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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 05/16/2023 10:08 AM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 05/16/2023

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 05/16/2023 12:54 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 05/16/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 05/16/2023 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes	[redacted]	

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [redacted]
Associated Case IDs: None

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP None
Closed Court Custody SS Custody [redacted] /1-12-95 to 8-27-02

Pending: None
Awaiting Screening: None
Submitted: None

Open CPS: None

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Substantiated: None
Death: None
Screen Outs: [redacted]

County of Jurisdiction: [redacted]
School/ Daycare: Not Aware
Active Military: No

Reporter's Name/Relationship [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (1 month), [redacted] (11) and [redacted] (4) reside with their parents, [redacted] (27) and [redacted] (31) in [redacted] County. Stranger, [redacted] (20) resides in [redacted] County.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Police are not requesting immediate response.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On 5-15-23, near 8:10 am, there was a fatal accident involving [redacted] and [redacted] Bystanders contacted 911 to report the accident. The incident occurred in [redacted] County on [redacted] and [redacted], in [redacted] TN. A 2022 Nissan Altima, driven by [redacted] was traveling [redacted] on [redacted] at an unknown rate of speed. The vehicle crossed over into the opposing lane of travel, striking the 2013 Honda Odyssey driven by [redacted] as she was traveling Southbound on [redacted]. The impact of the vehicle accident caused [redacted] to be ejected from the vehicle, as [redacted] was not properly restrained. It is unknown if [redacted] was restrained in a car seat, if she was retrieved by bystanders, or if [redacted] was ejected from the vehicle. [redacted] was transported to [redacted] Children's Hospital in critical condition. [redacted] was pronounced deceased on 5-15-23 at 8:55 am. Neglect is suspected as [redacted] cause of death because [redacted] was not properly secured and restrained in her car seat. [redacted] had a head injury and other internal injuries (unknown details). [redacted] body was transferred to [redacted] Forensic Center located at [redacted], [redacted] TN [redacted] [redacted] cause of death hasn't been ruled at this time, but it will most likely be blunt force trauma. [redacted] death will be considered a vehicle homicide. As of now, no arrest will be made. [redacted] was transported in critical condition and is currently stable. [redacted] has bruises and abrasion on her upper body and internal stomach injuries. [redacted] is still at [redacted] Children's Hospital. [redacted] was transported to [redacted] Hospital. It is unknown if [redacted] has been discharged. [redacted] was briefly interviewed. [redacted] was seen at [redacted] Hospital [redacted], [redacted] TN) but was not admitted. An investigation is ongoing, and charges are pending against [redacted] It is possible [redacted] will be charged as well. [redacted] was spoken with and stated the children were properly restrained. [redacted] was at school and [redacted] was at work when the incident happened. On 5-15-23, [redacted] was at [redacted] Hospital. It unknown if [redacted] is still at the hospital or has returned home. [redacted] and [redacted] have custody of the children. The home hasn't been observed. It is unknown if there are any concerns of domestic violence, drug, alcohol and or mental health that pose as a risk to any of the children.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
Not Aware.

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

CM Notation: Spanish Translator needed.
Screener Notation: [redacted] Fire Department #[redacted], Paramedic [redacted] (#[redacted]) and EMT [redacted] (#[redacted]) transported [redacted] to the hospital. [redacted] was transported by [redacted] Fire Department #[redacted], [redacted] (#[redacted]) and [redacted] (#[redacted]).

Emailed/Paged CPSI On Call: [redacted] County was emailed notification of this report at 12:44 pm. [redacted]

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

received the notification at 12:45 pm and [redacted] and [redacted] received the notification at 12:46 pm.

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

Per SDM: Investigation, P1. [redacted], TL on 5-16-23 @ 12:44 pm

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

Participant(s)

Name: [redacted]

Gender: Female
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race:
Age: 6 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: 05/15/2023

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]

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

SSN: | Race: | Age: 33 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: | Age: 13 Yrs

Address: [redacted] Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: Mother's Cell Above.

Father's Cell- [redacted]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: | Age: 29 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Black/African | Age: 22 Yrs

Address: [redacted] Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-05-12 08:47:00	Contact Method:	
Contact Time:	08:47 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/12/2025
Completed date:	05/12/2025	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: 05/12/2025 08:48 AM Entered By: [redacted]

This investigation was submitted for review by CM [redacted] The case was presented to the Child Protective Investigation Team (CPIT) and the allegation of Abuse Death naming [redacted] as the alleged child victim (ACV) and [redacted] as the alleged perpetrator (AP) has been classified as Allegation Substantiated Perpetrator Substantiated (ASPS). The closing summary has been reviewed and the case has been approved for closure. The 740 has been completed and will be forwarded to Juvenile Court Judge and District Attorney for 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:	2025-05-12 08:45:00	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/12/2025
Completed date:	05/12/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/12/2025 08:47 AM Entered By: [redacted]

On May 16, 2023, the Department of Childrens Services (DCS) received a referral with an allegation of Abuse Death naming [redacted] as the alleged child victim (ACV). The alleged perpetrator (AP) is listed as [redacted] This investigation was assigned to Child Protective Services (CPS) Case Manager (CM) [redacted] and team leader (TL) [redacted] supervised the investigation. This case was worked in conjunction with [redacted] Police Department ([redacted]PD) Juvenile Victim Unit (JVU) Sergeant [redacted].
[redacted] (1 month old) lived with her birth mother [redacted] and birth father [redacted]
Also in the home are siblings: [redacted] (4) and [redacted] (11).
On May 16, 2023, at approximately 8:10 a.m., [redacted] and her two children [redacted] and [redacted] were traveling Southbound on [redacted]. in [redacted] County when their vehicle was struck by another vehicle traveling [redacted] driven by [redacted]. Mr. [redacted] vehicle crossed over into the opposite lane hitting Ms. [redacted] vehicle. The impact caused [redacted] to be ejected from the vehicle due to the child not being properly secured in her car seat. [redacted] was transported to [redacted] Childrens Hospital in critical condition. She was pronounced deceased on May 15, 2023, at 8:55 a.m. [redacted] has bruises and abrasion on her upper body and internal stomach injuries. Neglect is suspected as [redacted] cause of death. She sustained a head injury and other internal injuries (unknown details). [redacted] body was transferred to [redacted] TN Forensic Center. At this time, no arrest has been made; however, charges are pending against Mr. [redacted] and it is likely that Ms. [redacted] could be charged also. It is unknown if there are any concerns of domestic violence, drug, alcohol, or mental health that pose a risk to any of the children.
On May 16, 2023, CM [redacted] spoke with [redacted] at [redacted] hospital. According to Ms. [redacted] on the day of the accident, she had taken [redacted] to school. She was traveling back home and was going through the green light. She reports that she remembers getting hit head on by another vehicle. When she awoke, she was in the hospital. Ms. [redacted] reports that both [redacted] and [redacted] were seated on the back seat. [redacted] was strapped in her car seat with a seat belt. [redacted] was also in her seat belt. Ms. [redacted] reports that she herself was wearing her seat belt. She was unable to provide any additional information about the accident.
CM [redacted] attempted to interview the sibling [redacted] on May 16, 2023. [redacted] did not provide any details about the accident. When asked if she was in an accident and if she was wearing her seat belt, [redacted] nodded her head up and down.
CM [redacted] spoke with the sibling [redacted] who disclosed that whenever the family would leave the home, Ms. [redacted] would

Tennessee Department of Children's Services

Case Recording Summary

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

place [redacted] in the baby car seat and close the straps on the car seat, then place it in the base and put the vehicle seat belt across the car seat. She reported the baby would sit near the door behind the passenger seat. [redacted] also has a car seat which was behind the drivers seat. [redacted] would assist [redacted] with putting on her seatbelt however, her mother would not allow [redacted] to assist with strapping in the babys car seat.
CM [redacted] conducted random home visits with the family throughout the investigation. No safety concerns or hazards were noted in the home environment. Grief counseling was discussed with family. CM [redacted] referred family for grief/trauma counseling offered through [redacted]. Medical records were obtained from the primary care physician with no noted medical issues or concerns.
On May 16, 2023, an autopsy was completed on [redacted] by Dr. [redacted], [redacted] Regional Forensic Center, [redacted] TN. The autopsy stated, This is an infant female weight 11 pounds and 21 inches in length, who presents with multiple blunt force injuries to the brain, the torso, and other extremities. The head has multiple abrasions including, a laceration to the right eyebrow, there were subscapular and subgaleal hemorrhage. Infant has calvarial fractures, subdural hemorrhage, and a subarachnoid hemorrhage. The torso has right and left lung pulmonary contusions, a thymic hemorrhage, and ribs second through sixth were fractures (may be cardiopulmonary resuscitation related). Infant has blunt force trauma of extremities 3/4-inch contusion on the right thigh, 3/4-inch blue contusion on right thigh, 5/16-inch blue contusion on left thigh, red abrasion above the left knee, 1/4-inch faint blue contusion on the left knee. The cause of death is blunt force trauma. The manner of death is accident.
On October 23,2023 CM [redacted] presented this investigation to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were Assistant District Attorney (ADA) [redacted], DCS Team Leader (TL) [redacted], [redacted] Police Department ([redacted] PD) Sergeant [redacted], [redacted] Child Advocacy Center (CAC) [redacted] and CAC [redacted]. The Team agreed that there is a ponderance of evidence that supports the substantiation of the Abuse Death.
[redacted] Police Department ([redacted] PD) Lieutenant [redacted] reported Mr. [redacted] was charged in the death of [redacted] An indictment was completed on May 8, 2024, for reckless homicide. There will be no charges filed against Ms. [redacted]
Work Aid 1: Section G. Child Death/Near Death
1. Child Death:
Child death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.
There is a preponderance of evidence that supports the substantiation for the allegation against [redacted] This investigation will be closed and classified as Allegation Substantiated Perpetrator Substantiated for the Abuse death against [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-30 12:58:00	Contact Method:	
Contact Time:	12:58 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/30/2025
Completed date:	04/30/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/30/2025 12:59 PM Entered By: [redacted]

Director, [redacted] sent closing summary via email to Executive Director, [redacted] for final review and 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:	2025-04-22 16:00:00	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/28/2025
Completed date:	04/28/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/28/2025 09:42 AM Entered By: [redacted]

The medical records have been obtained and uploaded in TFACTS. The closing summary has been forwarded by Director [redacted] for review and approval is pending.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-05 10:31:00	Contact Method:	
Contact Time:	10:31 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/14/2025
Completed date:	04/14/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/14/2025 03:49 PM Entered By: [redacted]

The medical records have been obtained from the primary care physician and have been uploaded in TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-01 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/01/2025
Completed date:	04/01/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2025 11:03 AM Entered By: [redacted]

TL [redacted] received a return phone call from Ms. [redacted] with [redacted] Health Center ([redacted]) regarding the request for medical records. Ms. [redacted] reports that the request has been received and is being processed today. TL [redacted] thanked her for the information and the call was ended.

Note: The records will be provided via [redacted] and will be uploaded in TFACTS once obtained.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-01 10:20:00	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/01/2025
Completed date:	04/01/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/01/2025 10:22 AM Entered By: [redacted]

TL [redacted] attempted to check the status of the medical records' request via phone ([redacted]); however, there was no response. A voicemail message was left requesting a return call to this TL. Response is pending.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-28 08:45:00	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/28/2025
Completed date:	03/28/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/28/2025 08:54 AM Entered By: [redacted]

TL [redacted] received a return phone call from [redacted] of [redacted] Health Center regarding the medical records of [redacted] Ms. [redacted] reports that only one request for records have been received and that request was sent by this TL in October 2024. According to Ms. [redacted] the request was completed; however, this TL never got the records. Ms. [redacted] is going to contact the records processor and provide this TL's information so next steps can be determined for obtaining the records. Ms. [redacted] was thanked for her time and the phone call was ended.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-27 16:06:00	Contact Method:	
Contact Time:	04:06 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/27/2025
Completed date:	03/27/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/27/2025 04:07 PM Entered By: [redacted]

TL [redacted] attempted to contact [redacted] Health Center at [redacted] to obtain a status on the medical records which have been requested on more than one occasion. No one answered the call so TL left a voicemail message requesting a return call. Response is pending.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-07 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/07/2025
Completed date:	03/07/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/07/2025 04:00 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. CM has verified the correct name of the alleged child victim and will submit a new request for the medical records. The case remains opened pending approval of the closing summary and receipt of the medical records.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-03 15:21:00	Contact Method:	
Contact Time:	03:21 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/03/2025
Completed date:	02/03/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/03/2025 03:23 PM Entered By: [redacted]

This case remains opened pending receipt of medical records. CM will follow up with the family and the status of the medical records and update case notes. Once the closing summary is approved, the case will be submitted for closure.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-28 11:44:00	Contact Method:	
Contact Time:	11:44 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/28/2025
Completed date:	01/28/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/28/2025 11:45 AM Entered By: [redacted]

CM will follow up with the parent regarding services and update case notes.

This case remains opened pending receipt of medical records and approval of closing summary.

Narrative Type: Addendum 1 Entry Date/Time: 01/29/2025 12:57 PM Entered By: [redacted]

CM will follow up with the parent regarding services and update case notes.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-03 13:10:00	Contact Method:	
Contact Time:	01:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/03/2024
Completed date:	12/04/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2024 01:11 PM Entered By: [redacted]

This case remains opened pending receipt of medical records. CM will follow up on status of request and follow up with the family. The closing summary is under review for approval. CM will follow up with the family and update case notes.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-06 08:29:00	Contact Method:	
Contact Time:	08:29 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	11/06/2024
Completed date:	11/06/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/06/2024 08:30 AM Entered By: [redacted]

This case remains opened pending receipt of medical records. CM will follow up on status of request and follow up with the family. The closing summary is under review for 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:	2024-10-25 15:39:00	Contact Method:	
Contact Time:	03:39 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/25/2024
Completed date:	10/25/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/25/2024 03:40 PM Entered By: [redacted]

The birth records and medical records were requested again from [redacted] hospital and [redacted] Health Center via fax.

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:	2024-10-08 12:07:00	Contact Method:	
Contact Time:	12:07 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/08/2024
Completed date:	10/08/2024	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: 10/08/2024 12:08 PM Entered By: [redacted]

Team Coordinator [redacted] sent an email request to the DCS Safety Nurse on October 8, 2024 requesting assistance in obtaining medical and birth records.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-10-03 09:58:00	Contact Method:	
Contact Time:	09:58 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/03/2024
Completed date:	10/03/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/03/2024 09:59 AM Entered By: [redacted]

This case remains opened pending completion of the closing summary, review and approval. Once summary is submitted for review and approval is obtained, the case will be submitted 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:	2024-09-22 20:03:00	Contact Method:	
Contact Time:	08:03 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/22/2024
Completed date:	09/22/2024	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: 09/22/2024 08:04 PM Entered By: [redacted]

TC [redacted] reviewed case on September 22, 2024. Allegation of Abuse Death is being investigated. Case remains open pending closing case summary being approved for final review. TC [redacted] has requested that closing summary be submitted by October 18, 2024.

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:	2024-09-17 15:51:00	Contact Method:	
Contact Time:	03:51 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/17/2024
Completed date:	09/17/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/17/2024 03:51 PM Entered By: [redacted]

Case remains opened pending completion of closing summary. Case is part of abandoned case load.

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:	2024-08-30 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/03/2024
Completed date:	09/17/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2024 10:52 AM Entered By: [redacted]

Case remains opened pending completion of investigative tasks and completion of closing summary. Case is part of vacant caseload 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:	System Completed
Contact Date:	2024-07-29 12:20:00	Contact Method:	
Contact Time:	12:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/29/2024
Completed date:	08/29/2024	Completed By:	System Completed
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2024 12:23 PM Entered By: [redacted]

CLOSING FAST assessment

immediate intervention not recommended
moderate need risk

[redacted] became deceased on 5/15/2023 due to motor vehicle 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:	2024-07-29 12:20:00	Contact Method:	
Contact Time:	12:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	10/01/2024
Completed date:	10/01/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/01/2024 12:49 PM Entered By: [redacted]

CLOSING FAST assessment

immediate intervention not recommended
moderate need risk

[redacted] became deceased on 5/15/2023 due to motor vehicle 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:	2024-07-16 14:55:00	Contact Method:	Phone Call
Contact Time:	02:55 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/29/2024
Completed date:	07/29/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
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: 07/29/2024 11:54 AM Entered By: [redacted]

CM [redacted] received a contact from Ms. [redacted] via [redacted] CM [redacted] explained the reason for attempting the home. Ms. [redacted] reported she had been waiting contact from CM [redacted] Cm inquired if Ms. [redacted] had been going to counseling and she confirmed she had two appointments but that they are very busy. She denied any current mental health concerns. CM [redacted] explained that she would need to obtain some additional paperwork and would contact her to set the appointment. CM [redacted] thanked Ms. [redacted] for her prompted returned phone call.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-16 13:20:00	Contact Method:	Attempted Face To Face
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/29/2024
Completed date:	07/29/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Good Faith Effort,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2024 11:53 AM Entered By: [redacted]

CM harries attempted to completed a home visit at the family residence located at [redacted] TN [redacted] CM [redacted] knocked on the front door of home but did not receive a response. CM [redacted] left contact card with a message for Ms. [redacted] to contact her at her convenience.

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:	2024-07-12 13:35:00	Contact Method:	
Contact Time:	01:35 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/12/2024
Completed date:	07/12/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/12/2024 01:37 PM Entered By: [redacted]

This case remains opened pending review of the closing summary. CM [redacted] will submit the review and closing checklist which will be forwarded to TC [redacted] for review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-06-13 14:12:00	Contact Method:	
Contact Time:	02:12 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/13/2024
Completed date:	06/13/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/13/2024 02:13 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. The closing summary is pending review and approval. CM is attempting to complete a follow up with the family. Once completed the summary will be submitted to TL for review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-22 09:39:00	Contact Method:	
Contact Time:	09:39 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/22/2024
Completed date:	05/22/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2024 09:51 AM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. CM reports that law enforcement has charged the driver of the vehicle involved in the accident that led to [redacted] death. CM has completed a follow up visit with the birth mother does not have health insurance and could not afford out of pocket for grief counseling. CM has provided information on Latino [redacted] to assist with counseling for the family. CM reports that the siblings are doing well. The case remains opened pending the review and approval of the closing summary. CM will complete the 740, closing FAST, and ensure that all documents are uploaded in TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	2024-05-16 16:20:00	Contact Method:	Attempted Phone Call
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2024
Completed date:	06/07/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	Good Faith Effort,Referent Interview		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2024 01:53 PM Entered By: [redacted]

Wrong date entered

CM [redacted] attempted to contact referent via telephone contact provided with referral but did not receive a response. CM [redacted] attempted referent multiple times due to allegations in referral but did not receive a referral.

Narrative Type: Created In Error Entry Date/Time: 06/07/2024 01:58 PM Entered By: [redacted]

Wrong date entered

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:	2024-05-14 13:42:00	Contact Method:	Face To Face
Contact Time:	01:42 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/16/2024
Completed date:	05/16/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/16/2024 01:35 PM Entered By: [redacted]

CM [redacted] arrived at the family home located at [redacted]. CM [redacted] was permitted inside the residence by Mrs. [redacted] Cm [redacted] explained the reason for being present at the home. Cm informed Mrs. [redacted] of investigation outcome. CM notified Mrs. [redacted] investigation had come to a resolution. CM informed Mrs. [redacted] investigation outcome. Cm explained the evidence obtained that support investigation outcome. Translation services representative Mr. [redacted] supported Cm [redacted] in completing home visit. Cm [redacted] provided Mrs. [redacted] with contact information for Latino [redacted] Mrs. [redacted] is not currently receiving counseling services due to not have health insurance and not being able to financially afford the service.

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:	2024-05-04 10:00:00	Contact Method:	Attempted Phone Call
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2024
Completed date:	06/07/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	Good Faith Effort,Notation		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2024 01:58 PM Entered By: [redacted]

CM [redacted] attempted to contact responding [redacted] Police Department ([redacted]PD) officer [redacted] via telephone at [redacted] but did not receive a response. CM [redacted] did not receive a response from Officer [redacted]

Sgt. [redacted] is assigned to investigation with CM [redacted] CM will consult with Sgt. [redacted] concerning obtaining a statement from Officer [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:	2024-04-17 15:07:00	Contact Method:	
Contact Time:	03:07 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/17/2024
Completed date:	04/17/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/17/2024 03:11 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. CM [redacted] will verify that PCP, birth records, and medical records of incident have been requested and obtained. CM will upload records once they are received. CM will complete the closing summary and submit for review and 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:	2024-03-14 15:29:00	Contact Method:	
Contact Time:	03:29 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/14/2024
Completed date:	03/14/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/14/2024 03:33 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. The case remains open pending review and approval of the closing summary. CM will submit the 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:	2024-03-07 12:24:00	Contact Method:	
Contact Time:	12:24 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/07/2024
Completed date:	03/07/2024	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: 03/07/2024 12:24 PM Entered By: [redacted]

TC [redacted] reviewed case March 7, 2024. Allegation of Abuse Death is being investigated. Investigation remains open pending the closing summary being submitted for final approval. The assigned investigator will submit closing summary so that the assigned investigation can be closed 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:	2024-02-15 15:33:00	Contact Method:	
Contact Time:	03:33 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/15/2024
Completed date:	02/15/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/15/2024 03:35 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. The case remains opened pending approval of the closing summary. CM will submit closing summary for review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-22 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/22/2024
Completed date:	01/22/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/22/2024 11:03 AM Entered By: [redacted]

CM reports that due to the language barrier, it has been difficult to provide the family with grief counseling. A referral has been submitted to Latino [redacted] and CM will follow up regarding the referral. CM will follow up with the family, and update case notes.

TL [redacted] and CM [redacted] staffed this case for updates. The autopsy has been obtained and uploaded in TFACTS. CM reports that the medical records and birth records have been obtained. The investigative tasks have been completed and the case has been presented to CPIT. The case remains opened pending completion, review, and approval of the closing summary. CM will submit the summary for review.

Narrative Type: Addendum 1 Entry Date/Time: 01/22/2024 11:05 AM Entered By: [redacted]

CM reports that due to the language barrier, it has been difficult to provide the family with grief counseling. A referral has been submitted to Latino [redacted] and CM will follow up regarding the referral. CM will follow up with the family, and update case notes.

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:	2024-01-05 13:47:00	Contact Method:	
Contact Time:	01:47 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/05/2024
Completed date:	01/19/2024	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: 01/19/2024 09:58 AM Entered By: [redacted]

Case reviewed by TC [redacted] to ensure all investigative tasks have been complete. TC [redacted] has requested that closing summary be submitted by January 31, 2024 for TC [redacted] to review. After summary is reviewed, summary will be sent to Director [redacted] 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:	2023-12-28 14:18:00	Contact Method:	
Contact Time:	02:18 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/28/2023
Completed date:	12/28/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/28/2023 02:20 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. The case remains opened pending completion and approval of the closing summary. CM will complete and submit the closing summary for review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-11-17 10:07:00	Contact Method:	
Contact Time:	10:07 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	11/17/2023
Completed date:	11/17/2023	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: 11/17/2023 10:08 AM Entered By: [redacted]

Case reviewed by TC [redacted] on November 17, 2023. Case remains open as it is a child fatality case. Autopsy report has been obtained. The assigned investigator, [redacted] will need to present case to CPIT so that the closing summary can be reviewed by TC [redacted] TC [redacted] requested that summary be sent by October 31, 2023. Once summary is reviewed, summary will be for final review and approval 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:	2023-11-09 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/17/2024
Completed date:	01/17/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/17/2024 11:03 AM Entered By: [redacted]

A referral for [redacted] was completed for Mrs. [redacted] CM [redacted] completed a referral for [redacted] but was notified there were no Spanish speaking therapist.

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:	2023-11-08 15:45:00	Contact Method:	Attempted Face To Face
Contact Time:	03:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/17/2024
Completed date:	01/17/2024	Completed By:	[redacted]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/17/2024 10:56 AM Entered By: [redacted]

CM [redacted] attempted to complete a home visit at family residence located at [redacted]. CM [redacted] did not receive a response on front door. CM [redacted] observed on small vehicle in the driveway.

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:	2023-10-23 09:45:00	Contact Method:	Video Conference
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/17/2024
Completed date:	01/17/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/17/2024 09:57 AM Entered By: [redacted]

Child Protective Investigation Team (CPIT) was conducted via video conferencing. Present during CPIT was Assistant District Attorney (ADA) [redacted], DCS Team Leader (TL) [redacted], [redacted] Police Department ([redacted]PD) Sergeant [redacted], [redacted] Child Advocacy Center (CAC) [redacted] and CAC [redacted]. The Team agreed with the classification of Allegation Substantiated /Perpetrator Substantiated (ASPS) with services recommended. CM [redacted] did not observe [redacted] due to policy and infant being deceased when assigned investigation. CM [redacted] completed a visit with sibling, [redacted] at [redacted] children hospital. According to Nurse [redacted] injuries observed were consist with being strapped in during impact. There were no concerns identified with [redacted] well being. Ms. [redacted] was admitted to [redacted] with trauma to her lower body. CM [redacted] observed family to have support. Both hospital rooms were filled with family members and close friends. CM [redacted] completed a home visit at the family home to speak with [redacted] another sibling inside residence. CM [redacted] interviewed [redacted] alone and privately inside the family residence. [redacted] reported the [redacted] and [redacted] were both strapped in during her ride to school. She stated she supported Mrs. [redacted] by making sure [redacted] was strapped in every time the enter the vehicle. CM [redacted] obtained no disclosure of abuse during the home visit. CM [redacted] observed home to be clean and neat. There were no safety concerns observed inside the residence. CM [redacted] completed random home visits with family through out investigation. Mrs. [redacted] was referred to grief/ trauma counseling. CM [redacted] provided resources for [redacted] to support [redacted] and [redacted] CM [redacted] interviewed Mr. [redacted] [redacted] birth father and husband. Mr. [redacted] denied being home during incident. Mr. [redacted] reported Mrs. [redacted] being very responsible when caring for their children. Mr. [redacted] reported he is supporting Mrs. [redacted] and children. CM [redacted] obtained autopsy records concerning the death of infant [redacted] [redacted] Infant [redacted] died from multiple blunt force trauma. Infant was not strapped in her seat belt during impact. Due to cause of death the investigation is being classified as ASPS. There was no legal action taken during investigation as CM [redacted] had no concerns for other children present in home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-10-17 07:27:00	Contact Method:	
Contact Time:	07:27 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/17/2023
Completed date:	10/17/2023	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: 10/17/2023 07:29 AM Entered By: [redacted]

Case remains open as it is a child fatality case. CPIT staff received notification that the autopsy had been obtained on October 4, 2023. The assigned investigator, [redacted] will need to present case to CPIT so that the closing summary can be reviewed by TC [redacted] TC [redacted] requested that summary be sent by October 31, 2023. Once summary is reviewed, summary will be for final review and approval 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:	2023-10-04 14:00:00	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/10/2023
Completed date:	11/01/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/10/2023 10:40 AM Entered By: [redacted]

CM [redacted] received ME autopsy report from [redacted]. Autopsy reported infant passed from multiple blunt force injuries. The infant was reportedly discharged from the vehicle due to not being restrained. ME report stated there will be charges filed in the investigation of [redacted] death. Infant appeared to be well developed with no additional causes of death listed.

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:	2023-09-14 10:41:00	Contact Method:	
Contact Time:	10:41 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/14/2023
Completed date:	09/14/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/14/2023 10:43 AM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. CM reports that the birth records and PCP medical records and response is pending. CM reports that a follow up visit in August and the family has been referred for grief counseling. The case remains open pending the autopsy report.

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:	2023-09-05 14:15:00	Contact Method:	
Contact Time:	02:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/06/2023
Completed date:	09/06/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/06/2023 08:26 PM Entered By: [redacted]

CM [redacted] requested the birth records from [redacted] Hospital (birth records) and [redacted] (pediatrician records) for [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-23 16:20:00	Contact Method:	Face To Face
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	09/06/2023
Completed date:	09/06/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/06/2023 09:14 PM Entered By: [redacted]

CM [redacted] interviewed [redacted] alone and privately inside the family living. CM [redacted] inquired about [redacted] she had been since CM last spoke with her. [redacted] reported she was doing well. [redacted] reported she was happy to be home assisting Mrs. [redacted] after school. [redacted] reported the year was going well. Cm inquired if there were any concerns and [redacted] denied. [redacted] reported Mrs. [redacted] sometimes cry but she is there to support her during those times. [redacted] reported being safe in the home.

CM [redacted] assessed [redacted] to be clean and neat. There were no visible markings or bruises. [redacted] appeared to be nourished and appropriate in size and weight for her age. She was observed in her school uniform during home visit.

CM [redacted] attempted to interview [redacted] but she declined to participate. Cm [redacted] was able to observe [redacted] to be clean and neat. There were no visible markings or bruises. [redacted] hair was neatly combed into a ponytail. Her clothing was without stains, tears, and fit appropriately. She appeared to be healthy and nourished. [redacted] was observed no safety concerns.

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:	2023-08-04 12:14:00	Contact Method:	
Contact Time:	12:14 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/04/2023
Completed date:	08/04/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/04/2023 12:16 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. CM [redacted] will request the birth records and PCP records per previous staffing. CM will check the status of the incident records request. CM reports she made contact with the siblings in July, and will follow up with the family for the month of August. The case remains opened pending receipt of the autopsy report.

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:	2023-07-31 13:50:00	Contact Method:	Attempted Face To Face
Contact Time:	01:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	09/06/2023
Completed date:	09/06/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Good Faith Effort,Sibling Interview/Observation		
Contact Sub Type:	Attempted Home Visit/Home Visit		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/06/2023 09:36 PM Entered By: [redacted]

CM [redacted] completed a home visit with Mrs. [redacted] but [redacted] and [redacted] were not present in the home during Cm visit. CM [redacted] was informed the girls had been permitted to visit with friends and attend activities.

CM did not observed [redacted] or [redacted] during visit.

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:	2023-07-27 14:10:00	Contact Method:	
Contact Time:	02:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/27/2023
Completed date:	07/27/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 02:12 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. CM [redacted] will request the birth records and PCP records. Incident medical records have been requested. CM will complete follow up visit with the family and address grief counseling. The case was assigned to Sgt. [redacted] of [redacted] Police Department ([redacted]PD). This case remains opened pending receipt of autopsy report.

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:	2023-06-30 14:15:00	Contact Method:	
Contact Time:	02:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2024
Completed date:	06/07/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2024 02:24 PM Entered By: [redacted]

Background Checks:

The following Internet Records Clearance inquiries were completed on

Mr. [redacted] birth father, [redacted]
Tennessee Felony Offender Registry: Negative results
Methamphetamine Offender Registry: negative results
Tennessee Sexual Offender Registry: negative results
National Sexual Offender Registry: negative results
Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results
[redacted] County Criminal Justice Portal: Negative Results

Mrs. [redacted] birth mother and AP, [redacted]
Tennessee Felony Offender Registry: Negative results
Methamphetamine Offender Registry: negative results
Tennessee Sexual Offender Registry: negative results
National Sexual Offender Registry: negative results
Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results
[redacted] County Criminal Justice Portal: Negative Results

Household Composition:
Mr. [redacted] birth father, [redacted]
Mrs. [redacted] birth mother and AP, [redacted]
[redacted] sibling, sister, [redacted]
[redacted] sibling, Sister, [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

[redacted] is deceased. There are no pets in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2023-06-30 11:08:00	Contact Method:	
Contact Time:	11:08 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/30/2023
Completed date:	07/31/2023	Completed By:	System Completed

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/30/2023 11:10 AM Entered By: [redacted]

A Tennessee Family and Child Tracking System (TFACTS) check was completed, and the family does not have prior history with the Department.
Criminal History: [redacted] Birthmother-AP/[redacted] Birthfather
National Sex offender database: Negative
Tennessee Drug Offender Registry: Negative
Tennessee Dept. of Health Vulnerable Person (Abuse Registry): Negative
Tennessee Felony Offender Information: Negative
[redacted] County Criminal Justice: Negative

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Created In Error
Contact Date:	2023-06-30 11:08:00	Contact Method:	
Contact Time:	11:08 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	DCS Office	Created Date:	10/01/2024
Completed date:	10/01/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/01/2024 12:47 PM Entered By: [redacted]

Entered in error.

A Tennessee Family and Child Tracking System (TFACTS) history check was completed, and the family does not have any history with the Department of Children's Services (DCS).

Narrative Type: Created In Error Entry Date/Time: 10/01/2024 12:47 PM Entered By: [redacted]

Entered in error.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-06-01 16:18:00	Contact Method:	
Contact Time:	04:18 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/01/2023
Completed date:	06/01/2023	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/01/2023 04:20 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case for updates. The case remains open pending receipt of autopsy report and completion of investigative tasks. CM will follow up with the family to assess safety and discuss services.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-22 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/24/2023
Completed date:	05/24/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/24/2023 10:24 AM Entered By: [redacted]

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

The CPS investigation was assigned on 5/16/23 concerning the death of ACV [redacted] (1mo). It was reported [redacted] resided with her birth mother [redacted] birth father [redacted] and two siblings [redacted] 4yo and [redacted] 11yo] in [redacted] County.

On the morning of 5/15/23 the mother was driving with [redacted] and the 4yo sibling in the backseat of the car, after dropping off the 11yo sibling at school. Another vehicle driven by an unrelated adult male [redacted] 20yo] crossed over into the opposing lane striking the familys vehicle. [redacted] was ejected from the vehicle, and it was believed she was not properly restrained. [redacted] was transported by EMS to [redacted] where head and internal injuries were noted and she was pronounced deceased. The 4yo and mother sibling also sustained minor injuries, and both were released from the hospital on 5/18/23. It is believed the 4yo was restrained at the time of accident.

The mother is currently bed-bound following two surgeries for a severely broken leg. The family has a lot of informal support. The 11yo was interviewed and reported the mother always buckles [redacted] in her car seat inside the home and then clicks and buckles her into the car, believed to be referring to the car seat base and seatbelt. The 11yo additionally stated the 4yo also is buckled into a toddler seat and that she sometimes assists her but is not allowed to help with the baby. The 11yo recalled her sibling being buckled in on the way to school the morning of the incident. The home has been observed with no safety concerns. CM plans to follow-up with the family regarding grief counseling. The father reported no concerns with the mothers care of the children and that to his knowledge she always acted safely and responsibly when transporting the children. CM is still attempting to gather information from traffic report and officer. Cause of the death is believed to be blunt force trauma and autopsy results are pending.

Next Steps:

Tennessee Department of Children's Services

Case Recording Summary

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

-- CM will request ACVs birth, PCP, and incident record. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with the family regarding grief counseling.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-19 17:28:00	Contact Method:	Face To Face
Contact Time:	05:28 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	05/22/2023
Completed date:	05/22/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2023 10:09 AM Entered By: [redacted]

CM [redacted] observed [redacted] while present in home. She was observed with bruises to the left side of her face. CM [redacted] was permitted to take photos of injuries. There were no concerns identified during home visit. [redacted] was observed to be clean and neat. She greeted Cm as she entered home and left home. CM [redacted] attempted to question her but she would not respond.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-19 16:43:00	Contact Method:	Face To Face
Contact Time:	04:43 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	05/22/2023
Completed date:	05/22/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2023 10:04 AM Entered By: [redacted]

CM [redacted] arrived at family home located at [redacted] TN [redacted] CM [redacted] was permitted inside residence by Mr. [redacted] CM was permitted to speak with [redacted] alone and privately inside the kitchen.

CM explained her reason for being present in home. CM inquired if [redacted] had heard of the department. [redacted] was not knowledgeable, CM provided [redacted] with an age appropriate definition. [redacted] reported she always felt safe in the home with her parents. [redacted] denied any drug use or domestic violence in the home. She reported most days her dad works and mom is home with [redacted] and now the new baby. [redacted] reported she would assist Mrs. [redacted] with chores due to [redacted] always making a mess. CM inquired what the new baby's name was. [redacted] had a hard time remembering the new baby's name. She reported sometimes she only called the baby by "baby". CM reminded [redacted] of the baby's name. CM inquired how she felt about being a new big sister. She reported it was nice. CM notified [redacted] of exact reason for being present. CM inquired if [redacted] remember the last day her mother took her to school. [redacted] reported she remembered the day. She reported she got up like any other day. She reported she made her lunch and assisted getting [redacted] ready. She reported her mother got the baby together. Cm inquired what getting the baby ready to leave the home looked like. [redacted] reported Mrs. [redacted] would put the baby in the car seat and close the baby straps on the seat. [redacted] reported Mrs. [redacted] would not allow her to assist as she always stated the baby was too small. [redacted] reported the baby would sit near the door by the passenger seat. [redacted] reported she sat in the middle. [redacted] reported [redacted] was behind Mrs. [redacted] in her car seat. CM asked [redacted] to explain the difference in car seats. [redacted] reported [redacted] seat has a high back and the seat belt enter at the top. [redacted] reported the baby seat was different. She reported there was a bottom to the base. She reported Mrs. [redacted] would clip the baby in then put the vehicle seat belt across the seat. [redacted] reported she assisted [redacted] with putting her seatbelt on but was not permitted to support with the baby. CM inquired if [redacted] knew where the baby was. [redacted] reported she believed the baby to be in the hospital because she was so small. [redacted] reported she only learned that her mother and sisters were in an accident on Wednesday. She stated her "el tia" took her to see her sister and she saw the scars on [redacted] face while visiting. She reported she knew something happened because her mother was not there to pick her up and that was very usual. [redacted] reported she was happy her family was safe and home from the hospital. She reported she would be assisting her mother with all the cleaning in the home. [redacted] reported she hoped her parents would allow her to stay home now they are out

Tennessee Department of Children's Services

Case Recording Summary

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

the hospital. [redacted] reported she was safe and happy to be home. Cm thanked [redacted] for her time and information.

CM observed [redacted] getting dropped off to the home. CM observed [redacted] to sit in the back seat of vehicle. [redacted] was observed wearing her seat belt. She appeared to be nourished and appropriate in size for her age. She was observed without markings or bruises. [redacted] was clean and neat.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-19 16:00:00	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/29/2024
Completed date:	07/29/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2024 11:08 AM Entered By: [redacted]

AN INITIAL SAFETY and FAST assessment was completed

immediate intervention not recommended
moderate need risk

[redacted] and her family were involved in a vehicle accident resulting in her passing from her injuries. It was stated that [redacted] was strapping in her car seat but she was located under the tire of the vehicle. An Autopsy is pending. Cm [redacted] interviewed both siblings and identified no concerns with either. CM [redacted] has discussed grief services or counseling moving forward. There were concerns identified in the home that needed to be addressed.

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:	2023-05-18 13:01:00	Contact Method:	Face To Face
Contact Time:	01:01 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/22/2023
Completed date:	05/22/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	Good Faith Effort,Notation		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/22/2023 10:12 AM Entered By: [redacted]

CM [redacted] staffed investigation with Sgt. [redacted] with Juvenile SVU. Sgt. [redacted] reported he had attempted to contact Sgt. [redacted] with [redacted] PD as he was the responding officer and was supporting with investigation. Cm notified Sgt. [redacted] she had attempted to contact him but did not receive a response or a return call. Sgt. [redacted] notified CM [redacted] he would attempt contact with Sgt. [redacted] on Monday due to that being a common in service day. CM thanked Sgt. [redacted] for his support in obtaining additional information for investigation.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-17 10:51:00	Contact Method:	Video Conference
Contact Time:	10:51 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/17/2023
Completed date:	05/17/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/17/2023 08:38 PM Entered By: [redacted]

Child Protective Investigative Team (CPIT) was notified of referral during morning review. Present during notification was Assistant District Attorney (ADA) [redacted], DCS TL [redacted], and LE LT. [redacted]. Investigation is stamped Coordinate with Sgt. [redacted] Investigator is to request medical records and receive autopsy.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-17 09:55:00	Contact Method:	Attempted Phone Call
Contact Time:	09:55 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/29/2024
Completed date:	07/29/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	Good Faith Effort,Notation		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/29/2024 11:00 AM Entered By: [redacted]

CM [redacted] attempted to make contact with Sgt. [redacted] via [redacted] but was not successful. CM [redacted] left voicemail message for return contact and case information. Cm [redacted] did not make contact with Sgt. [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:	2023-05-16 18:30:00	Contact Method:	
Contact Time:	06:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/18/2023
Completed date:	05/18/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/18/2023 10:33 AM Entered By: [redacted]

Team Leader (TL) [redacted] staffed the case of [redacted] with Child Protective Services' Investigator (CPSI) [redacted] CPSI [redacted] reported that she met with both the mother, Ms. [redacted] and [redacted] (3 years old) sibling. Ms. [redacted] was hospitalized at [redacted] and [redacted] was hospitalized at [redacted] CPSI [redacted] interviewed Ms. [redacted] at [redacted]. Ms. [redacted] reported that she really did not know what happened. She stated that she had just dropped [redacted] off at school and was returning home when a car "out of nowhere" ran into her. Ms. [redacted] stated that she lost consciousness and did not regain consciousness until she was at the hospital. Ms. [redacted] did have her leg broken in three places and she had to have galbladder surgery. She is currently out of surgery and is being observed at this time. According to Ms. [redacted] both children [redacted] and [redacted] were in their car seat/booster seat. Ms. [redacted] stated (via interpreter) that they were "fully strapped". It is unclear as to what "fully strapped means. She reported that both children were in the back seat and [redacted] was facing forward and not backwards as is recommended. [redacted] was behind the driver's seat.

It was reported that [redacted] was ejected from the car.

CPSI [redacted] went to [redacted] and attempted to interview [redacted] However, [redacted] would not speak. She would only nod her head. CPSI noted that there were lacerations on the left side of her body. There was also a bruise on her neck; which could have been caused by the seat belt.

CPSI noted that the family has a strong support system. The father, Mr. [redacted] was going back and forth between the hospitals. However, there were 10 other family members present with the mother at [redacted] and 13 at [redacted] with [redacted] will be stay with the maternal aunt. [redacted] has not been told that [redacted] died in the accident. CPSI [redacted] will interview [redacted] about seat belts and if they wear them, etc. She will also obtain a copy of the police and traffic report concerning the accident and will contact both hospitals and find out injuries and prognosis for both Ms. [redacted] and [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:	2023-05-16 18:21:00	Contact Method:	Face To Face
Contact Time:	06:21 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	05/17/2023
Completed date:	05/17/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/17/2023 08:32 PM Entered By: [redacted]

CM [redacted] was permitted to interview and observe [redacted] in her hopsital room at [redacted] was admitted into room [redacted] According to family and Mr. [redacted] was stable. No details were provided on her injuries or conditions.

CM [redacted] observed [redacted] to be very small. CM observed abrasions and bruises to the left side of her face and body. It is unknown how other parts of her body looked. CM attempted to interview [redacted] but she was very shy and reserved. She just looked at CM. CM inquired if she was in an accident and [redacted] shook her head "yes". [redacted] was asked if she had on her seat belt and she shook her head "yes". CM attempted to ask additional questions concerning accident but [redacted] would not respond. [redacted] kept looking at her father and maternal grandmother.

CM thanked Mr. [redacted] for permitting CM to observed [redacted] CM notified Mr. [redacted] she would need to speak with [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:	2023-05-16 17:46:00	Contact Method:	Face To Face
Contact Time:	05:46 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	05/17/2023
Completed date:	05/17/2023	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: 05/17/2023 08:25 PM Entered By: [redacted]

CM [redacted] did not know observed [redacted] after her passing. CM [redacted] made the scene the following day. CM [redacted] was not able to obtain direct information from hospital personnel or law enforcement concerning the details regarding [redacted] injuries.

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

Per [redacted] / Sergeant with [redacted] Police, it appeared [redacted] (1 month and 25 days) was ejected from vehicle due to not being properly strapped in. [redacted] was transported to [redacted] children's hospital by [redacted] Fire Department #[redacted] Paramedic [redacted] (#[redacted]) and EMT [redacted] (#[redacted]). CM was provided the report numbers taken at the scene, Police report #[redacted] and crash report #[redacted]. [redacted] reportedly passed away from injuries internal and external. It is unknown the cause of death. [redacted] was taken from [redacted] and transported to [redacted], [redacted] TN [redacted] for a autopsy.

** CM will request birth records and pediatrician records.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-05-16 17:02:00	Contact Method:	Face To Face
Contact Time:	05:02 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	05/17/2023
Completed date:	05/17/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community		
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: 05/17/2023 05:19 PM Entered By: [redacted]

Ms. [redacted] reported [redacted] was "fully strapped" in her car seat she did not verify if seat was secured with a seat belt. Ms. [redacted] confirmed [redacted] was in a seat belt at the time of impact.

CM [redacted] arrived at [redacted] Health [redacted] Trauma Center located at [redacted], [redacted] TN [redacted] CM [redacted] provided state identification to access Ms. [redacted] [redacted] room. CM was notified Ms. [redacted] was located in room [redacted].

Present inside the room with Mrs. [redacted] was her husband Mr. [redacted] CM notified both of process and provided them with CM contact card information. CM inquired about completing paperwork but neither parent was able to complete paperwork at the time. CM inquired if Mr. [redacted] was present for accident. Mr. [redacted] denied being present when incident happened. Mr. [redacted] denied being present. He reported he was only there at the hospital. CM inquired if Ms. [redacted] was able to provide an account of what happened. Ms. [redacted] reported she had just taken [redacted] to school. She reported she had the green light. Ms. [redacted] reported all she remembers is being hit head on by another vehicle. Ms. [redacted] reported when she woke up she learned she was in the hospital. CM inquired where [redacted] and Athena was located in vehicle. Ms. [redacted] reported both children were in the rear of vehicle. Ms. [redacted] confirmed that [redacted] was strapped in her car seat with a seat belt. CM inquired if [redacted] was in her seat beat and Ms. [redacted] confirmed she was in the seat belt. Ms. [redacted] began to cry really hard. She was not able to move her body or her head. She reported she was on the way home when accident happened. She could not provide any additional details concerning the accident. CM inquired where [redacted] was during accident. Ms. [redacted] reported she had already taken [redacted] into school. Mr. [redacted] reported he did not know any details concerning accident. CM inquired if there was any additional information family needed to provide and they denied. CM thanked Mr. and Mrs. [redacted] for speaking with her. CM notified family they could contact CM at anytime.

Mrs. [redacted] [redacted] is currently in the bed. She has a broken leg and femur. It is unknown of her other medical complications due to accident.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

***CM [redacted] notified family she would need to complete a home visit. CM inquired about interviewing [redacted] and [redacted] CM learned [redacted] was not aware of the extend of accident. CM [redacted] permitted to visit with [redacted] while she is in the hospital at [redacted]

Narrative Type: Addendum 1 Entry Date/Time: 05/18/2023 10:04 AM Entered By: [redacted]

Ms. [redacted] reported [redacted] was "fully strapped" in her car seat she did not verify if seat was secured with a seat belt. Ms. [redacted] confirmed [redacted] was in a seat belt at the time of impact.

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:	2023-05-16 16:20:00	Contact Method:	Attempted Phone Call
Contact Time:	04:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/07/2024
Completed date:	06/07/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning		
Contact Type(s):	Good Faith Effort,Referent Interview		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2024 01:59 PM Entered By: [redacted]

CM [redacted] attempted to contact referent via telephone contact provided with referral but did not receive a response. CM [redacted] attempted referent multiple times due to allegations in referral but did not receive a referral.

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:	2023-05-16 10:08:00	Contact Method:	
Contact Time:	10:08 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/17/2023
Completed date:	05/17/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/17/2023 08:53 PM Entered By: [redacted]

The investigation is assigned a priority response 1 and response time is due on May 17, 2023 by 10:08 A.M.

The referent notification was sent to referent via the online Child Abuse Reporting and Tracking (CARAT) at the time the report was made.

Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per regional protocol.

A Tennessee Family and Child Tracking System (TFACTS) check was completed, and the family does have history with the Department.

12/17/2018 Investigation 1
Physical Abuse
ACV: [redacted]
AP: [redacted]
Admin Closure

09/19/2018 Assessment 3
Physical Abuse
ACV: [redacted]
AP: [redacted]
Service Recommended

Household Composition:
Mr. [redacted] DOB: [redacted], Birth Father
Ms. [redacted] DOB: [redacted], Alleged Perpetrator (AP), Birth Mother
[redacted] DOB: [redacted], Sister
[redacted] DOB: [redacted], Sister
[redacted] DOB: [redacted], Alleged Child Victim, Deceased

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: 05/16/2023

Assignment Date: 08/07/2024

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]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 10/23/2023

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: On May 16, 2023, the Department received a referral with the allegation of Abuse Death naming [redacted] (3m/o, female, Hispanic infant) as the alleged child victim (ACV). The Alleged Perpetrator (AP) is listed as [redacted] birth mother. The investigation was assigned to Case Manager (CM) [redacted] According to DCS policy, this case does meet the criteria for substantiation. The case will be classified as Allegation Substantiated/ Perpetrator Substantiated (ASPS). All investigative tasks have been completed. This investigation is being submitted for review for closure.

D. Case Workers

Case Worker: [redacted]

Date: 10/23/2023

Team Leader: [redacted]

Date: 10/23/2023

E. Investigation Summary

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

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

CM [redacted] did not observe [redacted] after her passing. CM [redacted] made the scene the following day. CM [redacted] was not able to obtain direct information from hospital personnel or law enforcement concerning the details regarding [redacted] injuries.

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

An autopsy was completed during investigation. Infant obtained multiple blunt force trauma to her body prior to her death. It was reported that [redacted] was not strapped in her car seat during impact. On May 24.2024 an incident was completed for male in other vehicle. He will be charged with Reckless Homicide in the death of [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)?

Department of Children's Services

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

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

CM [redacted] obtained medical records from [redacted] Children hospital. Birth records were obtained from [redacted] Hospital and pediatrician records were requested from [redacted] Health Center. All documentation will be uploaded into TFACTS. The autopsy report was obtained with the following results:

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

CM [redacted] interviewed Ms. [redacted] who reports that on the day of the incident, she dropped her oldest daughter [redacted] off at school and was returning home. She reports that a car came out of nowhere and hit her car head on. When she awoke she was in the hospital. Ms. [redacted] reports that she strapped [redacted] in her car seat with the seatbelt.

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

The referral stated on 5-15-23, near 8:10 am, there was a fatal accident involving [redacted] and [redacted] Bystanders contacted 911 to report the accident. The incident occurred in [redacted] County on [redacted] and [redacted], in [redacted] TN. A 2022 Nissan Altima, driven by [redacted] was traveling [redacted] on [redacted] at an unknown rate of speed. The vehicle crossed over into the opposing lane of travel, striking the 2013 Honda Odyssey driven by [redacted] as she was traveling Southbound on [redacted]. The impact of the vehicle accident caused [redacted] to be ejected from the vehicle, as [redacted] was not properly restrained. It is unknown if [redacted] was restrained in a car seat, if she was retrieved by bystanders, or if [redacted] was ejected from the vehicle. [redacted] was transported to [redacted] Children's Hospital in critical condition. [redacted] was pronounced deceased on 5-15-23 at 8:55 am. Neglect is suspected as [redacted] cause of death because [redacted] was not properly secured and restrained in her car seat. [redacted] had a head injury and other internal injuries (unknown details). [redacted] body was transferred to [redacted] TN Forensic Center located at [redacted], [redacted] TN [redacted] [redacted] cause of death hasn't been ruled at this time, but it will most likely be blunt force trauma. [redacted] death will be considered a vehicle homicide. As of now, no arrest will be made. [redacted] was transported in critical condition and is currently stable. [redacted] has bruises and abrasion on her upper body and internal stomach injuries. [redacted] is still at [redacted] Children's Hospital. [redacted] was transported to [redacted] Hospital. It is unknown if [redacted] has been discharged. [redacted] was briefly interviewed. [redacted] was seen at [redacted] Hospital ([redacted], [redacted] TN) but was not admitted. An investigation is ongoing, and charges are pending against [redacted] It is possible [redacted] will be charged as well. [redacted] was spoken with and stated the children were properly restrained. [redacted] was at school and [redacted] was at work when the incident happened. On 5-15-23, [redacted] was at [redacted] Hospital. It unknown if [redacted] is still at the hospital or has returned home. [redacted] and [redacted] have custody of the children. The home hasn't been observed. It is unknown if there are any concerns of domestic violence, drug, alcohol and or mental health that pose as a risk to any of the children.

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

CM [redacted] did not observe [redacted] due to policy and infant being deceased when assigned investigation. CM [redacted] completed a visit with sibling, [redacted] at [redacted] children hospital. According to Nurse [redacted] injuries observed were consist with being strapped in during impact. There were no concerns identified with [redacted] well-being. Ms. [redacted] was admitted to [redacted] with trauma to her lower body. CM [redacted] observed family to have support. Both hospital rooms were filled with family members and close friends. CM [redacted] completed a home visit at the family home to speak with [redacted] another sibling inside residence. CM [redacted] interviewed [redacted] alone and privately inside the family residence. [redacted] reported the [redacted] and [redacted] were both strapped in during her ride to school. She stated she supported Mrs. [redacted] by making sure [redacted] was strapped in every time the enter the vehicle. CM [redacted] obtained no disclosure of abuse during the home visit. CM [redacted] observed home to be clean and neat. There were no safety concerns observed inside the residence. CM [redacted] completed random home visits with family throughout investigation. Mrs. [redacted] was referred to grief/ trauma counseling. CM [redacted] provided resources for [redacted] to support [redacted] and [redacted] CM [redacted] interviewed Mr. [redacted] [redacted] birth father and husband. Mr. [redacted] denied being home during incident. Mr. [redacted] reported Mrs. [redacted] being very responsible when caring for their children. Mr. [redacted] reported he is supporting Mrs. [redacted] and children. CM [redacted] obtained autopsy records concerning the death of infant [redacted] Infant [redacted] died from multiple blunt force trauma. Infant was not strapped in her seat belt during impact. Due to cause of death the investigation is being classified as ASPS. There was no legal action taken during investigation as CM [redacted] had no concerns for other children present in home. CM [redacted] completed a follow up visit with family to notify them of investigation outcome. Cm [redacted] observed no safety concerns with family. CM [redacted] provided family with Latino [redacted] packet.

Department of Children's Services

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

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

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: 05/16/2023**
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** [redacted] and [redacted] CM assessed family
Event Start Date: 05/13/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted] [redacted]
Date Approved: 05/18/2023	**Approver:** [redacted]

PARTICIPANTS

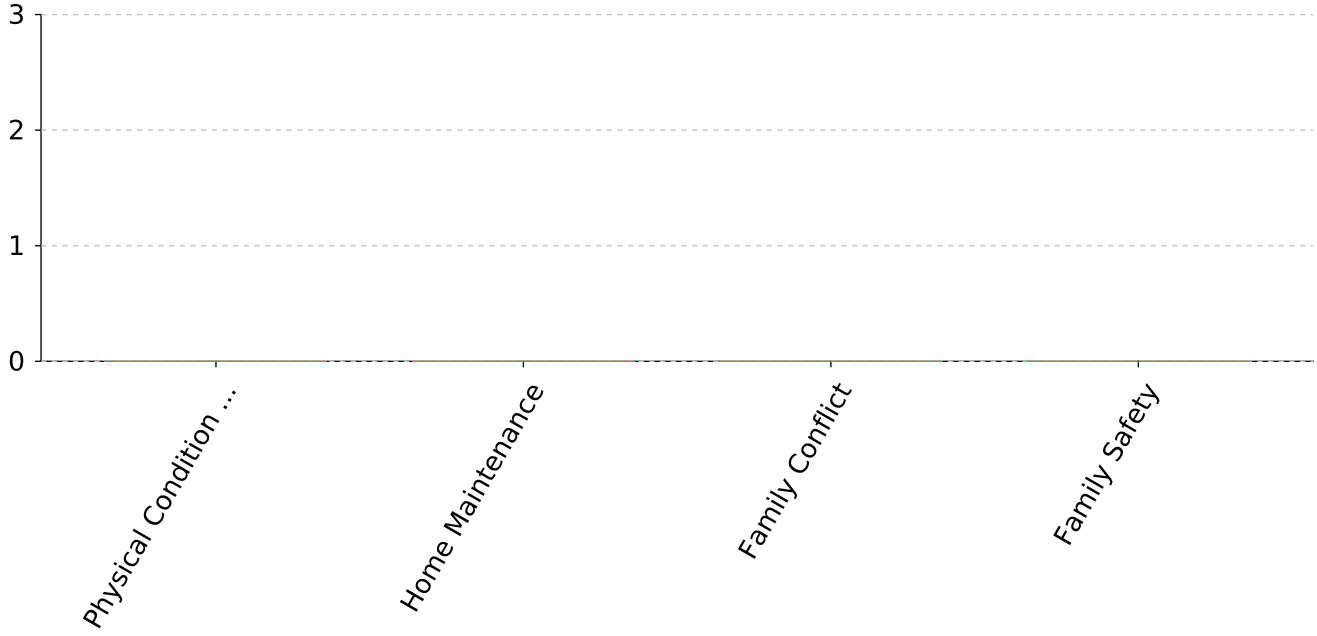
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] [redacted]	4 Yrs	Youth	F	[redacted]	N/A	
[redacted] [redacted] (AP)	27 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted] [redacted] [redacted] (ACV)	Deceased	Youth	F	[redacted]	N/A	
[redacted] [redacted]	11 Yrs	Youth	F	[redacted]	N/A	
[redacted] [redacted]	31 Yrs	Caregiver	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 05/16/2023
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).

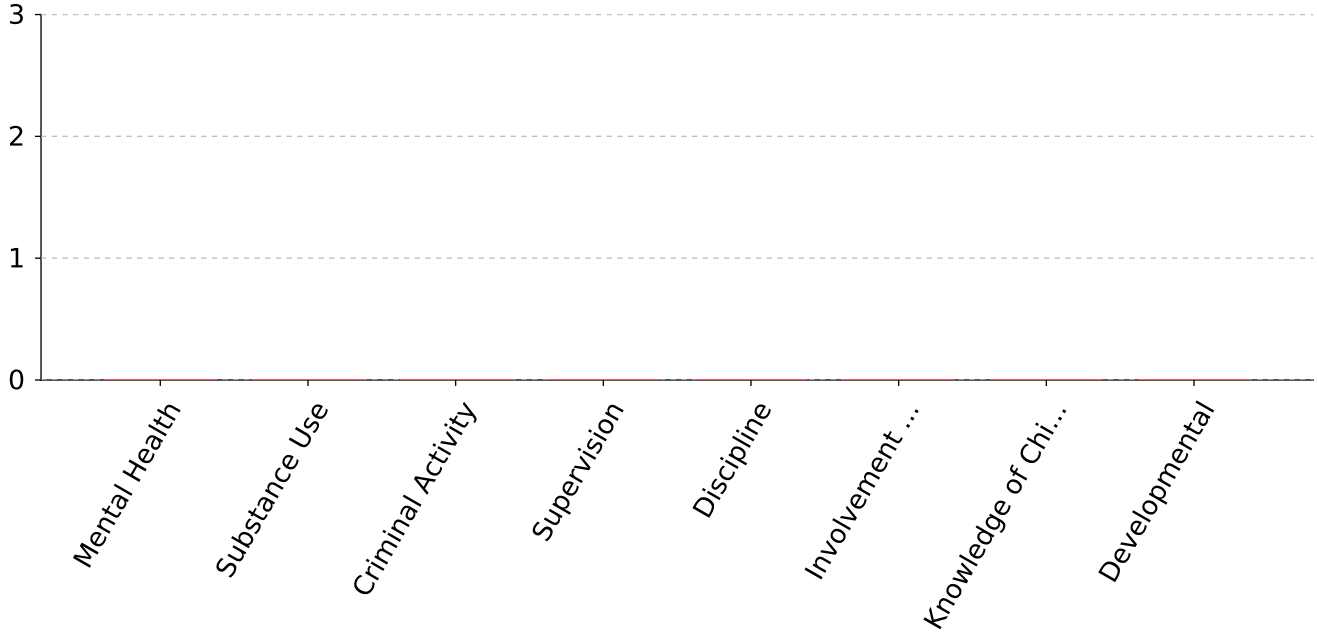


Item	Score	Justification/Narrative
Physical Condition of Home	0	
Home Maintenance	0	
Family Conflict	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 05/16/2023
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

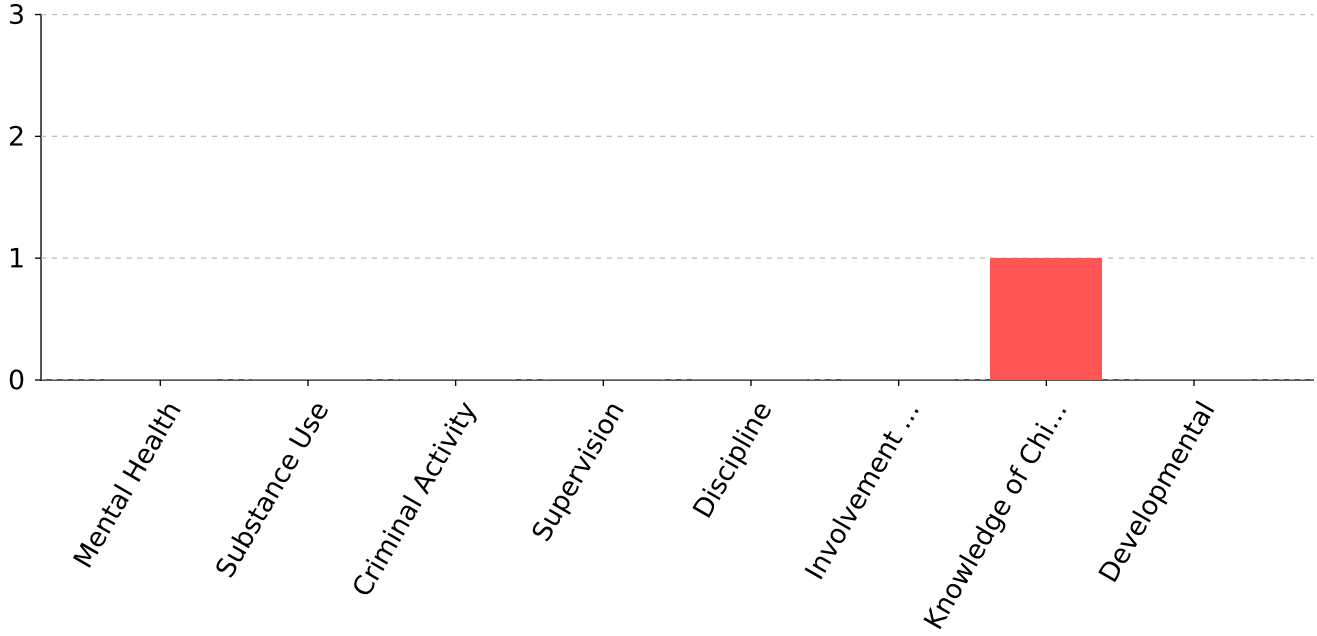


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 05/16/2023
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

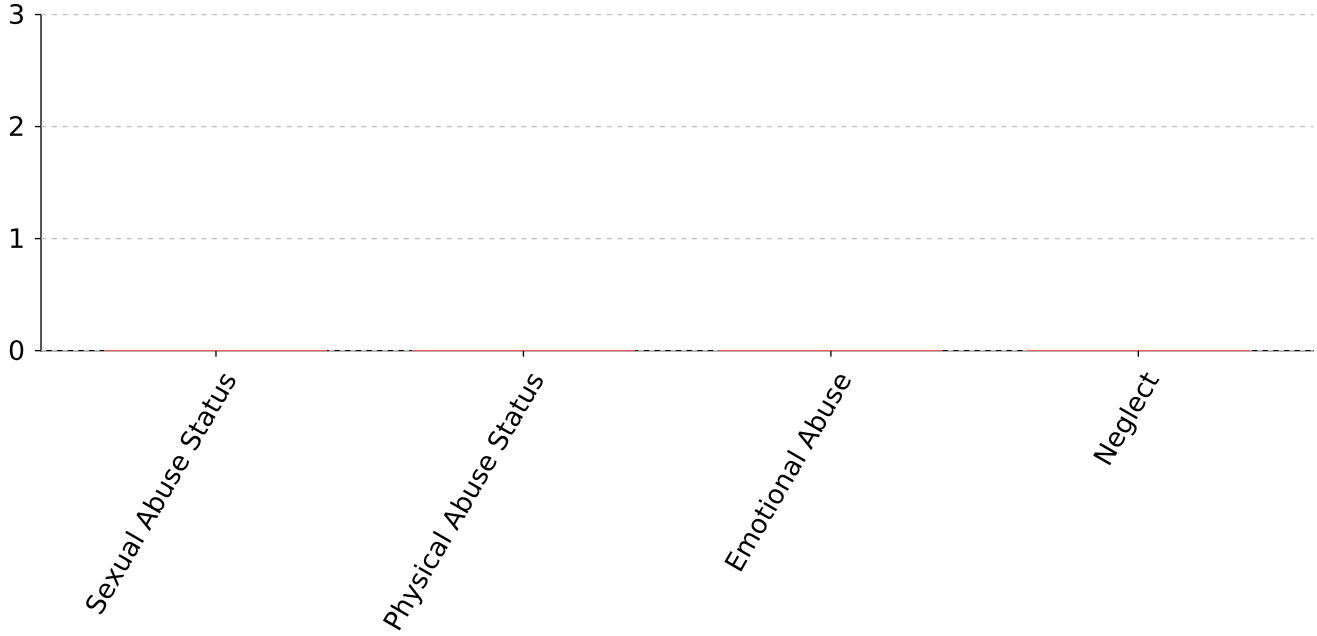


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	1	It is unknown if Ms. [redacted] baby was strapped in her car seat. Ms. [redacted] reported the baby was strapped in the car seat but not facing the correct way in the car.
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 05/16/2023
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:4 Yrs

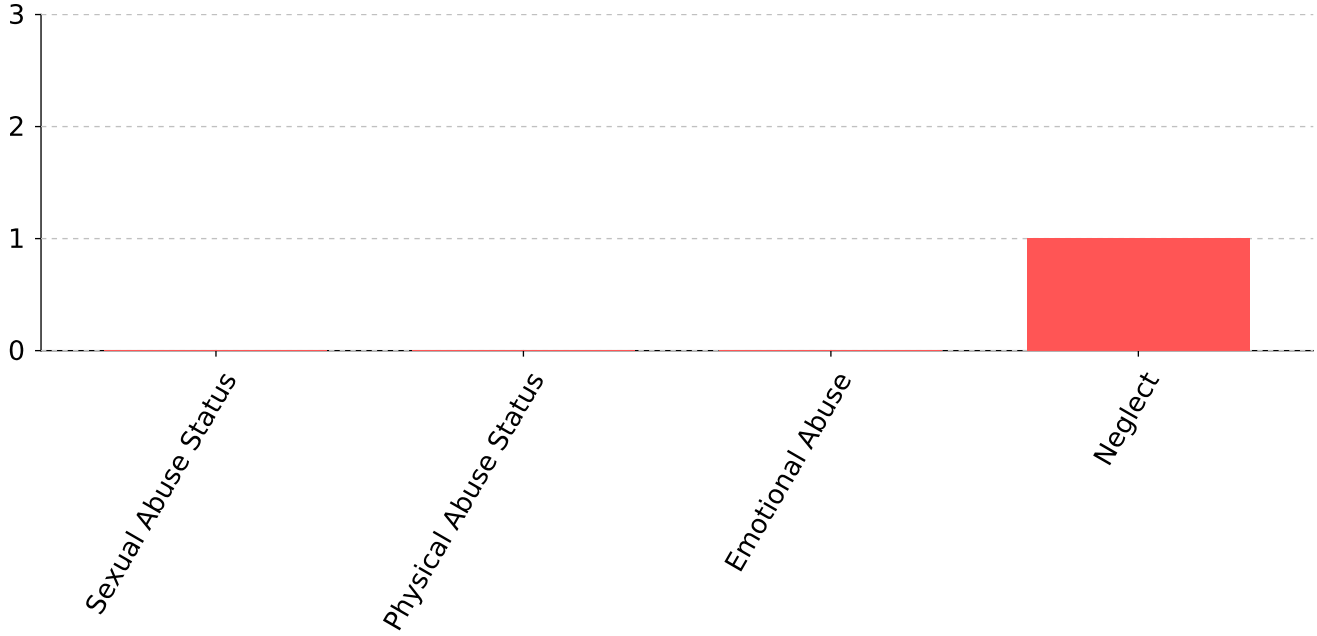


Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	

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

Event Type: CPS Case	**Assessment Date:** 05/16/2023
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

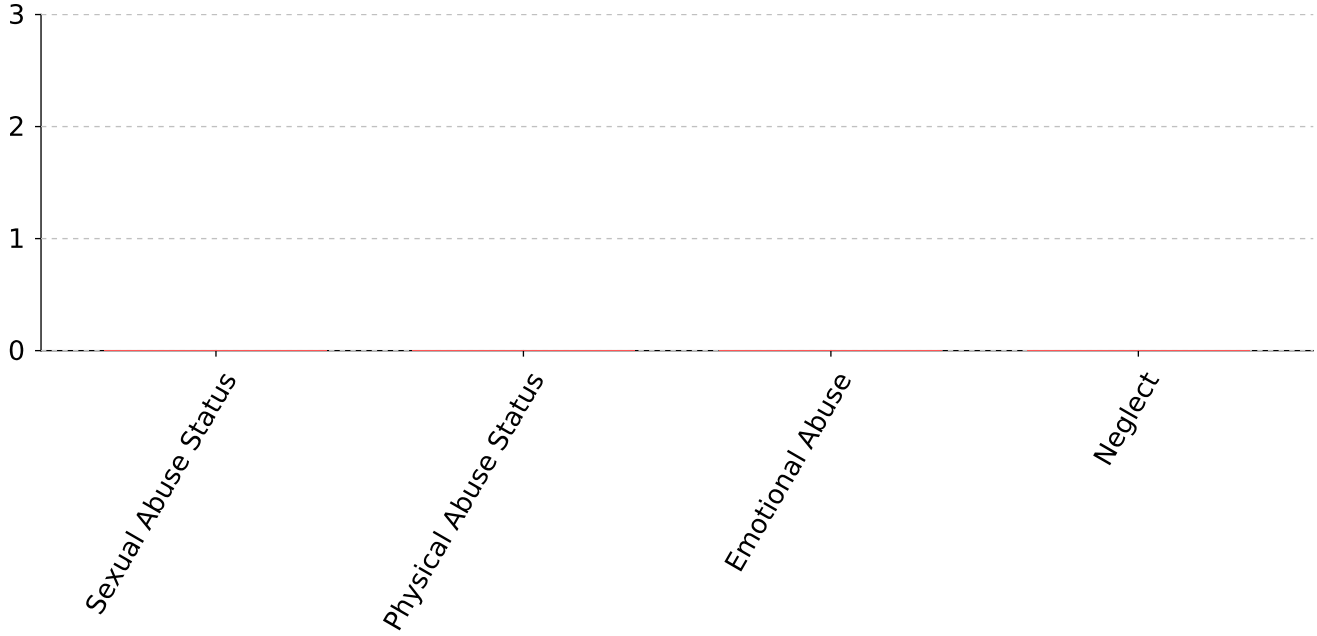


Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	1	It is unknown if [redacted] was strapped in her car seat. She was ejected from vehicle and landed under the wheel.

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

Event Type: CPS Case	**Assessment Date:** 05/16/2023
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:11 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 05/19/2023**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** In the Home
Risk Level: Moderate Need/Risk	
Event Start Date: 05/13/2025	**Last Assessed Date:** 05/16/2023
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 06/01/2023	**Approver:** [redacted]

PARTICIPANTS

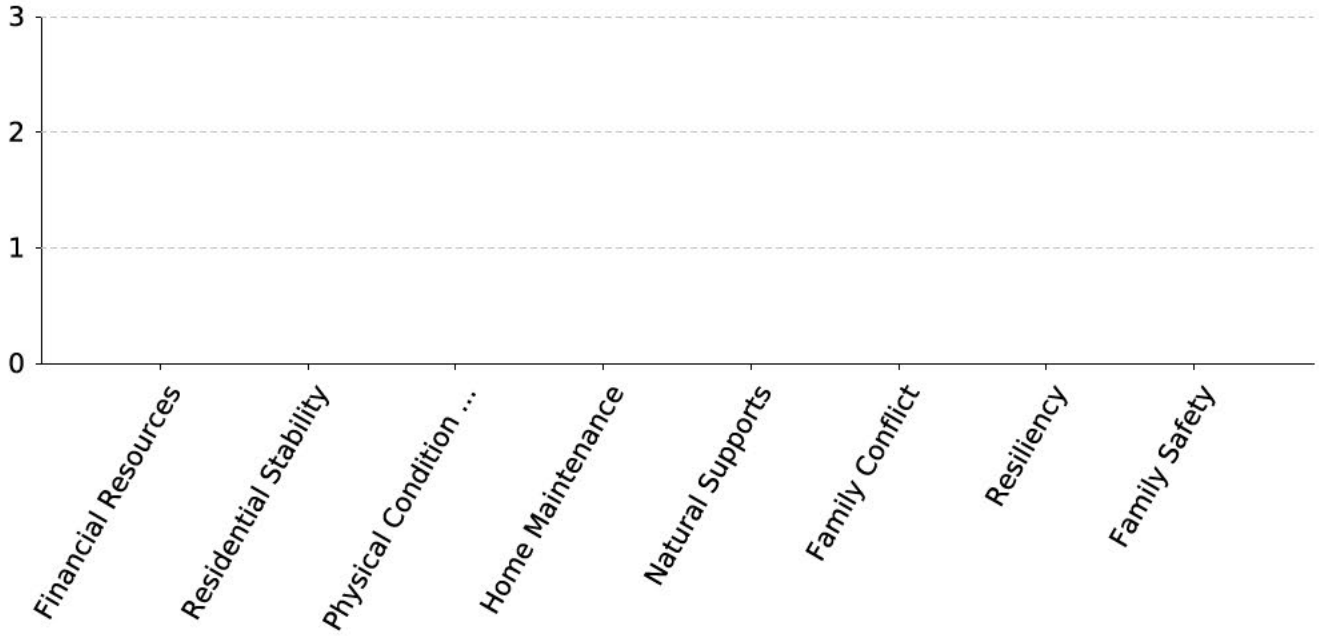
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (AP)	27 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted] (ACV)	Deceased	Youth	F	[redacted]	2	Low
[redacted]	4 Yrs	Youth	F	[redacted]	1	Low
[redacted]	11 Yrs	Youth	F	[redacted]	1	Low
[redacted]	31 Yrs	Caregiver	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 05/19/2023
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).

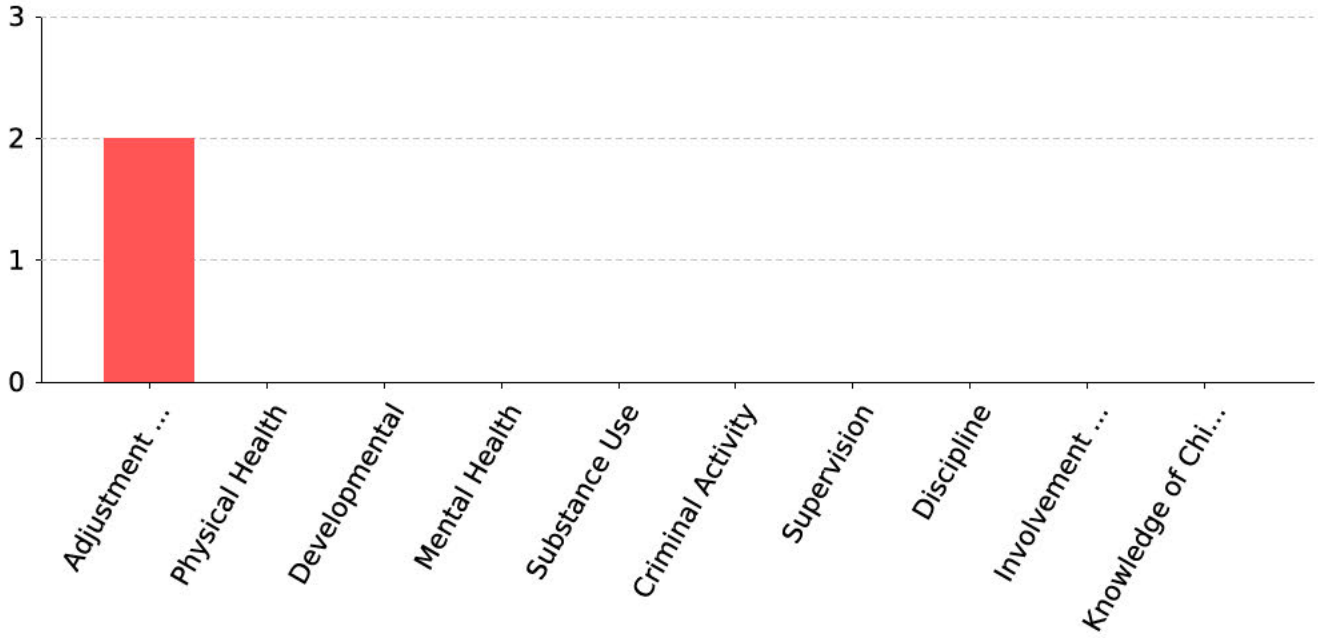


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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

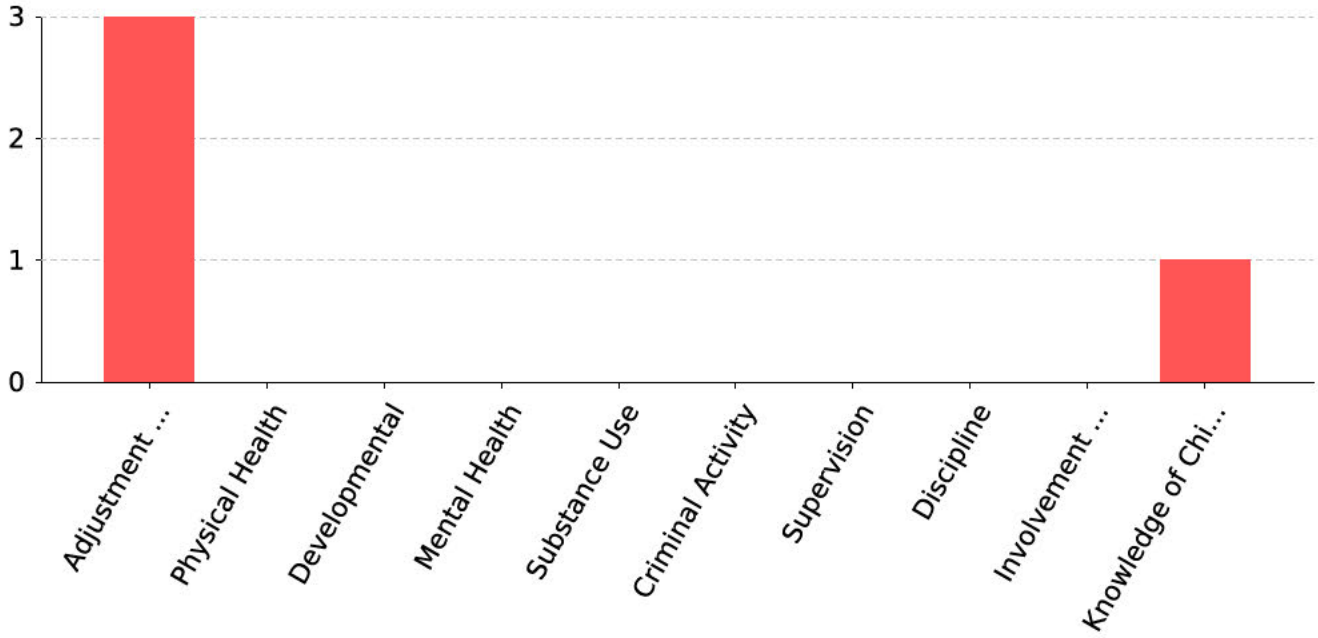


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	Family lost infant unexpectedly in a motor vehicle accident. Mr. [redacted] is currently supporting his family during the lost of infant.
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
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:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	3	Ms. [redacted] unexpectedly lost her infant in an automobile accident. Ms. [redacted] is not handling the lost well. She blames herself and continues to watch a video of accident posted on social media.
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	1	It is unknown if Ms. [redacted] baby was strapped in her car seat. Ms. [redacted] reported the baby was strapped in the car seat but not facing the correct way in the car.

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

Event Type: CPS Case	**Assessment Date:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

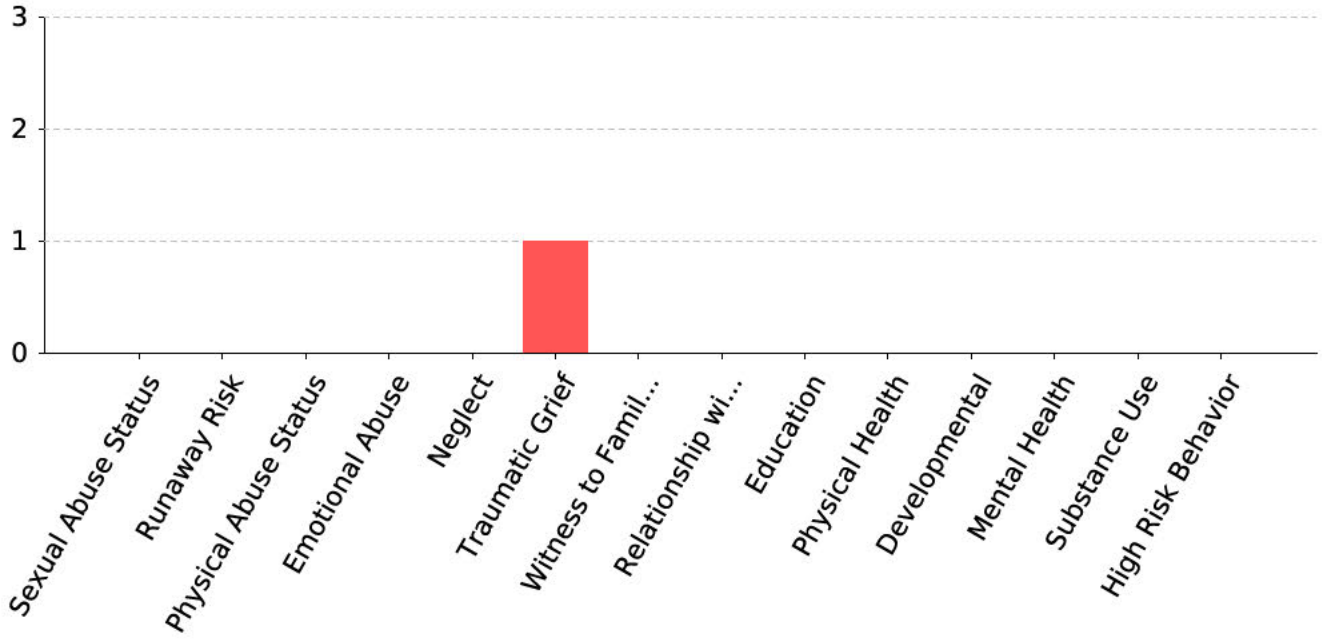
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH

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

Participant: [redacted] (CSEM)	Person ID: [redacted]	Age:4 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	1	It unknown how [redacted] will react to losing her sibling. She does not currently know of [redacted] passing.
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

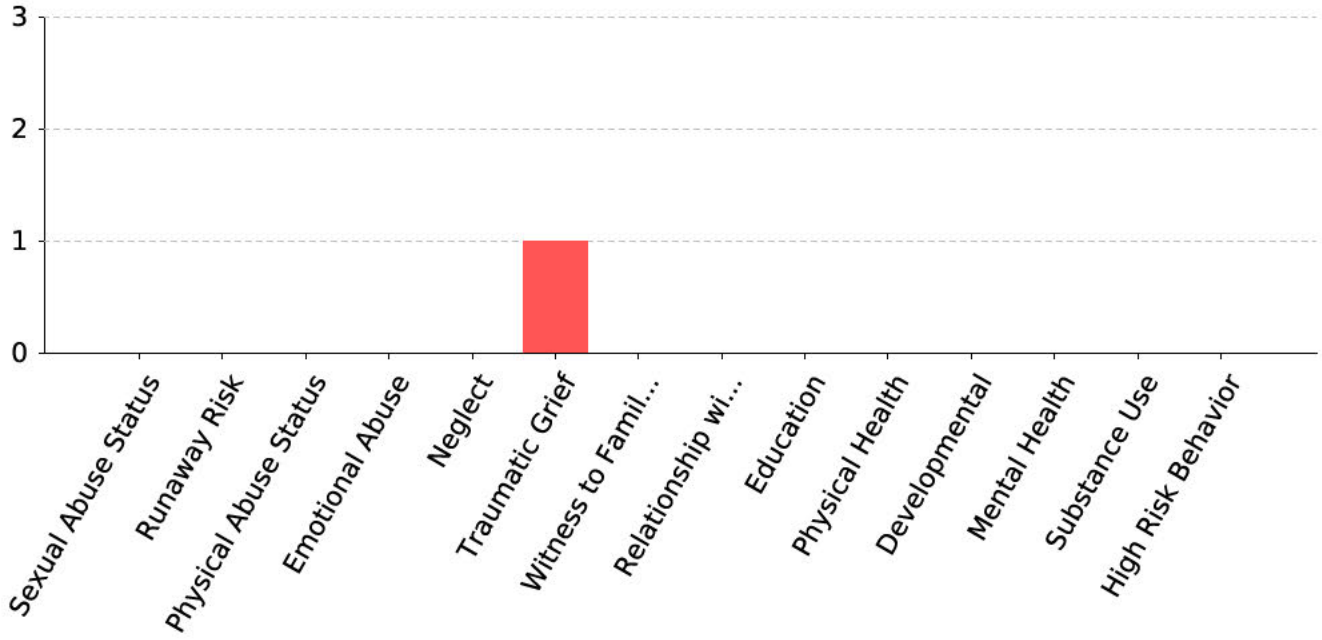
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH

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

Participant: [redacted] (CSEM)	Person ID: [redacted]	Age:11 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	1	It unknown how [redacted] will react to losing her sibling. She does not currently know of [redacted] passing.
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

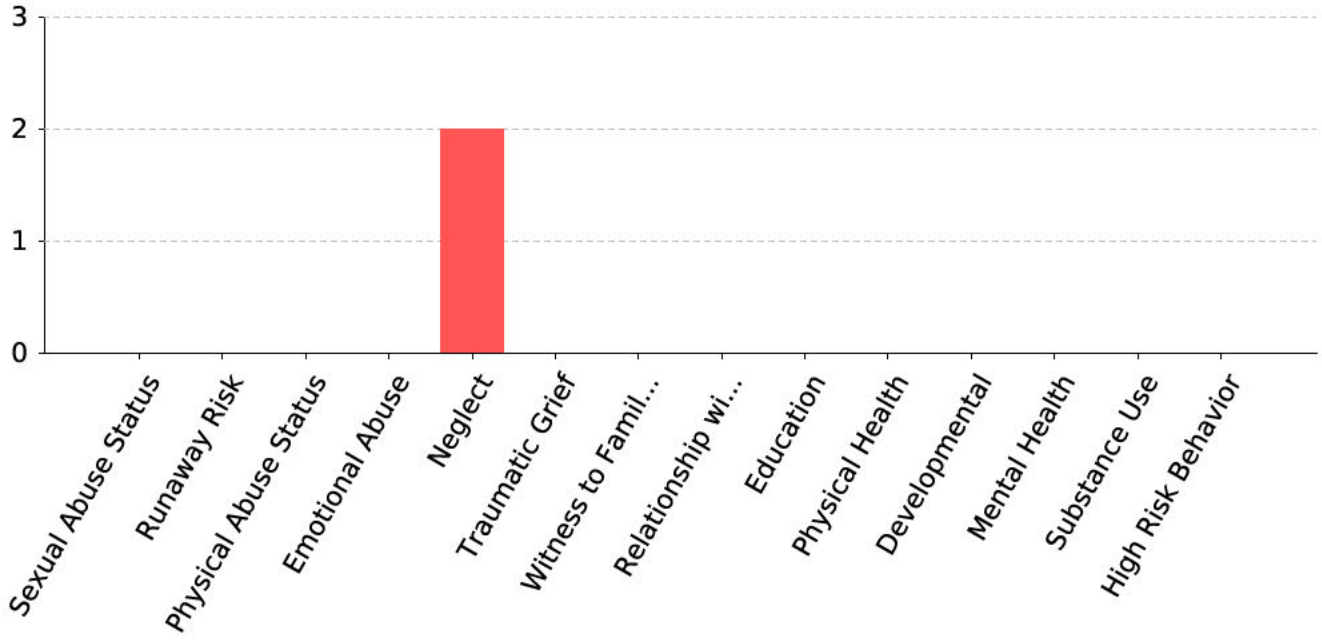
Event Type: CPS Case	**Assessment Date:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

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

Event Type: CPS Case	**Assessment Date:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	2	It is unknown if [redacted] was strapped in her car seat. She was ejected from vehicle and landed under the wheel.
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 05/19/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	