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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 02/24/2023 01:49 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 02/24/2023

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 02/27/2023 09:16 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 02/27/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 02/27/2023 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes /	Unknown Participant [redacted] Unknown	
[redacted]	5 Yrs	Lack of Supervision	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] (Open), [redacted]
Associated Case IDs: [redacted]

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP SS Custody [redacted] /2-25-22/ [redacted]

Closed Court Custody JJ Custody [redacted] /8-24-00 to 8-24-00/ [redacted]

Pending: None

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

Awaiting Screening: None
Submitted: None

Open CPS: None
Substantiated: [redacted] and [redacted]/LOS, SEE/ASPS/2-12-21
[redacted]/DEI, ABN[redacted]ASPS/3-18-14
[redacted]/ABN[redacted]ASPS/2-3-14
[redacted]/DEI[redacted]ASPS/7-21-11
Death: None
Screen Outs: None

History (not listed above):
INV[redacted]/SEE/Administrative Closure/6-30-22
ASMT[redacted]/LOS/Unable to Complete/10-27-21
ASMT[redacted]/DEC, NUN/Unable to Complete/7-29-21
INV[redacted]/PHA/AUPU/12-6-19
ASMT[redacted]/DEC/NSN/7-15-19
ASMT[redacted]/ABN/NSN/10-25-17
ASMT[redacted]/ABN/NSN/2-17-17
ASMT[redacted]/ABN/SR&A/5-11-15
ASMT[redacted]/LOS, PYA/SR&R/3-31-17
ASMT[redacted]/DEC, ENN/SR&A/5-30-16
INV[redacted]/DEI, ENN/Unable to Complete/10-21-13
INV[redacted]/DEI, LOS/Unable to Complete/10-21-23
ASMT[redacted]/LOS/Unable to Complete/10-21-13
INV[redacted]/SEE, DEC/AUPU/2-23-11
ASMT[redacted]/LOS/SR&A/11-22-10
ASMT[redacted]/DEC, LOS/Unable to Complete/7-12-10
INV[redacted]/Physical Neglect/AUPU/10-31-01
INV[redacted]/ENN/AUPU/8-6-03
INV[redacted]/PHA, ENN, DEC/AUPU/4-6-04

County of Jurisdiction: [redacted]
School/ Daycare: Unknown
Active Military Status: No

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (2) and [redacted] (1) reside with their mother ([redacted]22) in [redacted] County. It was not stated there is anyone else in the home. The children's father, ([redacted]Unknown age) lives at an unknown location.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Referent said immediate assistance need would have to be determined by DCS.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On 2-24-23, [redacted] and [redacted] were taken to the [redacted] Emergency Room by ambulance at 12:23 pm. The children were involved in a motor vehicle accident. The driver of the vehicle is unknown; [redacted] was not driving. Both [redacted] and [redacted] were unrestrained in the car at the time of the accident (unknown details). It is unknown where the children were located in the car. It is also unknown who put the children in the car. [redacted] was not in the vehicle. The accident happened in [redacted] TN on [redacted] and [redacted] at 11:53 am on 2-24-23. The details to the accident and what happened is unknown. Specifics on the injuries for the children is unknown at this time, but they do have traumatic injuries. [redacted] was in cardiac arrest and receiving CPR. [redacted] time of death was 12:46 pm on 2-24-23. The cause of [redacted] death has been stated at this time. [redacted] is currently stable and there are no concerns that [redacted] is going to pass away. It is unknown how long [redacted] is supposed to be in the hospital. The mother is at [redacted] Medical Center. [redacted] is in the ER at [redacted] It is unknown if DCS has been involved with the family in the past.

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

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

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

CM Notation: None
Screener Notation: None

Emailed/Paged CPSI On Call: No

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

Per SDM: INVST P1. Approved by CAH Director [redacted]. Emailed [redacted] Received by [redacted] at 4:14p on 2-24-23, as well as [redacted] and [redacted]. Staff with the open case - [redacted] - were not emailed as they appeared to be only associated with the family. [redacted], CM4 @ 404p on 2-24-23.

Note: Intake [redacted] has been screened out to this submitted intake.

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

Participant(s)

Name: [redacted] [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

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

SSN: | Race: | Age: Deceased

Address:

Deceased Date: 02/24/2023

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] [redacted]

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

SSN:
Race:
Age:

Address: Unknown

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Black/African | Age: 5 Yrs

Address: [redacted] Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: Mom

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:	2025-08-21 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/21/2025
Completed date:	08/21/2025	Completed By:	[redacted]
Purpose(s):	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: 08/21/2025 03:44 PM Entered By: [redacted]

Date: 08-21-25

Administrative Review

This investigation was reviewed and approved for closure. The allegations of Abuse Death (ABD) & Lack of Supervision (LOS) will be closed and classified as Allegation Substantiated Perpetrator Substantiated (ASPS).

On February 24, 2023, the Department of Children's Services (DCS) received a referral for an allegation of Abuse Death ABD) and Lack of Supervision (LOS) regarding Alleged Child Victim (ACV) [redacted] (1-at time of incident) and Alleged Child Victim (ACV) [redacted] (2-at time of incident). The Alleged Perpetrators (APS) were unknown at the time of the referral but was later identified as birth mother, Ms. [redacted] for the allegation of Lack of Supervision and Ms. [redacted] for the allegations of Abuse Death (ABD) and Lack of Supervision (LOS). This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] by Lead Investigator (TL) [redacted] This case was worked in conjunction with the [redacted] Police Department ([redacted]PD) and the [redacted] County District Attorney Office.

On June 14, 2024, CM [redacted] received a copy of the crash report by Lieutenant [redacted] with the [redacted] Police Department. According to the witness statement, Ms. [redacted] was speeding on the opposite side of the road which resulted in the head on collision. According to the report, there were no drugs or alcohol involved. CM [redacted] spoke with Assistant District Attorney (ADA) [redacted] She reported that Ms. [redacted] has been charged with Vehicular Homicide and Ms. [redacted] and [redacted] are listed in the database as witnesses for the state.

An autopsy was completed on [redacted] by Dr. [redacted] Regional Forensic Center, [redacted] TN. The autopsy stated, "The decedent was a 16-month-old female who was reportedly in a motor vehicle crash and reportedly an unrestrained passenger. Autopsy findings include multiple blunt force injuries including dislocation of the first and second vertebrae with transection of the underlying spinal cord, subarachnoid hemorrhage, liver laceration and hemoperitoneum. Toxicological studies performed on postmortem blood were negative.

Tennessee Department of Children's Services

Case Recording Summary

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

Death was caused by multiple blunt force injuries sustained as the result of a motor vehicle crash. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be accident."

On June 27, 2024, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were: TL [redacted] [redacted] Lieutenant [redacted] [redacted] ADA [redacted] [redacted] and CAC Director [redacted] [redacted] The team was in agreement that there is a preponderance of evidence that supports the substantiation of Lack of Supervision against [redacted] [redacted] (1) due to the children not being properly secured in a car seat

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:	2025-08-19 13:30:00	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/18/2025
Completed date:	08/21/2025	Completed By:	[redacted]
Purpose(s):	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: 08/18/2025 01:37 PM Entered By: [redacted]

Date: 08-19-25

Closing Summary

[redacted]

On February 24, 2023, the Department of Children's Services (DCS) received a referral for an allegation of Abuse Death and Lack of Supervision regarding Alleged Child Victim (ACV) [redacted] (1) and Alleged Child Victim (ACV) [redacted] (2). The Alleged Perpetrator (AP) was unknown at the time of the referral but was later identified as birth mother, Ms. [redacted] for the allegation of Lack of Supervision and Ms. [redacted] for the allegation of Abuse Death. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] by Lead Investigator (TL) [redacted] This case was worked in conjunction with the [redacted] Police Department ([redacted]PD) and the [redacted] County District Attorney Office.

[redacted] (1) and [redacted] (2) resided at home with their birth mother, Ms. [redacted] at the time of the referral.

On February 24, 2023, [redacted] Police Department responded to a motor vehicle accident. The mother's friend, Ms. [redacted] was driving the mother's vehicle at the time of the accident. The children were reportedly unrestrained in the vehicle. Additionally, [redacted] (15), was also in the car. The children were transported to [redacted] Children Hospital where [redacted] was pronounced deceased on February 24, 2023, at 12:46 p.m. [redacted] was in a serious but non-life-threatening condition. The birth mother, Ms. [redacted] was transported to [redacted] where she was sedated and on a ventilator. Her injuries included an open femur fracture, a spleen injury, kidney and liver laceration, and other injuries.

CM [redacted] spoke with the birth mother, Ms. [redacted] Ms. [redacted] reported that she was sleeping before the accident. She reported that they were headed to Ms. [redacted] mother's home to gather the car seats for the children, and they were planning to visit the auto-part store and mall, however before they could do anything, the accident occurred. Ms.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

[redacted] has made a full recovery; however, she still has pins in her legs because of the accident. [redacted] was released to her father, Mr. [redacted] at the time of the accident. She has made a full recovery. [redacted] remains in the care of her father.

On June 14, 2024, CM [redacted] was provided a copy of the crash report by Lieutenant [redacted] with the [redacted] Police Department. According to the witness statement, Ms. [redacted] was speeding on the opposite side of the road which resulted in the head on collision. According to the report, there were no drugs or alcohol involved. CM [redacted] spoke with Assistant District Attorney (ADA) [redacted] She reported that Ms. [redacted] has been charged with Vehicular Homicide and Ms. [redacted] and [redacted] are listed in the database as witnesses for the state.

CM [redacted] spoke with [redacted] on June 21, 2024. [redacted] reported that she did not know what caused the accident. She reported that Ms. [redacted] was driving at the time of the accident. She was looking down at her phone. She reported being in the back seat of the vehicle with [redacted] and [redacted] Both children were not properly secured in a car seat. She reported that she broke her legs during the accident. She has made a full recovery. She reports that she has scars on her legs as a result of the accident.

CM [redacted] attempted to interview Ms. [redacted] on July 2, 2024, however she declined to be interviewed. She reported she had already provided her statement to Law Enforcement. Ms. [redacted] was asked to provide her address to the assigned worker. Ms. [redacted] provided her address to the assigned investigator.

An autopsy was completed on [redacted] by Dr. [redacted] Regional Forensic Center, [redacted] TN. The autopsy stated, "The decedent was a 16-month-old female who was reportedly in a motor vehicle crash and reportedly an unrestrained passenger. Autopsy findings include multiple blunt force injuries including dislocation of the first and second vertebrae with transection of the underlying spinal cord, subarachnoid hemorrhage, liver laceration and hemoperitoneum. Toxicological studies performed on postmortem blood were negative.

Death was caused by multiple blunt force injuries sustained as the result of a motor vehicle crash. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be accident."

On June 27, 2024, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were: TL [redacted] Lieutenant [redacted] ADA [redacted] and CAC Director [redacted] The team was in agreement that there is a preponderance of evidence that supports the substantiation of Lack of Supervision against [redacted] due to the children not being properly secured in a car seat and Allegation Unsubstantiated Perpetrator Unsubstantiated for Lack of Supervision and Abuse Death against [redacted] due to her not being in the role of a caretaker during the time of the accident.

Per DCS Policy 14, Work Aid 1, Section G:

Child Death is defined as:

a) Any child death caused by abuse or neglect.

b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another person's direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Lack of Supervision is defined as:

Tennessee Department of Children's Services

Case Recording Summary

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

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 child's 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.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-08-18 07:34:00	Contact Method:	
Contact Time:	07:34 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/18/2025
Completed date:	08/18/2025	Completed By:	[redacted] [redacted]
Purpose(s):	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: 08/18/2025 01:34 PM Entered By: [redacted] [redacted]

Date: 08-18-25

Purpose: Administrative Review

Summary reviewed and approved as Final Summary needed for case closure. CM will Complete closing FAST Assessment, Upload Case Intake Verification Document, and CPS Summary & Classification (740). Case will be forwarded to TC for Case Closure by 08-20-25.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-08-12 17:30:00	Contact Method:	
Contact Time:	05:30 PM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/12/2025
Completed date:	08/12/2025	Completed By:	[redacted] [redacted]
Purpose(s):	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: 08/12/2025 05:33 PM Entered By: [redacted] [redacted]

Date: 08-12-25

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] [redacted] and Abuse Death ([redacted] resulting in Child Fatality. All investigative tasks are complete. Investigation remains open pending final approval of closing summary.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-07-21 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/04/2025	Completed By:	[redacted] [redacted]
Purpose(s):	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: 08/04/2025 12:03 PM Entered By: [redacted] [redacted]

Date: 07-21-25

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] [redacted] and Abuse Death ([redacted] resulting in Child Fatality. All investigative tasks are complete. Investigation remains open pending final approval of closing summary.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-20 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/04/2025	Completed By:	[redacted] [redacted]
Purpose(s):	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: 08/04/2025 12:02 PM Entered By: [redacted] [redacted]

Date: 06-20-25

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] [redacted] and Abuse Death ([redacted] resulting in Child Fatality. All investigative tasks are complete. Investigation remains open pending final approval of closing summary.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-05-21 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/04/2025	Completed By:	[redacted] [redacted]
Purpose(s):	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: 08/04/2025 11:51 AM Entered By: [redacted] [redacted]

Date: 05-21-25

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] [redacted] and Abuse Death ([redacted] resulting in Child Fatality. All investigative tasks are complete. Investigation remains open pending final approval of closing summary.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-21 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/04/2025	Completed By:	[redacted] [redacted]
Purpose(s):	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: 08/04/2025 11:44 AM Entered By: [redacted] [redacted]

Date: 04-21-25

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] [redacted] and Abuse Death ([redacted] resulting in Child Fatality. All investigative tasks are complete. Investigation remains open pending final approval of closing summary.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-21 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/04/2025	Completed By:	[redacted] [redacted]
Purpose(s):	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: 08/04/2025 11:24 AM Entered By: [redacted] [redacted]

Date: 03-21-25

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] [redacted] and Abuse Death ([redacted] resulting in Child Fatality. All investigative tasks are complete. Investigation remains open pending final approval of closing summary.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-28 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2025
Completed date:	08/04/2025	Completed By:	[redacted] [redacted]
Purpose(s):	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: 08/04/2025 11:23 AM Entered By: [redacted] [redacted]

Date: 02-28-25

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] [redacted] and Abuse Death ([redacted] resulting in Child Fatality. All investigative tasks are complete. Investigation remains open pending final approval of closing summary.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-23 09:50:00	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/23/2025
Completed date:	01/23/2025	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: 01/23/2025 09:50 AM Entered By: [redacted]

Investigation remains open pending summary being approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-09 21:22:00	Contact Method:	
Contact Time:	09:22 PM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/09/2024
Completed date:	12/09/2024	Completed By:	[redacted] [redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/09/2024 09:24 PM Entered By: [redacted] [redacted]

Investigation remains open pending case summary being approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-06 13:23:00	Contact Method:	
Contact Time:	01:23 PM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	11/06/2024
Completed date:	11/06/2024	Completed By:	[redacted] [redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2024 01:25 PM Entered By: [redacted] [redacted]

TC [redacted] reviewed case on November 6, 2024. Assigned investigator has taken investigation to CPIT for final disposition. Investigation remains open pending summary being approved.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-10-21 01:00:00	Contact Method:	
Contact Time:	01:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/21/2024
Completed date:	10/21/2024	Completed By:	[redacted] [redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/21/2024 01:24 AM Entered By: [redacted] [redacted]

Date: 10-21-24

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] [redacted] and Abuse Death ([redacted] resulting in Child Fatality. All investigative tasks are complete. Investigation remains open pending final approval of closing summary.

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:	2024-10-18 09:00:00	Contact Method:	Video Conference
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/22/2024
Completed date:	10/22/2024	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: 10/22/2024 11:07 AM Entered By: [redacted]

On October 18, 2024, after further review of the case, it was represented to the [redacted] County Child Protective Investigative Team (CPIT) for classification changes. Those in attendance were: TL [redacted], Lieutenant [redacted], ADA [redacted], and CAC Director [redacted] The team was in agreement that there is not a preponderance of evidence that supports the substantiation of the Abuse Death and Lack of Supervision listed against Ms. [redacted] due to Ms. [redacted] not being in a caretakers role at the time of the accident.

The team was in agreement that there is a preponderance of evidence that supports the substantiation of the Lack of Supervision listed against Ms. [redacted] the birth mother, due to Ms. [redacted] not properly securing the children into a car seat.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-11 07:32:00	Contact Method:	
Contact Time:	07:32 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/16/2024
Completed date:	09/16/2024	Completed By:	[redacted] [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: 09/16/2024 03:50 PM Entered By: [redacted] [redacted]

TC [redacted] sent an email to Director [redacted] on September 11, 2024 to review case summary and advised Director [redacted] that the CPIT form had been uploaded and corrections made on the final classification.

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:	2024-08-08 14:56:00	Contact Method:	
Contact Time:	02:56 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/08/2024
Completed date:	08/08/2024	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: 08/08/2024 02:57 PM Entered By: [redacted]

TC [redacted] reviewed closing summary on August 8, 2024. All investigative tasks are complete. TC [redacted] sent email to Director, [redacted] requesting that investigation be reviewed for final approval. Investigation will remain open pending final approval.

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:	2024-07-02 15:39:00	Contact Method:	Phone Call
Contact Time:	03:39 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	07/03/2024
Completed date:	07/03/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2024 12:18 AM Entered By: [redacted]

On July 02, 2024, CM [redacted] spoke with Ms. [redacted] however she declined to speak about the accident. She reported she had already given her statement to Law Enforcement. Ms. [redacted] was informed of the classification of the case and asked to provide her address in order to receive due process paperwork in which she provided as [redacted] TN [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:	2024-07-02 11:21:00	Contact Method:	Attempted Phone Call
Contact Time:	11:21 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Alleged Perpetrator Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 11:38 AM Entered By: [redacted]

CPSI [redacted] attempted to contact Ms. [redacted] at [redacted] however on one answered. CPSI [redacted] left a voice message.

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:	2024-07-02 11:00:00	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 11:51 AM Entered By: [redacted]

CPSI [redacted] completed a TFACTS search for Ms. [redacted] and found a last known address of [redacted] TN [redacted] CPSI [redacted] will attempt to make contact with Ms. [redacted] at the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-06-27 09:00:00	Contact Method:	Video Conference
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/03/2024
Completed date:	07/03/2024	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2024 12:20 AM Entered By: [redacted]

On June 27, 2024, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were; TL [redacted] Lieutenant [redacted] ADA [redacted] and CAC Director [redacted] The team was in agreement that there is a preponderance of evidence that supports the substantiation of the Abuse Death and Lack of Supervision.

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:	2024-06-21 15:46:00	Contact Method:	
Contact Time:	03:46 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/03/2024
Completed date:	07/03/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2024 12:10 AM Entered By: [redacted]

Location [redacted], [redacted] TN [redacted]

CM [redacted] spoke with [redacted] (17). [redacted] reported that she did not know what caused the accident. She reported that Ms. [redacted] was driving at the time of the accident and she was looking down at her phone. She reported being in the back seat of the vehicle with [redacted] and [redacted] and the children were unrestrained. She reported that she broke her legs during the accident. She has made a full recovery however, she stated that she has scars on her legs as a result of the accident.

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:	2024-06-17 11:00:00	Contact Method:	Attempted Phone Call
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 11:31 AM Entered By: [redacted]

CPSI [redacted] attempted to contact Ms. [redacted] at [redacted] however on one answered. CPSI [redacted] left a voice message.

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:	2024-06-14 16:50:00	Contact Method:	Face To Face
Contact Time:	04:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/02/2024
Completed date:	07/02/2024	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: 07/02/2024 02:14 AM Entered By: [redacted]

CPSI [redacted] was able to observe [redacted] in the home. CPSI [redacted] was unable to interview the child due to her age. She was observed to be happy and comfortable with her mother. She did not have any visible marks or bruises. She was observed to be healthy, and she did not have any visible marks or bruises. The child is not enrolled in school due to her age.

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:	2024-06-14 16:15:00	Contact Method:	Face To Face
Contact Time:	04:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/02/2024
Completed date:	07/02/2024	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: 07/02/2024 02:11 AM Entered By: [redacted]

Date of Contact: 06/14/24

Beginning Time: 04:15 pm

Purpose for Contact/Meeting: Home visit

Interview with: Ms. [redacted] (birth mother)

Allegations: Abuse Death and Lack of Supervision

Medical: Her injuries included an open femur fracture, a spleen, kidney and liver laceration

Mental/Behavioral Health: No Concerns

Substance Abuse: N/A

Documentation of Contact: Child Protective Service Investigator, [redacted] met with the birth mother, Ms. [redacted] at her fathers home, Mr. [redacted]. Ms. [redacted] reported that she is doing well. She reported that she is not working and attempting to get disability due to her having screws in her leg. She reported that [redacted] is at the home with her. Ms. [redacted] reported that the child is still in the primary care of her father, but she does assist with her daughter. She was asked for Mr. [redacted] number because the old number is no longer working. She reported that his number is [redacted].

Ms. [redacted] also gave CPSI [redacted] Ms. [redacted] new number [redacted]. She reported that Ms. [redacted] and she have talked however she does not come to the home. She reported that Ms. [redacted] had asked her and her cousin [redacted] to

Tennessee Department of Children's Services

Case Recording Summary

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

not attend court if asked. She was advised that she needed to cooperate with DCS and Law Enforcement. She reported that she does plan to cooperate. She reported that Ms. [redacted] speaks with her sometimes however she does not come around the family and has not come around the family since that accident. She was asked why, and she stated that she afraid of what her family will say in regard to the accident.

Ms. [redacted] reported that she is doing fine, and she did not need anything from the department. She reported that she did not follow up with grief counseling and she did not need counseling 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:	2024-06-14 09:30:00	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/03/2024
Completed date:	07/03/2024	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: 07/03/2024 12:14 AM Entered By: [redacted]

CM [redacted] was provided a copy of the crash report by lieutenant [redacted] of the [redacted] Police Department. According to the witness statement, Ms. [redacted] was speeding on the opposite side of the road which resulted in the head on collision. According to the report, there were no drugs or alcohol involved. CM [redacted] spoke with Assistant District Attorney (ADA) [redacted] She reported that Ms. [redacted] has been charged with Vehicular Homicide and Ms. [redacted] and [redacted] are listed in the database as witnesses for the state.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-06-07 11:23:00	Contact Method:	
Contact Time:	11:23 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2024
Completed date:	06/07/2024	Completed By:	[redacted] [redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2024 11:28 AM Entered By: [redacted] [redacted]

TC [redacted] reviewed case June 7, 2024. Allegation of Abuse Death being investigated. Investigation remains open pending case summary being submitted to TC for review. Once reviewed, case summary will be submitted to Director for final review/approval. TC [redacted] requested that case summary be submitted by June 14, 2024.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-04 12:55:00	Contact Method:	
Contact Time:	12:55 PM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/04/2024
Completed date:	04/04/2024	Completed By:	[redacted] [redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2024 12:56 PM Entered By: [redacted] [redacted]

TC [redacted] sent an email to supervisor, [redacted] requesting that she review summary so that it can be reviewed for final approval. Investigation remains open pending summary being approved for closure off 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:	2024-01-11 16:13:00	Contact Method:	Face To Face
Contact Time:	04:13 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/02/2024
Completed date:	07/02/2024	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: 07/02/2024 01:49 AM Entered By: [redacted]

Date of Contact: 08/11/23

Beginning Time: 04:13

Purpose for Contact/Meeting: Home visit

Interview with: Ms. [redacted] (birth mother)

Allegations: Abuse Death and Lack of Supervision

Medical: Her injuries included an open femur fracture, a spleen, kidney and liver laceration

Mental/Behavioral Health: No Concerns

Substance Abuse: N/A

Documentation of Contact: Child Protective Service Investigator, [redacted] met with the birth mother, Ms. [redacted] at her home. CPSI [redacted] explained the reason for the DCS involvement. She reported that on the day of the incident, she was with her friend, Ms. [redacted] her cousin [redacted] (15), and her two children, [redacted] and [redacted] She stated that they were headed to a part store but they were stopping to get the car seats for the children from Ms. [redacted] mothers home. She reported that she did drive but instead allowed Ms. [redacted] to drive. She stated that she was asleep at the time of the accident, and she did not know what was going on. She reported that she woke up in the hospital. She reported that the plan was to get the car seats, go to the parts store, and then go to the mall. She reported that she was not under the influence and Ms. [redacted] was not under the influence of any drugs and alcohol.

Tennessee Department of Children's Services

Case Recording Summary

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

Ms. [redacted] was offered grief counseling and refused counseling. She reported that she does have screws in her legs however she is doing fine. She reported that [redacted] attends [redacted] Children Clinic and [redacted] attended [redacted] [redacted] Medical for her pediatric needs. She reported that both children had Teencare Insurance.

Ms. [redacted] was asked for Ms. [redacted] number and she reported that she did know what her new number is. She was asked how she communicated with her and she reported that her number has changed and she does not know the new number because after the accident she stopped coming around.

Worker Observations: Ms. [redacted] was not pleased to know that DCS was involved. She was offered grief counseling. She did not accept therapy and she did not refuse the services however she advised that she would get counseling if she felt like she needed it. CPSI [redacted] left grief counseling with Ms. [redacted] for [redacted] [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-12-14 17:13:00	Contact Method:	
Contact Time:	05:13 PM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/14/2023
Completed date:	12/14/2023	Completed By:	[redacted] [redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/14/2023 05:13 PM Entered By: [redacted] [redacted]

Notification email was received from [redacted] on December 12, 2023 indicating that autopsy had been obtained. TC [redacted] has sent an email to the assigned investigator asking that investigation be presented to CPIT for final disposition and that the assigned worker start working on the closing summary so that it can be reviewed and approved for final approval.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-09-20 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/12/2023
Completed date:	10/12/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/12/2023 03:06 PM Entered By: [redacted]

Date: 09-20-23

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] and Abuse Death ([redacted] resulting in Child Fatality. The investigation is assigned to CPSI/CM [redacted] The ACV'S were involved in a Motor Vehicle Accident. The autopsy is pending and will be uploaded/documented in TFACTS. CPSI will update case recordings and follow-up with family/collateral contacts, offer grief counseling, discuss appropriate car restraints, request medical records for both ACV'S, follow-up with Law Enforcement regarding investigation, and present to Child Protective Investigation Team for disposition.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-20 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/12/2023
Completed date:	10/12/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

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

Date: 08-20-23

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] and Abuse Death ([redacted] resulting in Child Fatality. The investigation is assigned to CPSI/CM [redacted] The ACV'S were involved in a Motor Vehicle Accident. ACV [redacted] passed away on 02-24-23. It is believed the ACV'S were not restrained in the vehicle. The autopsy is pending and will be uploaded/documented in TFACTS. CPSI will update case recordings to reflect contact with family/collateral contacts, discussion regarding grief counseling, discussion on proper car restraints, request medical records for both ACV'S, follow-up with Law Enforcement regarding investigation, and present to Child Protective Investigation Team for disposition.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-09 09:00:00	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 01:30 AM Entered By: [redacted] [redacted]

CPSI [redacted] attempted to make contact with the birth mother at [redacted] [redacted] TN [redacted] however no one answered the door.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-07-20 15:45:00	Contact Method:	
Contact Time:	03:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/21/2023
Completed date:	07/21/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/21/2023 03:21 AM Entered By: [redacted]

Date: 07-20-23

Administrative Review

Case was reviewed regarding the allegation of Lack of Supervision ([redacted] and Abuse Death ([redacted] resulting in Child Fatality. The investigation is assigned to CPSI/CM [redacted] The ACV'S were involved in a Motor Vehicle Accident. ACV [redacted] did not survived her injuries and passed away on 02-24-23. It is believed the ACV'S were not restrained in the vehicle. The autopsy is pending and will be uploaded/documented in TFACTS. CPSI will update case recordings to reflect contact with family/collateral contacts, discussion regarding grief counseling, discussion on proper car restraints, request medical records for both ACV'S, follow-up with Law Enforcement regarding investigation, present to Child Protective Investigation Team for disposition, complete closing FAST, complete detailed summary, and prepare investigation for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-07-20 11:00:00	Contact Method:	Attempted Phone Call
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/02/2024
Completed date:	07/02/2024	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: 07/02/2024 01:26 AM Entered By: [redacted]

CPSI [redacted] received the results from the CLEAR Search. CPSI [redacted] attempted to reach the mother, Ms. [redacted] at [redacted] however CPSI [redacted] was informed this is the wrong number.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-06-14 09:00:00	Contact Method:	Attempted Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/02/2024
Completed date:	07/02/2024	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: 07/02/2024 01:23 AM Entered By: [redacted]

CPSI [redacted] requested a CLEAR Search for Ms. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-03 11:00:00	Contact Method:	Attempted Phone Call
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/02/2024
Completed date:	07/02/2024	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: 07/02/2024 01:22 AM Entered By: [redacted]

CPSI [redacted] attempted to reach Ms. [redacted] at [redacted] however no one answered.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-04-21 16:00:00	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 01:01 AM Entered By: [redacted]

CPSI [redacted] conducted a follow up visit with the acv, [redacted] The child was observed without the brace. The child has attended her follow up appointment with [redacted] Children Hospital. Medical records have been requested from [redacted] Childrens hospital and clinic. He reported that the birth mother, Ms. [redacted] is expected to make a full recovery. Mr. [redacted] reported that he does have the child full time however her mother is involved. The birth mother is expected to make a full recovery and has been released from the hospital. He reported that she does see the child however the child primarily resides with him. He reported that they are not romantically involved however they co parent. He reported that she is int in daycare and he has support from his family that includes childcare. He was given a referral for grief counseling at [redacted]. Mr. [redacted] did not accept therapy. He reported that he did not need counseling.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-04-10 15:27:00	Contact Method:	
Contact Time:	03:27 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/10/2023
Completed date:	04/10/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/10/2023 03:27 PM Entered By: [redacted]

A Tennessee Family and Child Tracking System (TFACTS) check was completed, and the family does have prior history with the Department.
02/2023; [redacted] ACV: [redacted] [redacted] (LOS) , [redacted] [redacted] (AD)
AP:Unknown
Allegations: Lack of Supervision, Abuse Death
Classification: Case open (Note) Mom has history as a child, but no previous history
The following Internet Records Clearance inquiries were completed on ;
[redacted] [redacted] (Dad) , [redacted] [redacted] (Mom)

Tennessee Felony Offender Registry: Negative
Methamphetamine Offender Registry: Negative
Tennessee Sexual Offender Registry: Negative
National Sexual Offender Registry:Negative
Tennessee Dept. of Health Vulnerable Person (Abuse Registry): Negative
[redacted] County Criminal Justice Portal: Negative for Ms. [redacted] Mr. [redacted] has the following charges:Theft of property Misdemeanor A, Violation of probation

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-08 09:00:00	Contact Method:	Attempted Phone Call
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted] [redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted] [redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted] [redacted] [redacted] [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 01:20 AM Entered By: [redacted] [redacted]

CPSI [redacted] attempted to reach Ms. [redacted] at [redacted] however no one answered.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-03 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/22/2023
Completed date:	03/22/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/22/2023 03:10 PM Entered By: [redacted]

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

The CPS investigation was assigned on 2/27/23 concerning the death of ACV [redacted] (1yo). It was reported [redacted] resided with birth mother [redacted] and 2yo sibling [redacted] in [redacted] County. The birth father [redacted] is involved and has visitation with the children.

On 2/24/23 the children and mother were involved in a motor vehicle accident. The mothers friend [name unknown] was driving the vehicle. It was alleged the mother and friend may have been in an argument at the time of the incident. The children were reportedly unrestrained in the vehicle. Additionally, a 15yo cousin [name unknown] of the children was in the car. The children were transported to [redacted] and [redacted] was pronounced deceased. [redacted] was in serious but non-life-threatening condition. CM observed [redacted] with a neck brace, awake, but unable to talk. She suffered a compression fracture, spinal injury, a bruised lung, and fluid in the abdomen. The father was present at the hospital. He reported he gets [redacted] for visitation every weekend, but did not get [redacted] because she is still breast feeding. CM observed the mother at [redacted] where she was sedated and on a ventilator. Her injuries included an open femur fracture, a spleen, kidney and liver laceration, and other injuries. The mother had surgery that day and subsequent surgeries. She is expected to survive but is still on a breathing tube and cannot be interviewed at this time.

[redacted] was discharged from the hospital to the care of her father. The father has supports within his family. The fathers home was observed with no safety or environmental concerns. A safety plan was completed with the father to include compliance of follow-up medical appointments schedule for [redacted] was observed in the fathers home with a brace on her back, but was alert and up and playing and dancing in the home. Grief counseling was discussed with the family members.

Next Steps:

Tennessee Department of Children's Services

Case Recording Summary

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

-- CM will request current medical records for ACV to include birth, PCP, and current incident, as well current incident medical records for the 2yo sibling. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS, to include traffic report/investigation.
-- CM will complete or request copies of LE interviews with friend of mother and 15yo cousin who were in the car and witnesses at the time of the incident.
-- CM will complete interview and home visit with the mother once health is more stable and discharge occurs.
-- CM will complete follow-up visit with sibling and father to ensure safety compliance and follow-up regarding grief cousneling.
-- CM will document and upload autopsy into TFACTS once received, if applicable.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-01 11:34:00	Contact Method:	Face To Face
Contact Time:	11:34 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/02/2024
Completed date:	07/02/2024	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: 07/02/2024 12:47 AM Entered By: [redacted]

CPSI [redacted] was unable to speak with [redacted] due to her age (2). She was observed to have a brace on her back however she was dancing around and watching youtube. She was observed to be at a healthy weight. She did not have any visible marks or bruises.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-03-01 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:	07/02/2024
Completed date:	07/02/2024	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: 07/02/2024 12:44 AM Entered By: [redacted]

A safety plan was completed with the father to include compliance of follow-up medical appointments schedule for [redacted] was observed in the fathers home with a brace on her back, but was alert and up and playing and dancing in the home. Grief counseling was discussed with the family members.

Date of Contact: 03/01/2024

Beginning Time: 11:05 am

Purpose for Contact/Meeting: Home visit

Interview with: birth father Mr. [redacted]

Allegations: Abuse Death and Lack of Supervision

Medical: [redacted] suffered a compression fracture, spinal injury, a bruised lung, and fluid in the abdomen

Mental/Behavioral Health: No Concerns

Substance Abuse: N/A

Education: N/A

Documentation of Contact: Child Protective Service Investigator, [redacted] at the family home met with the birth father, Mr. [redacted] and the acv, [redacted] (2). CPSI [redacted] spoke with Mr. [redacted] about the case

Tennessee Department of Children's Services

Case Recording Summary

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

and he stated he was not sure of the actual details of the accident. He reported that all he knows is the mother and the children were involved in accident. He reported that he is the father of both children. He stated that [redacted] was discharged to him however the mother is still hospitalized. He reported that [redacted] has a brace on her back and he wants to retain custody of her. He reported that he signed the birth certificate at the time of birth for both children.

Mr. [redacted] reported that he is able to care for the child and he does have support from his family. He reported that [redacted] does not have medical or physical disabilities other that the injuries sustained during the accident. He reported that [redacted] suffered a compression fracture, spinal injury, a bruised lung, and fluid in the abdomen as a result of the accident. He reported he gets [redacted] for visitation every weekend but did not get [redacted] because she is still breast feeding. Mr. [redacted] reported that he did not have any concerns for the children while in the care of their mother.

Worker Observations: Mr. [redacted] appeared to be protective of the child. The home was observed to clean and there were no concerns for safety in the home. The child was observed to have adequate space in the home.

Narrative Type: Addendum 1 Entry Date/Time: 07/02/2024 12:48 AM Entered By: [redacted] [redacted]

A safety plan was completed with the father to include compliance of follow-up medical appointments schedule for [redacted] was observed in the father's home with a brace on her back, but was alert and up and playing and dancing in the home. Grief counseling was discussed with the family members.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-27 09:16:00	Contact Method:	
Contact Time:	09:16 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/16/2023
Completed date:	03/17/2023	Completed By:	[redacted]
Purpose(s):	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: 03/16/2023 01:53 PM Entered By: [redacted]

Date: 02-27-23

Administrative Review

This CPS (Child Protective Services) Investigation was reviewed regarding the allegation of Abused Death (ABD) & Lack Of Supervision (LOS). Alleged Child Victim's (ACV'S) are [redacted] (Deceased) and [redacted] (2), Alleged Perpetrator (AP) is Unknown Participant and the mother is [redacted] The investigation was assigned to Child Protective Services Investigator (CPSI) [redacted] on 02-27-23. Response Time was met by [redacted]

It was reported the ACV'S were involved in a motor vehicle accident on 02-24-23. The ACV'S were not restrained in the vehicle. It is unknown who was driving the vehicle, but it was reported the mother was not driving. The ACV [redacted] was in cardiac arrest and being administered CPR, when she arrived at [redacted] Children Hospital. The time of death was called at 12:46 pm on 02-24-23. The surviving ACV [redacted] is stable and there are no concerns of the ACV passing away from her injuries.

A 48 hour Debriefing will be scheduled to discuss information obtained and direction of investigation.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-24 20:00:00	Contact Method:	
Contact Time:	08:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/28/2023
Completed date:	02/28/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/28/2023 12:09 AM Entered By: [redacted]

Safety Result: Immediate Intervention Recommended

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-24 19:00:00	Contact Method:	Face To Face
Contact Time:	07:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/27/2023
Completed date:	02/27/2023	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/27/2023 11:56 PM Entered By: [redacted]

CPSI [redacted] made a hospital visit at [redacted] Hospital on February 24, 2023 at 7:00 pm.

CPSI [redacted] observed [redacted] (2) at the hospital. Due to her age, she could not be interviewed. CPSI [redacted] observed [redacted] being alert, trying to move her arms, and whining. RN [redacted] reported that the following injuries of [redacted] : Compression Fracture (Spinal Injury), Bruises on Lungs, and Fluid on Abdomen. RN reported that [redacted] will not discharge until Monday February 27, 2023.

CPSI [redacted] staffed with LI [redacted] Hospital Staff reported that the [redacted] will be hospitalized until Monday February 27, 2023. CPSI [redacted] informed Hospital Staff to contact DCS before [redacted] is discharged.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-24 18:55:00	Contact Method:	Face To Face
Contact Time:	06:55 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/28/2023
Completed date:	02/28/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/28/2023 12:01 AM Entered By: [redacted]

"Per Work Aid 2: It is not required for the DCS case manager to observe the deceased child".

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-24 18:32:00	Contact Method:	Face To Face
Contact Time:	06:32 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/27/2023
Completed date:	02/27/2023	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: 02/27/2023 11:54 PM Entered By: [redacted]

CPSI [redacted] made a hospital visit at [redacted] Hospital on February 24, 2023 at 6:32pm.

CPSI [redacted] interviewed the father, [redacted] privately. He expressed that he lives with his grandfather and his cousin. Mr. [redacted] then stated that he is not working at this time. Mr. [redacted] reported that he two children: [redacted] (2) and [redacted] (1). He stated that the mother is, [redacted] Mr. [redacted] expressed that he is on the birth certificate for [redacted] and does not pay any child support for the children. Mr. [redacted] stated that the children do not go to daycare and the mother, Ms. [redacted], care for the children. When CPSI [redacted] asked him how often does he see the children, Mr. [redacted] stated he sees [redacted] every weekend and did not keep [redacted] often because Ms. [redacted] was breastfeeding.

CPSI [redacted] explained the allegations received by the Department of Children Services. Mr. [redacted] expressed that he received a call from her baby mama (Ms. [redacted] best friend stating that there was a car accident and his baby mama and kids were stuck in the car. He then stated that he came to [redacted] and found out [redacted] passed away.

When CPSI [redacted] asked who was in the car, Mr. [redacted] stated that he was told that his baby mama, baby mama best friend, his two kids, and baby mamas cousin (15) were in the car. He stated that the cousin told him via telephone that his best friend was driving and was arguing with his baby mama about some tax money. He then stated that that the cousin reported that the baby mama wrecked the car. Mr. [redacted] reported that he does not know the best friends name or the cousins name.

CPSI [redacted] then asked if he had any family members contact information for Ms. [redacted] Mr. [redacted] reported that Ms. [redacted] mother , [redacted] passed away. He stated that he does not know anyones information . When CPSI [redacted] asked does he know Ms. [redacted] address or who lives in her home, he expressed that he does not know.

Mr. [redacted] provided his information: [redacted], [redacted] TN [redacted].

Tennessee Department of Children's Services

Case Recording Summary

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-02-24 18:00:00	Contact Method:	Face To Face
Contact Time:	06:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	02/27/2023
Completed date:	02/27/2023	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: 02/27/2023 11:50 PM Entered By: [redacted]

CPSI [redacted] received a P1 on February 24, 2023 with allegations of Abuse Death with the alleged victim being [redacted] (1) and the alleged perpetrator is Unknown Participant [redacted] Unknown. There are allegations of Lack of Supervision with the alleged victim is [redacted] (2) and the alleged victim is Unknown Participant [redacted] Unknown.

CPSI [redacted] initiated the investigation at [redacted] Hospital on February 24, 2023 at 6:00 pm.

CPSI [redacted] observed the mother, [redacted] at the hospital. RN [redacted] reported there has not been any family members that have visited Ms. [redacted] She then stated that Ms. [redacted] is currently on a ventilator and heavily sedated. RN expressed that Ms. [redacted] is unable to talk. RN reported that following injuries Ms. [redacted] received from the car accident : Open Femur Fracture, Spleen , Kidney, & Liver Lacerations, Aortic Dissection, Left Pneumothorax, and Hand Laceration. At this time, discharge date is unknown.

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: 02/24/2023

Assignment Date: 07/16/2024

Street Adress: [redacted]

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

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	*Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 10/23/2024
2	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	*Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 10/23/2024
3	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	*Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 08/22/2024
4	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	*Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 08/22/2024

* = This allegation set has been reclassified.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: The team was in agreement that there is a preponderance of evidence that supports the substantiation of the Abuse Death and Lack of Supervision.

D. Case Workers

Case Worker: [redacted] Date: 07/31/2023

Team Leader: [redacted] Date: 10/23/2024

E. Investigation Summary

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

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

On June 27, 2024, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were; TL [redacted] Lieutenant [redacted] ADA [redacted] and CAC Director [redacted] The team was in agreement that there is a preponderance of evidence that supports the substantiation of the Abuse Death and Lack of Supervision.

Department of Children's Services

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

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

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

Death was caused by multiple blunt force injuries sustained as the result of a motor vehicle crash. Reports of the death scene investigation, circumstances surrounding and leading up to the death, and autopsy findings indicate the manner of death to be accident."

On June 27, 2024, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were; TL [redacted] Lieutenant [redacted] ADA [redacted] and CAC Director [redacted] The team was in agreement that there is a preponderance of evidence that supports the substantiation of the Abuse Death and Lack of Supervision.

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

CM [redacted] spoke with the birth mother, Ms. [redacted] Ms. [redacted] reported that she was sleeping before the accident. She reported that they were headed to Ms. [redacted] mother's home to gather the car seats for the children, and they were planning to visit the part store and mall, however the accident occurred. Ms. [redacted] has made a full recovery, however she does have pins in her legs as a result of the accident. [redacted] was released to her father, Mr. [redacted] at the time of the accident and she has also made a full recovery. [redacted] remains in the care of her father.

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

On 2-24-23, [redacted] and [redacted] were taken to the [redacted] Emergency Room by ambulance at 12:23 pm. The children were involved in a motor vehicle accident. The driver of the vehicle is unknown; [redacted] was not driving. Both [redacted] and [redacted] were unrestrained in the car at the time of the accident (unknown details). It is unknown where the children were located in the car. It is also unknown who put the children in the car. [redacted] was not in the vehicle. The accident happened in [redacted] TN on [redacted] and [redacted] at 11:53 am on 2-24-23. The details to the accident and what happened is unknown. Specifics on the injuries for the children is unknown at this time, but they do have traumatic injuries. [redacted] was in cardiac arrest and receiving CPR. [redacted] time of death was 12:46 pm on 2-24-23. The cause of [redacted] death has been stated at this time. [redacted] is currently stable and there are no concerns that [redacted] is going to pass away. It is unknown how long [redacted] is supposed to be in the hospital. The mother is at [redacted] Medical Center. [redacted] is in the ER at [redacted] It is unknown if DCS has been involved with the family in the past.

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

On June 14, 2024, CM [redacted] was provided a copy of the crash report by lieutenant [redacted] of the [redacted] Police Department. According to the witness statement, Ms. [redacted] was speeding on the opposite side of the road which resulted in the head on collision. According to the report, there were no drugs or alcohol involved. CM [redacted] spoke with Assistant District Attorney (ADA) [redacted] She reported that Ms. [redacted] has been charged with Vehicular Homicide and Ms. [redacted] and [redacted] are listed in the database as witnesses for the state.

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 02/27/2023**
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** Hospital
Event Start Date: 08/21/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 02/28/2023	**Approver:** [redacted]

PARTICIPANTS

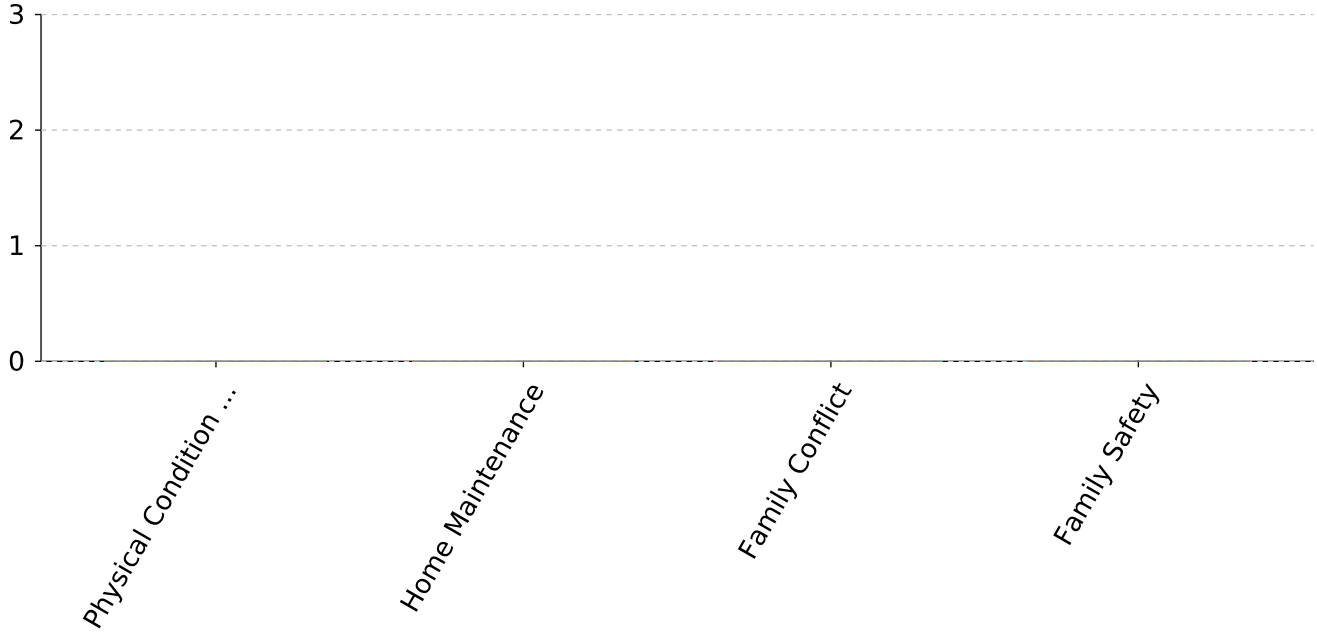
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted]	25 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] (ACV)	2 Yrs 10	Youth	F	[redacted]	N/A	
[redacted] (ACV)	Deceased	Youth	F	[redacted]	N/A	
[redacted] (AP)	22 Yrs	Primary	F	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 02/27/2023
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

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

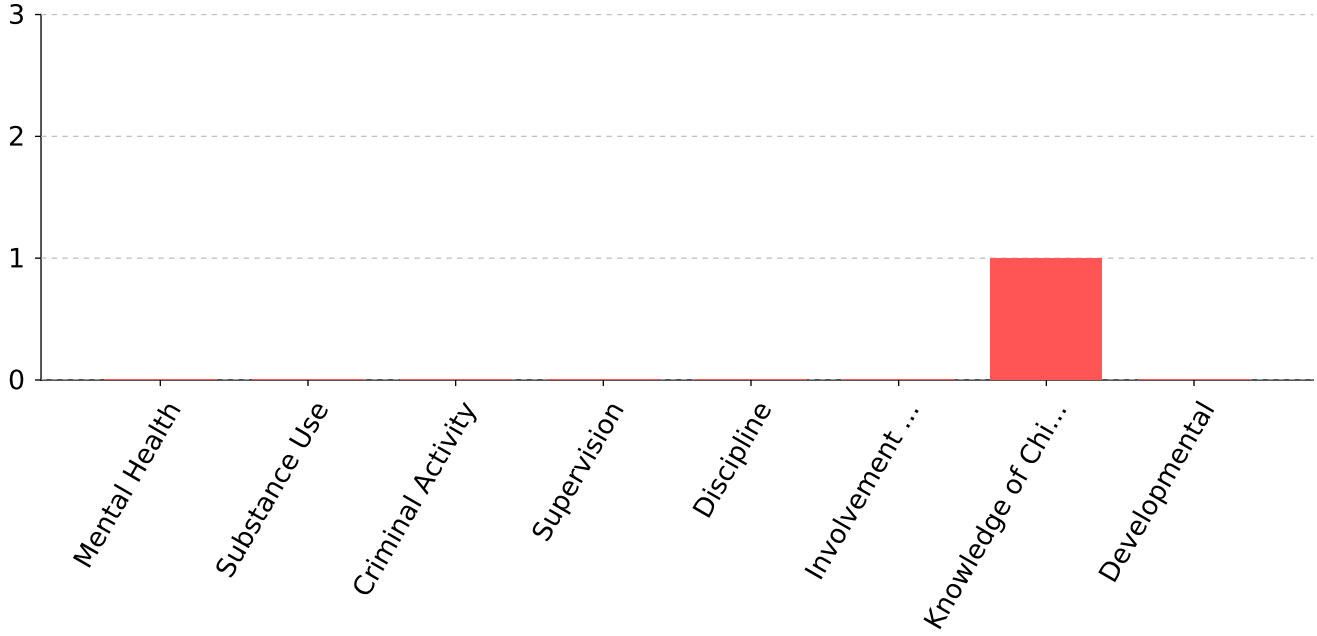


Item	Score	Justification/Narrative
Physical Condition of Home	0	
Home Maintenance	0	
Family Conflict	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 02/27/2023
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

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

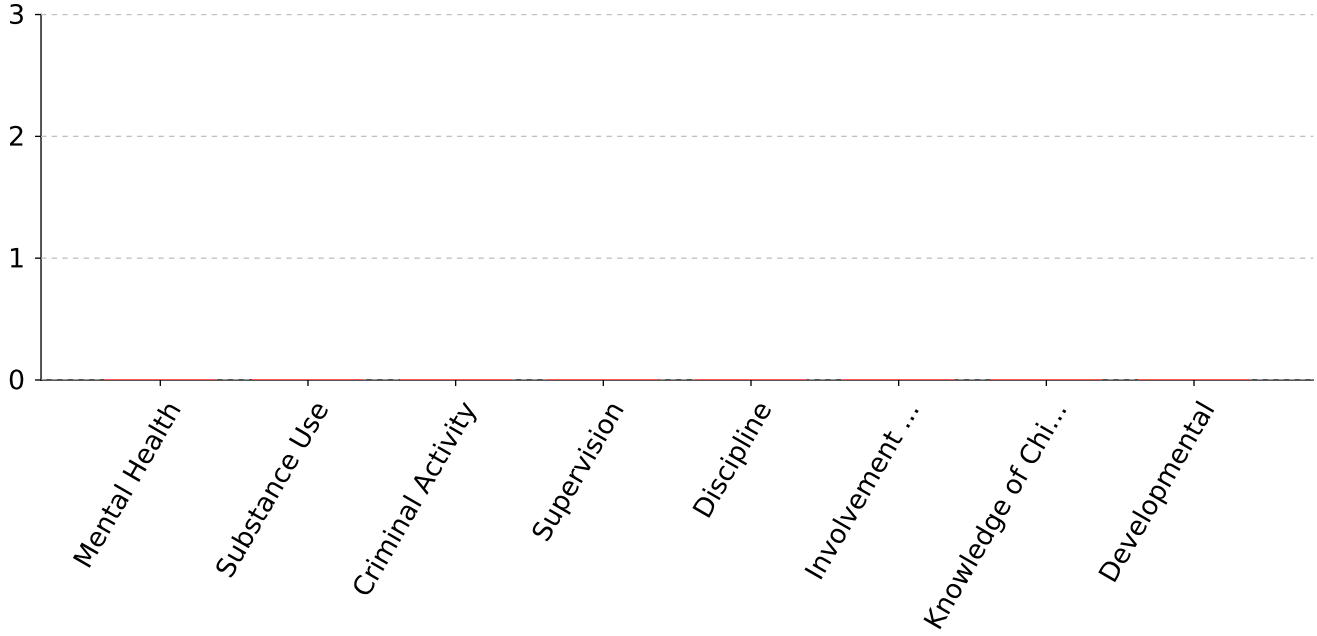


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	1	The children were not properly restrained in the car.
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 02/27/2023
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

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

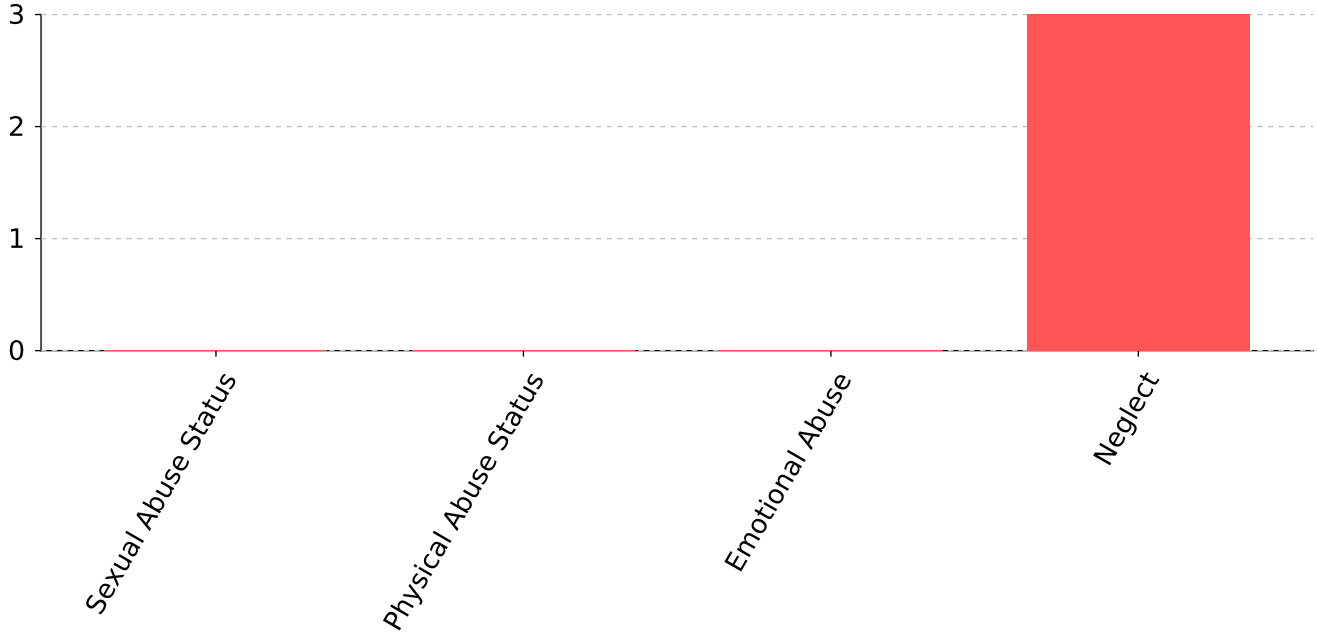


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 02/27/2023
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

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

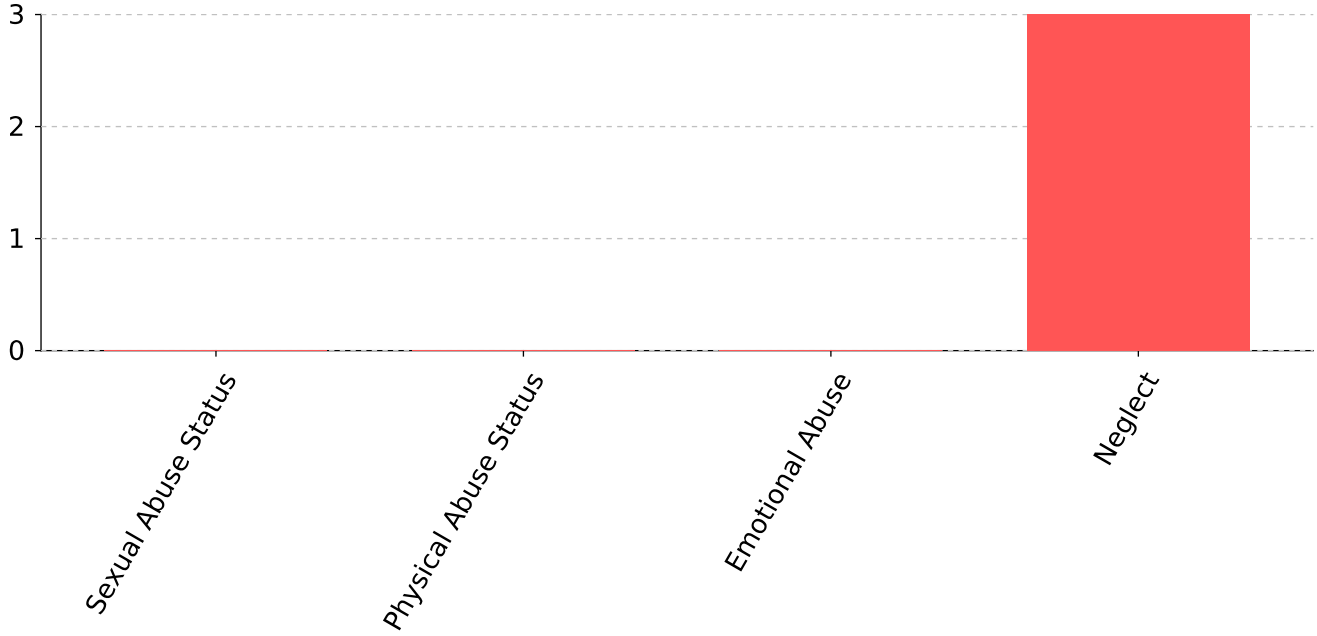


Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	The ACV was not restrained in the car appropriately.

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

Event Type: CPS Case	**Assessment Date:** 02/27/2023
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted] [redacted]	Person ID: [redacted]	Age:2 Yrs 10 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	The ACV was not restrained in the car appropriately.

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

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

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** In the Home
Risk Level: Moderate Need/Risk	
Event Start Date: 08/21/2025	**Last Assessed Date:** 02/27/2023
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 08/18/2023	**Approver:** [redacted]

PARTICIPANTS

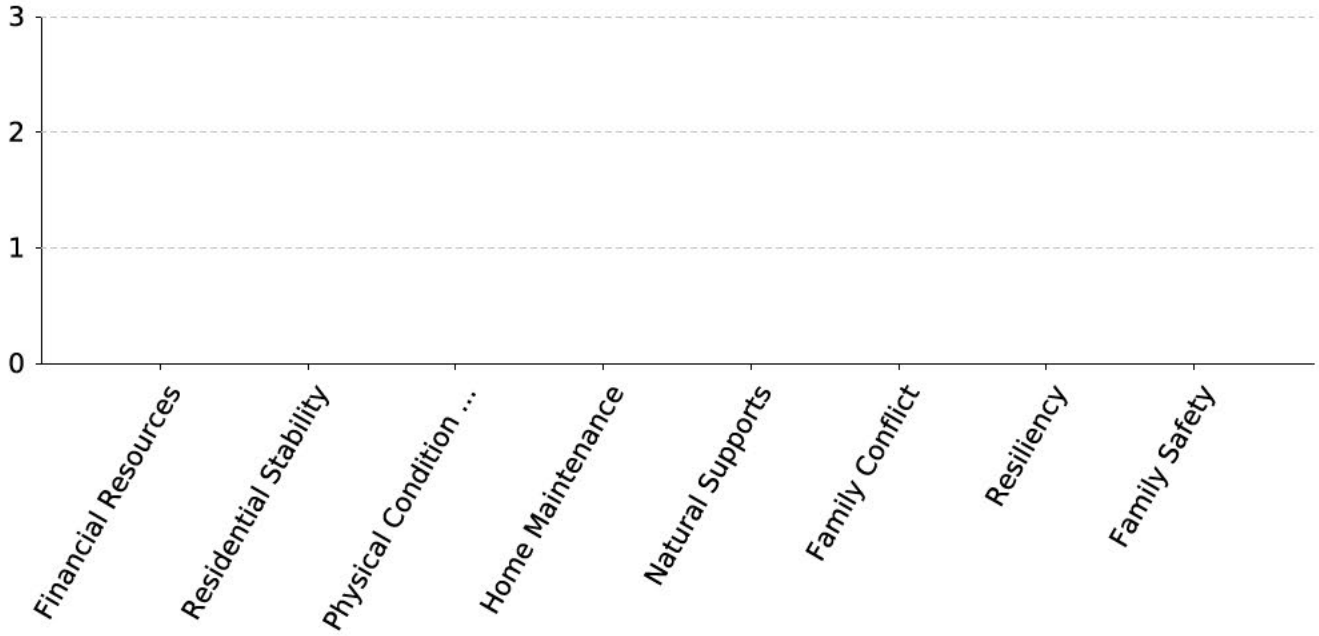
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	2 Yrs 10	Youth	F	[redacted]	3	Low
[redacted] (AP)	22 Yrs	Primary	F	[redacted]	N/A	N/A

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

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

THE FAMILY TOGETHER

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

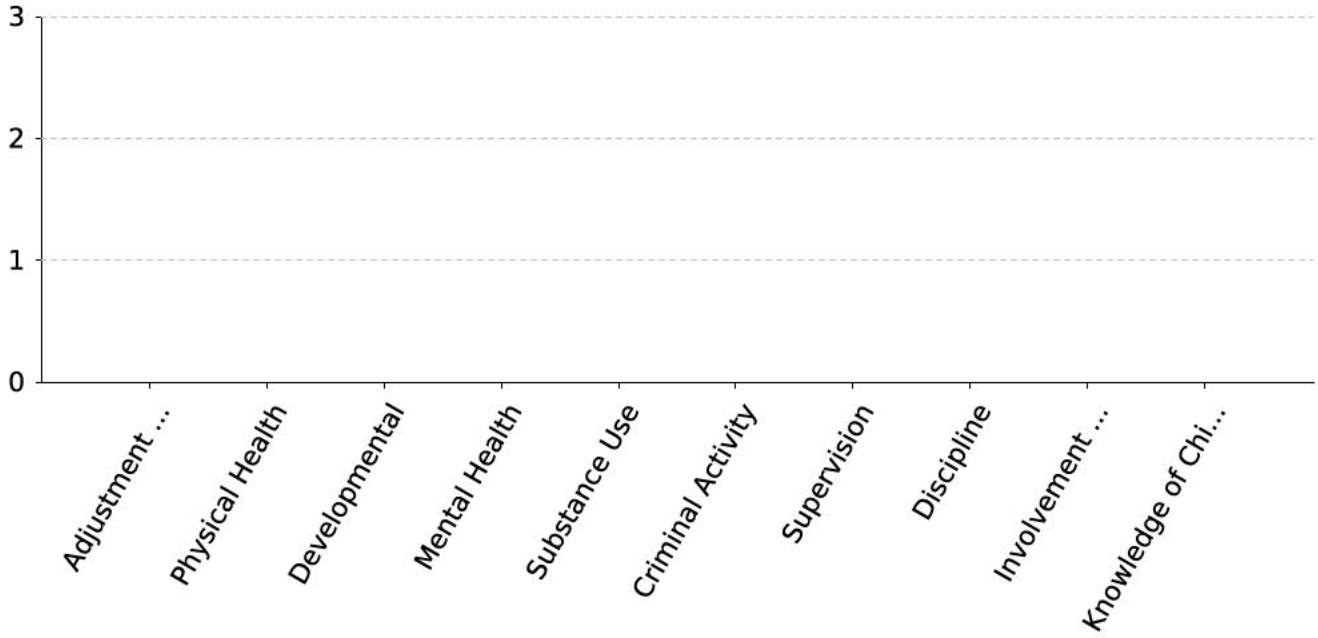


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	

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

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

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

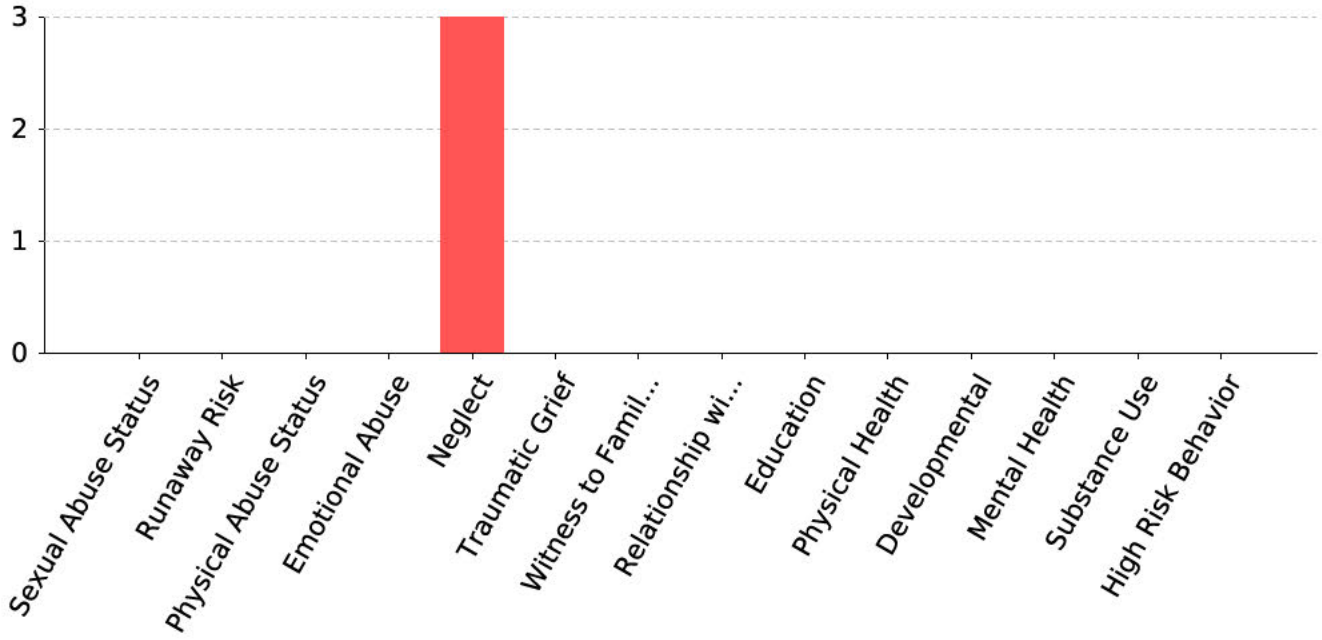


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	

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

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

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted]	Person ID: [redacted]	Age:2 Yrs 10 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	This is a child fatality.
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	0	
Physical Health	0	
Developmental	0	

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

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

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	