmental Neglect:
A living situation either inside or outside the residence that is dangerous or unhealthy. The situation described can cause harm or significant risk of harm to the child(ren) in the home. The childs age and developmental status is considered when evaluating the impact of the environmental condition of the child. The following are some examples of environmental situations as they relate to the childs age and developmental status:
Leaking gas from stove or heating unit.
Substances or objects accessible to the child that may endanger health/safety.
Open/broken/missing windows.
Structural hazards such as caving roof, holes in floor or walls.
Exposed electrical wires.
Children that lack clothing so that they are dangerously exposed to the elements, i.e., not having shoes or warm clothing for winter, etc.
Excessive garbage or rotted or spoiled food, which threatens health.
Evidence of human or animal waste in the living quarters.
Insect or rodent infestation; and
Lack of or inability to obtain appropriate hygiene which threatens the health and well-being of a child, including the refusal to allow the child to bathe.
NOTE: In its most severe form, serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
Nutritional Neglect:
A parent or legal custodian/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:
Begging from neighbors for food.
Eating out of garbage cans; or
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.
3. Medical Neglect: A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment.

Tennessee Department of Children's Services

Case Recording Summary

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

NOTE: Medical neglect may rise to the level of severe abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

Educational Neglect: Repeated failure of the parent or legal custodian/caretaker to meet the childs educational needs. This allegation applies to:
a) Children legally mandated to be in an educational program through eighteen (18) years of age. When applying this allegation to children twelve (12) and over, it should only be considered after the inability of the school to engage the parent or legal custodian/caretaker to improve the childs school attendance.
b) Parent or legal custodian/caretaker failure to enroll a child in school or failure to register a home-schooled child with the Board of Education.
NOTE: This allegation is not appropriate for reports of children who willfully refuse to attend school.
NOTE: This allegation is not appropriate unless the school has demonstrated attempts to correct the situation under the Three Tier Progressive Truancy Intervention Plan (Attendance Policy 6200).
Lack of Supervision:
Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that:
a) The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or
b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).
c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

There is not a preponderance of evidence to support the allegation Abuse Death against Unknown Perpetrator on ACV [redacted]
There is a preponderance of evidence to support the allegations of Abuse Death, Lack of Supervision, Medical Maltreatment, Nutritional Neglect, and Environmental Neglect against the parents, [redacted] and [redacted] on ACV [redacted] There is a preponderance of evidence to support the allegation of Educational Neglect against the parents, [redacted] and [redacted] on ACV [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-04 15:52:00	Contact Method:	Face To Face
Contact Time:	03:52 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	06/04/2025
Completed date:	06/04/2025	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2025 02:54 PM Entered By: [redacted]

The alleged child victim (ACV) [redacted] is seen on a monthly basis by her foster care case manager. These notes can be found in the open family case.

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:	2025-06-04 15:24:00	Contact Method:	
Contact Time:	03:24 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/04/2025
Completed date:	06/04/2025	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2025 02:24 PM Entered By: [redacted]

On November 19, 2024, the Department of Children's Services (DCS) received a referral with the allegation of Abuse Death concerning Alleged Child Victim (ACV) [redacted] (DOB: [redacted]; 5 years old) with the Alleged Perpetrator listed as Unknown. Allegations of Abuse Death, Environmental Neglect, Lack of Supervision, Medical Maltreatment, and Nutritional Neglect were added concerning the ACV [redacted] with the Alleged Perpetrators being the birth father, [redacted] and birth mother, [redacted] An Allegation of Educational Neglect was added concerning Alleged Child Victim (ACV) [redacted] (DOB: [redacted]; 8 years old) with the Alleged Perpetrators being the birth father, [redacted] and birth mother, [redacted] The investigation was assigned to Case Manager (CM) [redacted] by Team Leader (TL) [redacted] on November 20, 2024. The case was worked in conjunction with the [redacted] Police Department, Detective (Det.) [redacted]

At the time of the alleged incident, ACV [redacted] resided with her parents, [redacted] and [redacted] sister and ACV, [redacted] resided on the same property with her paternal grandmother, [redacted] but remained in the custody of the parents.

The referral alleged that [redacted] was found unresponsive by her parents on 11/19/24 at approximately 2:45 pm and hadnt checked on her since the evening prior on 11/18/25 before bed. While at the home, law enforcement observed a domestic altercation as the father, [redacted] hit the mother, [redacted] in the face. Mr. [redacted] was arrested and charged with Domestic Assault. There were concerns that [redacted] had been living in a neglect situation due to the condition of the home and due to the child having Downs Syndrome and Epilepsy.

[redacted] was pronounced deceased on November 20, 2024, at the scene at the family home by Emergency Medical Services. An Approximate time of death was 2:46 pm per 911 Dispatch Records.

On November 19, 2024, CM [redacted] talked to Det. [redacted] Det. [redacted] reported Ms. [redacted] spoke with Det. [redacted] reporting she and Mr. [redacted] had lain [redacted] down for bed around midnight with a sippy cup of milk. Ms. [redacted] reported she nor Mr. [redacted] had laid eyes on [redacted] from the time she went to bed, until they woke up around 2:30 PM. Ms. [redacted] reported she and Mr. [redacted] heard [redacted] awake around 5:00 AM, playing with a toy but she nor Mr. [redacted] got up to check on her. Ms. [redacted] and Mr. [redacted] woke up around 2:30 PM and Ms. [redacted] got up to check on [redacted] and found her unresponsive and not breathing. Det. [redacted] reported the 911 call came in at 2:36 PM, Chief [redacted] arrived at the home at 2:37 PM. Mr. [redacted] reported they watched Monday Night Law and when it ended around 11:00 PM, he took medicine to make him sleep and went to bed. Mr. [redacted] reported he woke up around 2:30, got up and went outside to pee. Both

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

parents denied alcohol and drug use. Ms. [redacted] reported [redacted] was on liquid Keppra for Epilepsy. Det. [redacted] reported [redacted] was also diagnosed with Down Syndrome. Det. [redacted] did collect [redacted] medication. Mr. [redacted] was arrested and charged with Domestic Assault as he struck the mother in the eye in the presence of law enforcement.
On November 19, 2024, CM [redacted] attempted to interview the father, [redacted] Mr. [redacted] told CM [redacted] you are really pushing my buttons right now and I dont have anything to say to you.
On November 19, 2024, CM [redacted] interviewed the mother, [redacted] Ms. [redacted] reported that she and Mr. [redacted] lost custody of their children but regain custody after working their plan. Ms. [redacted] reported [redacted] was taking Keppra for her seizures due to being epileptic. Medication was reported to be filled last in October 2024. Ms. [redacted] reported that [redacted] last seizure was last week as she makes a certain type of noise, like shes gasping for air and thats how we know she was having a seizure. Ms. [redacted] reported [redacted] went to [redacted] for her neurology appointments but didnt remember the physicians name. Ms. [redacted] reported [redacted] was last seen last summer. Ms. [redacted] reported that [redacted] primary care physician was [redacted] Pediatrics in [redacted] and [redacted] was seen three to four months ago. Ms. [redacted] reported [redacted] had no other medical providers. Ms. [redacted] reported having no concerns with [redacted] or her health and she had acted normal. Ms. [redacted] reported the children were home schooled but not through an accredited program or through the school system. Ms. [redacted] reported they bought books and taught the children from home. Ms. [redacted] reported the grandmother, Ms. [redacted] primarily teaches [redacted] CM [redacted] asked Ms. [redacted] if she could walk her through everything from Monday evening until this afternoon.
Ms. [redacted] reported that [redacted] doesnt have a scheduled be time but will typically go to bed between 10:00 pm and midnight. Ms. [redacted] reported she will usually get up around 11:00 am each day. Ms. [redacted] reported that [redacted] typically sleeps all night but that she did hear [redacted] around 5:00 am playing with one of her toys, she got up and made her a cup of milk, she drank some milk and went back to sleep. Ms. [redacted] reported that [redacted] sleeps in a playpen by the door of the camper and sometimes she and Mr. [redacted] would make her a pallet with blankets in the floor. Ms. [redacted] was observed to have a bandage over her eye and when asked about it, she reported that she was speaking with Mr. [redacted] and he smacked her in the head. She denied any other domestic violence. Ms. [redacted] reported she and Mr. [redacted] have had verbal arguments in the past but nothing physical.
On November 20, 2024, CM [redacted] did engage and observe sister and ACV, [redacted] at the home of her grandmother, [redacted] to be clean and healthy with no visible marks or bruises. [redacted] made no disclosures of abuse or neglect at this time.
On November 20, 2024, CM [redacted] and Det. [redacted] completed a walkthrough of the camper where ACV [redacted] was found deceased. CM [redacted] observed a playard, like a pack-n-play, by the door, where [redacted] slept, to the left of the door. CM [redacted] observed Mr. [redacted] and Ms. [redacted] to have their own room, to the right of the door. CM [redacted] observed the camper to have no running water. The camper was observed to have electricity. CM [redacted] observed a small refrigerator, with little food, milk and an empty sippy cup. CM [redacted] observed the camper to have wood over the windows where the parents slept. A large outside umbrella was anchored to the camper, to cover the porch. CM [redacted] observed trash and several beer cans outside of the camper. CM [redacted] did take pictures of the home, and they will be uploaded into TFACTS. Det. [redacted] reported he collected [redacted] medication and has entered it into evidence. Det. [redacted] reported he will take the medication and the sippy cup from her bed to the medical examiners office, in the morning, for the autopsy. Det. [redacted] reported Mr. [redacted] and Ms. [redacted] statements were pretty identical. CM [redacted] informed Det. [redacted] Ms. [redacted] reported to getting up at 5:00 this morning and making her a fresh cup of milk. Det. [redacted] reported both parents reported they did not get up with her when she woke up, only that they heard her playing with her toys.
On November 20, 2024, CM [redacted] developed an Immediate Protection Agreement (IPA) by agreement of both parents to continue to allow [redacted] age 8 to reside with the paternal grandmother, [redacted] with the father continuing to have supervised visits with no overnights per current court order and the mother to have supervised visits with no overnights pending results preliminary autopsy of the ACV, [redacted] getting [redacted] enrolled in and pending a forensic interview of [redacted]
On November 21, 2024, CM [redacted] interviewed the paternal grandmother, [redacted] Ms. [redacted] reported that [redacted] stays with her on a consistent basis and [redacted] lived in the camper out back with her parents. Ms. [redacted] reported that she would visit with [redacted] on occasion if her parents brought her into her house. Ms. [redacted] denied visiting

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

with [redacted] at the camper. Ms. [redacted] reported that she cooks dinner each night for her and [redacted] and reported that [redacted] was unable to feed herself and someone had to feed her. Ms. [redacted] reported that [redacted] food had to be mashed up for her to swallow it. Ms. [redacted] reported that [redacted] would take her socks off and try to eat them as well as try to eat her hair. Ms. [redacted] reported that [redacted] was unable to walk on her own and had to be held or have her hand held for her to try to walk. Ms. [redacted] reported that [redacted] mainly stayed in a pack-n-play. Ms. [redacted] reported that she only keeps [redacted] due to her age and [redacted] required a lot of care which she was unable to provide. She reported having no concerns for [redacted] while under the care of her parents. Ms. [redacted] reported she provides home school for [redacted] as she is a retired teachers assistant. She denied using an accredited program and reported she just uses books to go over with her.

On December 2, 2024, sister and Alleged Child Victim (ACV) [redacted] attended a forensic interview. [redacted] made no disclosures of abuse but reported that her dad is currently staying in the basement at her Nana's house where she is currently placed, that she and her Nana trace dots in a book for her school, that her dad is staying with them because he hit her mom "by accident", that her Nana doesn't like her mom, and that she saw her dad perform CPR on her sister, [redacted] who passed away because she had "Down Syndrome" and was "special needs". [redacted] was unable to spell her name, write, or read based on what was observed in the forensic interview.

On December 2, 2024, [redacted] was removed into DCS Custody due to the grandmother, Ms. [redacted] violating the court order regarding the father, [redacted] contact as she was allowing him to live in the house due to him having bond restrictions regarding the mother of the children, [redacted] and due to [redacted] educational needs not being met.

On March 10, 2025, A copy of the final autopsy report regarding Alleged Child Victim (ACV) [redacted] was received via email on this date. The autopsy was authorized by Dr. [redacted] with the Regional Forensic Center in [redacted] TN. The cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative. A copy of the final autopsy has been uploaded into documents in TFACTS.

On March 21, 2025, CM [redacted] presented the allegation of Abuse Death, Severe Lack of Supervision, Severe Medical Maltreatment and Severe Nutritional Neglect against the mother [redacted] and the father [redacted] and Abuse Death against an Unknown Perpetrator, concerning Alleged Child Victim (ACV) [redacted] to Child Protective Services Investigation Team (CPIT). People present were CM [redacted] with the District Attorneys Office, Youth Service Officer (YSO) [redacted], and [redacted], with the [redacted] Child Advocacy Center (CAC), and Detective [redacted] with [redacted] Police Department. CM [redacted] presented the facts of the case, [redacted] was found deceased on November 19th, 2024. [redacted] has diagnoses of Down Syndrome, Hydrocephalus and Epilepsy. [redacted] was found by her parents, [redacted] and [redacted] when they awoke at approximately 2:30 PM on November 19th,2024. Ms. [redacted] reported she gave [redacted] her Keppra medication regularly and ensured [redacted] made all medical appointments. Ms. [redacted] reported [redacted] seizures were becoming more frequent and worse. Ms. [redacted] reported she did not notify the neurologist. Ms. [redacted] reported [redacted] woke up at approximately 5:00 AM on November 19th and Mr. [redacted] got up with her to take care of [redacted] CM [redacted] interviewed Mr. [redacted] who reported he did not get up with Ms. [redacted] when [redacted] allegedly woke up that morning. CM [redacted] obtained medical records and spoke with Dr. [redacted] with [redacted] Dr. [redacted] with [redacted] Pediatrics and with [redacted] Neurology. [redacted] had several diagnoses of Failure to Thrive while she was being seen by Dr. [redacted] CM [redacted] was also informed by [redacted] neurologist that she did not show for her last 3 appointments, including the appointment on November 18th, 2024. The office also reported there were no phone calls informing them the family was unable to attend. The autopsy showed the cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative and the Levetiracetam (Keppra) was not found in her system, levels subtherapeutic. The team agreed to classify the allegations as Substantiated/Perpetrator Substantiated due to the medical records stating the child has several Failure to Thrive diagnoses, her medication not being present in her system when she passed away, the lack of food in the home and in her stomach and multiple missed appointments. The allegation of Abuse Death against an Unknown Perpetrator will be classified as Unsubstantiated/Perpetrator Unsubstantiated due to the lack of evidence to support the allegation. All team members agreed and a copy of the signed CPIT form has been uploaded into TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

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

CM [redacted] engaged [redacted] medical providers during the investigation all of whom reported concerns with the parents, [redacted] and [redacted] regarding the care they provided for [redacted] by way of neglecting to keep medical appointments, appropriate feedings and diet, the administering of medication, and not following recommendations that were medically necessary for [redacted] growth and health. All medical records have been requested, received, and uploaded into documents in TFACTS.
During the investigation, CM [redacted] provided the family with resources for grief counseling.
ACV, [redacted] remains in DCS custody at the closing of this case.
Per DCS Policy Work Aid 1 Section E:
Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Environmental Neglect:
A living situation either inside or outside the residence that is dangerous or unhealthy. The situation described can cause harm or significant risk of harm to the child(ren) in the home. The childs age and developmental status is considered when evaluating the impact of the environmental condition of the child. The following are some examples of environmental situations as they relate to the childs age and developmental status:
Leaking gas from stove or heating unit.
Substances or objects accessible to the child that may endanger health/safety.
Open/broken/missing windows.
Structural hazards such as caving roof, holes in floor or walls.
Exposed electrical wires.
Children that lack clothing so that they are dangerously exposed to the elements, i.e., not having shoes or warm clothing for winter, etc.
Excessive garbage or rotted or spoiled food, which threatens health.
Evidence of human or animal waste in the living quarters.
Insect or rodent infestation; and
Lack of or inability to obtain appropriate hygiene which threatens the health and well-being of a child, including the refusal to allow the child to bathe.
NOTE: In its most severe form, serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
Nutritional Neglect:
A parent or legal custodian/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:
Begging from neighbors for food.
Eating out of garbage cans; or
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.
3. Medical Neglect: A situation in which a child does not receive adequate health care, resulting in actual or potential harm. Medical maltreatment applies to procedures or treatment that a physician or other medical professional deems necessary. Medical neglect does not include elective health care or treatment.
NOTE: Medical neglect may rise to the level of severe abuse if the absence of medical care endangers the life

Tennessee Department of Children's Services

Case Recording Summary

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

of the child or is likely to result in severe impairment.

Educational Neglect: Repeated failure of the parent or legal custodian/caretaker to meet the childs educational needs. This allegation applies to:
a) Children legally mandated to be in an educational program through eighteen (18) years of age. When applying this allegation to children twelve (12) and over, it should only be considered after the inability of the school to engage the parent or legal custodian/caretaker to improve the childs school attendance.
b) Parent or legal custodian/caretaker failure to enroll a child in school or failure to register a home-schooled child with the Board of Education.
NOTE: This allegation is not appropriate for reports of children who willfully refuse to attend school.
NOTE: This allegation is not appropriate unless the school has demonstrated attempts to correct the situation under the Three Tier Progressive Truancy Intervention Plan (Attendance Policy 6200).
Lack of Supervision:
Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that:
a) The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or
b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).
c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

There is not a preponderance of evidence to support the allegation Abuse Death against Unknown Perpetrator on ACV [redacted]
There is a preponderance of evidence to support the allegations of Abuse Death, Lack of Supervision, Medical Maltreatment, Nutritional Neglect, and Environmental Neglect against the parents, [redacted] and [redacted] on ACV [redacted] There is a preponderance of evidence to support the allegation of Educational Neglect against the parents, [redacted] and [redacted] on ACV [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-02 12:58:00	Contact Method:	
Contact Time:	12:58 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/02/2025
Completed date:	06/02/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/02/2025 11:58 AM Entered By: [redacted]

Team Leader (TL) [redacted] reviewed this case on May 1, 2025. CM [redacted] previously reported that the autopsy report regarding the Alleged Child Victim, [redacted] has been returned and uploaded. The case is justified to be overdue due to being a death investigation. The sibling, [redacted] remains safe in DCS custody. The parents are working with foster care and there are no reported safety concerns at this time. CM [redacted] presented the facts of the case, [redacted] was found deceased on November 19th, 2024. [redacted] has diagnoses of Down Syndrome, Hydrocephalus and Epilepsy. [redacted] was found by her parents, [redacted] and [redacted] when they awoke at approximately 2:30 PM on November 19th,2024. Ms. [redacted] reported she gave [redacted] her Keppra medication regularly and ensured [redacted] made all medical appointments. Ms. [redacted] reported [redacted] seizures were becoming more frequent and worse. Ms. [redacted] reported she did not notify the neurologist. Ms. [redacted] reported [redacted] woke up at approximately 5:00 AM on November 19th and Mr. [redacted] got up with her to take care of [redacted] CM [redacted] interviewed Mr. [redacted] who reported he did not get up with Ms. [redacted] when [redacted] allegedly woke up that morning. CM [redacted] obtained medical records and spoke with Dr. [redacted] with [redacted] Dr. [redacted] with [redacted] Pediatrics and with [redacted] Neurology. [redacted] had several diagnoses of Failure to Thrive while she was being seen by Dr. [redacted] CM [redacted] was also informed by [redacted] neurologist that she did not show for her last 3 appointments, including the appointment on November 18th, 2024. The office also reported there were no phone calls informing them the family was unable to attend. The autopsy showed the cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative and the Levetiracetam (Keppra) was not found in her system, levels subtherapeutic. The team agreed to classify the allegations as Substantiated/Perpetrator Substantiated due to the medical records stating the child has several Failure to Thrive diagnoses, her medication not being present in her system when she passed away, the lack of food in the home and in her stomach and multiple missed appointments. The allegation of Abuse Death against an Unknown Perpetrator will be classified as Unsubstantiated/Perpetrator Unsubstantiated due to the lack of evidence to support the allegation. The case is being reviewed for final closure at this time. Once reviewed, the case may be appropriate for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-05-13 16:00:00	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	05/27/2025
Completed date:	05/27/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/27/2025 02:52 PM Entered By: [redacted]

The child was observed on this date by her Family Support Worker (FSW) Case Manager (CM) [redacted] Please see the copied note below:

"FSW saw [redacted] at school on 5/13/25 to assess for permanency, safety, and well-being. FSW was able to speak to [redacted] privately and she reported that she felt safe in the home. [redacted] currently has visits with Mother, Father and grandmother twice a month for two hours at a time. Regarding sibling connections, [redacted] sibling, [redacted] is deceased. [redacted] has her own bed in her own room. [redacted] is eating well and there were no issues reported regarding food and meals. Current disciplines needed are [redacted] getting her TV and electronics taken away. There were no services or medications reported during this visit. FSW did not observe any bruises or marks on [redacted] during this visit. FSW observed the home for any safety concerns and there were none. Regarding school, [redacted] is still behind there is a school meeting scheduled on 5/15/25 to discuss future plans. There were no medical updates or forms collected at this visit. There are no high risk behaviors at this time that may require a safety plan. Foster parent stated that [redacted] is still lying. [redacted] told FSW that her "brain stops working"."

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:	2025-05-01 19:20:00	Contact Method:	
Contact Time:	07:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/01/2025
Completed date:	05/01/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2025 06:20 PM Entered By: [redacted]

Team Leader (TL) [redacted] reviewed this case on May 1, 2025. CM [redacted] previously reported that the autopsy report regarding the Alleged Child Victim, [redacted] has been returned and uploaded. The case is justified to be overdue due to being a death investigation. The sibling, [redacted] remains safe in DCS custody. The parents are working with foster care and there are no reported safety concerns at this time. CM [redacted] presented the facts of the case, [redacted] was found deceased on November 19th, 2024. [redacted] has diagnoses of Down Syndrome, Hydrocephalus and Epilepsy. [redacted] was found by her parents, [redacted] and [redacted] when they awoke at approximately 2:30 PM on November 19th,2024. Ms. [redacted] reported she gave [redacted] her Keppra medication regularly and ensured [redacted] made all medical appointments. Ms. [redacted] reported [redacted] seizures were becoming more frequent and worse. Ms. [redacted] reported she did not notify the neurologist. Ms. [redacted] reported [redacted] woke up at approximately 5:00 AM on November 19th and Mr. [redacted] got up with her to take care of [redacted] CM [redacted] interviewed Mr. [redacted] who reported he did not get up with Ms. [redacted] when [redacted] allegedly woke up that morning. CM [redacted] obtained medical records and spoke with Dr. [redacted] with [redacted] Dr. [redacted] with [redacted] Pediatrics and with [redacted] Neurology. [redacted] had several diagnoses of Failure to Thrive while she was being seen by Dr. [redacted] CM [redacted] was also informed by [redacted] neurologist that she did not show for her last 3 appointments, including the appointment on November 18th, 2024. The office also reported there were no phone calls informing them the family was unable to attend. The autopsy showed the cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative and the Levetiracetam (Keppra) was not found in her system, levels subtherapeutic. The team agreed to classify the allegations as Substantiated/Perpetrator Substantiated due to the medical records stating the child has several Failure to Thrive diagnoses, her medication not being present in her system when she passed away, the lack of food in the home and in her stomach and multiple missed appointments. The allegation of Abuse Death against an Unknown Perpetrator will be classified as Unsubstantiated/Perpetrator Unsubstantiated due to the lack of evidence to support the allegation. The case is being reviewed for final closure at this time. Once reviewed, the case may be appropriate for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-09 16:06:00	Contact Method:	Face To Face
Contact Time:	04:06 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	04/29/2025
Completed date:	04/29/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/29/2025 03:07 PM Entered By: [redacted]

The Alleged Child Victim (ACV) [redacted] was seen on this date by her FSW [redacted] Please see the copied not below.

"FSW saw [redacted] at school on 4/9/25 to assess for permanency, safety and well-being. FSW was able to speak to [redacted] privately and she reported that she felt safe in the home. [redacted] currently has visits with mom, dad, and grandma biweekly for two hours at a time. [redacted] sibling connections consist of her sister, who is deceased. [redacted] currently sleeps in her own bed in her own room. The current disciplines that are needed are getting her electronics taken away such as television and tablet. FSW did not observe any marks or bruises on [redacted] The home was not observed for safety concerns as this was a school visit. [redacted] is currently still struggling in school. DCS is attempting to have a meeting with the school, but they are in testing right now. There were no medical updates or forms collected during this visit. FSW did not get input from foster parent during this visit either due to it being at school as mentioned previously."

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:	2025-04-03 13:22:00	Contact Method:	
Contact Time:	01:22 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/03/2025
Completed date:	04/03/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2025 12:28 PM Entered By: [redacted]

Team Leader (TL) [redacted] re-staffed this case with Case Manager (CM) [redacted] CM [redacted] reported that the autopsy report regarding the Alleged Child Victim, [redacted] has been returned and uploaded. The case is justified to be overdue due to being a death investigation. The sibling, [redacted] remains safe in DCS custody. The parents are working with foster care and there are no reported safety concerns at this time. CM [redacted] presented the facts of the case, [redacted] was found deceased on November 19th, 2024. [redacted] has diagnoses of Down Syndrome, Hydrocephalus and Epilepsy. [redacted] was found by her parents, [redacted] and [redacted] when they awoke at approximately 2:30 PM on November 19th,2024. Ms. [redacted] reported she gave [redacted] her Keppra medication regularly and ensured [redacted] made all medical appointments. Ms. [redacted] reported [redacted] seizures were becoming more frequent and worse. Ms. [redacted] reported she did not notify the neurologist. Ms. [redacted] reported [redacted] woke up at approximately 5:00 AM on November 19th and Mr. [redacted] got up with her to take care of [redacted] CM [redacted] interviewed Mr. [redacted] who reported he did not get up with Ms. [redacted] when [redacted] allegedly woke up that morning. CM [redacted] obtained medical records and spoke with Dr. [redacted] with [redacted] Dr. [redacted] with [redacted] Pediatrics and with [redacted] Neurology. [redacted] had several diagnoses of Failure to Thrive while she was being seen by Dr. [redacted] CM [redacted] was also informed by [redacted] neurologist that she did not show for her last 3 appointments, including the appointment on November 18th, 2024. The office also reported there were no phone calls informing them the family was unable to attend. The autopsy showed the cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative and the Levetiracetam (Keppra) was not found in her system, levels subtherapeutic. The team agreed to classify the allegations as Substantiated/Perpetrator Substantiated due to the medical records stating the child has several Failure to Thrive diagnoses, her medication not being present in her system when she passed away, the lack of food in the home and in her stomach and multiple missed appointments. The allegation of Abuse Death against an Unknown Perpetrator will be classified as Unsubstantiated/Perpetrator Unsubstantiated due to the lack of evidence to support the allegation. The case is being reviewed for final closure 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:	2025-03-26 11:19:00	Contact Method:	
Contact Time:	11:19 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/01/2025
Completed date:	04/01/2025	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: 04/01/2025 07:39 AM Entered By: [redacted]

The Director of Nursing, [redacted] reviewed the autopsy concerning Alleged Child Victim (ACV) [redacted] Nurse Slade reported the cause of death is complications of seizure disorder with Down Syndrome (Trisomy 21) and hydrocephalus contributing to death.

The autopsy states the ventricles are enlarged with most prominent enlargement of the posterior aspect (occipital horns). This finding would explain the contributing factor of hydrocephalus. Also, according to the childs medical history listed in the MEs report she did have a history of seizures.

There were no other findings in the autopsy that would explain her sudden death which was then attributed to seizures.

The manner of death is natural.

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:	2025-03-25 17:30:00	Contact Method:	Face To Face
Contact Time:	05:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Resource Home	Created Date:	04/01/2025
Completed date:	04/01/2025	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2025 02:39 PM Entered By: [redacted]

On March 25th, 2025, the Alleged Child Victim (ACV) [redacted] was seen on this date by the Family Support Worker (FSW) [redacted] The note was copied and pasted below.

FSW saw [redacted] in the resource home on 3/25/2025 to assess for permanency, safety, and well-being. FSW was able to interview [redacted] privately and she reported that she felt safe. [redacted] has visits with her mom, dad, and her grandmother twice a month for two hours at a time. In the resource home, [redacted] has her own room and her own bed. [redacted] is eating well and recently started to like apples. Regarding discipline, [redacted] can get her electronics taken away such as TV. Foster mom stated that she has been lying a lot lately. There are currently no services or medications for [redacted] FSW did not observe any marks or bruises on [redacted] appeared to be dressed appropriately and was clean. [redacted] has issues struggling to understand in school and she gets in trouble for talking in class. She also struggles with her memory and lies about schoolwork and homework. There were no medical forms or updates collected at the time of the visit. There are no high-risk behaviors currently that may require a safety plan. Foster parent elaborated on [redacted] lying stating that she is lying over little things and will stick to that lie until she is proven wrong.

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:	2025-03-21 11:00:00	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	03/31/2025
Completed date:	03/31/2025	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: 03/31/2025 06:30 PM Entered By: [redacted]

On March 21st, 2025 at approximately 11:00 AM, Case Manager (CM) [redacted] presented the allegation of Abuse Death, Severe Lack of Supervision, Severe Medical Maltreatment and Severe Nutritional Neglect against the mother [redacted] and the father [redacted] and Abuse Death against an Unknown Perpetrator, concerning Alleged Child Victim (ACV) [redacted] to Child Protective Services Investigation Team (CPIT). People present were CM [redacted] with the District Attorneys Office, Youth Service Officer (YSO) [redacted] and [redacted], with the [redacted] Child Advocacy Center (CAC), and Detective [redacted] with [redacted] Police Department. CM [redacted] presented the facts of the case, [redacted] was found deceased on November 19th, 2024. [redacted] has diagnoses of Down Syndrome, Hydrocephalus and Epilepsy. [redacted] was found by her parents, [redacted] and [redacted] when they awoke at approximately 2:30 PM on November 19th,2024. Ms. [redacted] reported she gave [redacted] her Keppra medication regularly and ensured [redacted] made all medical appointments. Ms. [redacted] reported [redacted] seizures were becoming more frequent and worse. Ms. [redacted] reported she did not notify the neurologist. Ms. [redacted] reported [redacted] woke up at approximately 5:00 AM on November 19th and Mr. [redacted] got up with her to take care of [redacted] CM [redacted] interviewed Mr. [redacted] who reported he did not get up with Ms. [redacted] when [redacted] allegedly woke up that morning. CM [redacted] obtained medical records and spoke with Dr. [redacted] with [redacted] Dr. [redacted] with [redacted] Pediatrics and with [redacted] Neurology. [redacted] had several diagnoses of Failure to Thrive while she was being seen by Dr. [redacted] CM [redacted] was also informed by [redacted] neurologist that she did not show for her last 3 appointments, including the appointment on November 18th, 2024. The office also reported there were no phone calls informing them the family was unable to attend. The autopsy showed the cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative and the Levetiracetam (Keppra) was not found in her system, levels subtherapeutic. The team agreed to classify the allegations as Substantiated/Perpetrator Substantiated due to the medical records stating the child has several Failure to Thrive diagnoses, her medication not being present in her system when she passed away, the lack of food in the home and in her stomach and multiple missed appointments. The allegation of Abuse Death against an Unknown Perpetrator will be classified as Unsubstantiated/Perpetrator Unsubstantiated due to the lack of evidence to support the allegation. All team members agreed and a copy of the signed CPIT form has been uploaded into TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-10 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/17/2025
Completed date:	03/17/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/17/2025 08:52 AM Entered By: [redacted]

A copy of the final autopsy report regarding Alleged Child Victim (ACV) [redacted] was received via email on this date. The autopsy was authorized by Dr. [redacted] with the Regional Forensic Center in [redacted] TN. The cause of death is listed as complications of seizure disorder. Down Syndrome (Trisomy 21) and hydrocephalus likely contributed to the demise. The manner of death is classified as natural. The toxicology report was negative. A copy of the final autopsy has been uploaded into documents in TFACTS.

The autopsy report has been sent to Safety Nurse, [redacted] for review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-04 14:04:00	Contact Method:	
Contact Time:	02:04 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/04/2025
Completed date:	03/04/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/04/2025 01:04 PM Entered By: [redacted]

Team Leader (TL) [redacted] re-staffed this case with Case Manager (CM) [redacted] CM [redacted] reported that the autopsy report regarding the Alleged Child Victim, [redacted] is still pending. The case is justified to be overdue due to being a death investigation. The sibling, [redacted] remains safe in DCS custody. The parents are working with foster care and there are no reported safety concerns at this time. CM [redacted] will continue to staff this case with supervision to determine classification once the autopsy report has been 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:	2025-02-18 17:30:00	Contact Method:	Face To Face
Contact Time:	05:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Resource Home	Created Date:	04/01/2025
Completed date:	04/01/2025	Completed By:	[redacted]

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2025 02:38 PM Entered By: [redacted]

On February 18th, 2025, The Alleged Child Victim (ACV) [redacted] was seen on this date by the Family Support Worker (FSW) [redacted] The note was copied and pasted below.

FSW saw [redacted] in the resource home on 2/18/25 to assess for safety, permanency, and well-being. FSW was able to interview [redacted] privately and she reported that she felt safe. Mom and Dad both have visits with [redacted] twice a month for two hours at a time. [redacted] has no siblings' connections. Her sleeping arrangements consist of her having her own room and own bed. [redacted] is eating well, she enjoys eating sandwiches and dumplings. Some current disciplines include her getting her electronics taken away. There are currently no reported services or medications. FSW did not observe any marks or bruises on [redacted] She appeared to be dressed appropriately and was clean. FSW observed the home and there were no safety concerns. [redacted] is really struggling to keep up in school. There were no medical updates or forms collected during this visit. There are also no high-risk behaviors that would require a safety plan. Foster parent stated that she wants [redacted] to succeed but is unsure of what [redacted] is capable of. Foster parent also stated that [redacted] has been lying about doing homework.

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:	2025-02-03 19:05:00	Contact Method:	
Contact Time:	07:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/03/2025
Completed date:	02/03/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/03/2025 07:14 PM Entered By: [redacted]

Team Leader (TL) [redacted] re-staffed this case with Case Manager (CM) [redacted] CM [redacted] reported that the autopsy report regarding the Alleged Child Victim, [redacted] is still pending. The case is justified to be overdue due to being a death investigation. The sibling, [redacted] remains safe in DCS custody. The parents are working with foster care and there are no reported safety concerns at this time. CM [redacted] will continue to staff this case with supervision to determine classification once the autopsy report has been 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:	2025-01-21 16:30:00	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	School	Created Date:	04/01/2025
Completed date:	04/01/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2025 02:36 PM Entered By: [redacted]

On January 21st, 2025, The Alleged Child Victim (ACV) [redacted] was seen on this date by the Family Support Worker (FSW) [redacted] The note was copied and pasted below.

FSW saw [redacted] in school at her after school program on 1/21/2025 to assess for permanency, safety, and well-being. FSW was able to speak with her privately and she indicated that she felt safe in the resource home. FSW did have to let [redacted] know that the visit with her parents was canceled for that day due to her parents being sick. [redacted] appeared to be a little upset about this but once FSW explained that we did not want to get anyone else sick, she seemed to understand. [redacted] was dressed appropriately, wearing a long sleeve shirt and leggings. FSW did not observe any bruises or marks on [redacted] during this visit. FSW asked some questions regarding some information foster mother disclosed. [redacted] seemed to not exactly recall any of the information FSW was talking about. FSW asked [redacted] if she had a hard time remembering stuff from a couple minutes ago or just a while ago. [redacted] indicated that she just had a bad memory with things a while ago. FSW changed the subject as to not make [redacted] feel discouraged. FSW asked [redacted] how she was doing in school, and she said she is doing pretty good. FSW asked if she had a hard time focusing and retaining information as this was some of the information foster mother disclosed, and she responded that she does. [redacted] said she is getting help with schoolwork though. FSW asked if [redacted] was making any friends, and she stated a few names of friends she has in her after school program. FSW then reminded [redacted] of a few things per the request of foster mom. These things included making sure [redacted] read for 20 minutes, did her homework and had them sign her reading log sheet. [redacted] told FSW she already read and did her homework she just needs to get her log signed. FSW told her that that was really good, but to make sure not to forget that. FSW told [redacted] goodbye and sent her back to her classroom, and the visit ended.

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:	2025-01-07 10:48:00	Contact Method:	
Contact Time:	10:48 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/07/2025
Completed date:	01/07/2025	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: 01/07/2025 01:12 PM Entered By: [redacted]

Team Leader (TL) [redacted] re-staffed this case with Case Manager (CM) [redacted] CM [redacted] reported that the autopsy report regarding the Alleged Child Victim, [redacted] is still pending. The sibling, [redacted] remains safe in DCS custody. The parents are working with foster care and there are no reported safety concerns at this time. CM [redacted] will continue to staff this case with supervision to determine classification once the autopsy report has been 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:	2024-12-10 14:00:00	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/01/2025
Completed date:	04/01/2025	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: 04/01/2025 02:48 PM Entered By: [redacted]

On 12/10/24, at approximately 2:00 PM, a Child and Family Team Meeting was held at the [redacted] County Department of Children's Services office in [redacted] TN, Concerning the Alleged Child Victim (ACV) [redacted] facilitated and Case Manager (CM) [redacted] TL [redacted] TL [redacted], FSW [redacted] FAST/CANS consultant [redacted], the mother [redacted] the father [redacted] the grandmother [redacted] the GAL [redacted] were present for the meeting. The summary can be found in 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:	2024-12-02 15:45:00	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/03/2024
Completed date:	12/03/2024	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: 12/03/2024 05:28 AM Entered By: [redacted]

Team Leader (TL) [redacted] re-staffed this case with Case Manager (CM) [redacted] CM [redacted] reported that the minor child, [redacted] age 8 attended a forensic interview on this date. She made no disclosures of abuse but reported that her dad is currently staying in the basement at her Nana's house where she is currently placed, that she and her Nana trace dots in a book for her school, that her dad is staying with them because he hit her mom "by accident", that her Nana doesn't like her mom, and that she saw her dad perform CPR on her sister, [redacted] who passed away because she had "Down Syndrome" and was "special needs". [redacted] was unable to spell her name, write, or read based on what was observed in the forensic interview. The death of [redacted] age 5 is an ongoing investigation and autopsy is pending but at this time based on the information that we have, [redacted] was neglected but unknown if this was the cause of death. [redacted] was failure to thrive, diagnosed with Down Syndrome, and Epilepsy. [redacted] was residing with the paternal grandmother at the time of [redacted] death and has lived with her for at least 6 years. [redacted] has never attended public school or been enrolled in a home school program. The father, [redacted] is court ordered to have supervised visits with no overnights per a previous court order from 2019. An IPA was developed after the death of [redacted] placing the child with the grandmother, parents to be restricted, and for the child to be enrolled in school. The family has failed to enroll the child in school and the grandmother has allowed the father to live in her house downstairs which violates the court order. The father has bond restrictions with the mother due to him assaulting the mother in the presence of law enforcement on 11/19/24 and being charged with domestic assault. Both parents have anger issues and appear to be developmentally delayed. CPS [redacted] engaged the family about alternative kinship placements and either the kinship declined or was unable to be approved.
TL [redacted] staffed this case with Team Coordinator (TC) [redacted] and Director [redacted] who approved the removal, legal, [redacted] approved a non-exigent removal and court order was obtained to remove [redacted]
Network Development has been engaged, Formstack completed, signed removal packet forms will be sent, Kinship Exception Request KER was requested and approved by on call TC [redacted] and MSW consult will be completed. No Child and Family Team Meeting (CFTM) was held due to situation but family was engaged at the family 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:	2024-12-02 10:30:00	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/01/2025
Completed date:	04/01/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2025 12:37 PM Entered By: [redacted]

On December 2, 2024 at approximately 10:30 AM, the Alleged Child Victim (ACV) [redacted] attended a forensic interview on this date at the [redacted] Child Advocacy Center (CAC) in [redacted] TN. [redacted] was the forensic interviewer. Case Manager (CM) [redacted] and Detective [redacted] with the [redacted] Police Department observed the interview in the observation room. [redacted] reported she lived with her Nana, [redacted] and her father [redacted] lives in the basement, her mother [redacted] lives in the camper. [redacted] reported her dad stays in the basement every night. [redacted] reported her dad has a blanket in the basement so he could smell her sissy. [redacted] reported she doesnt want her dad to go back to jail where he hit her mommy. [redacted] reported her little sister died, I think she had a seizure in her sleep. [redacted] reported her sister, [redacted] was special needs, she had down syndrome. [redacted] reported her father was trying to give her sister CPR. [redacted] reported she saw him inside the camper, he tried to blow air into her mouth but it didnt do anything. [redacted] reported she was sad and crying. [redacted] reported they took her sister to the funeral home. [redacted] reported before that she was inside the house and her dad asked her if she wanted to go outside. [redacted] was asked where her sister lived. [redacted] reported she lived in the camper with her mommy. [redacted] was asked who she lived with. [redacted] reported she lived with her Nana because there was no one else to stay with her because her Poppy died. [redacted] reported her Nana doesnt really like her mommy. [redacted] reported her Nana was afraid her mommy will come into the house. [redacted] was asked what kind of things she did with her mom. [redacted] reported her mom will make characters on Gotcha and makes funny faces at her to get her to laugh. [redacted] was asked what she did with her Nana. [redacted] reported I dont know, it gets out of my head really fast. [redacted] was asked if she played with her sister. [redacted] reported she would get in the crib and play with her sister, she had a little piano. [redacted] reported this happened in the camper, where her bed was at. [redacted] reported they did not play outside of the crib together. [redacted] reported the crib was blue and she had toys in there to play with. [redacted] reported her mom and sister would come to Nanas sometimes, but she played in her crib there, they brought it over with them. [redacted] was asked how things have been since her sister passed. [redacted] reported Ive been thinking about her and I have a stuffed elephant and I named her [redacted] was asked about school. [redacted] reported her Nana home schools her. [redacted] reported she just learns. [redacted] reported I like to trace the lines with the dots in the books. [redacted] was asked what happened she got in trouble at the camper. [redacted] reported she sometimes cries when she gets mad. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

reported I really dont know and then reported I dont want to talk about it. [redacted] was asked who made dinner. [redacted] reported her Nana cooks dinner, like spaghetti and meatballs. [redacted] reported her mom would make mac and cheese for her sissy and er and hot pockets. [redacted] reported her sister like mac and cheese and Vienna sausages. [redacted] reported someone would have to feed her, she would just shove food in her mouth and swallow it whole. [redacted] was asked if her sister walked or played outside of the crib. [redacted] reported her sister liked to rock back and forth, she could walk since she was 5. The interview was recorded, and a copy is kept at the CAC. A copy of the forensic interview summary will be uploaded into TFACTS. The family was provided information on counseling services at the CAC.

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:	2024-11-26 12:00:00	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/30/2024
Completed date:	12/30/2024	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: 12/30/2024 02:57 PM Entered By: [redacted]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [redacted] was debriefed with the following staff: Case Manager (CM) [redacted] Team Leader (TL) [redacted] TL [redacted] and, CPS Director (CPSD) [redacted]

The CPS investigation was assigned on 11/19/24 concerning the death of ACV [redacted] (5-years). It was reported [redacted] resided with his birth mother [redacted] and birth father [redacted] in [redacted] County.

On 11/19/24 911 was called from the family home due to the parents reportedly finding [redacted] unresponsive. FD, LE, and EMS responded to the home and [redacted] was pronounced deceased on scene at the family home. There were no observable signs of trauma or abuse. [redacted] had Down Syndrome and Epilepsy. Autopsy results are pending.

The mother and father reported that they had put [redacted] to bed on the night of 11/18/24 at approximately 10:30 pm and they found her unresponsive on 11/19/24 at approximately 2:30 pm. The parents initially reported to LE that they heard [redacted] playing with a toy at approximately 5:00 am. The mother reported that she gave [redacted] a sippy cup of milk before bed and will put her Kepra in her sippy cup. The father later told CM [redacted] that he never heard [redacted] playing with a toy. The paternal grandmother and 8-year old sister who lived on the same property reported that the father was observed to go in and out of the camper where the mother and [redacted] were at that morning up until the mother discovered [redacted] Per LE, Rigor Mortis had already set in and left, child was blue in color and cold to the touch. The TOD is unknown but it is believed that [redacted] had passed away several hours prior to the parents checking on her. The father was arrested and charged with Domestic Assault on the mother on 11/19/24 as he struck the mother in the face in front of LE. CM [redacted] has been in contact with the MEs office and [redacted] medical providers and learned that [redacted] medical needs have not been met, that the parents no showed for multiple appointments, didnt continue taking her to needed PT, OT, and Speech Therapy, and didnt provide adequate nutrition to her. [redacted] weighed 25 pounds at the time of her death and was reported to be Failure to Thrive and underweight. The sibling has never been enrolled in school and is developmentally delayed.

Next Steps:

Tennessee Department of Children's Services

Case Recording Summary

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

-- CM will request ACVs PCP and Specialists records. Records will be reviewed and uploaded to TFACTS.
-- CM will follow up with the siblings educational needs and ensure that the sibling has been enrolled in school.
--CM will submit legal referral and file a court order and petition with [redacted] County Juvenile Court giving the grandmother custody of the sibling and restricting the mother to have supervised visits with no overnights and father will continue to have court ordered supervised visits with no overnights per previous court order.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-22 11:00:00	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	04/01/2025
Completed date:	04/01/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2025 02:35 PM Entered By: [redacted]

On November 22nd at approximately 11:00 AM, Case Manager (CM) [redacted] met with [redacted] father of Alleged Child Victims (ACV) [redacted] and [redacted] at the family home, [redacted] TN. CM [redacted] was invited into the home by Mr. [redacted] CM [redacted] reported she understands this is a difficult time and apologized for having to ask these questions. CM [redacted] asked Mr. [redacted] what happened between him and the mother, [redacted] Mr. [redacted] reported he was hunkered down and he did not know who was behind him. Mr. [redacted] reported Ms. [redacted] bent down and said his name. Mr. [redacted] reported he was not sure what was said but he threw his hand back and hit the mother in the face. Mr. [redacted] reported he was arrested and charged with domestic assault. CM [redacted] asked Mr. [redacted] if he knew what doctors [redacted] went to. Mr. [redacted] reported she deals with them but I went to as many as I could. Mr. [redacted] reported they did have t reschedule the last appointment due to not having a working vehicle. Mr. [redacted] reported they were able to make the appointments that were close by but the appointments that were an hour away, were harder to make. CM [redacted] asked Mr. [redacted] if [redacted] was on medication. Mr. [redacted] reported [redacted] was on seizure medication. Mr. [redacted] reported Ms. [redacted] gave [redacted] her medication in bottle. Mr. [redacted] reported the doctor advised them to give [redacted] her medication that way. Mr. [redacted] reported they put the medication in her milk. Mr. [redacted] reported she loved milk, she would drink a gallon of milk every 3 days. CM [redacted] asked Mr. [redacted] if [redacted] had any favorite foods she liked to eat. Mr. [redacted] reported [redacted] loved Swiss Rolls and pancakes. Mr. [redacted] reported [redacted] did not drink soda, but liked sweet tea and would sometimes drink Ensure. CM [redacted] asked Mr. [redacted] if [redacted] was able to feed herself. Mr. [redacted] reported [redacted] could feed herself, one thing at a time. Mr. [redacted] reported [redacted] had to eat one thing at a time due to having an oversized tongue. CM [redacted] asked Mr. [redacted] about [redacted] sleep schedule. Mr. [redacted] reported about 8:00 PM. Mr. [redacted] reported [redacted] typically slept all night. Mr. [redacted] reported [redacted] would wake up at 6:00 or 7:00 AM or 11:00 AM or 12:00 PM. Mr. [redacted] reported [redacted] would nap 2 to 3 times a day for 30 minutes to an hour or 2. CM [redacted] asked Mr. [redacted] what his and Ms. [redacted] sleep schedule was like. Mr. [redacted] reported they went to bed around 10:00 PM, sometimes midnight. Mr. [redacted] reported he would occasionally stay up late and play video games. Mr. [redacted] reported Ms. [redacted] always got up before him with [redacted] CM [redacted] asked Mr. [redacted] where [redacted] bathed since there was no running water. Mr. [redacted] reported they would go to his mothers house, [redacted] and bathe her every 2 to 3 days. Mr. [redacted] reported [redacted] would get rashes on her hands due to keeping her thumbs in her mouth. CM [redacted] asked Mr. [redacted] where [redacted] spent most of her time. Mr. [redacted] reported [redacted] spent most of her time in the camper. Mr.

Tennessee Department of Children's Services

Case Recording Summary

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

[redacted] reported [redacted] would be in the pack-n-play or the saucer. Mr. [redacted] reported [redacted] could not be in a regular pack-n-play due to being able to climb out. CM [redacted] asked Mr. [redacted] if [redacted] could walk. Mr. [redacted] reported [redacted] could walk a little but would over correct and fall on her butt. Mr. [redacted] reported [redacted] did PT and OT for awhile but he did not know why she quit. Mr. [redacted] reported [redacted] did well with the therapy.

CM [redacted] reported she would need to ask some questions about November 18th and 19th, 2024. CM [redacted] asked Mr. [redacted] about Monday. Mr. [redacted] reported he got up around mid-morning but was not sure due to not having a clock or checking his phone. Mr. [redacted] reported Ms. [redacted] and [redacted] were already awake. Mr. [redacted] reported he got up and went outside. CM [redacted] asked Mr. [redacted] if he knew what [redacted] had to eat during that day. Mr. [redacted] reported he did not remember what [redacted] had for breakfast and she maybe had Vienna sausages for lunch. CM [redacted] asked Mr. [redacted] how [redacted] acted that day. Mr. [redacted] reported she had normal behaviors. CM [redacted] asked Mr. [redacted] if he knew how many naps [redacted] had taken that day. Mr. [redacted] reported he did not know. CM [redacted] asked Mr. [redacted] if he remembered what they had for dinner Monday night. Mr. [redacted] reported he did not remember. CM [redacted] asked Mr. [redacted] what time [redacted] went to bed. Mr. [redacted] reported maybe 8:00 or 9:00 PM. CM [redacted] asked Mr. [redacted] if [redacted] woke up any during the night. Mr. [redacted] reported he was not sure as he had taken his medication and slept through the night. CM [redacted] asked Mr. [redacted] what medications he was taking. Mr. [redacted] reported he takes Olanzapine and Divalproex, every night. CM [redacted] asked Mr. [redacted] where he gets mental health treatment from. Mr. [redacted] reported he goes to [redacted]. CM [redacted] asked Mr. [redacted] what happened Tuesday morning. Mr. [redacted] reported he got up and went outside to pee. Mr. [redacted] reported Ms. [redacted] came out the door hollering and she turned [redacted] over and knew something was wrong. Mr. [redacted] reported he got in the pack-n-play and started CPR and he was unable to find a pulse. Mr. [redacted] reported Ms. [redacted] called 911. CM [redacted] asked Mr. [redacted] about [redacted] seizures. Mr. [redacted] reported [redacted] rarely has them. Mr. [redacted] reported she has only had 2 or 3 in the last month or so. Mr. Siple reported he was the one who dealt with her when she was having a seizure. CM [redacted] asked Mr. [redacted] if the medication helped [redacted] Mr. [redacted] reported they seemed to. CM [redacted] asked Mr. [redacted] when [redacted] had her last seizure. Mr. [redacted] reported last week or maybe 2 weeks ago. Mr. [redacted] reported he did not have any concerns with [redacted] Mr. [redacted] reported [redacted] is a good mom, we have been together 15 years and I am all she has. CM [redacted] asked Mr. [redacted] about the prior court order from 2019 concerning [redacted] CM [redacted] reported to Mr. [redacted] he was still on supervised visitation with [redacted] Mr. [redacted] asked CM [redacted] if she knew why. CM [redacted] reported due to some failed drug screens during the case. Mr. [redacted] reported he was actively using methamphetamine during that time. CM [redacted] reported to Mr. [redacted] that due to the court order he would have to remain supervised with [redacted] and not be allowed overnight stays in the home with her. Mr. [redacted] reported he understood. CM [redacted] thanked Mr. [redacted] for his time and for meeting with her today.

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:	2024-11-21 14:39:00	Contact Method:	
Contact Time:	02:39 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/18/2025
Completed date:	01/18/2025	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: 01/18/2025 06:59 AM Entered By: [redacted]

On November 21, 2024, at approximately 2:39 PM, Case Manager (CM) [redacted] spoke with Dr. [redacted] with [redacted] Dr. [redacted] was the prior pediatrician for Alleged Child Victim (ACV) [redacted] Dr. [redacted] reported she started seeing [redacted] in March of 2020 and her last appointment in the office was March 13, 2023. Dr. [redacted] reported prior to becoming her patient, [redacted] was with [redacted] Pediatrics in [redacted] Dr. [redacted] reported the mother, [redacted] would stay with a provider long enough until the doctors would say something to her about missing appointments and then Ms. [redacted] would change doctors. Dr. [redacted] reported she was the longest pediatrician for [redacted] Dr. [redacted] reported she had issues with Ms. [redacted] keeping [redacted] neurology appointments. Dr. [redacted] reported Ms. [redacted] would wait until [redacted] ran out of her medication for her seizures and Ms. [redacted] would call the office asking for a refill. Dr. [redacted] reported she would refill the medication and express to Ms. [redacted] that she needed to schedule an appointment with the neurologist. Dr. [redacted] reported she begged [redacted] Childrens Neurology to not discharge [redacted] from their practice, which they eventually did due to missed appointments. CM [redacted] asked Dr. [redacted] if [redacted] was in any PT, speech or OT. Dr. [redacted] reported she made several referrals. Dr. [redacted] reported when she made the referrals, she asked for a phone call if Ms. [redacted] did not show. Dr. [redacted] reported it did happen and she would have to call Ms. [redacted] Dr. [redacted] reported Ms. [redacted] would take [redacted] for a few weeks and then the excuses started and she would no call, no show and they would have to discharge her from the therapy due to missed appointments. CM [redacted] asked Dr. [redacted] what some of her concerns were with [redacted] Dr. [redacted] reported [redacted] was Failure to Thrive. Dr. [redacted] reported she had it listed throughout [redacted] chart that she was FTT. Dr. [redacted] reported Ms. [redacted] intellectual capacity was low. Dr. [redacted] reported she would dumb it down for Ms. [redacted] Dr. [redacted] reported Ms. [redacted] knew she had made the referrals to DCS and that was when she left and took [redacted] to Dr. [redacted] Dr. [redacted] reported Ms. [redacted] reported she wanted to homeschool [redacted] Dr. [redacted] reported she told Ms. [redacted] she would not sign off on that and Ms. [redacted] got mad. Dr. [redacted] reported [redacted] was severely delayed, minimally verbal, was not mobile and couldnt sit up unassisted very well. Dr. [redacted] reported she explained to Ms. [redacted] the benefits of [redacted] being in school and getting the therapies she would need. Dr. [redacted] reported [redacted] also had very poor weight gain and feedings. Dr. [redacted] reported [redacted] could not eat normal bite sized food. Dr. [redacted] reported childrens hospital noticed this and Ms. [redacted] wasnt ensuring [redacted] was being properly fed and getting enough nutrients. CM [redacted] asked Dr. [redacted] since there were concerns she was FTT, was a feeding tube ever suggested. Dr. [redacted] reported it was and she made a referral to [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

[redacted] Dr. [redacted] reported Ms. [redacted] would give [redacted] enough pediasure to gain weight, the feed tube would be taken off the table. Dr. [redacted] reported Ms. [redacted] then began missing appointments. Dr. [redacted] reported Ms. [redacted] was a chronic rescheduler and she was very good at doing just enough to get by. Dr. [redacted] reported In April 2021, it was the peak of concern for [redacted] weght. Dr. [redacted] reported [redacted] was 21 pounds. Dr. [redacted] reported she stayed on top of Ms. [redacted] from May 2022 to November 2022, [redacted] went from 23 pounds to 32 pounds. Dr. [redacted] reported [redacted] last appointment in March of 2023, [redacted] weighed 28 pounds. Dr. [redacted] reported [redacted] was a difficult child and Ms. [redacted] did not have any patience with her. Dr. [redacted] reported when [redacted] was 2 years old, Ms. [redacted] was still bringing her into the office, in an infant carrier. Dr. [redacted] reported she told Ms. [redacted] [redacted] was too big for that carrier. Dr. [redacted] reported Ms. [redacted] reported she only used it to carry [redacted] around but then admitted she used it as a car seat. Dr. [redacted] reported after that, Ms. [redacted] brough [redacted] into the office in a stroller. CM [redacted] asked Dr. [redacted] about [redacted] epilepsy. Dr. [redacted] reported in March of 2022, [redacted] was diagnosed with epilepsy and hydrocephalus. Dr. [redacted] reported Ms. [redacted] and Mr. [redacted] had taken [redacted] to the emergency room due to having a seizure and that was when it was discovered. CM [redacted] asked Dr. [redacted] who brought [redacted] to her appointments. Dr. [redacted] reported Ms. [redacted] always brought her. Dr. [redacted] reported Mr. [redacted] was never with her. Dr. [redacted] reported [redacted] sister, [redacted] was also seen in her office. Dr. [redacted] reported [redacted] was last seen in May 2023. Dr. [redacted] reported Ms. [redacted] only attended the first appointment for [redacted] and the grandmother, [redacted] was the one who brought her in after that initial visit. Dr. [redacted] reported the same year [redacted] had the weight loss concerns, she expressed the importance to Ms. [redacted] for always following up with neurology. Dr. [redacted] reported due to all of [redacted] medical concerns, in her office she was listed as medically fragile. Dr. [redacted] reported [redacted] had also been hospitalized multiple times for pneumonia. Dr. [redacted] reported she also made two separate TEIS referrals and Ms. [redacted] would never answer the door. CM [redacted] asked Dr. [redacted] if there was anything else she could add. Dr. [redacted] reported not that she could think of. CM [redacted] thanked Dr. [redacted] for taking the time to speak with her today.

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:	2024-11-21 14:38:00	Contact Method:	
Contact Time:	02:38 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/18/2025
Completed date:	01/18/2025	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] Dr.

Narrative Details

Narrative Type: Original Entry Date/Time: 01/18/2025 05:56 AM Entered By: [redacted]

On November 21, 2024 at approximately 2:28 PM, Case Manager (CM) [redacted] spoke with Dr. [redacted] pediatrician with [redacted] Pediatrics in [redacted] TN. Dr. [redacted] reported she was the pediatrician for Alleged Child Victim (ACV) [redacted] Dr. [redacted] reported [redacted] had only been a patient with her since [redacted] of 2024. Dr. [redacted] reported she saw [redacted] once in [redacted] and once in May. Dr. [redacted] reported she had a difficult time getting the mother, [redacted] to schedule an appointment for [redacted] to have an x-ray of her neck and bloodwork done. Dr. [redacted] reported it took the nurse over a month to get the appointment scheduled. Dr. [redacted] reported she spoke with Dr. [redacted] with [redacted] the night before. Dr. [redacted] reported to CM [redacted] that she needed to speak with Dr. [redacted] since she was the pediatrician for [redacted] for the last 3 years. Dr. [redacted] provided CM [redacted] with Dr. [redacted] phone number, [redacted]. CM [redacted] asked Dr. [redacted] if she knew why Ms. [redacted] changed pediatricians. Dr. [redacted] reported she left because DCS had been called a few times and I believe the mother was mad about that. CM [redacted] asked Dr. [redacted] if [redacted] had been in any PT, OT, or speech therapies. Dr. [redacted] reported she did discuss the therapies with Ms. [redacted] and the father, [redacted] Dr. [redacted] reported the parents were not interested in any of the therapies. CM [redacted] asked Dr. [redacted] if she had any concerns with the family. Dr. [redacted] reported she had some concerns but the family had only been into the office twice. Dr. [redacted] reported Dr. [redacted] would have more information concerning [redacted] and the family. CM [redacted] thanked Dr. [redacted] for speaking with her and the information she was able to provide today.

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:	2024-11-21 12:25:00	Contact Method:	Face To Face
Contact Time:	12:25 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	01/10/2025
Completed date:	01/10/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2025 04:23 PM Entered By: [redacted]

On November 21st, 2024, at approximately 11:41 AM, Case Manager (CM) [redacted] and CM [redacted] met with [redacted] grandmother of Alleged Child Victim (ACV) [redacted] at the family home, [redacted] TN. CM [redacted] asked Ms. [redacted] if the father, [redacted] was home. Ms. [redacted] reported he was not. Ms. [redacted] reported Mr. [redacted] went with one of his friends and she was unsure of when he would be back at the house. CM [redacted] explained she had some follow up questions concerning [redacted] and what happened. CM [redacted] asked Ms. [redacted] which house [redacted] usually stayed at. Ms. [redacted] reported [redacted] was always with her parents, [redacted] and Mr. [redacted] Ms. [redacted] reported her older son, [redacted] would get [redacted] on occasion and bring [redacted] to her house and play with her. CM [redacted] asked Ms. [redacted] if she ever took [redacted] to her house. Ms. [redacted] reported [redacted] was only ever at her house if her mother and father brought her. CM [redacted] asked Ms. [redacted] if the family ate meals at her house. Ms. [redacted] reported her son, [redacted] would come and get food from her house and take it back to their camper. Ms. [redacted] reported she cooked dinner every night and they would eat around 5:30-6:00 PM. CM [redacted] asked Ms. [redacted] if [redacted] was able to feed herself. Ms. [redacted] reported [redacted] had problems eating and her food would have to be mashed up. Ms. [redacted] reported [redacted] was unable to feed herself, someone had to feed her. Ms. [redacted] reported [redacted] would take her socks off and try to eat them. Ms. [redacted] reported Mr. [redacted] had to cut [redacted] hair because she would try and eat her hair. CM [redacted] asked Ms. [redacted] if [redacted] was mobile. Ms. [redacted] reported [redacted] could walk some if her hands were held. CM [redacted] asked Ms. [redacted] if Mr. [redacted] and Ms. [redacted] brought [redacted] to the house. Ms. [redacted] reported they did on occasion and would put her in her pack-n-play. CM [redacted] asked Ms. [redacted] if the family ever stayed the night in her home. Ms. [redacted] reported they stayed one night until they got the electricity fixed in the camper and they went back home the next day. Ms. [redacted] reported it was dark out and they were unable to fix it until the following day. Ms. [redacted] was asked why she only kept [redacted] at her home and not [redacted] Ms. [redacted] reported she was old and [redacted] required a lot of care and she knew she was unable to provide that care to her like she needed. Ms. [redacted] reported Ms. [redacted] and Mr. [redacted] also always wanted her there with them.

CM [redacted] asked Ms. [redacted] if she remembered what she made for dinner Monday evening. Ms. [redacted] reported she believes she made spaghetti, garlic bread and broccoli. Ms. [redacted] Mr. [redacted] did come to the house and get plates

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

of food for everyone. CM [redacted] asked Ms. [redacted] if she knew what [redacted] ate the Monday before she passed. Ms. [redacted] reported she did not. CM [redacted] asked Ms. [redacted] if she knew if [redacted] ate oatmeal. Ms. [redacted] reported she was not sure. Ms. [redacted] reported [redacted] did like to eat pancakes. Ms. [redacted] reported [redacted] would push your hand away when she was done eating. CM [redacted] asked Ms. [redacted] if she had any concerns with [redacted] care. Ms. [redacted] reported she did not. CM [redacted] reported in regard to [redacted] she wanted to schedule a forensic interview for her. CM [redacted] explained it was just to ensure her safety. CM [redacted] asked Ms. [redacted] if she would be able to bring her to an interview when she could get it scheduled. Ms. [redacted] reported she could. Ms. [redacted] reported she would ask her son [redacted] to help her with transporting [redacted] because she did not like to drive far distances. CM [redacted] reported that was fine and she would let her know when the appointment was. CM [redacted] thanked Ms. [redacted] for taking the time to speak with her and reported she would be back the following day to speak with Mr. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-21 11:41:00	Contact Method:	Face To Face
Contact Time:	11:41 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/10/2025
Completed date:	01/10/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/10/2025 03:05 PM Entered By: [redacted]

On November 21st, 2024, at approximately 11:41 AM, Case Manager (CM) [redacted] and CM [redacted] met with [redacted] mother of Alleged Child Victim (ACV) [redacted] and [redacted] at the family home, [redacted] TN. CM [redacted] knocked on the door of the camper and Ms. [redacted] answered and invited CM [redacted] and CM [redacted] into the home. CM [redacted] reported she came by to go over the non-custodial permanency plan (NCPP) with her as well as some follow up questions. CM [redacted] first asked Ms. [redacted] how she was doing today. Ms. [redacted] reported she was oaky today. CM [redacted] asked Ms. [redacted] how her eye was today. Ms. [redacted] reported it was okay. CM [redacted] observed Ms. [redacted] to still have the bandage over her eye. CM [redacted] reported she had some follow up questions concerning [redacted] and her medical care as well as [redacted] typical schedule. CM [redacted] asked Ms. [redacted] to walk them through a timeline of [redacted] medical history. Ms. [redacted] reported in 2023, [redacted] was admitted to [redacted] Childrens Hospital [redacted] where [redacted] has tests done on her head and that was when we found out she had epilepsy. CM [redacted] asked Ms. [redacted] to start from [redacted] birth, concerning her medical care. Ms. [redacted] reported [redacted] was born at [redacted] Medical Center, at 36 weeks and 6 days gestation. Ms. [redacted] reported [redacted] was in the hospital for 11 days due to having breathing issues. Ms. [redacted] reported [redacted] lungs were not fully developed. Ms. [redacted] reported after the 11 days, [redacted] was discharged. Ms. [redacted] reported [redacted] also saw a cardiologist at [redacted] due to having a heart murmur and a small hole in her heart. Ms. [redacted] reported she saw Dr. [redacted] Ms. [redacted] reported [redacted] was still seeing the cardiologist but only yearly as the hole in her heart started closing up. Ms. [redacted] reported for 3 years, [redacted] went to [redacted] and saw Dr. [redacted] Ms. [redacted] reported [redacted] started at [redacted] Pediatrics last year with Dr. [redacted] CM [redacted] asked Ms. [redacted] about [redacted] going to [redacted] last year and being admitted. CM [redacted] asked Ms. [redacted] why she took her to the hospital to begin with. Ms. [redacted] reported [redacted] had been lethargic and not acting herself. Ms. [redacted] reported that was when they ran the tests on her and then referred [redacted] to Dr. [redacted] with [redacted] Neurology. Ms. [redacted] reported Dr. [redacted] office dropped her because the family was not always able to make appointments. CM [redacted] asked why they were unable to make the appointments. Ms. [redacted] reported she started having issues with her car and the car becoming unsafe to drive with [redacted] in the car. CM [redacted] reported to Ms. [redacted] it was good that she was able to recognize her car was unsafe to drive with her child. CM [redacted] asked Ms. [redacted] when [redacted] started with the new neurologist. Ms. [redacted] reported she started around May of this year. Ms. [redacted] reported [redacted] was going every 3 months when her medication needed to be refilled.

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 the father Mr. [redacted] went with her. Ms. [redacted] reported he did not. Ms. [redacted] reported Mr. [redacted] was in Peninsula in July, when he got his mental health diagnosis.

CM [redacted] reported she wanted to ask some questions about [redacted] day to day routine and eating habits. CM [redacted] asked Ms. [redacted] what [redacted] would do in the mornings when she got up. Ms. [redacted] reported [redacted] would get up in the morning and play with her toys and blow raspberries. Ms. [redacted] reported she usually stayed pretty quiet and content. Ms. [redacted] reported she would get up with [redacted] and give her a cup of milk with her medication in the milk. CM [redacted] asked Ms. [redacted] why she put the medication in with her milk. Ms. [redacted] reported she tried to give [redacted] her medication orally and she would make a mess. Ms. [redacted] reported she used a regular spoon to give [redacted] her medication. Ms. [redacted] reported [redacted] would turn her head away and that was when she started adding it into her cup of milk. Ms. [redacted] reported she used a regular spoon to measure the medication. CM [redacted] asked Ms. [redacted] what [redacted] liked to eat. Ms. [redacted] reported [redacted] liked Vienne Sausages but she would try to eat them whole due to not chewing food well. Ms. [redacted] reported [redacted] would eat hotdogs and she would cut them up small and [redacted] would take them out of her hand. Ms. [redacted] reported [redacted] would also eat pancakes and oatmeal. Ms. [redacted] reported [redacted] loved Swissrolls. Ms. [redacted] reported [redacted] would eat oatmeal everyday. Ms. [redacted] reported she made the oatmeal in a cup and would microwave the food. Ms. [redacted] reported if [redacted] had a snack during the day it was typically Goldfish. Ms. [redacted] reported for lunch [redacted] would eat Bologna cut up into pieces or a hotdog. Ms. [redacted] reported dinner was typically whatever [redacted] made for them. CM [redacted] asked Ms. [redacted] what time they usually ate dinner. Ms. [redacted] reported it was around 7:00 PM. Ms. [redacted] reported dessert would vary with whatever [redacted] wanted. CM [redacted] asked Ms. [redacted] if [redacted] was on any supplements. Ms. [redacted] reported she was not and the only medication she took was the Keppra. CM [redacted] asked Ms. [redacted] what [redacted] liked to drink. Ms. [redacted] reported [redacted] would drink milk, V8 Splash and she loved sweet tea. CM [redacted] asked Ms. [redacted] if [redacted] ever missed or skipped meals. Ms. [redacted] reported she did not. Ms. [redacted] reported she always made sure [redacted] ate. CM [redacted] asked Ms. [redacted] if [redacted] was mobile, walking or crawling. Ms. [redacted] reported [redacted] was starting to stand and would take a few steps. Ms. [redacted] reported [redacted] was typically in her pack-n-play or in the saucer. Ms. [redacted] showed CM [redacted] the saucer, located in her bedroom of the camper. CM observed the saucer sitting underneath the tv. CM took a picture of the saucer. Ms. [redacted] reported [redacted] spent 5 to 6 hours a day in the saucer and that was typically where she ate her food at. CM [redacted] asked Ms. [redacted] where she bathed [redacted] since the camper did not have running water. Ms. [redacted] reported they would use the bathroom and bathe at [redacted] house. Ms. [redacted] reported she would bathe [redacted] every 2 to 3 days.

CM [redacted] reported to Ms. [redacted] that she needed her to walk CM through [redacted] day on Monday. Ms. [redacted] reported [redacted] woke up around 9:00 that morning. Ms. [redacted] reported [redacted] was always up early. Ms. [redacted] reported [redacted] ate pancakes and oatmeal for breakfast. CM [redacted] asked Ms. [redacted] if [redacted] took any naps that day. Ms. [redacted] reported [redacted] napped a lot, sometimes 3 to 4 hours. Ms. [redacted] reported [redacted] took about 4 separate 3 hour naps on Monday, she slept most of the day. CM [redacted] asked Ms. [redacted] what [redacted] had for Lunch. Ms. [redacted] reported she ate some bologna cut up into pieces and a cup of milk. CM [redacted] asked Ms. [redacted] if she remembered what they ate for dinner that evening. Ms. [redacted] reported they had spaghetti, boiled broccoli around 7:00 PM. CM [redacted] asked Ms. [redacted] what time [redacted] went to bed that evening. Ms. [redacted] reported they put her to bed around 10:00-11:00 PM. CM [redacted] asked Ms. [redacted] if [redacted] had normal diapers that day. Ms. [redacted] reported she did. Ms. [redacted] reported [redacted] had two good poops. CM [redacted] asked Ms. [redacted] who was the main caregiver of [redacted] Ms. [redacted] reported both she and Mr. [redacted] changed and fed her equally. CM asked Ms. [redacted] what time she got up on Tuesday after everyone went to bed Monday night. Ms. [redacted] reported [redacted] woke up about 5:00 that morning. Ms. [redacted] reported Mr. [redacted] got up with her, she gave [redacted] milk and everyone went back to bed. Ms. [redacted] reported they did not get up until around 2:30 PM. CM [redacted] asked Ms. [redacted] what time they would normally get up on a normal day for them. Ms. [redacted] reported they slept late in the day because they were up later in the evening. CM [redacted] asked Ms. [redacted] how [redacted] behaviors have been, if there was anything out of the usual for her. Ms. [redacted] reported [redacted] did have a seizure last Thursday. Ms. [redacted] reported it lasted less than 2 minutes. Ms. [redacted] reported [redacted] body would stiffen and her eyes would roll and she made a choking noise. Ms. [redacted] reported [redacted] seizures had been becoming more frequent. CM [redacted] asked Ms. [redacted] if she had informed the neurologist that [redacted] seizures were becoming more frequent. Ms. [redacted] reported she did

Tennessee Department of Children's Services

Case Recording Summary

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

not. Ms. [redacted] reported she was going to tell them at the next appointment. CM [redacted] asked Ms. [redacted] when her next appointment was. Ms. [redacted] reported she thought it was the following week.

CM [redacted] explained to Ms. [redacted] due to some of the allegations in this case, she wanted to develop a non-custodial permanency plan (NCPP) with the family. Ms. [redacted] reported she understood. CM [redacted] reported due to her paramour, [redacted] being arrested for domestic assault, CM would like for her (Ms. [redacted] to complete non-offender domestic violence classes. CM [redacted] reported she would also like for Ms. [redacted] to complete a mental health assessment and follow recommendations. CM [redacted] reported to Ms. [redacted] the mental health assessment will also be helpful with the recent loss of [redacted] CM [redacted] also reported the family would still need to come up with an education plan for [redacted] Ms. [redacted] reported she understood. Ms. [redacted] signed the NCPP. CM [redacted] also completed all appropriate paperwork. Ms. [redacted] signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the TN Care Eligibility form. Ms. [redacted] was given a copy of the Clients Rights Handbook.

CM [redacted] thanked Ms. [redacted] for speaking with her and meeting with her today.

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:	2024-11-20 15:00:00	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/20/2024
Completed date:	11/20/2024	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: 11/20/2024 02:25 PM Entered By: [redacted]

The Safety Assessment was completed on this date with a score of Immediate Intervention Recommended and Family Advocacy Support Tool (FAST) was completed and scored as High Need and Risks. A Family Permanency Plan (FPP) will be developed with the family to include the completion of mental health assessments, domestic violence classes, grief counseling, and non-offender domestic violence classes. [redacted] educational needs will also be met and the parent's housing will need to be safe and stable. An Immediate Protection Agreement (IPA) was developed with restrictions and family engaged about a power of attorney regarding [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-20 11:15:00	Contact Method:	Face To Face
Contact Time:	11:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	12/26/2024
Completed date:	12/26/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/26/2024 03:52 AM Entered By: [redacted]

On November 20th, 2024, at approximately 11:15 AM, Case Manager (CM) [redacted] met with [redacted] mother of Alleged Child Victim (ACV) [redacted] and [redacted] CM [redacted] asked Ms. [redacted] how she was feeling today. Ms. [redacted] reported she was doing oaky. CM [redacted] asked Ms. [redacted] how her eye was. Ms. [redacted] reported she had to have 4 stitches in her brow line of her right eye. Ms. [redacted] reported the doctor told her to come back in a week and he would remove the stitches for her. Ms. [redacted] reported she had to leave the bandage on her eye for 24 hours, to keep it dry. CM [redacted] engaged Ms. [redacted] around an Immediate Protection Agreement. CM [redacted] asked Ms. [redacted] if she would agree for [redacted] to stay with Ms. [redacted] and she (Ms. [redacted] and Mr. [redacted] would have supervised visitation and no overnights. CM [redacted] explained this would be for 10 business days, until December 6th. CM [redacted] reported the IPA would also consist of either enrolling [redacted] into public school or an accredited home school program. Mrs. [redacted] was in agreement. CM [redacted] reported this would be temporary for the initial part of the investigation. CM [redacted] reported to Ms. [redacted] there could potentially be court involvement, but CM reported she would speak with the family before that happened. CM [redacted] explained she wanted to develop a non-custodial permanency plan with the family. CM reported she would put the NCPP together and bring it by in the morning and go over it with her. CM [redacted] asked Ms. [redacted] if she would be home in the morning. Ms. [redacted] reported she would. Ms. [redacted] signed the IPA. CM [redacted] reported she was going to go next door and speak with Mr. [redacted] and Ms. [redacted] CM [redacted] urged Ms. [redacted] to reach out to her if she needed anything. Ms. [redacted] reported she would.

CM [redacted] walked to the home of Ms. [redacted] Ms. [redacted] greeted CM at the door. CM [redacted] asked Ms. [redacted] if she could briefly speak with her before coming into the home. Ms. [redacted] reported that was fine. CM [redacted] asked Ms. [redacted] if the father, [redacted] was out of jail. Ms. [redacted] reported he was. Ms. [redacted] reported he got out of jail this morning. CM [redacted] asked Ms. [redacted] if she could bring Mr. [redacted] in so they could speak. Ms. [redacted] reported she would. CM [redacted] engaged Mr. [redacted] around an Immediate Protection Agreement (IPA). CM [redacted] reported due to the nature of the case and allegations, an IPA was sometimes put into place. CM [redacted] reported there were also the allegations of the domestic assault and his daughter [redacted] not being enrolled in public school or an accredited home school program. CM [redacted] asked Mr. [redacted] if he would agree for [redacted] to stay with Ms. [redacted] and he (Mr. [redacted] and Ms. [redacted] would have supervised visitation and no overnights.

Tennessee Department of Children's Services

Case Recording Summary

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

CM [redacted] explained this would be for 10 business days, until December 6th. CM [redacted] reported this would be temporary for the initial part of the investigation. CM [redacted] reported she would also complete a non-custodial permanency plan (NCPP) with him and Ms. [redacted] and bring it by the following day. CM [redacted] reported she would include [redacted] educational needs on the plan as well as mental health for him and Ms. [redacted] CM [redacted] reported that also due to the domestic assault charge, she would be asking him (Mr. [redacted] to complete domestic violence classes. CM [redacted] reported to Mr. [redacted] there could potentially be court involvement, but CM reported she would speak with the family before that happened. Mr. [redacted] reported he understood. Mr. [redacted] did agree to the IPA and signed the form. CM [redacted] urged Mr. [redacted] to reach out to her if he had any questions or needs. CM [redacted] thanked Mr. [redacted] and Ms. [redacted] for speaking with her and wished the family a good day.

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:	2024-11-19 18:00:00	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:		Created Date:	11/20/2024
Completed date:	11/20/2024	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: 11/20/2024 01:15 PM Entered By: [redacted]

Team Leader (TL) [redacted] staffed this case with Case Manager (CM) [redacted] The referral was assigned with the allegation of Abuse Death against an Unknown Alleged Perpetrator on [redacted] age 5. [redacted] was residing with her parents, [redacted] and [redacted] Her sister, [redacted] age 8 is in the custody of the parents but has been residing next door with the paternal grandmother, [redacted] The parents and [redacted] were living in a camper on the grandmothers property behind the house. On this date, law enforcement with the [redacted] Police Department were notified of an unresponsive female at the home at approximately 2:30 pm [redacted] Detective (Det.) [redacted] is assigned the case and assisted in the investigation. CM [redacted] reported that [redacted] had already been taken by EMS to the Regional Forensic Center in [redacted] TN as she was pronounced deceased on scene and time of death is unknown at this time. An autopsy will be scheduled for 11/20/24. [redacted] has Down Syndrome and Epilepsy and was prescribed Keppra. The parents reported that [redacted] had a seizure a week ago and lasted about 2 minutes and reported that the seizures vary in how often the seizures occur. It is unknown if medication was provided as prescribed as law enforcement had already taken medication and entered it into evidence. CM [redacted] engaged the parents who were not observed to be impaired. The mother attempted to talk to the father after law enforcement arrived and the father slung his hand at the mother and hit her in the eye and her glasses cut her eye. The father is being charged with domestic assault. Per law enforcement, they have been to the home several times for altercations as it was reported that the father has anger issues. CM [redacted] reported that the father is prescribed medication and has been diagnosed with bipolar disorder and Schizophrenia. The mother appeared to be intellectually delayed. CM [redacted] reported that the mother had told law enforcement before she arrived that she heard [redacted] playing with a toy at approximately 5:00 am this morning. The mother and father both informed CM [redacted] that [redacted] went to bed around midnight with a sippy cup of mile. The parents woke up around 2:30 pm on this date, father went outside of the camper to use the bathroom and came back in, and both found [redacted] cold and not breathing. [redacted] was sleeping on a palate in the floor with a round play yard to keep the child from getting out. According to the parents, [redacted] does not have a regular sleep schedule. She typically goes to bed anywhere from 10:00 p.m. - midnight. The mother stated that [redacted] usually wakes up around 11:00 a.m. The parents didnt check on [redacted] sooner because they were both asleep and didnt wake up 2:30 pm. The mother reported that [redacted] has not been sick was acting normal the night before. The camper was observed to be unclean and messy. According to law enforcement, [redacted] was not observed to have any visible marks or bruises and appeared to be healthy.

Tennessee Department of Children's Services

Case Recording Summary

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

CM [redacted] engaged and observed [redacted] age 8 to be clean and healthy with no visible marks or bruises. [redacted] reported that she lives with her grandmother and made no disclosures of abuse or neglect against anyone.

CM [redacted] engaged the paternal grandmother, Ms. [redacted] who reported that [redacted] has been living with her since she was an infant, but her parents still have custody of her. She confirmed that the parents and [redacted] lived in the camper behind her house. Ms. [redacted] reported that [redacted] is not enrolled in a home school program and has never been enrolled in school. Ms. [redacted] is a retired teachers assistant and will read books with [redacted] CM [redacted] reported observing no safety or environmental concerns with Ms. [redacted] home.

CM [redacted] engaged the mother about [redacted] educational needs, and she reported that she doesnt agree with schools teach so she doesnt send her.
TL [redacted] staffed this case with TL [redacted] who was acting Team Coordinator (TC). TL [redacted] staffed this case with Director [redacted] It was determined that the parents would be engaged about an Immediate Protection Agreement (IPA) on 11/20/24 to restrict the sibling, [redacted] from the camper until it has been cleaned up, that the parents will allow [redacted] to continue to reside with the grandmother, Ms. [redacted] parents will be supervised while with [redacted] pending the investigation, and parents will be engaged about a power of attorney so that Ms. [redacted] can enroll [redacted] into a home school program or public school. Local background checks, internet checks, and TFACTs history checks will be completed on Ms. [redacted] and no non-custodial expedited home study will be needed due to the child currently residing and has been residing in since she was an infant. CM [redacted] will request all medical records on [redacted] as well as EMS, 911 Dispatch call logs, and law enforcement reports. CM [redacted] will develop a plan with the parents to include domestic violence and non-offender domestic violence, mental health assessments, and ensuring that [redacted] educational needs are being met. CM [redacted] will continue to staff this case with supervision to determine next steps and classification. CM [redacted] did engage the family about grief counseling. Safety Assessed shows Immediate Intervention Recommended and FAST staffed to be High Need and Risks.

CM [redacted] will be adding [redacted] as an Alleged Child Victim (ACV) with the allegation of Educational Neglect against the parents and adding Environmental Neglect regarding [redacted] on the parents.

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:	2024-11-19 17:20:00	Contact Method:	Correspondence
Contact Time:	05:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/20/2024
Completed date:	11/20/2024	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)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2024 01:22 PM Entered By: [redacted]

Case Manager (CM) Gibson convened Child Protective Investigative Team (CPIT) for CM [redacted] on this date and time by emailing information about the referral and allegations to [redacted], [redacted], [redacted], and [redacted] with [redacted] Children's Advocacy Center, to Assistant District Attorney (ADA) [redacted], [redacted] County Juvenile Court, [redacted] and Detective (Det.) [redacted] with the [redacted] Police Department. CM [redacted] also worked this case in person with Det. [redacted] 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:	2024-11-19 16:45:00	Contact Method:	Face To Face
Contact Time:	04:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	11/24/2024
Completed date:	11/24/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] Sgt. [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/24/2024 11:01 AM Entered By: [redacted]

On November 19th, 2024, at approximately 4:45 PM, Case Manager (CM) [redacted] met with Detective [redacted] with the [redacted] County Sheriffs Department, at the home of Alleged Child Victim (ACV) [redacted] TN. Det. [redacted] reported the sheriffs department was there assisting in this matter. Det. [redacted] reported the case would actually be assigned to Detective [redacted] with the [redacted] Police Department. Det. [redacted] reported the family lived in the camper on the property. CM [redacted] asked Det. [redacted] which family members lived inside the camper. Det. [redacted] reported the ACV [redacted] the mother, [redacted] and the father, [redacted] Det. [redacted] reported Mr. [redacted] has primarily lived in the camper and Ms. [redacted] reported she has been there for the last year. Det. [redacted] reported Chief [redacted] with [redacted] Police Department, reported Ms. [redacted] has only been residing in the camper for the last two weeks. Det. [redacted] reported Ms. [redacted] previously lived on [redacted] in [redacted] TN. Det. [redacted] reported Ms. [redacted] spoke with Det. [redacted] reporting she and Mr. [redacted] had lain [redacted] down for bed around midnight with a sippy cup of milk. Det. [redacted] reported Ms. [redacted] reported she nor Mr. [redacted] had laid eyes on [redacted] from the time she went to bed, until they woke up around 2:30 PM. Det. [redacted] reported Ms. [redacted] reported she and Mr. [redacted] heard [redacted] awake around 5:00 AM, playing with a toy but reported she nor Mr. [redacted] did not get up to check on her. Det. [redacted] reported Ms. [redacted] and Mr. [redacted] woke up around 2:30 PM and Ms. [redacted] got up to check on [redacted] and found her unresponsive and not breathing. Det. [redacted] reported the 911 call came in at 2:36 PM, Chief [redacted] arrived at the home at 2:37 PM. Det. [redacted] reported dispatch instructed Ms. [redacted] on how to do CPR. Det. [redacted] reported they have the deputy who conducts the re-enactment coming to have Ms. [redacted] walk them through the events of that afternoon. Det. [redacted] reported Mr. [redacted] reported they watched Monday Night Law and when it ended around 11:00 PM, he took medicine to make him sleep and went to bed. Det. [redacted] reported Mr. [redacted] reported he woke up around 2:30, got up and went outside to pee. CM [redacted] asked Det. [redacted] if Ms. [redacted] or Mr. [redacted] were employed. Det. [redacted] reported they were not. Det. [redacted] reported Ms. [redacted] denied alcohol and drug use in the home. Det. [redacted] reported Ms. [redacted] reported [redacted] was on liquid Keppra for Epilepsy. Det. [redacted] reported [redacted] was also diagnosed with Down Syndrome. Det. [redacted] reported Det. [redacted] took the medication bottle and the prescription paper for the medication concerning [redacted] Det, [redacted] reported Mr. [redacted] was arrested and will be taken to [redacted] County Jail soon due to assaulting Ms. [redacted] Det. [redacted] reported Mr. [redacted] struck Ms. [redacted] in the eye, in front of other law enforcement officers. Det. [redacted] reported Mr. [redacted] was charged with domestic assault.

Tennessee Department of Children's Services

Case Recording Summary

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

At approximately 5:00 PM, CM [redacted] attempted to engaged Mr. [redacted] before he was taken to [redacted] County Jail. CM observed Mr. [redacted] in the back of a police cruiser. Mr. [redacted] was handcuffed and only wearing pants. CM expressed her condolences to Mr. [redacted] and explained the department typically became involved in most cases like this. Mr. [redacted] told CM [redacted] you are really pushing my buttons right now and I dont have anything to say to you. CM [redacted] reported that was fine and she understood.

At approximately 5:10 PM, Case Manager (CM) [redacted] engaged [redacted] mother of Alleged Child Victim (ACV) [redacted] outside of the family home, [redacted] TN. CM [redacted] expressed her condolences to Ms. [redacted] over the loss of her child. CM [redacted] asked Ms. [redacted] if there were any other children in the home. Ms. [redacted] reported she has another daughter, [redacted] Ms. [redacted] reported her date-of-birth was [redacted] Ms. [redacted] reported [redacted] primarily resides with the paternal grandmother, [redacted] Ms. [redacted] reported [redacted] has primarily stayed with Ms. [redacted] since she was very young. Ms. [redacted] reported Ms. [redacted] was a big support for us. Ms. [redacted] reported she does not have any family in the area. Ms. [redacted] reported most of her family lives in [redacted] and she does not associate with them. Ms. [redacted] reported her sister, [redacted] took her to court in [redacted] to obtain custody of [redacted] Ms. [redacted] reported they wanted her check but I did my classes and passed drug screens and Judge [redacted] gave her back to me. CM [redacted] asked Ms. [redacted] how long she has lived at the camper on the property. Ms. [redacted] reported she has lived there about a year. CM [redacted] asked Ms. [redacted] if she and Mr. [redacted] were married. Ms. [redacted] reported they were not. Ms. [redacted] reported they have been together about 14 years. CM [redacted] asked Ms. [redacted] if she or Mr. [redacted] were employed. Ms. [redacted] reported they were not. CM [redacted] asked Ms. [redacted] if anyone in the family received any governmental assistance or benefits. Ms. [redacted] reported she receives $314 in food stamps and $943 in SSI for [redacted] due to her disabilities. Ms. [redacted] reported Mr. [redacted] also receives SSI and disability but she was unsure of the amount. CM [redacted] asked Ms. [redacted] why Mr. [redacted] received monthly checks. Ms. [redacted] reported for Menieres Disease. CM [redacted] asked Ms. [redacted] if she was on any medications. Ms. [redacted] reported she was not. CM [redacted] asked Ms. [redacted] if anyone in the home was on medications. Ms. [redacted] reported [redacted] was taking Keppra for her seizures due to being epileptic. CM [redacted] asked Ms. [redacted] when the Keppra was last filled. Ms. [redacted] reported it was filled in October. CM [redacted] asked Ms. [redacted] when [redacted] had her last seizure. Ms. [redacted] reported it was last week. Ms. [redacted] reported she makes a certain type of noise, like shes gasping for air and thats how we know she was having a seizure. CM [redacted] asked MS. [redacted] if [redacted] acted herself lately. Ms. [redacted] reported she had. CM [redacted] asked Ms. [redacted] if Mr. [redacted] was on any medication. Ms. [redacted] reported Mr. [redacted] was prescribed Depakote for his Bipolar, and another medication but I cannot remember what it is, but he takes it because he hears voices and sees things. CM [redacted] asked Ms. [redacted] what doctors [redacted] was going to for her care. Ms. [redacted] reported they went to [redacted] for her neurology appointments. CM [redacted] asked Ms. [redacted] if she knew the name of the provider. Ms. [redacted] reported she did not. CM [redacted] asked Ms. [redacted] when they were last there for an appointment. Ms. [redacted] reported it was during the summer. CM [redacted] asked Ms. [redacted] where [redacted] went for a pediatrician. Ms. [redacted] reported she takes [redacted] to [redacted] Pediatrics in [redacted] CM [redacted] asked Ms. [redacted] when [redacted] last appointment was. Ms. [redacted] reported it was 3 or 4 months ago. CM [redacted] asked Ms. [redacted] if there were any other providers that [redacted] went to. Ms. [redacted] reported there was not. CM [redacted] asked Ms. [redacted] if [redacted] or [redacted] were in school. Ms. [redacted] reported the children were home schooled. CM [redacted] asked Ms. [redacted] if they were enrolled in an accredited program through the school board. Ms. [redacted] reported they were not. Ms. [redacted] reported they bought books and taught the children from home. Ms. [redacted] reported Ms. [redacted] primarily teaches [redacted] CM [redacted] asked Ms. [redacted] if she could walk her through everything from Monday evening until this afternoon. CM [redacted] asked MS. [redacted] what time [redacted] typically goes to bed. Ms. [redacted] reported she did not have a scheduled bedtime but usually they put her to bed between 10:00 PM and 12:00 AM. CM [redacted] asked Ms. [redacted] what time [redacted] would typically get up in the morning. Ms. [redacted] reported [redacted] would usually be up around 11:00 AM. CM [redacted] asked Ms. [redacted] if [redacted] slept through the night. Ms. [redacted] reported she did. CM [redacted] asked Ms. [redacted] if [redacted] slept through the night last night. Ms. [redacted] reported she heard [redacted] around 5:00 AM. Ms. [redacted] reported she heard [redacted] playing with one of her toys in her bed. Ms. [redacted] reported [redacted] drank some milk and went back to sleep. CM [redacted] asked Ms. [redacted] if it was milk from the night before. Ms.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

[redacted] reported she got up and made [redacted] a fresh cup of milk and she went back to bed. CM [redacted] asked Ms. [redacted] where [redacted] usually slept. Ms. [redacted] reported in the playpen by the door of the camper. Ms. [redacted] reported they would make her a pallet, with blankets, in the floor. CM [redacted] asked Ms. [redacted] if there was any other beds in the camper. Ms. [redacted] reported there was not. CM [redacted] asked Ms. [redacted] if anyone else was awake when [redacted] woke this morning. Ms. [redacted] reported Mr. [redacted] was awake with her. CM [redacted] asked Ms. [redacted] about her eye and why it was bandaged. Ms. [redacted] reported she was speaking with Mr. [redacted] and he came up and smacked me in the head. CM [redacted] asked Ms. [redacted] if there were ever prior incidents of domestic violence in the home. Ms. [redacted] reported there was not. Ms. [redacted] reported she and Mr. [redacted] have been getting along great. Ms. [redacted] reported she and Mr. [redacted] would occasionally have verbal arguments but denied anything physical. CM [redacted] asked Ms. [redacted] what she and Mr. [redacted] would argue about. Ms. [redacted] reported they would argue about money and who would pay the phone bill. CM [redacted] asked Ms. [redacted] if she or Mr. [redacted] drove. Ms. [redacted] reported he has a drivers license but Mr. [redacted] did not due to his medication. CM [redacted] asked Ms. [redacted] if she had any questions for her. Ms. [redacted] reported she did not. CM [redacted] reported there were grief counseling services the department could offer for her and the family if they needed anything at all. CM [redacted] reported she understood she needed to go to the hospital to have her eye looked at. CM [redacted] asked Ms. [redacted] if she would sign releases of information for CM to obtain [redacted] medical records. Ms. [redacted] reported she would. CM [redacted] thanked Ms. [redacted] and provided her with CMs business card.

At approximately 5:52, CM [redacted] engaged [redacted] adult son to Mr. [redacted] reported his date of birth was [redacted]. Mr. [redacted] reported he primarily resides with his mother, [redacted], at [redacted] [redacted] TN. Mr. [redacted] reported he does come here to stay for a week or 2 at a time. CM [redacted] asked Mr. [redacted] if he was still in school. Mr. [redacted] reported he was not, he dropped out due to his anxiety and depression but was working on obtaining his GED. CM [redacted] asked Mr. [redacted] when he would come over, if he stayed in the camper. Mr. [redacted] reported he would hangout at the camper but he would sleep next door at Nanas house. CM [redacted] asked Mr. [redacted] how Ms. [redacted] and his father got along. Mr. [redacted] reported they did not argue or fight. Mr. [redacted] reported if they did have a verbal disagreement, it was usually over who would pay the phone bill. CM [redacted] asked Mr. [redacted] if he was present today. Mr. [redacted] reported he was not. Mr. [redacted] reported he had his mother bring him over when he heard what happened. Mr. [redacted] reported he loved to come over and hangout with his sisters. CM [redacted] asked Mr. [redacted] about [redacted] seizures. Mr. [redacted] reported he did not know much about them. Mr. [redacted] reported he was present during one last week and that was the first time he had ever observed [redacted] having a seizure. Mr. [redacted] reported it was scary. CM [redacted] thanked Mr. [redacted] for speaking with her.

CM [redacted] next engaged Ms. [redacted] inside her home. Ms. [redacted] invited CM [redacted] into the home. The home was observed very neat and clean, with no clutter. The home was warm and the utilities were working. CM [redacted] observed plenty of food in the home. CM [redacted] could smell the odor of cigarette smoke in the home. CM [redacted] asked Ms. [redacted] if ACV [redacted] was in the home. Ms. [redacted] reported she was in her bedroom. CM [redacted] asked Ms. [redacted] if [redacted] was aware of what happened today. Ms. [redacted] reported she was. Ms. [redacted] reported they told her not long after it had happened. CM [redacted] asked Ms. [redacted] how long [redacted] has been living with her. Ms. [redacted] reported since she was 3 or 4 years old. Ms. [redacted] reported her late husband and [redacted] were very close and when he became terminally ill, Mr. [redacted] and Ms. [redacted] agreed for [redacted] to reside with them. Ms. [redacted] reported her husband passed away a couple of years ago and [redacted] has continued to reside with her. CM [redacted] asked Ms. [redacted] if [redacted] was in any kind of homeschool program. Ms. [redacted] reported she thought she was sometime last year because people came and spoke with them about it but that was the only time they heard from them. Ms. [redacted] reported she buys [redacted] books and teachers her in the home. Ms. [redacted] reported she was a retired teachers aide in the [redacted] County School Systems. CM [redacted] asked Ms. [redacted] how long Mr. [redacted] and Ms. [redacted] have been living in the camper. Ms. [redacted] reported Mr. [redacted] has lived there the whole time. Ms. [redacted] reported Ms. [redacted] has been back and forth, but most recently she has been back for 2 or 3 weeks. Ms. [redacted] reported they have really been trying with each other and they are doing so good. CM [redacted] asked Ms. [redacted] what type of issues they had, causing them to separate and then get back together. Ms. [redacted] reported Mr. [redacted] had previously used drugs before they took him to Peninsula. Ms. [redacted] reported she was unsure if Ms. [redacted] used drugs

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

during that time. Ms. [redacted] reported she had no concerns of drug use from either parent. CM [redacted] asked Ms. [redacted] if she had any type of custody for [redacted] Ms. [redacted] reported she did not. CM [redacted] asked Ms. [redacted] if she received any assistance or aide for caring for [redacted] Ms. [redacted] reported she did not. Ms. [redacted] reported Ms. [redacted] and Mr. [redacted] would buy food for her home when they went grocery shopping. Ms. [redacted] reported she was retired and receives her husbands social security after he passed away. CM [redacted] asked Ms. [redacted] if there was anything she could do for her. Ms. [redacted] asked CM to pray for the family.

CM [redacted] briefly spoke with ACV [redacted] was observed clean and free of any visible marks or bruises. CM [redacted] asked [redacted] how she was doing. [redacted] reported she was doing okay. CM [redacted] asked [redacted] if she liked living with her Nana, Ms. [redacted] reported she does like living with her Nana, but I love being with mommy. CM [redacted] observed [redacted] to appear happy and bonded with Ms. [redacted] was more interested in showing CM [redacted] her room and toys than speaking with her at this time. CM [redacted] observed [redacted] to have her own bedroom, with several toys and other play items in her room. CM [redacted] observed [redacted] to have her own tv in her bedroom. The bedroom was very neat and clean.

CM [redacted] and Det. [redacted] completed a walk through of the camper where ACV [redacted] was found deceased. CM [redacted] observed a playard, like a pack-n-play, by the door, where [redacted] slept, to the left of the door. CM [redacted] observed Mr. [redacted] and Ms. [redacted] to have their own room, to the right of the door. CM [redacted] observed the camper to have no running water. The camper was observed to have electricity. CM [redacted] observed a small refrigerator, with little food, milk and an empty sippy cup. CM [redacted] observed the camper to have wood over the windows where the parents slept. A large outside umbrella was anchored to the camper, to cover the porch. CM [redacted] observed trash and several beer cans outside of the camper. CM [redacted] did take pictures of the home and they will be uploaded into TFACTS. Det. [redacted] reported he collected [redacted] medication and has entered it into evidence. Det. [redacted] reported he will take the medication and the sippy cup from her bed, to the medical examiners office, in the morning, for the autopsy. Det. [redacted] reported Mr. [redacted] and Ms. [redacted] statements were pretty identical. CM [redacted] informed Det. [redacted] Ms. [redacted] reported to getting up at 5:00 this morning and making her a fresh cup of milk. Det. [redacted] reported both parents reported they did not get up with her when she woke up, only that they heard her playing with her toys.

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:	2024-11-19 15:30:00	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	11/20/2024
Completed date:	11/20/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2024 01:33 PM Entered By: [redacted]

Case Manager (CM) [redacted] met response on the Abuse Death regarding [redacted] age 5 on this date at the family home. EMS had already left with the child prior to CM [redacted] arrival. Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased ACV. Detective (Det.) [redacted] with the [redacted] Police Department reported that [redacted] was observed to be cold and purple in color. The time of death is unknown at this time. Per Det. [redacted] there were no visible marks or bruises. [redacted] has been diagnosed with Epilepsy and Down Syndrome. [redacted] was sent to the Regional Forensic Center in [redacted] TN for autopsy.

CM [redacted] did observe Alleged Child Victim (ACV) and sister to [redacted] age 8 at the paternal grandmother's home which is located on the same property as where the parents and [redacted] have been residing in a camper outside. [redacted] was observed to be clean and healthy with no visible marks or bruises. [redacted] has not been enrolled in school and was observed to be delayed with a lack of social skills. Due to the investigation that was taking place on this date, CM [redacted] will re-engage and interview her on a different date. [redacted] did appeared to be well cared for with her own room and appeared to be bonded with her grandmother.

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:	2024-11-19 14:45:00	Contact Method:	
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/20/2024
Completed date:	11/20/2024	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/20/2024 01:41 PM Entered By: [redacted]

The referral was assigned on November 19, 2024 at 2:09 PM CT as a P1 with the allegation of Abuse Death against an Unknown Alleged Perpetrator on Alleged Child Victi (ACV) [redacted] age 5. Allegations of Environmental Neglect and Educational Neglect have been added against the parents, [redacted] and [redacted] in regards to ACV [redacted] age 8. Response is due on November 20, 2024 at 3:09 pm [redacted]. The children are not of Native American Descent. The case was assigned by Team Leader (TL) [redacted] to Child Protective Services Case Manager (CM) [redacted]

Family Composition:

[redacted] Alleged Child Victim (ACV) DOB: [redacted] DOD: 11/19/24
[redacted] sister, ACV DOB: [redacted]
[redacted] Mother/Alleged Perpetrator DOB: [redacted]
[redacted] Father/Alleged Perpetrator DOB: [redacted]
[redacted] paternal grandmother
Address: [redacted] TN [redacted]

TFACTS History:

[redacted] / 03-21-22 / Alleg: Medical Maltreatment / ACV: [redacted] / AP: [redacted] / Class: Services Needed - [redacted] was underweight and developmentally delayed after being seen at Children's hospital. She was taken to the hospital after being lethargic and having fluid on her brain. [redacted] is now engaging in physical, occupational, and speech therapy. She is taking periodic check-ins with her PCP and has gained weight. Pedisure has been added to her diet.

[redacted] / 02-29-20 / Alleg: Medical Maltreatment / ACV: [redacted] / AP: [redacted] / Class: AUPU

[redacted] / 03-07-19 / Alleg: Abandonment / ACV: [redacted] / AP: [redacted] / Class: Services Recommended - allegation of abandonment (ABD) against [redacted] (AP) in regards to [redacted] (ACV) and [redacted] (ACV). Services were recommended. The department recommended that [redacted] (AP) obtain MH Assessment,

Tennessee Department of Children's Services

Case Recording Summary

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

follow any/all recommendations; comply with TEIS and Hugs; obtain/maintain safe/stable housing income; ensure safe sleep will be followed.

Juvenile Court and District Attorney will be notified per local protocol.

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: 11/19/2024

Assignment Date: 11/20/2024

Street Adress: [redacted]ive,

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

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/21/2025
2	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/31/2025
3	[redacted]	[redacted]	Medical Maltreatment	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/31/2025
4	[redacted]	[redacted]	Nutritional Neglect	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/31/2025
5	[redacted]	[redacted]	Environmental Neglect	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] 02/10/2025
6	[redacted]	[redacted]	Educational Neglect	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] 02/10/2025
7	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/21/2025
8	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/31/2025
9	[redacted]	[redacted]	Medical Maltreatment	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/31/2025
10	[redacted]	[redacted]	Nutritional Neglect	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] 03/31/2025

Department of Children's Services

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

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

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse CSEM	Classified By / Classified
11	[redacted]	[redacted]	Educational Neglect	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] / 02/10/2025
12	[redacted]	[redacted]	Environmental Neglect	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[redacted] / 02/10/2025
13	[redacted]	[redacted]	Abuse Death	Unknown Participant 14291707678,		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 03/31/2025

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case came to the attention of the department for allegations of Abuse Death against an unknown perpetrator concerning [redacted] and being classified as Unsubstantiated/Perpetrator Unsubstantiated due to the lack of evidence. Allegations of Abuse Death, Severe Lack of Supervision, Severe Medical Neglect, Severe Nutritional Neglect, Educational Neglect and Environmental Neglect against [redacted] and [redacted] concerning [redacted] These allegations are being classified as Substantiated/Perpetrator Substantiated due to the medical records stating the child has several Failure to Thrive diagnoses, her medication not being present in her system when she passed away, the lack of food in the home and in her stomach and multiple missed appointments. The Educational Neglect allegations concerning [redacted] are classified as Substantiated/Perpetrator Substantiated due to the child having never been enrolled in school.

D. Case Workers

Case Worker: [redacted] Date: 02/10/2025

Team Leader: [redacted] Date: 04/01/2025

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:

The Alleged Child Victim (ACV) [redacted] was already removed from the home when CM [redacted] arrived. CM [redacted] did not observed [redacted] as she was deceased and taken to the medical examiners office.

[redacted] reported she lived with her Nana, [redacted] and her father [redacted] lives in the basement, her mother [redacted] lives in the camper. [redacted] reported her dad stays in the basement every night. [redacted] reported her dad has a blanket in the basement so he could smell her sissy. [redacted] reported she doesn't want her dad to go back to jail where he hit her mommy. [redacted] reported her little sister died, "I think she had a seizure in her sleep". [redacted] reported her sister, [redacted] was "special needs, she had down syndrome". [redacted] reported her father was trying to

Department of Children's Services

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

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

give her sister CPR. [redacted] reported she saw him inside the camper, "he tried to blow air into her mouth but it didn't do anything". [redacted] reported she was sad and crying. [redacted] reported they took her sister to the funeral home. [redacted] reported before that she was inside the house and her dad asked her if she wanted to go outside. [redacted] was asked where her sister lived. [redacted] reported she lived in the camper with her mommy. [redacted] was asked who she lived with. [redacted] reported she lived with her Nana because there was no one else to stay with her because her Poppy died. [redacted] reported her Nana doesn't really like her mommy. [redacted] reported her Nana was afraid her mommy will come into the house. [redacted] was asked what kind of things she did with her mom. [redacted] reported her mom will make characters on "Gotcha" and makes funny faces at her to get her to laugh. [redacted] was asked what she did with her Nana. [redacted] reported "I don't know, it gets out of my head really fast". [redacted] was asked if she played with her sister. [redacted] reported she would get in the crib and play with her sister, "she had a little piano". [redacted] reported this happened in the camper, where her bed was at. [redacted] reported they did not play outside of the crib together. [redacted] reported the crib was blue and she had toys in there to play with. [redacted] reported her mom and sister would come to Nana's sometimes, but she played in her crib there, they brought it over with them. [redacted] was asked how things have been since her sister passed. [redacted] reported "I've been thinking about her and I have a stuffed elephant and I named her [redacted] was asked about school. [redacted] reported her Nana home schools her. [redacted] reported she just learns. [redacted] reported "I like to trace the lines with the dots in the books". [redacted] was asked what happened she got in trouble at the camper. [redacted] reported she sometimes cries when she gets mad. [redacted] reported "I really don't know" and then reported "I don't want to talk about it". [redacted] was asked who made dinner. [redacted] reported her Nana cooks dinner, like spaghetti and meatballs. [redacted] reported her mom would make mac and cheese for her sissy and er and hot pockets. [redacted] reported her sister like mac and cheese and Vienna sausages. [redacted] reported someone would have to feed her, "she would just shove food in her mouth and swallow it whole". [redacted] was asked if her sister walked or played outside of the crib. [redacted] reported her sister liked to rock back and forth, "she could walk since she was 5".

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

All documents and case recordings have been entered and uploaded and can be found under the case recording and document sections in TFACTS.

[redacted] met with Detective [redacted] with the [redacted] County Sheriff's Department. Det. [redacted] reported the family lived in the camper on the property. CM [redacted] asked Det. [redacted] which family members lived inside the camper. Det. [redacted] reported the ACV [redacted] the mother, [redacted] and the father, [redacted] Det. [redacted] reported Mr. [redacted] has primarily lived in the camper and Ms. [redacted] reported she has been there for the last year. Det. [redacted] reported Chief [redacted] with [redacted] Police Department, reported Ms. [redacted] has only been residing in the camper for the last two weeks. Det. [redacted] reported Ms. [redacted] previously lived on [redacted] in [redacted] TN. Det. [redacted] reported Ms. [redacted] spoke with Det. [redacted] reporting she and Mr. [redacted] had lain [redacted] down for bed around midnight with a "sippy cup" of milk. Det. [redacted] reported Ms. [redacted] reported she nor Mr. [redacted] had laid eyes on [redacted] from the time she went to bed, until they woke up around 2:30 PM. Det. [redacted] reported Ms. [redacted] reported she and Mr. [redacted] heard [redacted] awake around 5:00 AM, playing with a toy but reported she nor Mr. [redacted] did not get up to check on her. Det. [redacted] reported Ms. [redacted] and Mr. [redacted] woke up around 2:30 PM and Ms. [redacted] got up to check on [redacted] and found her unresponsive and not breathing. Det. [redacted] reported the 911 call came in at 2:36 PM, Chief [redacted] arrived at the home at 2:37 PM. Det. [redacted] reported dispatch instructed Ms. [redacted] on how to do CPR. Det. [redacted] reported they have the deputy who conducts the re-enactment coming to have Ms. [redacted] walk them through the events of that afternoon. Det. [redacted] reported Mr. [redacted] reported they watched Monday Night Law and when it ended around 11:00 PM, he took medicine to make him sleep and went to bed. Det. [redacted] reported Mr. [redacted] reported he woke up around 2:30, "got up and went outside to pee". CM [redacted] asked Det. [redacted] if Ms. [redacted] or Mr. [redacted] were employed. Det. [redacted] reported they were not. Det. [redacted] reported Ms. [redacted] denied alcohol and drug use in the home. Det. [redacted] reported Ms. [redacted] reported [redacted] was on liquid Keppra for Epilepsy. Det. [redacted] reported [redacted] was also diagnosed with Down Syndrome. Det. [redacted] reported Det. [redacted] took the medication bottle and the prescription paper for the medication concerning [redacted] Det. [redacted] reported Mr. [redacted] was arrested and will be taken to [redacted] County Jail soon due to assaulting Ms. [redacted] Det. [redacted] reported Mr. [redacted] struck Ms. [redacted] in the eye, in front of other law enforcement officers. Det. [redacted] reported Mr. [redacted] was charged with domestic assault.

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

CM [redacted] reported to Ms. [redacted] that she needed her to walk CM through [redacted] day on Monday. Ms. [redacted] reported

Department of Children's Services

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

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

[redacted] woke up around 9:00 that morning. Ms. [redacted] reported [redacted] was always up early. Ms. [redacted] reported [redacted] ate pancakes and oatmeal for breakfast. CM [redacted] asked Ms. [redacted] if [redacted] took any naps that day. Ms. [redacted] reported [redacted] "napped a lot, sometimes 3 to 4 hours". Ms. [redacted] reported [redacted] took about 4 separate 3 hour naps on Monday, "she slept most of the day". CM [redacted] asked Ms. [redacted] what [redacted] had for Lunch. Ms. [redacted] reported she ate some bologna cut up into pieces and a cup of milk. CM [redacted] asked Ms. [redacted] if she remembered what they ate for dinner that evening. Ms. [redacted] reported they had spaghetti, boiled broccoli around 7:00 PM. CM [redacted] asked Ms. [redacted] what time [redacted] went to bed that evening. Ms. [redacted] reported they put her to bed around 10:00-11:00 PM. CM [redacted] asked Ms. [redacted] if [redacted] had normal diapers that day. Ms. [redacted] reported she did. Ms. [redacted] reported [redacted] had two "good poops". CM [redacted] asked Ms. [redacted] who was the main caregiver of [redacted] Ms. [redacted] reported both she and Mr. [redacted] changed and fed her equally. CM asked Ms. [redacted] what time she got up on Tuesday after everyone went to bed Monday night. Ms. [redacted] reported [redacted] woke up about 5:00 that morning. Ms. [redacted] reported Mr. [redacted] got up with her, she gave [redacted] milk and everyone went back to bed. Ms. [redacted] reported they did not get up until around 2:30 PM. CM [redacted] asked Ms. [redacted] what time they would normally get up on a normal day for them. Ms. [redacted] reported they slept late in the day because they were up later in the evening. CM [redacted] asked Ms. [redacted] how [redacted] behaviors have been, if there was anything out of the usual for her. Ms. [redacted] reported [redacted] did have a seizure last Thursday. Ms. [redacted] reported it lasted less than 2 minutes. Ms. [redacted] reported [redacted] body would stiffen and her eyes would roll and she made a choking noise. Ms. [redacted] reported [redacted] seizures had been becoming more frequent. CM [redacted] asked Ms. [redacted] if she had informed the neurologist that [redacted] seizures were becoming more frequent. Ms. [redacted] reported she did not. Ms. [redacted] reported she was going to tell them at the next appointment. CM [redacted] asked Ms. [redacted] when her next appointment was. Ms. [redacted] reported she thought it was the following week.

CM [redacted] explained to Ms. [redacted] due to some of the allegations in this case, she wanted to develop a non-custodial permanency plan (NCPP) with the family. Ms. [redacted] reported she understood. CM [redacted] reported due to her paramour, [redacted] being arrested for domestic assault, CM would like for her (Ms. [redacted] to complete non-offender domestic violence classes. CM [redacted] reported she would also like for Ms. [redacted] to complete a mental health assessment and follow recommendations. CM [redacted] reported to Ms. [redacted] the mental health assessment will also be helpful with the recent loss of [redacted] CM [redacted] also reported the family would still need to come up with an education plan for [redacted] Ms. [redacted] reported she understood.

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

CM [redacted] reported she would need to ask some questions about November 18th and 19th, 2024. CM [redacted] asked Mr. [redacted] about Monday. Mr. [redacted] reported he got up around mid-morning but was not sure due to not having a clock or checking his phone. Mr. [redacted] reported Ms. [redacted] and [redacted] were already awake. Mr. [redacted] reported he got up and went outside. CM [redacted] asked Mr. [redacted] if he knew what [redacted] had to eat during that day. Mr. [redacted] reported he did not remember what [redacted] had for breakfast and she "maybe had Vienna sausages for lunch". CM [redacted] asked Mr. [redacted] how [redacted] acted that day. Mr. [redacted] reported she had "normal" behaviors. CM [redacted] asked Mr. [redacted] if he knew how many naps [redacted] had taken that day. Mr. [redacted] reported he did not know. CM [redacted] asked Mr. [redacted] if he remembered what they had for dinner Monday night. Mr. [redacted] reported he did not remember. CM [redacted] asked Mr. [redacted] what time [redacted] went to bed. Mr. [redacted] reported "maybe 8:00 or 9:00 PM". CM [redacted] asked Mr. [redacted] if [redacted] woke up any during the night. Mr. [redacted] reported he was not sure as he had taken his medication and slept through the night. CM [redacted] asked Mr. [redacted] what medications he was taking. Mr. [redacted] reported he takes Olanzapine and Divalproex, every night. CM [redacted] asked Mr. [redacted] where he gets mental health treatment from. Mr. [redacted] reported he goes to [redacted]. CM [redacted] asked Mr. [redacted] what happened Tuesday morning. Mr. [redacted] reported he got up and went outside to "pee". Mr. [redacted] reported Ms. [redacted] "came out the door hollering and she turned [redacted] over and knew something was wrong". Mr. [redacted] reported he got in the pack-n-play and started CPR and he was unable to find a pulse. Mr. [redacted] reported Ms. [redacted] called 911. CM [redacted] asked Mr. [redacted] about [redacted] seizures. Mr. [redacted] reported [redacted] rarely has them. Mr. [redacted] reported "she has only had 2 or 3 in the last month or so". Mr. Siple reported he was the one who dealt with her when she was having a seizure. CM [redacted] asked Mr. [redacted] if the medication helped [redacted] Mr. [redacted] reported "they seemed to". CM [redacted] asked Mr. [redacted] when [redacted] had her last seizure. Mr. [redacted] reported "last week or maybe 2 weeks ago". Mr. [redacted] reported he did not have any concerns with [redacted] Mr. [redacted] reported '[redacted] is a good mom, we have been together 15 years and I am all she has". CM [redacted] asked Mr. [redacted] about the prior court order from 2019 concerning [redacted] CM [redacted] reported to Mr. [redacted] he was still on supervised visitation with [redacted] Mr. [redacted] asked CM [redacted] if she knew why. CM [redacted] reported due to some failed drug screens during the case. Mr. [redacted] reported he was actively using methamphetamine during that time. CM [redacted] reported to Mr. [redacted] that due to the court order he would have to remain supervised with [redacted] and not be allowed overnight stays in the home with her. Mr. [redacted]

Department of Children's Services

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

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

reported he understood. CM [redacted] thanked Mr. [redacted] for his time and for meeting with her today.

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

CM [redacted] asked Ms. [redacted] which house [redacted] usually stayed at. Ms. [redacted] reported [redacted] was always with her parents, [redacted] and Mr. [redacted] Ms. [redacted] reported her older son, [redacted] would get [redacted] on occasion and bring [redacted] to her house and play with her. CM [redacted] asked Ms. [redacted] if she ever took [redacted] to her house. Ms. [redacted] reported [redacted] was only ever at her house if her mother and father brought her. CM [redacted] asked Ms. [redacted] if the family ate meals at her house. Ms. [redacted] reported her son, [redacted] would come and get food from her house and take it back to their camper. Ms. [redacted] reported she cooked dinner every night and they would eat around 5:30-6:00 PM. CM [redacted] asked Ms. [redacted] if [redacted] was able to feed herself. Ms. [redacted] reported [redacted] had problems eating and her food would have to be mashed up. Ms. [redacted] reported [redacted] was unable to feed herself, someone had to feed her. Ms. [redacted] reported [redacted] would take her socks off and try to eat them. Ms. [redacted] reported Mr. [redacted] had to cut [redacted] hair because she would try and eat her hair. CM [redacted] asked Ms. [redacted] if [redacted] was mobile. Ms. [redacted] reported [redacted] could walk some if her hands were held. CM [redacted] asked Ms. [redacted] if Mr. [redacted] and Ms. [redacted] brought [redacted] to the house. Ms. [redacted] reported they did on occasion and would put her in her pack-n-play. CM [redacted] asked Ms. [redacted] if the family ever stayed the night in her home. Ms. [redacted] reported they stayed one night until they got the electricity fixed in the camper and they went back home the next day. Ms. [redacted] reported it was dark out and they were unable to fix it until the following day. Ms. [redacted] was asked why she only kept [redacted] at her home and not [redacted] Ms. [redacted] reported she was old and [redacted] required a lot of care and she knew she was unable to provide that care to her like she needed. Ms. [redacted] reported Ms. [redacted] and Mr. [redacted] also always wanted her there with them.

CM [redacted] asked Ms. [redacted] if she remembered what she made for dinner Monday evening. Ms. [redacted] reported she believes she made spaghetti, garlic bread and broccoli. Ms. [redacted] Mr. [redacted] did come to the house and get plates of food for everyone. CM [redacted] asked Ms. [redacted] if she knew what [redacted] ate the Monday before she passed. Ms. [redacted] reported she did not. CM [redacted] asked Ms. [redacted] if she knew if [redacted] ate oatmeal. Ms. [redacted] reported she was not sure. Ms. [redacted] reported [redacted] did like to eat pancakes. Ms. [redacted] reported [redacted] would push your hand away when she was done eating. CM [redacted] asked Ms. [redacted] if she had any concerns with [redacted] care. Ms. [redacted] reported she did not. CM [redacted] reported in regard to [redacted] she wanted to schedule a forensic interview for her. CM [redacted] explained it was just to ensure her safety. CM [redacted] asked Ms. [redacted] if she would be able to bring her to an interview when she could get it scheduled. Ms. [redacted] reported she could. Ms. [redacted] reported she would ask her son [redacted] to help her with transporting [redacted] because she did not like to drive far distances. CM [redacted] reported that was fine and she would let her know when the appointment was.

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Regional Supervising Attorney

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 11/20/2024**
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: 06/05/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 11/21/2024	**Approver:** [redacted]

PARTICIPANTS

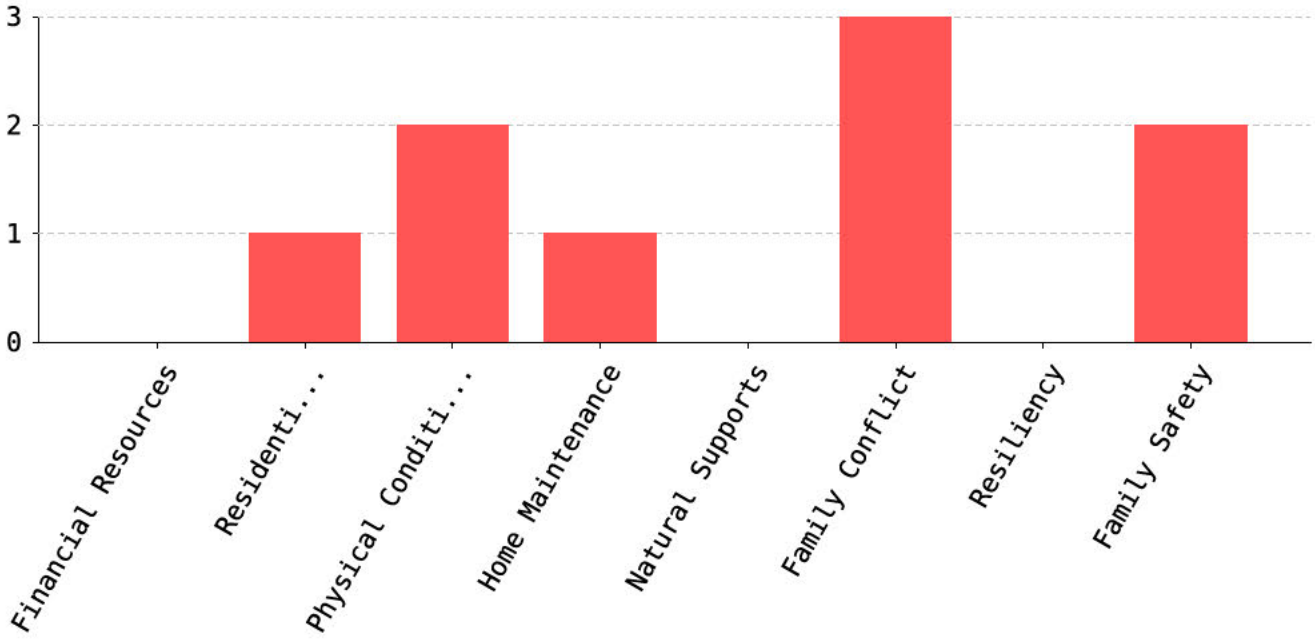
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted]	45 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] (ACV)	8 Yrs	Youth	F	[redacted]	3	Low
[redacted]	71 Yrs	Caregiver	F	[redacted]	N/A	N/A
[redacted] (ACV)	Deceased	Youth	F	[redacted]	4	Low
[redacted] (AP)	41 Yrs	Primary	F	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 11/20/2024
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	11/20/24-The parents are currently living in a camper on the paternal grandmother's property and have not established stable housing.
Physical Condition of Home	2	11/20/24-The camper is observed to have safety concerns outside and inside along with excessive clutter and observed to be unsanitary.
Home Maintenance	1	11/20/24-The camper that the parents reside in and [redacted] lived in was found to have excessive clutter that posed a risks to the child inside and outside of the home.
Natural Supports	0	
Family Conflict	3	11/20/24-The father was arrested and charged with Domestic Violence against the mother on 11/19/24 as he struck the mother in the face breaking her glasses which cut her eye in the presence of law enforcement. According to law enforcement, there have been several calls to the home for domestic altercations and arguments between the parents.
Resiliency	0	
Family Safety	2	11/20/24-Due to domestic violence, unknown cause of death of [redacted] and parents mental health, conditions of the camper the parents reside in, there

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

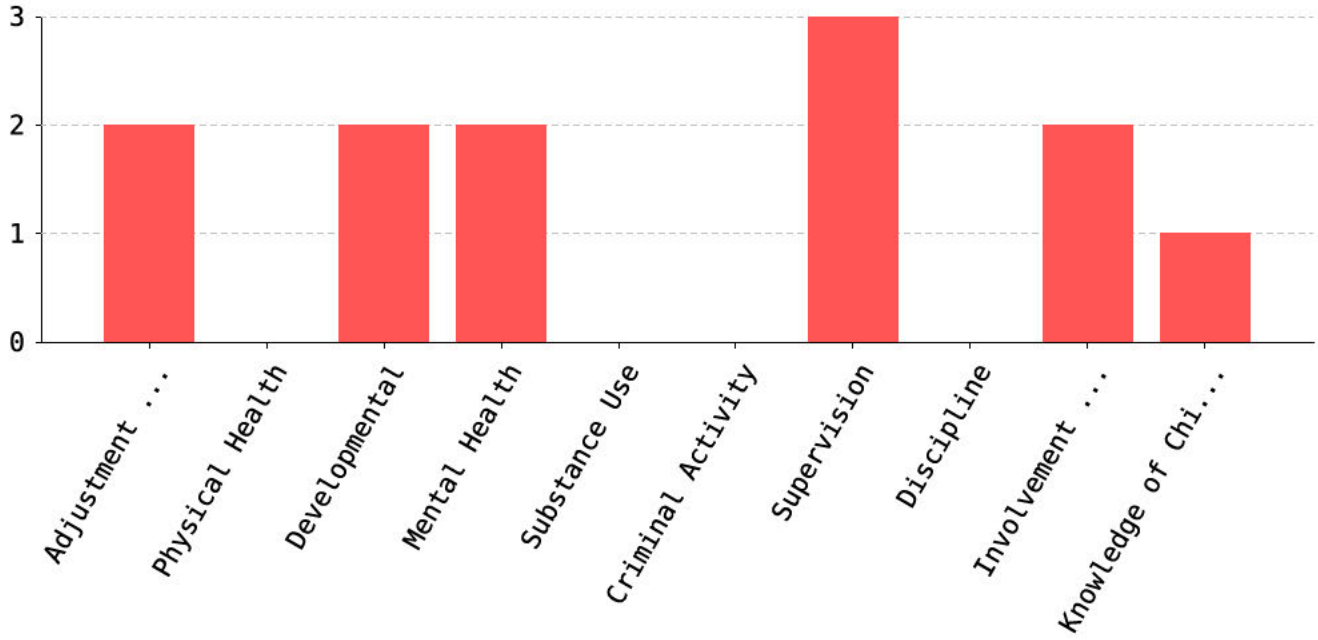
Event Type: CPS Case	**Assessment Date:** 11/20/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

are concerns of safety.

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

Event Type: CPS Case	**Assessment Date:** 11/20/2024
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	2	11/20/24-The mother just had a minor child to pass away and she and the father have altercations on a consistent basis. The father has kicked the mother out before along with the child that passed away.
Physical Health	0	
Developmental	2	11/20/24-The mother appears to be intellectually disabled.
Mental Health	2	11/20/24-The mother has failed to provide educational opportunities for her children, is in a domestic violent relationship, and failed to check on her child for over 12 hours at which time she found the child to be deceased from an unknown cause at this time.
Substance Use	0	
Criminal Activity	0	
Supervision	3	11/20/24-The mother's child, [redacted] passed away on 11/19/24. The child had been asleep for over 12 hours and the mother and father slept through this and when they finally checked on her, she was deceased.
Discipline	0	
Involvement in Caregiving Functions	2	11/20/24-The mother's child, [redacted] passed away on 11/19/24. The child had been asleep for over 12 hours and the mother and father slept through

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

Event Type: CPS Case	**Assessment Date:** 11/20/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

		this and when they finally checked on her, she was deceased.
Knowledge of Child and Family Needs	1	11/20/24-The mother's child, [redacted] passed away on 11/19/24. The child had been asleep for over 12 hours and the mother and father slept through this and when they finally checked on her, she was deceased. The mother did report that [redacted] has epilepsy but it is unknown if medication was being administered as prescribed at this time.

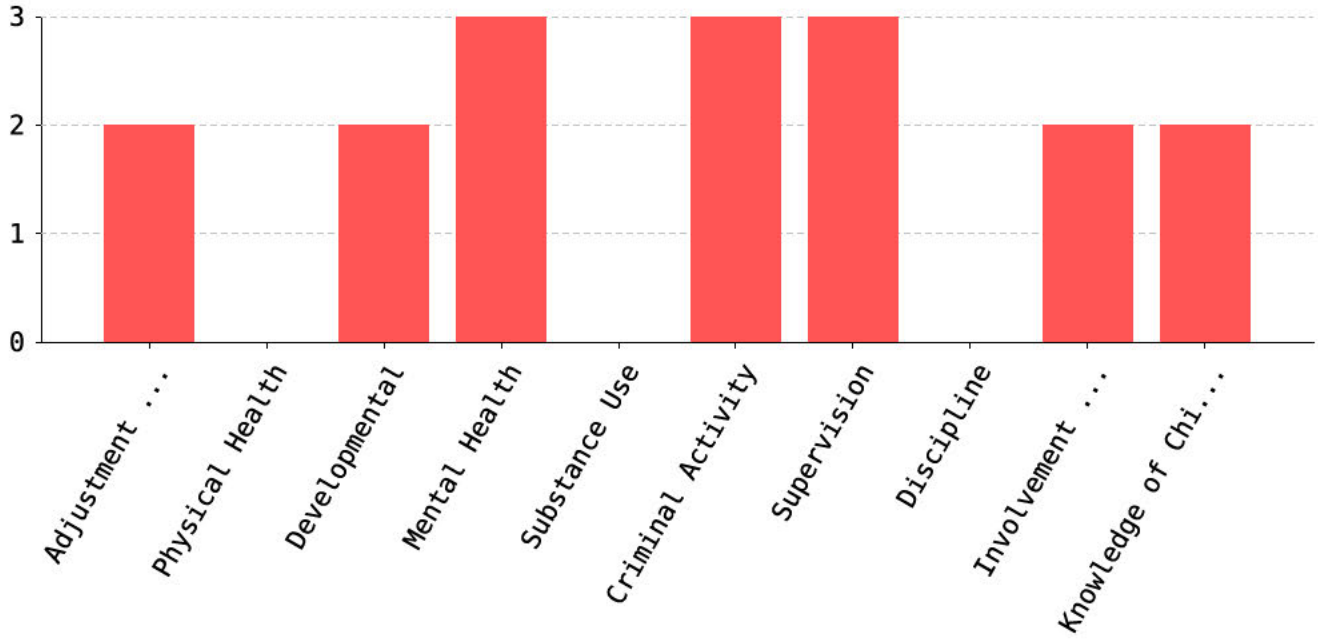
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 11/20/2024
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	2	11/20/24-The father's child, [redacted] passed away on 11/19/24 at which point he struck the mother in the face in frustration.
Physical Health	0	
Developmental	2	11/20/24-The father appears to be delayed which appears to cause him to easily become frustrated and lash out in anger.
Mental Health	3	11/20/24-The father reports he is diagnosed with bipolar disorder and Schizophrenia and is prescribed medication.
Substance Use	0	
Criminal Activity	3	11/20/24-The father was arrested and charged with Domestic Assault on 11/19/24.
Supervision	3	The father's child, [redacted] passed away on 11/19/24. The child had been asleep for over 12 hours and the mother and father slept through this and when they finally checked on her, she was deceased.
Discipline	0	
Involvement in Caregiving Functions	2	11/20/24-The father's child, [redacted] passed away on 11/19/24. The child had been asleep for over 12 hours and the mother and father slept through

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

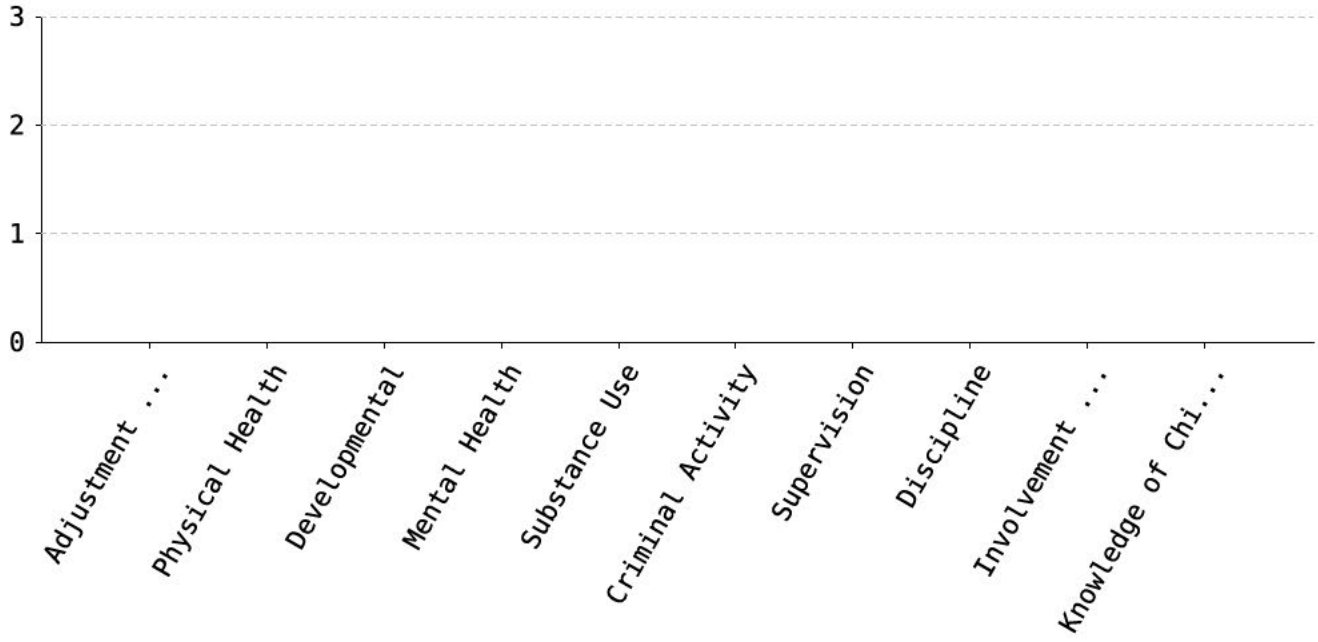
Event Type: CPS Case	**Assessment Date:** 11/20/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

		this and when they finally checked on her, she was deceased. The mother did report that [redacted] has epilepsy but it is unknown if medication was being administered as prescribed at this time.
Knowledge of Child and Family Needs	2	11/20/24-The mother's child, [redacted] passed away on 11/19/24. The child had been asleep for over 12 hours and the mother and father slept through this and when they finally checked on her, she was deceased. The mother did report that [redacted] has epilepsy but it is unknown if medication was being administered as prescribed at this time.

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

Event Type: CPS Case	**Assessment Date:** 11/20/2024
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	

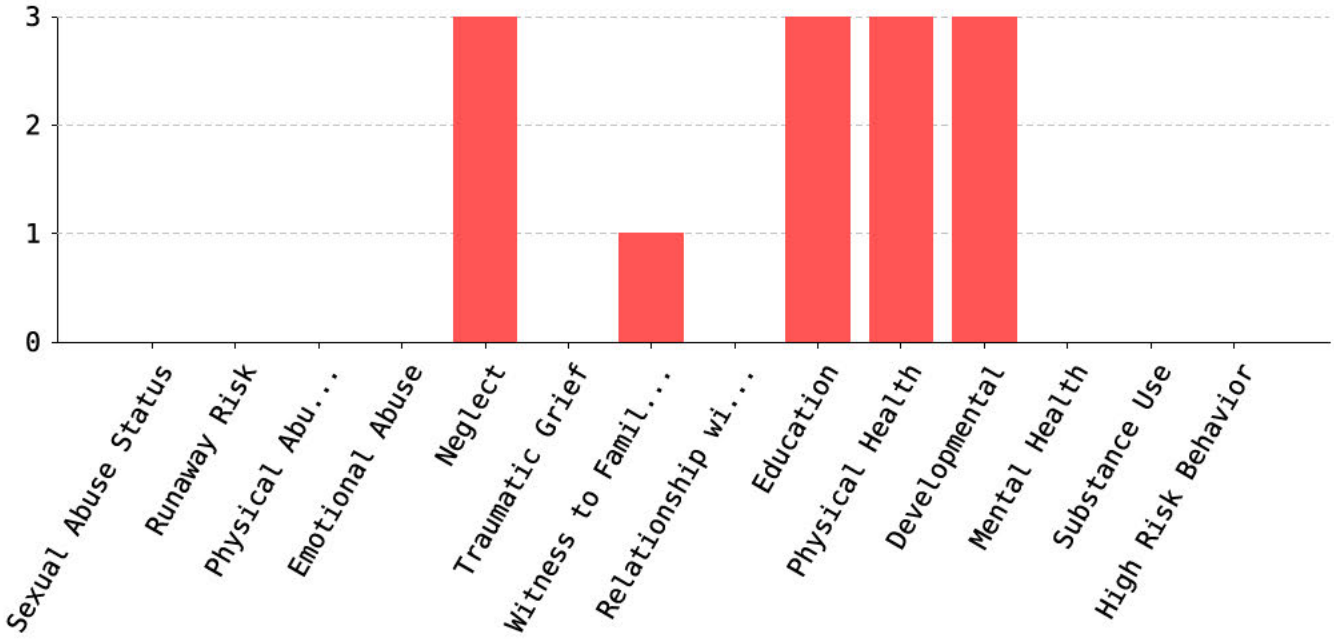
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 11/20/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH

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

Participant: [redacted] (CSEM)	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	11/20/24-[redacted] passed away on 11/19/24. She was put to bed by her parents at around 11:45 pm on 11/18/24 and wasn't check on until approximately 2:30 pm on 11/19/24. [redacted] was already deceased when her parents checked on her. She was sleeping in a palate on the floor inside of an outdoor play yard.
Traumatic Grief	0	
Witness to Family, School or Community Violence	1	11/20/24-It is unknown if [redacted] actually witnessed domestic violence between her parents but due to domestic violence concerns and child cannot be questioned, this area is being scored in this manner.
Relationship with Primary Caregiver	0	
Education	3	11/20/24-Child was 5-years old and there is no evidence that she ever had any educational services or attended school.

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

Event Type: CPS Case	**Assessment Date:** 11/20/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

Physical Health	3	11/20/24-[redacted] passed away on 11/19/24. She was diagnosed with Down Syndrome and Epilepsy.
Developmental	3	11/20/24-[redacted] passed away on 11/19/24. She was diagnosed with Down Syndrome and Epilepsy.
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

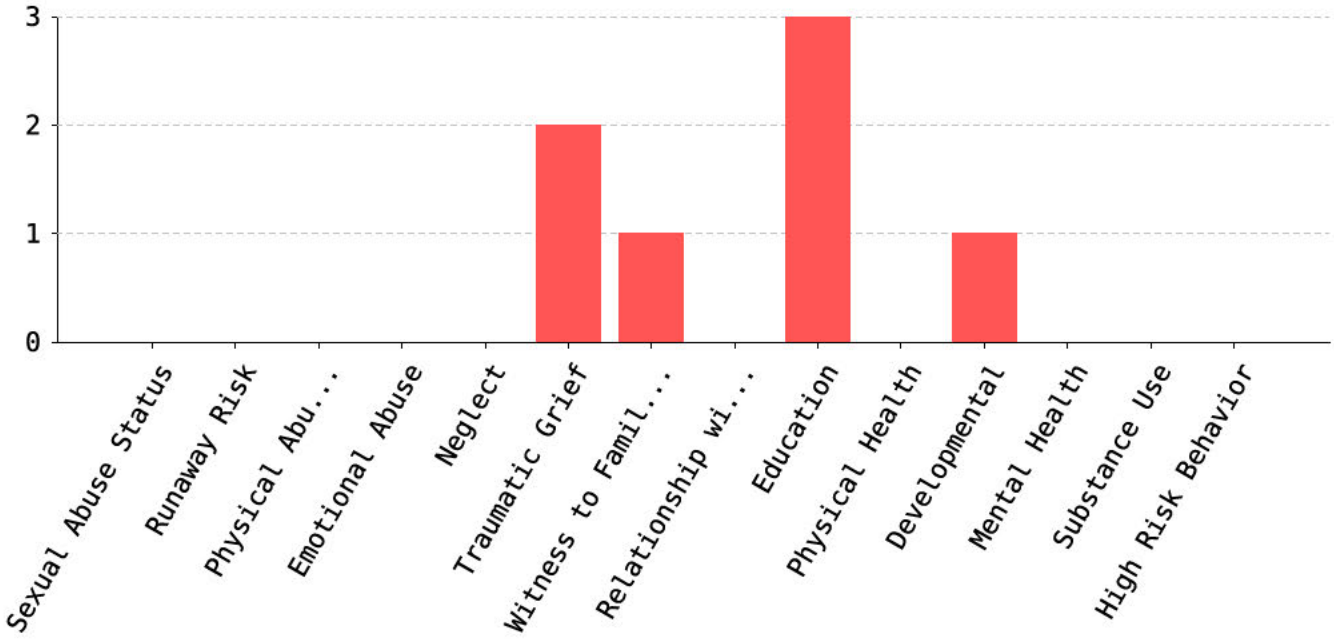
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 11/20/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH

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

Participant: [redacted] (CSEM)	Person ID: [redacted]	Age:8 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	2	11/20/24-Sibling passed away on 11/19/24.
Witness to Family, School or Community Violence	1	11/20/24-Child's parents were involved in domestic violence altercations. Child lives with the grandmother and it is unknown at this time if she ever witnessed these altercations.
Relationship with Primary Caregiver	0	
Education	3	11/20/24-Per the family, the child has never been enrolled in public school or any home school program.
Physical Health	0	
Developmental	1	11/20/24-Child appears to have delays with her speech and actions and lack

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

Event Type: CPS Case	**Assessment Date:** 11/20/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

		of social skills.
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	