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

## Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 06/08/2023 09:57 AM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 06/08/2023

## Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 06/08/2023 12:08 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 06/08/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 06/08/2023 12:00 AM

## Allegations

| Alleged Victim | Age | Allegation | Severe ? / CSEM ? | Alleged Perpetrator | Relationship to Alleged Victim |
|---|---|---|---|---|---|
| [redacted] | Deceased | Abuse Death | Yes | [redacted] | |
| [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: None
Associated Case IDs: None

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP None
Closed Court Custody None

Pending: None
Awaiting Screening: None
Submitted: None

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

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

History (not listed above): None

County of Jurisdiction: [redacted]
School/ Daycare: Unknown
Active Military Status: Unknown

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (3) was residing with his birth mother [redacted] (28) and his birth father [redacted] (26) in [redacted] County. Also mentioned in the report are [redacted] siblings, [redacted] (2), and [redacted] (8 months). [redacted] and [redacted] are believed to be residing in Mississippi. [redacted] is only the birth mother of [redacted]

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
No immediate assistance required.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On Saturday (6-3-23), the family stopped in a [redacted] store parking lot, at [redacted], [redacted] TN [redacted] was sitting in the front passenger seat and the three children ([redacted] and [redacted] were sitting in car seats in the back. Before going into the store, [redacted] shoved his pistol in between the driver's seat and the console. Without [redacted] noticing, [redacted] got out of his car seat and grabbed the pistol. [redacted] ended up accidentally shooting himself in the head. [redacted] heard the gun shot and started first aid on [redacted] also called 911. [redacted] Police and the fire department arrived at the scene. [redacted] was transported to [redacted] Hospital by ambulance. It is reported that [redacted] was pronounced deceased at the hospital. An autopsy was performed by the Medical Examiner's Office on Monday (6-5-23), and [redacted] body has since been released to the funeral home. No suspicious marks or injuries were reported on [redacted] body. There is no formal cause of death at this time, but it is believed to be an accidental gunshot wound to the head. [redacted] and [redacted] are devastated and appear to have family support. It is not believed that [redacted] has any criminal history and it is unknown about any history for [redacted] Charges are currently pending, and law enforcement is requesting for DCS to become involved.

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

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

CM Notation: None
Screener Notation: None

Emailed/Paged CPSI On Call: [redacted] County was emailed notification on 6-8-23 @ 11:57 am. The notification was received by [redacted], [redacted] and [redacted] at 11:58 am.

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

Per SDM: INV/P1. [redacted] county was emailed notification of this report. [redacted], TL on 6-8-23 @ 11:56 am

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

**Participant(s)**

**Name:** [redacted] [redacted]

Gender: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 2 Yrs 2 Mos

Address: [redacted]

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: 4 Yrs

Address: [redacted] Mississippi [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** [redacted]

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

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

Address: [redacted] Tennessee [redacted]

Deceased Date: 06/03/2023

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** [redacted] [redacted]

Gender: Male
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race:
Age: 27 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: Female | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: | Age: 30 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

## 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: | 2024-06-12 00:00:00 | Contact Method: | |
| Contact Time: | | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/12/2024 |
| Completed date: | 06/12/2024 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Case Summary | | |
| Contact Sub Type: | Closing | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/12/2024 12:51 AM Entered By: [redacted]

On June 8, 2023, the Department of Children's Services (DCS) received a referral for the allegation of Abuse Death regarding Alleged Child Victims (ACV) [redacted] (age 3). The Alleged Perpetrators (AP) are [redacted] (age 28) and [redacted] (age 26).

This investigation was assigned to Child Protective Services Investigator (CPSI) [redacted] by Lead Investigator (LI) [redacted]

[redacted] (3) lived with his birth mother, [redacted] and his birth father, [redacted] The house also consists of siblings [redacted] (2 years) and [redacted] (8 months).
According to the referent, [redacted] (3) was residing with his birth mother, [redacted] (28), and his birth father, [redacted] (26), in [redacted] County. Also mentioned in the report are [redacted] siblings, [redacted] (2) and [redacted] (8 months). [redacted] and [redacted] are believed to be residing in Mississippi. [redacted] is only the birth mother of [redacted]

The referral included the following information: On June 3, 2023, the family visited the [redacted] store parking lot at [redacted], [redacted] TN [redacted] It was shared that [redacted] biological father, left his loaded pistol in the vehicle between the driver seat and the console and departed the car. [redacted] was left in the vehicle, sitting in the front passenger seat, and the three children ([redacted] and [redacted] were sitting in their car seats in the back. It was stated [redacted] without [redacted] noticing, got out of his car seat, and grabbed the pistol. [redacted] ended up accidentally firing the gun, shooting himself in the head. The mother, [redacted] advised she called 911 and began first aid on the minor child after observing the wound. Soon afterward, [redacted] Police and the fire department arrived at the scene to transport the parties to [redacted] Hospital by ambulance. Medical documentation reviewed during the minors child contact at [redacted] Childrens Hospital stated that the official cause of death was a wound to the head by gunshot.

CPSI [redacted] met with the birth mother, [redacted] and Mr. [redacted] The parents advised they were at [redacted] meeting with the paternal grandfather, Mr. [redacted] along with the children at the time of the shooting. Mr. [redacted] stated Mr. [redacted] gives him a hard time about carrying a gun on him, so he left the gun in the car. Mr. [redacted] said Mr. [redacted] lives in the country and does not understand how dangerous the city of [redacted] is. Mr. [redacted] explained he did not

## Tennessee Department of Children's Services

## Case Recording Summary

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

let Ms. [redacted] know he left the gun in the car. Mr. [redacted] added Ms. [redacted] stayed in the car with the children. Mr. [redacted] reported he placed the gun between the passenger's seat and the center console. Mr. [redacted] stated Ms. [redacted] contacted him and stated [redacted] accidentally shot himself. Mr. [redacted] said he rushed back out to the car.

Ms. [redacted] stated she was under the impression Mr. [redacted] took the gun inside the store with him because he always carries the gun on him. Ms. [redacted] said she was looking down at her phone, but she felt [redacted] moving around in the backseat. Ms. [redacted] explained it all happened so fast and the next thing she knew [redacted] had grabbed the gun and shot himself. Ms. [redacted] stated there are no guns in the home. Mr. [redacted] said their gun was confiscated by the police, but they used to keep it in the closet when at home.

Due to the other childrens ages, CPSI [redacted] was unable to interview the children. The children were clean and well-groomed. The children were seen to be without visible marks or bruises on their faces, hands, and arms.

During the Departments investigation, Child Protective Services Investigator (CPSI) [redacted] contacted Detective [redacted] with the [redacted] Police Department regarding the open case on the family. Detective [redacted] reported he sent an indictment down for the child's birth father, Mr. [redacted] to be charged with Aggravated Child Neglect and Criminally Negligent Homicide. Detective [redacted] said there was not a safety lock on the gun.

On October 4, 2023, Child Protective Services Investigator (CPSI) [redacted] received the autopsy results. The cause of death was a gunshot wound to the head and the manner of death could not be determined.

There are pending charges against Mr. [redacted] The charges are as follows: Criminal neglect, homicide, and aggravated child neglect. The request has been sent over for indictment. The gun identified was a Glock 9mm handgun with no safety. Ms. [redacted] the birth mother, will not be charged.

According to DCS Policy Chapter 14, Work Aid 1, Section E, Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker's failure to stop another person's direct action that resulted in the child's death. Child deaths are always treated as severe abuse.

There is no evidence to support the allegation of Abuse Death; however, there is a preponderance of evidence to support the allegation of Lack of Supervision. Accordingly, this case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted] and Allegation Substantiated, Perpetrator Substantiated for Lack of Supervision of [redacted]

On November 30, 2023, CPSI [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). The team agreed to unsubstantiate the allegation of Abuse Death for Mr. [redacted] and Ms. [redacted] The team agreed to substantiate the allegation of Lack of Supervision(server) for Mr. [redacted] Mr. [redacted] admitted to leaving his gun in the car when the child was present.

# 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: | 2024-06-12 00:00:00 | Contact Method: | |
| Contact Time: | | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/12/2024 |
| Completed date: | 06/12/2024 | 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: 06/12/2024 12:49 AM Entered By: [redacted]

It should be labeled as a summary closure.

On June 8, 2023, the Department of Children's Services (DCS) received a referral for the allegation of Abuse Death regarding Alleged Child Victims (ACV) [redacted] (age 3). The Alleged Perpetrators (AP) are [redacted] (age 28) and [redacted] (age 26).

This investigation was assigned to Child Protective Services Investigator (CPSI) [redacted] by Lead Investigator (LI) [redacted]

[redacted] (3) lived with his birth mother, [redacted] and his birth father, [redacted] The house also consists of siblings [redacted] (2 years) and [redacted] (8 months).
According to the referent, [redacted] (3) was residing with his birth mother, [redacted] (28), and his birth father, [redacted] (26), in [redacted] County. Also mentioned in the report are [redacted] siblings, [redacted] (2) and [redacted] (8 months). [redacted] and [redacted] are believed to be residing in Mississippi. [redacted] is only the birth mother of [redacted]

The referral included the following information: On June 3, 2023, the family visited the [redacted] store parking lot at [redacted], [redacted] TN [redacted] It was shared that [redacted] biological father, left his loaded pistol in the vehicle between the driver seat and the console and departed the car. [redacted] was left in the vehicle, sitting in the front passenger seat, and the three children ([redacted] and [redacted] were sitting in their car seats in the back. It was stated [redacted] without [redacted] noticing, got out of his car seat, and grabbed the pistol. [redacted] ended up accidentally firing the gun, shooting himself in the head. The mother, [redacted] advised she called 911 and began first aid on the minor child after observing the wound. Soon afterward, [redacted] Police and the fire department arrived at the scene to transport the parties to [redacted] Hospital by ambulance. Medical documentation reviewed during the minors child contact at [redacted] Childrens Hospital stated that the official cause of death was a wound to the head by gunshot.

CPSI [redacted] met with the birth mother, [redacted] and Mr. [redacted] The parents advised they were at [redacted]

## Tennessee Department of Children's Services

## Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

[redacted] meeting with the paternal grandfather, Mr. [redacted] along with the children at the time of the shooting. Mr. [redacted] stated Mr. [redacted] gives him a hard time about carrying a gun on him, so he left the gun in the car. Mr. [redacted] said Mr. [redacted] lives in the country and does not understand how dangerous the city of [redacted] is. Mr. [redacted] explained he did not let Ms. [redacted] know he left the gun in the car. Mr. [redacted] added Ms. [redacted] stayed in the car with the children. Mr. [redacted] reported he placed the gun between the passenger's seat and the center console. Mr. [redacted] stated Ms. [redacted] contacted him and stated [redacted] accidentally shot himself. Mr. [redacted] said he rushed back out to the car.

Ms. [redacted] stated she was under the impression Mr. [redacted] took the gun inside the store with him because he always carries the gun on him. Ms. [redacted] said she was looking down at her phone, but she felt [redacted] moving around in the backseat. Ms. [redacted] explained it all happened so fast and the next thing she knew [redacted] had grabbed the gun and shot himself. Ms. [redacted] stated there are no guns in the home. Mr. [redacted] said their gun was confiscated by the police, but they used to keep it in the closet when at home.

Due to the other childrens ages, CPSI [redacted] was unable to interview the children. The children were clean and well-groomed. The children were seen to be without visible marks or bruises on their faces, hands, and arms.

During the Departments investigation, Child Protective Services Investigator (CPSI) [redacted] contacted Detective [redacted] with the [redacted] Police Department regarding the open case on the family. Detective [redacted] reported he sent an indictment down for the child's birth father, Mr. [redacted] to be charged with Aggravated Child Neglect and Criminally Negligent Homicide. Detective [redacted] said there was not a safety lock on the gun.

On October 4, 2023, Child Protective Services Investigator (CPSI) [redacted] received the autopsy results. The cause of death was a gunshot wound to the head and the manner of death could not be determined.

There are pending charges against Mr. [redacted] The charges are as follows: Criminal neglect, homicide, and aggravated child neglect. The request has been sent over for indictment. The gun identified was a Glock 9mm handgun with no safety. Ms. [redacted] the birth mother, will not be charged.

According to DCS Policy Chapter 14, Work Aid 1, Section E, Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker's failure to stop another person's direct action that resulted in the child's death. Child deaths are always treated as severe abuse.

There is no evidence to support the allegation of Abuse Death; however, there is a preponderance of evidence to support the allegation of Lack of Supervision. Accordingly, this case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted] and Allegation Substantiated, Perpetrator Substantiated for Lack of Supervision of [redacted]

On November 30, 2023, CPSI [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). The team agreed to unsubstantiate the allegation of Abuse Death for Mr. [redacted] and Ms. [redacted] The team agreed to substantiate the allegation of Lack of Supervision(server) for Mr. [redacted] Mr. [redacted] admitted to leaving his gun in the car when the child was present.

Narrative Type: Created In Error Entry Date/Time: 06/12/2024 12:50 AM Entered By: [redacted]

It should be labeled as a summary 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: | 2024-06-12 00:00:00 | Contact Method: | |
| Contact Time: | | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/12/2024 |
| Completed date: | 06/12/2024 | 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: 06/12/2024 12:54 AM Entered By: [redacted]

This CPS (Child Protective Services) Investigation was reviewed regarding the allegation (s) NON-CUSTODIAL CHILD DEATH involving ACV (Alleged Child Victim) [redacted] (3years old). The AP (Alleged Perpetrator) are listed as [redacted] birth mother and [redacted] biological father. CPSI (Child Protective Services investigation) CPSI [redacted] was assigned and responded to this case. This case was called in on 06/08/23 09:57 am and responded to by CPSA [redacted] on 06/09/2023 09:57 AM ([redacted]). Upper management was notified by TL [redacted] The response time was due by 06/09/2023 09:57 AM ([redacted]). This case was transferred 06/08/2023 to CPSI [redacted] to complete the investigation.

This case was approved for closure with all steps and actions taken to ensure the Safety and well-being of this family. No future actions are needed concerning the above matter.

# 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: | 2024-06-05 17:30:00 | Contact Method: | Face To Face |
| Contact Time: | 05:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 06/13/2024 |
| Completed date: | 06/13/2024 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2024 02:19 PM Entered By: [redacted]

Date of Contact: June 5, 2024
Begin Time: 05:30 p.m.
End Time: 06:00 p.m.
Location: [redacted] TN [redacted]

Purpose: Parent/Caretaker Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed a parent\caretaker interview and sibling interview/observation at [redacted]. Ms. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported she still wants individual counseling. CPSI [redacted] will make a referral for [redacted].

Ms. [redacted] reported the children's birth father, Mr. [redacted] was arrested in May 2024 for the death of [redacted] Ms. [redacted] stated Mr. [redacted] was bonded out and his first court date is set for July 4, 2024.

Ms. [redacted] reported [redacted] occupational and speech therapy has stopped because the school year is over. Ms. [redacted] stated she is going to enroll him in prekindergarten for the 2024-2025 school year.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

## Tennessee Department of Children's Services

## Case Recording Summary

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

The home was appropriate for the family. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Plan:

# 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: | 2024-05-29 17:30:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 05:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 06/13/2024 |
| Completed date: | 06/13/2024 | Completed By: | [redacted] |

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2024 01:54 PM Entered By: [redacted]

Purpose: Sibling Interview/Observation

Content:
Child Protective Services Investigator (CPSI) [redacted] was supposed to complete a home visit with the family; however, Ms. [redacted] reported the family is currently out of town and the home visit needs to rescheduled for June 5, 2024.

Observations:

Plan:

# 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 17:30:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 05:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 06/13/2024 |
| Completed date: | 06/13/2024 | Completed By: | [redacted] |

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2024 01:53 PM Entered By: [redacted]

Purpose: Sibling Interview/Observation

Content:
Child Protective Services Investigator (CPSI) [redacted] was supposed to complete a home visit with the family; however, Ms. [redacted] reported she has a program at her child's school and the home visit needs to rescheduled for May 29, 2024.

Observations:

Plan:

# 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: | 2024-04-15 17:30:00 | Contact Method: | Face To Face |
| Contact Time: | 05:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 06/13/2024 |
| Completed date: | 06/13/2024 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2024 11:01 AM Entered By: [redacted]

Date of Contact: April 15, 2024
Begin Time: 05:30 p.m.
End Time: 06:00 p.m.
Location: [redacted] TN [redacted]

Purpose: Parent/Caretaker Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed a parent\caretaker interview and sibling interview/observation at [redacted] Ms. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported she would like CPSI [redacted] to make a referral for individual counseling. Ms. [redacted] stated she received counseling through her previous job, but she thinks she would benefit from some additional counseling. CPSI [redacted] said she will make a referral to individual counseling with [redacted].

Ms. [redacted] reported [redacted] is receiving occupational and speech therapy through [redacted] Counseling Center. Ms. [redacted] stated a special education teacher comes to the daycare to talk to the daycare teacher about [redacted] Ms. [redacted] said she plans on getting [redacted] into a preschool program for the 2024-2025 school and he will receive these services through the school system.

Ms. [redacted] reported [redacted] has an appointment with her primary care physician on April 17, 2024. She said this will be [redacted] eighteen month check-up.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

## Tennessee Department of Children's Services

## Case Recording Summary

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

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

The home was appropriate for the family. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Plan:

# 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: | 2024-03-18 18:00:00 | Contact Method: | Face To Face |
| Contact Time: | 06:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 03/19/2024 |
| Completed date: | 03/19/2024 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview,Sibling Interview/Observation | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/19/2024 08:50 AM Entered By: [redacted]

Date of Contact: March 18, 2024
Begin Time: 06:00 p.m.
End Time: 06:00 p.m.
Location: [redacted] TN [redacted]

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed an alleged perpetrator interview and sibling interview/observation at [redacted]. Ms. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported [redacted] has begun receiving occupational and speech therapy through [redacted] Counseling Center. She stated [redacted] started speech therapy on March 6, 2024 and will receive it every Wednesday at a local school. She said [redacted] will also receive occupational therapy every week at his daycare and it began the week of March 4, 2024. She explained she is not sure what day of the week this will take place on. She stated she also received a list of Applied Behavioral Ananysis (ABA) therapies from [redacted] doctor and will begin checking into that.

Ms. [redacted] reported [redacted] did not go to her doctor's appointment on March 13, 2024. Ms. [redacted] stated she was not able to take off work so she rescheduled it for April 17, 2024. She said this will be her eighteen month check-up.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

## Tennessee Department of Children's Services

## Case Recording Summary

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

The home was appropriate for the family. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Plan:

## 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: | 2024-03-15 11:30:00 | Contact Method: | |
| Contact Time: | 11:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 03/15/2024 |
| Completed date: | 03/15/2024 | 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: 03/15/2024 11:31 AM Entered By: [redacted]

This case was reviewed and the summary was submitted to TC for review and feedback. A closing FAST is needed and the visit should continue with the other child in the custody of the mother. Make sure a collaborative interview is completed with the half-brother and mother. The autopsy was received documented and uploaded in the case under the child's name. The police report was also received, document and uploaded to the system.

Next steps:
Continue visits and make sure the half-brother's caregiver is spoken with as a colleterial.
Await and correct summary for a final 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: | 2024-02-21 12:28:00 | Contact Method: | |
| Contact Time: | 12:28 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): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/14/2024 01:17 PM Entered By: [redacted]

Purpose: Notation

Content:
Child Protective Services Investigator (CPSI) [redacted] received the updated shot record for [redacted]

Observations:

Plan:

# 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: | 2024-02-12 17:30:00 | Contact Method: | Face To Face |
| Contact Time: | 05:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 03/14/2024 |
| Completed date: | 03/14/2024 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview,Sibling Interview/Observation | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/14/2024 11:31 AM Entered By: [redacted]

Ms. [redacted] provided the updated shot record for [redacted]

Date of Contact: February 12, 2024
Begin Time: 05:30 p.m.
End Time: 06:00 p.m.
Location: [redacted] TN [redacted]

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed an alleged perpetrator interview and sibling interview/observation at [redacted]. Ms. [redacted] Mr. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported the family moved on February 1, 2024 to [redacted], TN [redacted] She stated the family moved into a two bedroom home.

Ms. [redacted] reported [redacted] will soon begin receiving occupational and speech therapy through [redacted] Counseling Center. She stated she has not heard anything since the Zoom call in January 2024. She said she emailed [redacted] today to receive an update and Ms. [redacted] provided Ms. [redacted] with contact information for Ms. [redacted] ([redacted]). Ms. [redacted] explained Ms. [redacted] will be able to let her know when services will start. Ms. [redacted] reported she will contact Ms. [redacted] tomorrow. Ms. [redacted] stated [redacted] will receive speech therapy four times a month and will receive a consultation at daycare two times a month. Ms. [redacted] said [redacted] has continued to make progress and can now count to five on his fingers. Ms. [redacted] explained [redacted] will clap every time after he finishes counting.

## Tennessee Department of Children's Services

## Case Recording Summary

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

Ms. [redacted] reported she did not receive an updated shot record on January 10, 2024 for [redacted] Ms. [redacted] stated she will contact the child's doctor to get an updated shot record. Ms. [redacted] said [redacted] will return to the doctor on March 13, 2024 for her eighteen month check up. Ms. [redacted] explained neither child is having any health issues.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

The home was appropriate for the family. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Plan:

Narrative Type: Addendum 1 Entry Date/Time: 03/14/2024 01:18 PM Entered By: [redacted]

Ms. [redacted] provided the updated shot record 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: | 2024-01-31 17:30:00 | Contact Method: | Face To Face |
| Contact Time: | 05:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 02/02/2024 |
| Completed date: | 02/02/2024 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/02/2024 11:17 AM Entered By: [redacted]

Date of Contact: January 31, 2024
Begin Time: 05:30 p.m.
End Time: 06:00 p.m.
Location: [redacted] TN [redacted]

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed an alleged perpetrator interview and sibling interview/observation at [redacted]. Ms. [redacted] Mr. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported the family is moving on February 1, 2024 to [redacted], TN [redacted] She stated the family is moving into a two bedroom home.

Ms. [redacted] reported [redacted] will soon begin receiving occupational and speech therapy through [redacted] Counseling Center. She stated he aged out of Tennessee Early Intervention System (TEIS). She said she had a Zoom call regarding this therapy at the beginning of January 2024.

Ms. [redacted] reported both children last went to the doctor on January 10, 2024. Ms. [redacted] stated [redacted] has his three year well child check and [redacted] received her updated shots. Ms. [redacted] said [redacted] will return to the doctor on March 13, 2024 for her eighteen month check up. Ms. [redacted] explained neither child is having any health issues.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Observations:

## Tennessee Department of Children's Services

## Case Recording Summary

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

The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

Plan:

## 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: | 2024-01-16 12:59:00 | Contact Method: | |
| Contact Time: | 12:59 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 01/16/2024 |
| Completed date: | 01/16/2024 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/16/2024 01:00 PM Entered By: [redacted]

The [redacted] case was staffed and discussed for the next steps.

According to CM [redacted] the family is functioning and dealing with the incident through private grief counseling. The case was presented to CPIT for classification. The neglectful death was classified as AUPU, however, the allegation of LOS was added and classified as AIPI for the father. The gun was identified as the father's property and he admitted to leaving the gun without informing the mother. The autopsy was received and documented in the notations. This case summary was completed in a Word document and sent to TC for review and approval. CM will continue to visit until approval for closure.

Next steps:
completed a closing FAST.
implement notation for December and January.

# 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: | 2023-12-21 18:00:00 | Contact Method: | Face To Face |
| Contact Time: | 06:00 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): Permanency,Safety - Child/Community,Service Planning,Well Being

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/17/2024 12:52 PM Entered By: [redacted]

Date of Contact: December 21, 2023
Begin Time: 06:00 p.m.
End Time: 06:30 p.m.
Location: [redacted] TN [redacted]

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed an alleged perpetrator interview and sibling interview/observation at [redacted]. Ms. [redacted] Mr. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported [redacted] is receiving occupational and speech therapy while he is at school through [redacted] Counseling Center. She stated he is making great progress.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

Plan:

# 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: | 2023-11-30 18:30:00 | Contact Method: | Video Conference |
| Contact Time: | 06:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 12/20/2023 |
| Completed date: | 12/20/2023 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/20/2023 08:44 AM Entered By: [redacted]

Date of Contact: November 30, 2023
Begin Time: 06:30 p.m.
End Time: 07:00 p.m.
Location: Video Conference

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed an alleged perpetrator interview and sibling interview/observation via FaceTime. Ms. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported she has started a new job and works Monday through Friday 9:00 a.m. until 5:00 p.m.

Ms. [redacted] reported [redacted] is receiving occupational and speech therapy through [redacted] Speech and Hearing. She stated he seems to doing very well.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

Plan:

# 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: | 2023-11-30 13:30:00 | Contact Method: | Video Conference |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 03/15/2024 |
| Completed date: | 03/15/2024 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/15/2024 10:51 AM Entered By: [redacted]

Purpose: Child Protective Investigation Team (CPIT)

Content:
CPIT was completed on 11/30/2023 during afternoon CPIT Review. Assistant District Attorney (ADA) [redacted] and team members agreed with the classification of Allegation Substantiated, Perpetrator Substantiated and Allegation Unsubstantiated, Perpetrator Unsubstantiated regarding the allegations of Physical Abuse and Lack of Supervision. Based on the birth mothers and birth father's testimony, it was the decision of the team that the allegations should be Allegation Substantiated, Perpetrator Substantiated and Allegation Unsubstantiated, Perpetrator Unsubstantiated for the alleged perpetrators. Mr. [redacted] is being charged with Aggravated Child Neglect and Criminally Negligent Homicide. Ms. [redacted] is not being charged at this time.

Observations:

Plan:

## 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: | 2023-11-29 13:20:00 | Contact Method: | |
| Contact Time: | 01:20 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 11/29/2023 |
| Completed date: | 11/29/2023 | 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: 11/29/2023 01:27 PM Entered By: [redacted]

CPSI [redacted] submitted [redacted] summary to TL for review. TL review was completed and some editing is needed. [redacted] case has been thoroughly worked on and is ready for review. This summary will be completed by December 1st and submitted to TC for review. There are no safety concerns at this time and the remaining siblings are participating in counseling. A closing FAST will be completed upon approval

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-11-20 21:30:00 | Contact Method: | |
| Contact Time: | 09:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 11/20/2023 |
| Completed date: | 11/20/2023 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/20/2023 10:40 PM Entered By: [redacted]

Case Manager needs to interview the mother of the half-sibling to inquire of any supervision or concerns with guns in the past. It was reported that this is not the first time the parents have had an issue involving a gun. Was this information shared in CPIT? If not, case needs to be restaffed with CPIT for classification purposes. TL [redacted] and CM [redacted] needs to submit case summary to TC for approval to move case toward closure.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-11-20 11:00:00 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 11/20/2023 |
| Completed date: | 11/20/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/20/2023 12:12 PM Entered By: [redacted]

This case was staffed with TC concerning updates. CM will complete collateral contact with the mother of the half-sibling to inquire about any supervision concerns or concerns with guns in the past including in summary. The case has been classified and the autopsy has been uploaded with medical records.

Next steps:
Completed 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: | 2023-10-16 16:30:00 | Contact Method: | Face To Face |
| Contact Time: | 04:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 10/18/2023 |
| Completed date: | 10/18/2023 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview,Sibling Interview/Observation | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/18/2023 10:03 AM Entered By: [redacted]

Date of Contact: October 16, 2023
Begin Time: 04:30 p.m.
End Time: 05:00 p.m.
Location: [redacted] TN [redacted]

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed an alleged perpetrator interview and sibling interview/observation at [redacted]. Ms. [redacted] and [redacted] were present for the interview.

CPSI [redacted] asked about the charges of Reckless Endangerment and Child Abuse from 2021. Ms. [redacted] reported Mr. [redacted] got into an altercation with someone and shots were fired. Ms. [redacted] stated [redacted] was present when the altercation took place. Ms. [redacted] said charges were filed against her because it was her gun. Ms. [redacted] explained the charges were dismissed.

Ms. [redacted] reported [redacted] is receiving occupational and speech therapy while he is at school through Tennessee Early Intervention System (TEIS). She stated he is making excellent progress. She said he was assessed through [redacted] Counseling Center and will find out if he qualifies for further services once he turns four years old.

Ms. [redacted] reported the family will be moving at the end of the month. She stated she is not sure where, but she has filled out several applications.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

## Tennessee Department of Children's Services

## Case Recording Summary

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

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

Plan:

## 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: | 2023-10-12 08:00:00 | Contact Method: | |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 11/20/2023 |
| Completed date: | 11/20/2023 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/20/2023 09:32 PM Entered By: [redacted]

This case was reviewed regarding ACV/Deceased ([redacted] The autopsy report has been completed. CM [redacted] will update documentation, and upload a copy of the autopsy. CPSI will classify the allegation as Allegation Unsubstantiated Perpetrator Unsubstantiated (AUPU) for Abuse Death and ASPS for [redacted] CPSI [redacted] will follow up with the family, if unable to establish contact document good faith efforts,
continue update notes, and prepare the case for closure. A closing summary will be prepared and submitted for review. The case will remain open until tasks are complete.

## 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: | 2023-10-11 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/11/2023 |
| Completed date: | 10/11/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/11/2023 09:37 AM Entered By: [redacted]

Household Composition:

[redacted]

birth mother
birth father
child
child

DCS History:
No TFACTS History

Background Checks completed for [redacted]
Tennessee Felony Offender Registry: No results
Methamphetamine Offender Registry: No results
Tennessee Sexual Offender Registry: No results
National Sexual Offender Registry: No results
Tennessee Criminal Offender Registry:
Reckless Endangerment-Deadly Weapon/ Not Prosecuted, No Court Costs (10/2021)
Child Abuse/ Neg U/6 Yrs Old/ Not Prosecuted, No Court Costs (10/2021)
Theft of Merch Less Than $1,000/ Not Prosecuted, No Court Costs (02/2017)
Tennessee Abuse Registry: No results

Background Checks completed for [redacted]
Tennessee Felony Offender Registry: No results
Methamphetamine Offender Registry: No results
Tennessee Sexual Offender Registry: No results
National Sexual Offender Registry: No results
Tennessee Criminal Offender Registry: No results

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

Tennessee Abuse Registry: No results

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-10-04 11:38:00 | Contact Method: | |
| Contact Time: | 11:38 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/10/2023 |
| Completed date: | 10/10/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/10/2023 09:58 AM Entered By: [redacted]

Purpose: Notation

Content:
Child Protective Services Investigator (CPSI) [redacted] received the autopsy results on October 4, 2023. The autopsy was completed on June 5, 2023. The cause of death was gun shot wound of the head and the manner of death could not be determined.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-09-20 14:59:00 | Contact Method: | |
| Contact Time: | 02:59 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/11/2023 |
| Completed date: | 10/11/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/11/2023 09:10 AM Entered By: [redacted]

Purpose: Notation

Content:
Child Protective Services Investigator (CPSI) [redacted] contacted Detective [redacted] regarding the open case on the family. Detective [redacted] reported he sent an indictment down for the child's birth father, Mr. [redacted] to be charged with Aggravated Child Neglect and Criminally Negligent Homicide. Detective [redacted] said there was not a safety lock on the gun.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

# 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: | 2023-09-19 16:30:00 | Contact Method: | Video Conference |
| Contact Time: | 04:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 10/10/2023 |
| Completed date: | 10/10/2023 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/10/2023 10:36 AM Entered By: [redacted]

Date of Contact: September 19, 2023
Begin Time: 04:30 a.m.
End Time: 05:00 p.m.
Location: Video Conference

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed an alleged perpetrator interview and sibling interview/observation via FaceTime. Ms. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported she has contacted the [redacted] to begin grief counseling. She stated she is currently on a waiting list.

Ms. [redacted] reported she is now working the day shift.

Ms. [redacted] reported [redacted] is receiving occupational and speech therapy while he is at school. She stated he seems to doing very well.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

Plan:

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-08-27 23:23:00 | Contact Method: | |
| Contact Time: | 11:23 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/27/2023 |
| Completed date: | 08/27/2023 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/27/2023 11:25 PM Entered By: [redacted]

CPSI will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-being of the Alleged Child Victim(s) and adhere to investigation protocols.

This case is a death case and needs to be addressed differently.
Instruction and next steps were given and CPSI [redacted] should not wait on Autopsy (pending).
This case is at 79 days.

I need to read the following updates:
- CM will request ACVs medical records from the current incident. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow up with LE regarding handgun and if it had a safety lock.
-- CM will request any criminal and child welfare history associated with the parents if found.
-- CM will complete collateral contact with the mother of the half-sibling to inquire of any supervision concerns or concerns with guns in the past.
-- CM will document and upload the autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.

Follow review will be on next month for update.

Narrative Type: Addendum 1 Entry Date/Time: 08/27/2023 11:26 PM Entered By: [redacted]

CPSI will conduct monthly visits throughout the duration of this investigation to continuously assess the safety and well-being of the Alleged Child Victim(s) and adhere to investigation protocols.

# 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: | 2023-08-25 16:00:00 | Contact Method: | |
| Contact Time: | 04:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/10/2023 |
| Completed date: | 10/10/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/10/2023 12:26 PM Entered By: [redacted]

Purpose: Notation

Content:
Medical records received from [redacted] Children's Hospital.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

# 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: | 2023-08-02 16:18:00 | Contact Method: | |
| Contact Time: | 04:18 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/02/2023 |
| Completed date: | 08/02/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/02/2023 04:27 PM Entered By: [redacted]

Purpose: Notation

Content:
Child Protective Services Investigator (CPSI) [redacted] requested medical records from [redacted] Children's Hospital.

Observations:

Plan:

# 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: | 2023-08-02 11:00:00 | Contact Method: | Video Conference |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 08/08/2023 |
| Completed date: | 08/08/2023 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2023 10:46 AM Entered By: [redacted]

Date of Contact: August 2, 2023
Begin Time: 11:00 a.m.
End Time: 11:30 a.m.
Location: Video Conference

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Child Protective Services Investigator (CPSI) [redacted] completed an alleged perpetrator interview and sibling interview/observation via FaceTime. Ms. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported she has contacted the [redacted] to begin grief counseling. She stated she is currently on a waiting list.

Ms. [redacted] reported [redacted] was officially diagnosed with Autism Spectrum Disorder on August 1, 2023 at the Center on Developmental Disabilities at the [redacted] on [redacted]. Ms. [redacted] stated [redacted] will begin receiving occupational therapy on August 17, 2023 and will receive services through Tennessee Early Intervention System (TEIS) every Monday.

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Observations:
The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

Plan:

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-07-31 15:30:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 03:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/08/2023 |
| Completed date: | 08/08/2023 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/08/2023 10:33 AM Entered By: [redacted]

Purpose: Alleged Perpetrator Interview, Sibling Interview/Observation

Content:
Child Protective Services Investigator (CPSI) [redacted] attempted to complete an alleged perpetrator interview and sibling interview/observation via FaceTime; however, Ms. [redacted] reported she was currently at work and could not participate in a video conference. Ms. [redacted] stated she could FaceTime with CPSI [redacted] on August 2, 2023 at 11:00 a.m.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

# 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: | 2023-06-16 10:00:00 | Contact Method: | |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 06/29/2023 |
| Completed date: | 06/29/2023 | 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: 06/29/2023 08:15 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 6/8/23 concerning the death of ACV [redacted] (3yo). It was reported [redacted] resided with his birth mother [redacted] birth father [redacted] and two siblings [redacted] 8mo and [redacted] 2yo] in [redacted] County. Additionally, the father has a fourth child [redacted] age unknown] who primarily resides with his mother [name unknown] in [redacted] County. This child does have visitation with the father, although he was not present or involved with this incident.

On 6/3/23 the father, mother, [redacted] and the 8mo and 2yo siblings, were in their vehicle in the parking lot of [redacted] The father was meeting the paternal grandfather. The father reported he typically carries his loaded 9mm handgun for protection for himself and family. The father reported before exiting the vehicle he left the handgun between the driver seat and console. The father stated the grandfather does not care for him carrying the gun everywhere, so he left it in the car while meeting with him. The mother reported she was unaware the father left the gun the car and was on her phone in the front passenger seat, turned towards her window. The children were all in the back seat of the care in separate car seats. [redacted] got out of his car seat to play and found the gun, accidentally shooting himself in the head. The mother was unaware the gun was in the car or that [redacted] had it until she heard it fire. 911 was called and the mother initiated CPR until LE arrived and took over. [redacted] was transported to [redacted] by EMS where pronounced deceased. An autopsy was ordered.

LE took possession of the gun involved in the incident. The father and mother reported they own no additional firearms. The gun is reported to be registered in the fathers name. There is no known criminal or DCS Hx for either parent. There are no known health or development concerns for the surviving siblings; however, the 2yo reportedly has autism. CM complete home and visit spoke to the parents regarding grief counseling to which they were receptive as well as counseling for the 2yo if any behavioral changes are noted. CM also spoke to the parents regarding plan of safety around any firearms in the future.

## Tennessee Department of Children's Services

## Case Recording Summary

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

Next Steps:
-- CM will request ACVs medical records from current incident. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will follow-up with LE regarding handgun and if it had a safety lock.
-- CM will request any criminal and child welfare history associated with the parents if found.
-- CM will complete collateral contact with the mother of half-sibling to inquire of any supervision concerns or concerns with gun in the past.
-- 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: | 2023-06-14 17:00:00 | Contact Method: | |
| Contact Time: | 05:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/11/2023 |
| Completed date: | 10/11/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/11/2023 09:40 AM Entered By: [redacted]

Purpose: Notation

FAST 2.0 STATEMENT:
The Initial FAST was completed
Assessment Date: 06/14/2023
Safety Result: Immediate Intervention Not Recommended
Risk Result: High Need/Risk
Safety Assessment Completed: 06/14/2023

Observations:

Plan:

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-06-14 16:00:00 | Contact Method: | Face To Face |
| Contact Time: | 04:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 08/08/2023 |
| Completed date: | 08/08/2023 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview,Sibling Interview/Observation | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

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

Child(ren): [redacted]-deceased), [redacted]

Date of Contact: 06-14-2023

Beginning Time: 04:00 p.m.

Ending Time: 04:45 p.m.

Location (address):
[redacted] TN [redacted]

Purpose for Contact/Meeting: Face to face

Allegations: Abuse Death (ABD)

Safety Assessment Score: Immediate Intervention Not Recommended

Family Risk Assessment Score: High Need/Risk

DCS History:
No TFACTS History

Medical:

## Tennessee Department of Children's Services

## Case Recording Summary

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

Ms. [redacted] birth mother, reported Alleged Child Victim (ACV), [redacted] and siblings ([redacted] and [redacted] did not have any medical concerns. Ms. [redacted] explained the children are up to date on their shots and see Dr. [redacted] at [redacted], [redacted] and [redacted] when they are sick. Ms. [redacted] reported the children are healthy and rarely get sick. Ms. [redacted] stated the child does not take any daily medical medications.

Mental/Behavioral Health: Ms. [redacted] reported [redacted] and [redacted] do not have any mental health concerns; however, [redacted] is being tested for Autism Spectrum Disorder. Ms. [redacted] stated the children do not take daily mental health medications.

Independent living: Ms. [redacted] reported she is currently employed through Hertz and receives government assistance. She stated she receives $834 a month in food stamps. The children have TennCare health insurance.

Substance Abuse: There is not evidence of alcohol or drug use.

Education: Ms. [redacted] reported the children are not school aged and do not attend daycare.

Diligent Efforts to locate parents/guardians/perpetrators: Ms. [redacted] birth mother, was present for the interview. [redacted] birth father, was present for the interview.

Documentation of Contact:
Child Protective Services Investigator (CPSI) [redacted] completed an Alleged Child Victim's (ACVs) sibling interview/observation and alleged perpetrator interview at [redacted]. Ms. [redacted] Mr. [redacted] and [redacted] were present for the interview.

CPSI [redacted] conducted an interview with the ACVs siblings ([redacted] and [redacted] the ACVs birth mother/alleged perpetrator ([redacted] and the ACVs birth father/alleged perpetrator ([redacted] in private.

Mr. [redacted] reported he, Ms. [redacted] and the children were at [redacted] meeting with the paternal grandfather, Mr. [redacted] Mr. [redacted] stated Mr. [redacted] gives him a card time about carrying a gun on him so he left the gun in the car. Mr. [redacted] said Mr. [redacted] lives in the country and does not understand how dangerous the city is. Mr. [redacted] explained he did not let Ms. [redacted] know he left the gun in the car. Mr. [redacted] added Ms. [redacted] stayed in the car with the children. Mr. [redacted] reported he placed the gun between the passenger's seat and the center console. Mr. [redacted] stated Ms. [redacted] contacted him and stated [redacted] accidently shot himself. Mr. [redacted] said he rushed back out to the car.

Ms. [redacted] reported she, Mr. [redacted] and the children were at [redacted] meeting with the paternal grandfather, Mr. [redacted] Ms. [redacted] stated she was under the impression Mr. [redacted] took the gun inside the store with him because he always carries the gun on him. Ms. [redacted] said she was looking down at her phone, but she felt [redacted] moving around in the backseat. Ms. [redacted] explained it all happened so fast and next thing she knew [redacted] had grabbed the gun and shot himself.

CPSI [redacted] Ms. [redacted] and Mr. [redacted] discussed safe sleep.

CPSI [redacted] Ms. [redacted] and Mr. [redacted] discussed car seat safety.

CPSI [redacted] Ms. [redacted] and Mr. [redacted] discussed gun safety. Ms. [redacted] stated there are no guns in the home. Mr. [redacted] said their gun was confiscated by the police, but they used to keep it in the closet when at home.

CPSI [redacted] and Ms. [redacted] discussed the ACVs education, physical health, medical and mental health.

## Tennessee Department of Children's Services

## Case Recording Summary

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

Due to the childrens ages, CPSI [redacted] was unable to interview the children.

Worker Observations/Interaction between child and all household members:
The children were clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

The home was appropriate for the family. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Summary of Agreements/Decisions Made:

Goals on the NCPP and what services are in place to address the goals:

# 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: | 2023-06-13 10:41:00 | Contact Method: | Phone Call |
| Contact Time: | 10:41 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/13/2023 |
| Completed date: | 06/13/2023 | Completed By: | [redacted] |

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2023 11:24 AM Entered By: [redacted]

Purpose: Parent/Caretaker Interview

Content:
Child Protective Services Investigator (CPSI) [redacted] contacted Mr. [redacted] ([redacted]), maternal grandmother, regarding the open case on the family.. Mr. [redacted] reported he will have Ms. [redacted] birth mother, contact CPSI [redacted] Mr. [redacted] stated the family has been staying in Mississippi with the paternal side of the family since the incident.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

# 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: | 2023-06-13 10:34:00 | Contact Method: | Attempted Phone Call |
| Contact Time: | 10:34 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/13/2023 |
| Completed date: | 06/13/2023 | Completed By: | [redacted] |

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2023 11:19 AM Entered By: [redacted]

Purpose: Alleged Perpetrator Interview

Content:
Child Protective Services Investigator (CPSI) [redacted] attempted to contact Ms. [redacted] regarding the open case on the family. CPSI [redacted] was unable to leave a voicemail. CPSI [redacted] sent a text message containing her contact information.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

# 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: | 2023-06-09 15:36:00 | Contact Method: | |
| Contact Time: | 03:36 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/13/2023 |
| Completed date: | 06/13/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2023 11:05 AM Entered By: [redacted]

Purpose: Notation

Content:
Child Protective Services Investigator (CPSI) [redacted] attempted to contact Detective [redacted] regarding the open case on the family. Since no one answered the phone, CPSI [redacted] left a voicemail containing her contact information.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

# 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: | 2023-06-09 15:00:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 03:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 06/13/2023 |
| Completed date: | 06/13/2023 | Completed By: | [redacted] |

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2023 11:01 AM Entered By: [redacted]

Purpose: Alleged Perpetrator Interview

Content:
Child Protective Services Investigator (CPSI) [redacted] attempted to complete an alleged perpetrator interview at [redacted]; however, no one was home. CPSI left a card containing her contact information at both front doors.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegations.

## 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: | 2023-06-09 09:30:00 | Contact Method: | Face To Face |
| Contact Time: | 09:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/13/2023 |
| Completed date: | 06/13/2023 | Completed By: | [redacted] |

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

Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/13/2023 10:57 AM Entered By: [redacted]

Purpose: Initial Alleged Child Victim (ACV) interview/observations

Content:
According to Work Aid 2: Child Protective Services Task by Allegations

It is not required for the DCS case manager to observe the deceased child

Plan:

# 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: | 2023-06-09 09:00:00 | Contact Method: | Correspondence |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/09/2023 |
| Completed date: | 06/09/2023 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/09/2023 01:18 PM Entered By: [redacted]

Purpose: Child Protective Investigation Team (CPIT)

Content:
This case was staffed at morning CPIT by Team Leader (TL) [redacted].

This case is stamped handle and return.

Get medical records.

Forensic interview (8 year old).

Coordinate with Law Enforcement (Detective [redacted]

Assistant District Attorney (ADA): [redacted].

Observations:

Plan:

# 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: | 2023-06-08 14:00:00 | Contact Method: | |
| Contact Time: | 02:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/09/2023 |
| Completed date: | 06/09/2023 | Completed By: | [redacted] |

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/09/2023 01:14 PM Entered By: [redacted]

Date: June 08, 2023

Purpose: Opening Summary

Intake: [redacted]

ACV-[redacted]

Allegation-Abuse Death (ABD)

AP-[redacted]

Summary: DCS received a referral w/ an allegation of ABD. ACV and AP are listed above. Referral alleges [redacted] (3) was residing with his birth mother [redacted] (28) and his birth father [redacted] (26) in [redacted] County. Also mentioned in the report are [redacted] siblings, [redacted] (2), and [redacted] (8 months). [redacted] and [redacted] are believed to be residing in Mississippi. [redacted] is only the birth mother of [redacted] On Saturday (6-3-23), the family stopped in a [redacted] store parking lot, at [redacted] TN [redacted] was sitting in the front passenger seat and the three children ([redacted] and [redacted] were sitting in car seats in the back. Before going into the store, [redacted] shoved his pistol in between the drivers seat and the console. Without [redacted] noticing, [redacted] got out of his car seat and grabbed the pistol. [redacted] ended up accidentally shooting himself in the head. [redacted] heard the gun shot and started first aid on [redacted] also called 911. [redacted] Police and the fire department arrived at the scene. [redacted] was transported to [redacted] Hospital by ambulance. It is reported that [redacted] was pronounced deceased at the hospital. An autopsy was performed by the Medical Examiners Office on Monday (6-5-23), and [redacted] body has since been released to the funeral home. No suspicious marks or injuries were reported on [redacted] body. There is no formal cause of death at this time, but it is believed to be an accidental gunshot wound to the head. [redacted] and [redacted] are devastated and appear to have family support. It is not believed that [redacted] has any criminal history and it is unknown

## Tennessee Department of Children's Services

## Case Recording Summary

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

about any history for [redacted] Charges are currently pending, and law enforcement is requesting for DCS to become involved.

This case was assigned to Child Protective Services Investigator, [redacted] [redacted] on 06-08-23.

The referent letter was sent via E Mail. Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.

A TFACTS search has been completed with the following results:

No TFACTS History

# 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: | 2023-06-08 08:00:00 | Contact Method: | |
| Contact Time: | 08:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/16/2023 |
| Completed date: | 06/16/2023 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/16/2023 08:42 AM Entered By: [redacted]

This CPS (Child Protective Services) Investigation was reviewed regarding the allegation (s) NON-CUSTODIAL CHILD DEATH involving ACV (Alleged Child Victim) [redacted] (3years old). The AP (Alleged Perpetrator) are listed as [redacted] birth mother and [redacted] biological father. CPSI (Child Protective Services investigation) CPSI [redacted] was assigned and responded to this case. This case was called in on 06/08/23 09:57 am and responded to by CPSA [redacted] on 06/09/2023 09:57 AM ([redacted]). Upper management was notified by TL [redacted] The response time was due by 06/09/2023 09:57 AM ([redacted]). This case was transferred 06/08/2023 to CPSI [redacted] to complete the investigation.

On Saturday (6-3-23), the family stopped in a [redacted] store parking lot, at [redacted] TN [redacted] was sitting in the front passenger seat and the three children ([redacted] and [redacted] were sitting in car seats in the back. Before going into the store, [redacted] shoved his pistol in between the drivers seat and the console. Without [redacted] noticing, [redacted] got out of his car seat and grabbed the pistol. [redacted] ended up accidentally shooting himself in the head. [redacted] heard the gun shot and started first aid on [redacted] also called 911. [redacted] Police and the fire department arrived at the scene. [redacted] was transported to [redacted] Hospital by ambulance. It is reported that [redacted] was pronounced deceased at the hospital. An autopsy was performed by the Medical Examiners Office on Monday (6-5-23), and [redacted] body has since been released to the funeral home. No suspicious marks or injuries were reported on [redacted] body. There is no formal cause of death at this time, but it is believed to be an accidental gunshot wound to the head. [redacted] and [redacted] are devastated and appear to have family support. It is not believed that [redacted] has any criminal history, and it is unknown about any history for [redacted] Charges are currently pending, and law enforcement is requesting for DCS to become involved.

CPSI 3 [redacted] will complete and document results of the safety assessment. CPSI will need to complete TFACTS (TN Family & Child Tracking System) history, local background checks. CPSI will need to complete and document results of FAST (Family & Advocacy Support Tool) assessment, identify household composition and family supports/collaterals, offer grief services, staff case with CPIT (Child Protective Investigative Team) and document results. CPSI will adhere to policy 14.7 & Work Aids 2&3. This case will be reviewed once investigative tasks have been completed.

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

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: 06/08/2023

Assignment Date: 06/09/2023

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 Unsubstantiated / Perpetrator Unsubstantiated | Yes | [redacted] |
| | | | | | | | | 10/09/2023 |
| 2 | [redacted] | [redacted] | Abuse Death | [redacted] | [redacted], 12:00 AM | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [redacted] |
| | | | | | | | | 10/09/2023 |
| 3 | [redacted] | [redacted] | Lack of Supervision | [redacted] | [redacted], 12:00 AM | Allegation Substantiated / Perpetrator Substantiated | Yes | [redacted] |
| | | | | | | | | 10/09/2023 |

## C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: CPIT was completed on 11/30/2023 during afternoon CPIT Review. Assistant District Attorney (ADA) [redacted] and team members agreed with the classification of Allegation Substantiated, Perpetrator Substantiated and Allegation Unsubstantiated, Perpetrator Unsubstantiated regarding the allegations of Physical Abuse and Lack of Supervision. Based on the birth mother's and birth father's testimony, it was the decision of the team that the allegations should be Allegation Substantiated, Perpetrator Substantiated and Allegation Unsubstantiated, Perpetrator Unsubstantiated for the alleged perpetrators. Mr. [redacted] is being charged with Aggravated Child Neglect and Criminally Negligent Homicide. Ms. [redacted] is not being charged at this time.

## D. Case Workers

Case Worker: [redacted]

Date: 10/09/2023

Team Leader: [redacted]

Date: 10/09/2023

## E. Investigation Summary

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

Department of Children's Services

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

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

**Summarize 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:**

Initial Alleged Child Victim (ACV) interview/observations. According to Work Aid 2: Child Protective Services Task by Allegations. It is not required for the DCS case manager to observe the deceased child [redacted] and [redacted] were present for the interview. The children was clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

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

The case has been classified and the autopsy has been uploaded with medical records. Cause of Death was Gun Shot wound to the head. The manner of Death was undetermined.

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

Mr. [redacted] reported he, Ms. [redacted] and the children were at [redacted] meeting with the paternal grandfather, Mr. [redacted] Mr. [redacted] stated Mr. [redacted] gives him a card time about carrying a gun on him so he left the gun in the car. Mr. [redacted] said Mr. [redacted] lives in the country and does not understand how dangerous the city is. Mr. [redacted] explained he did not let Ms. [redacted] know he left the gun in the car. Mr. [redacted] added Ms. [redacted] stayed in the car with the children. Mr. [redacted] reported he placed the gun between the passenger's seat and the center console. Mr. [redacted] stated Ms. [redacted] contacted him and stated [redacted] accidently shot himself. Mr. [redacted] said he rushed back out to the car.

Ms. [redacted] reported she, Mr. [redacted] and the children were at [redacted] meeting with the paternal grandfather, Mr. [redacted] Ms. [redacted] stated she was under the impression Mr. [redacted] took the gun inside the store with him because he always carries the gun on him. Ms. [redacted] said she was looking down at her phone, but she felt [redacted] moving around in the backseat. Ms. [redacted] explained it all happened so fast and next thing she knew [redacted] had grabbed the gun and shot himself.

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

On June 8, 2023, the Department of Children's Services (DCS) received a referral for the allegation of Abuse Death regarding Alleged Child Victims (ACV) [redacted] (age 3). The Alleged Perpetrators (AP) are [redacted] (age 28) and [redacted] (age 26).

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

CPIT was completed on 11/30/2023 during afternoon CPIT Review. Assistant District Attorney (ADA) [redacted] and team members agreed with the classification of Allegation Substantiated, Perpetrator Substantiated and Allegation Unsubstantiated, Perpetrator Unsubstantiated regarding the allegations of Physical Abuse and Lack of Supervision. Based on the birth mother's and birth father's testimony, it was the decision of the team that the allegations should be Allegation Substantiated, Perpetrator Substantiated and Allegation Unsubstantiated, Perpetrator Unsubstantiated for the alleged perpetrators. Mr. [redacted] is being charged with Aggravated Child Neglect and Criminally Negligent Homicide. Ms. [redacted] is not being charged at this time.

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: 06/14/2023** |
| **Assessment Type: SAFETY** | **CPS Case ID:** [redacted] |

## OVERVIEW

| | |
|---|---|
| **Safety Level:** Immediate Intervention Recommended | **Assessed at Location:** In the Home |
| **Event Start Date:** 06/12/2024 | **Last Assessed Date:** |
| **Assessment Status:** Approved | **Assessor:** [redacted] |
| **Date Approved:** 06/16/2023 | **Approver:** [redacted] |

## PARTICIPANTS

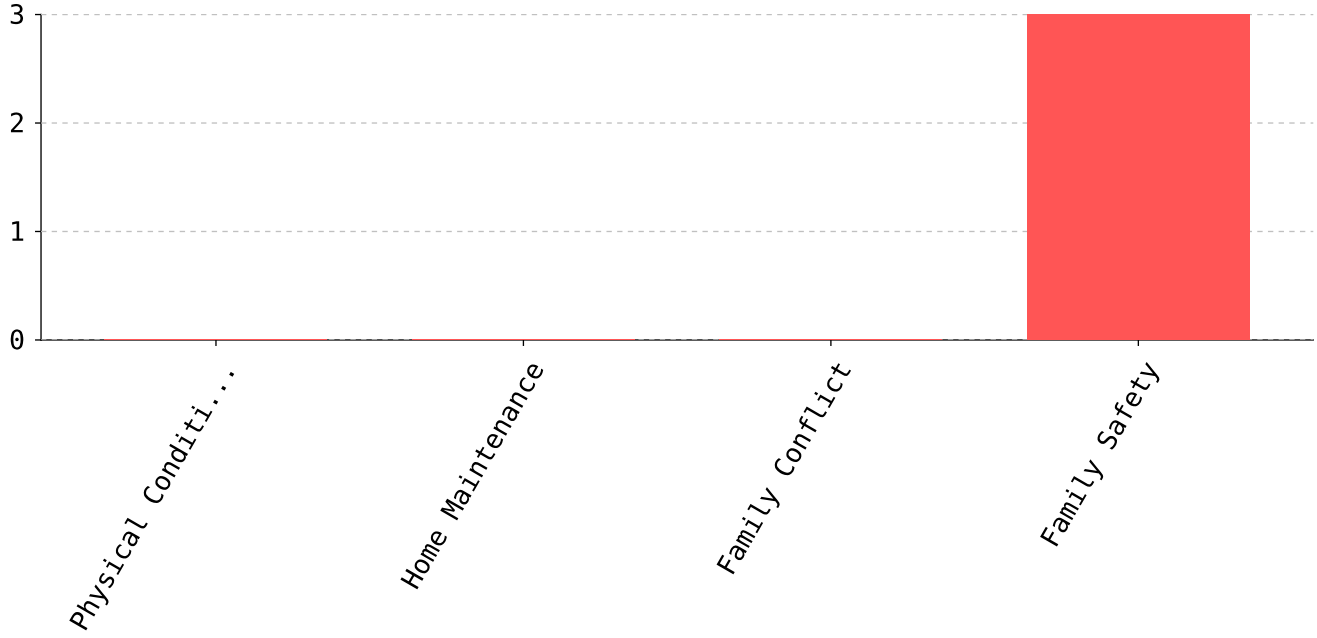
| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
|---|---|---|---|---|---|---|
| [redacted] | 9 Mos | Youth | F | [redacted] | N/A | |
| [redacted] (AP) | 26 Yrs | Caregiver | M | [redacted] | N/A | N/A |
| [redacted] (AP) | 28 Yrs | Primary | F | [redacted] | N/A | N/A |
| [redacted] | 2 Yrs 6 | Youth | M | [redacted] | N/A | |
| [redacted] (ACV) | Deceased | Youth | M | [redacted] | N/A | |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **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).

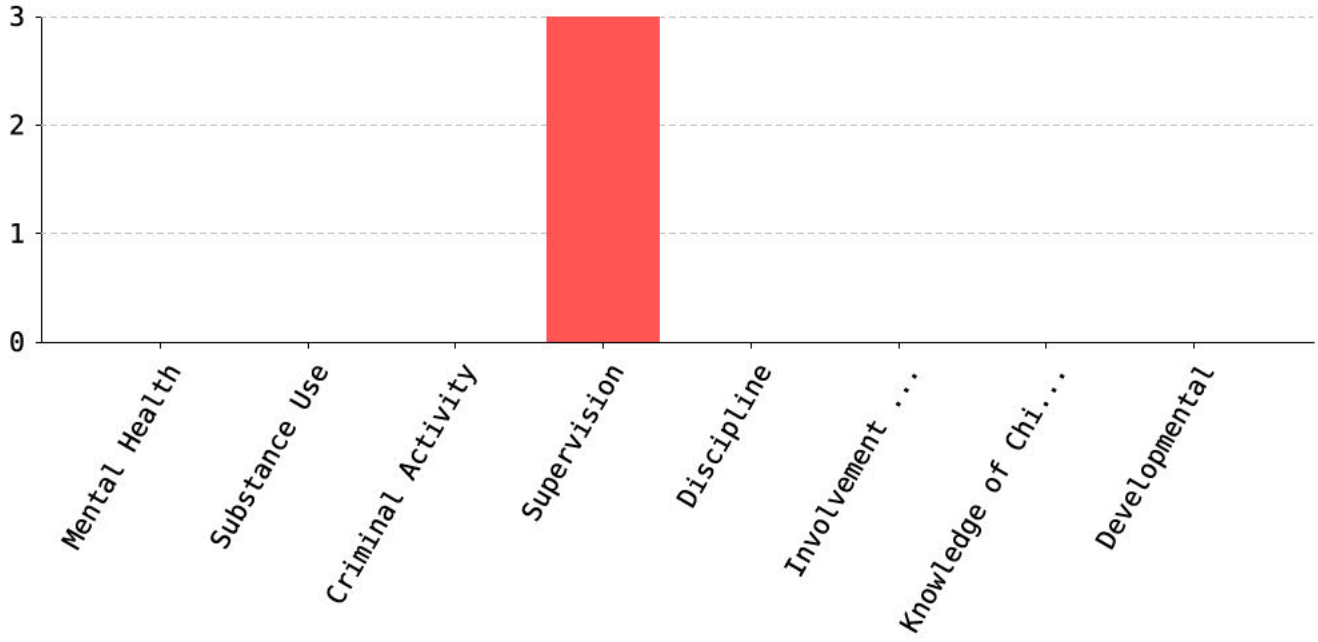



| Item | Score | Justification/Narrative |
|---|---|---|
| Physical Condition of Home | 0 | |
| Home Maintenance | 0 | |
| Family Conflict | 0 | |
| Family Safety | 3 | [redacted] accidently shot and killed himself with a gun his father left in the car. |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **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] [redacted] | Person ID: [redacted] | Role: Caregiver |

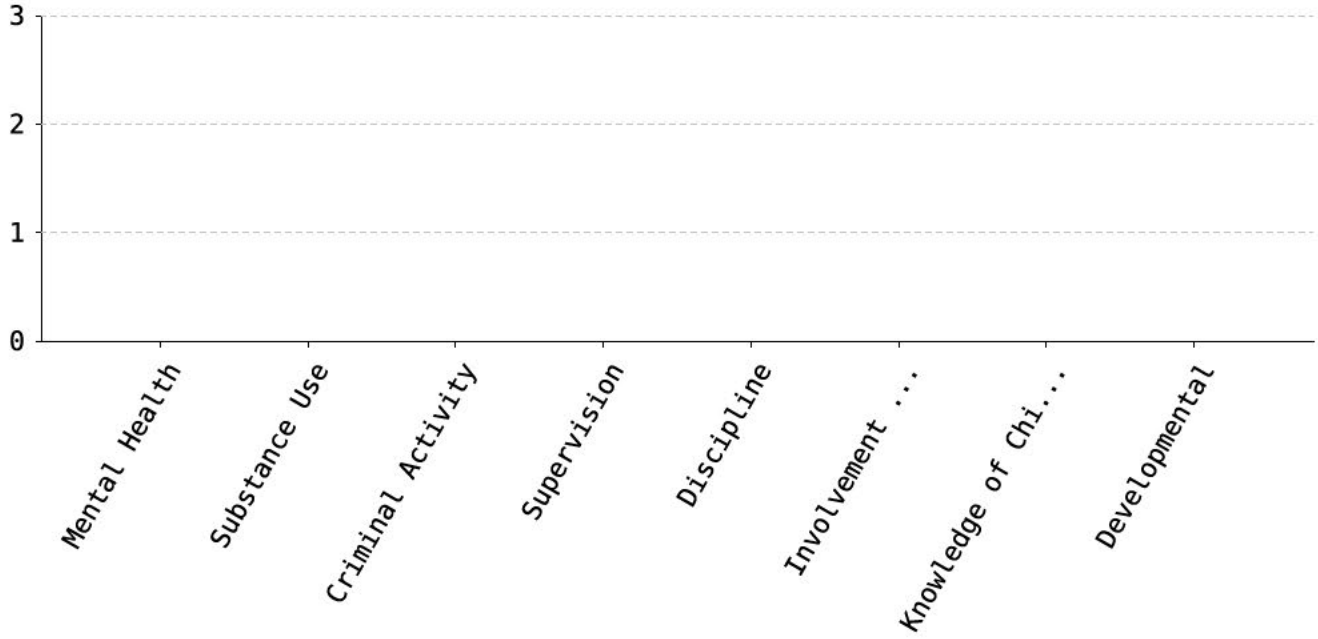



| Item | Score | Justification/Narrative |
|---|---|---|
| Mental Health | 0 | |
| Substance Use | 0 | |
| Criminal Activity | 0 | |
| Supervision | 3 | [redacted] accidently shot and killed himself with a gun his father left in the car. |
| Discipline | 0 | |
| Involvement in Caregiving Functions | 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:** 06/14/2023 |
| **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] [redacted] | Person ID: [redacted] | Role Primary Caregiver |

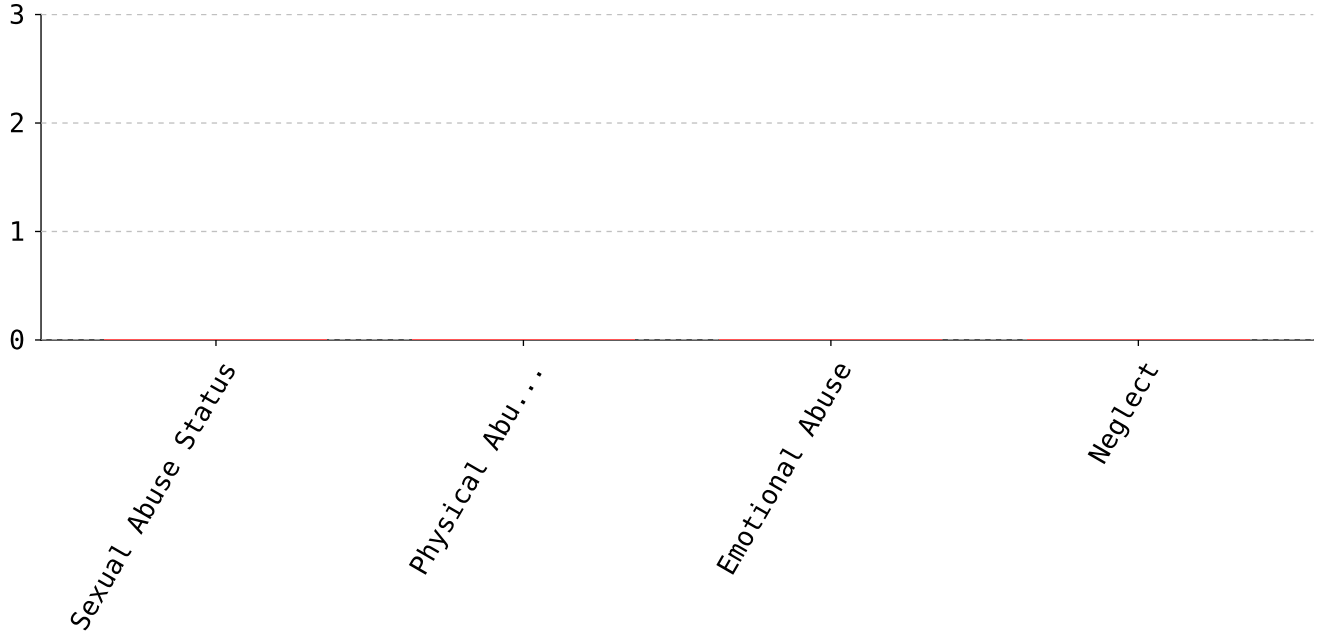



| Item | Score | Justification/Narrative |
|---|---|---|
| Mental Health | 0 | |
| Substance Use | 0 | |
| Criminal Activity | 0 | |
| Supervision | 0 | |
| Discipline | 0 | |
| Involvement in Caregiving Functions | 0 | |
| Knowledge of Child and Family Needs | 0 | |
| Developmental | 0 | |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **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: 9 Mos |

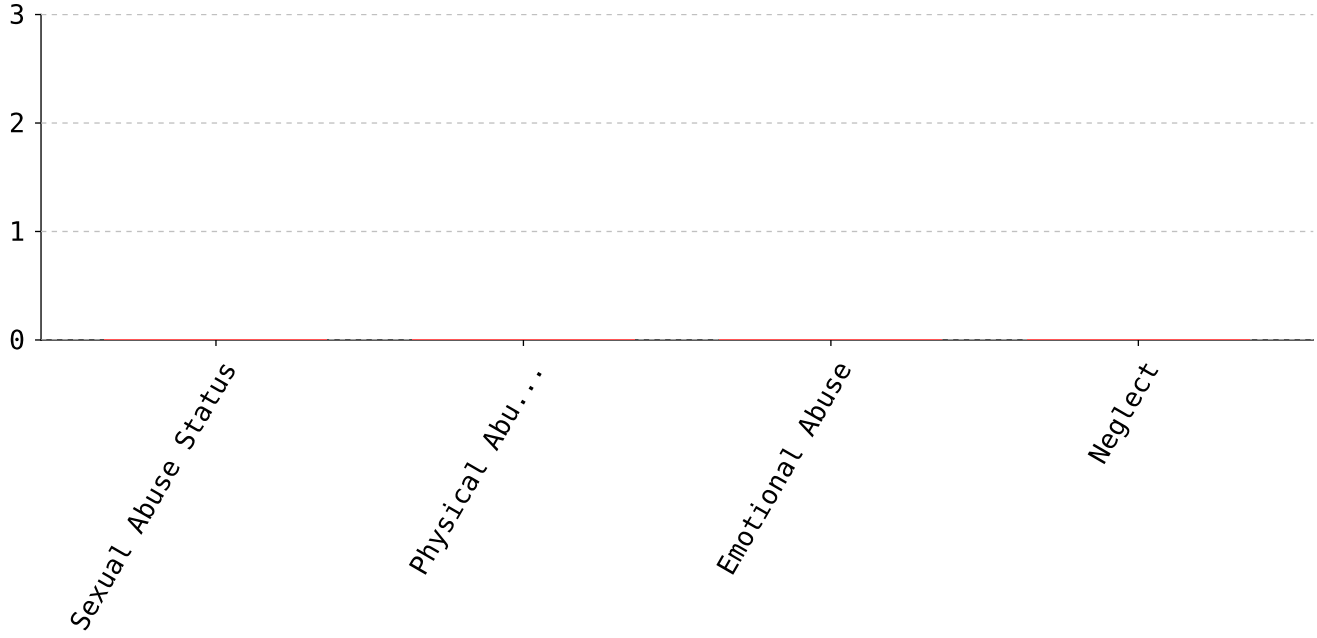



| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **Assessment Type:** SAFETY | **CPS Case ID:** [redacted] |

| YOUTH | | |
|---|---|---|
| This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years. | | |
| Participant: [redacted] [redacted] | Person ID: [redacted] | Age:2 Yrs 6 Mos |

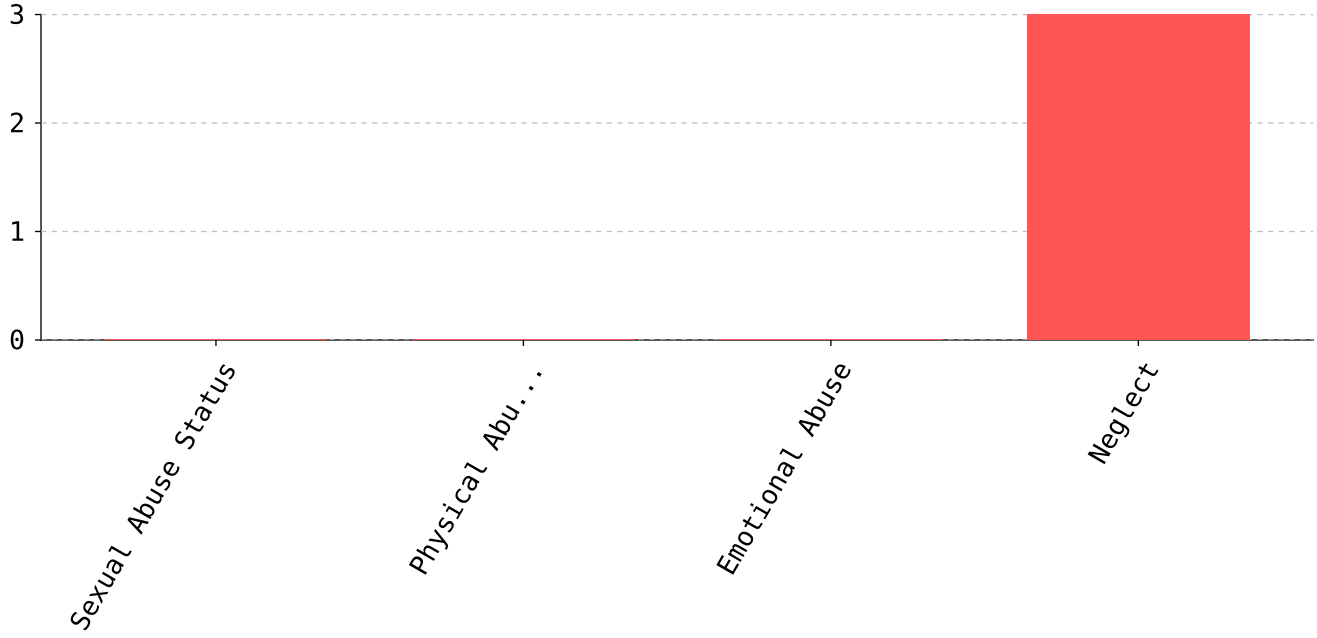



| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **Assessment Type:** SAFETY | **CPS Case ID:** [redacted] |

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




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 3 | [redacted] accidently shot and killed himself with a gun his father left in the car. |

**Tennessee Department of Children's Services**

**FAST 2.0 Assessment Summary Report**

| | |
|---|---|
| **Event Type: CPS Case** | **Assessment Date: 06/14/2023** |
| **Assessment Type: FAST** | **CPS Case ID:** [redacted] |

## OVERVIEW

| | |
|---|---|
| **Safety Level:** Immediate Intervention Not Recommended | **Assessed at Location:** In the Home |
| **Risk Level:** High Need/Risk | |
| **Event Start Date:** 06/12/2024 | **Last Assessed Date:** 06/14/2023 |
| **Assessment Status:** Approved | **Assessor:** [redacted] |
| **Date Approved:** 06/24/2023 | **Approver:** [redacted] |

## PARTICIPANTS

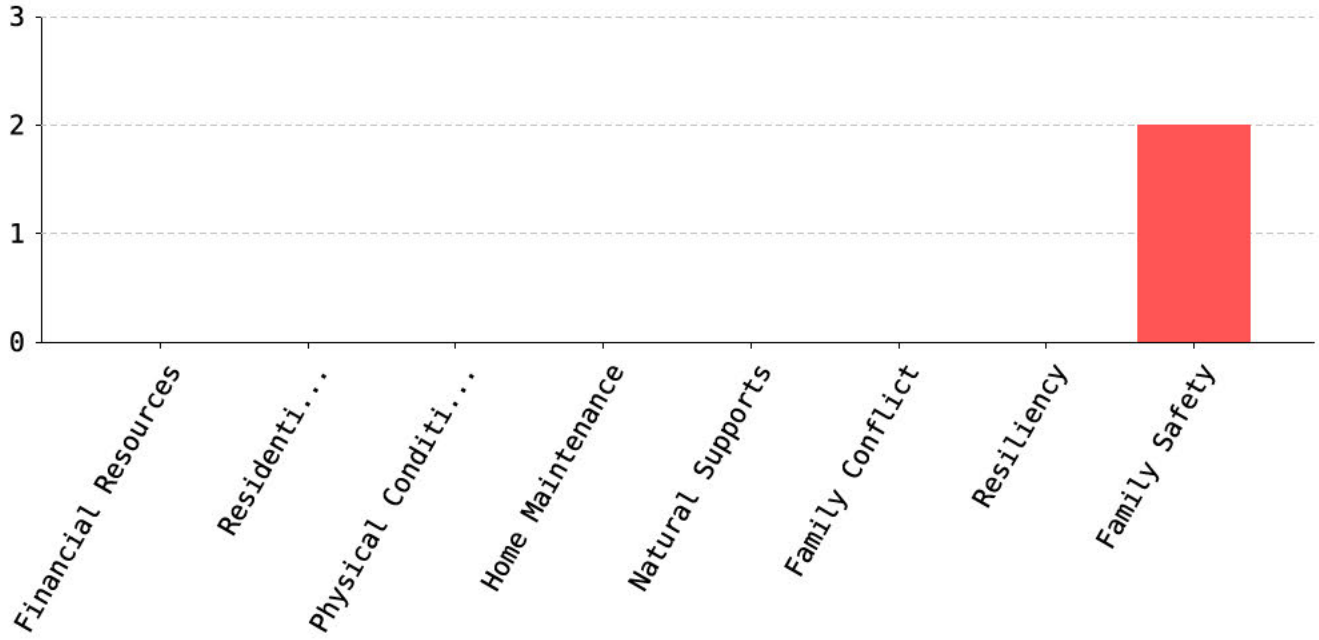
| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
|---|---|---|---|---|---|---|
| [redacted] (AP) | 26 Yrs | Caregiver | M | [redacted] | N/A | N/A |
| [redacted] | 9 Mos | Youth | F | [redacted] | 0 | Low |
| [redacted] | 2 Yrs 6 | Youth | M | [redacted] | 0 | Low |
| [redacted] (ACV) | Deceased | Youth | M | [redacted] | 2 | Low |
| [redacted] (AP) | 28 Yrs | Primary | F | [redacted] | N/A | N/A |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **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).

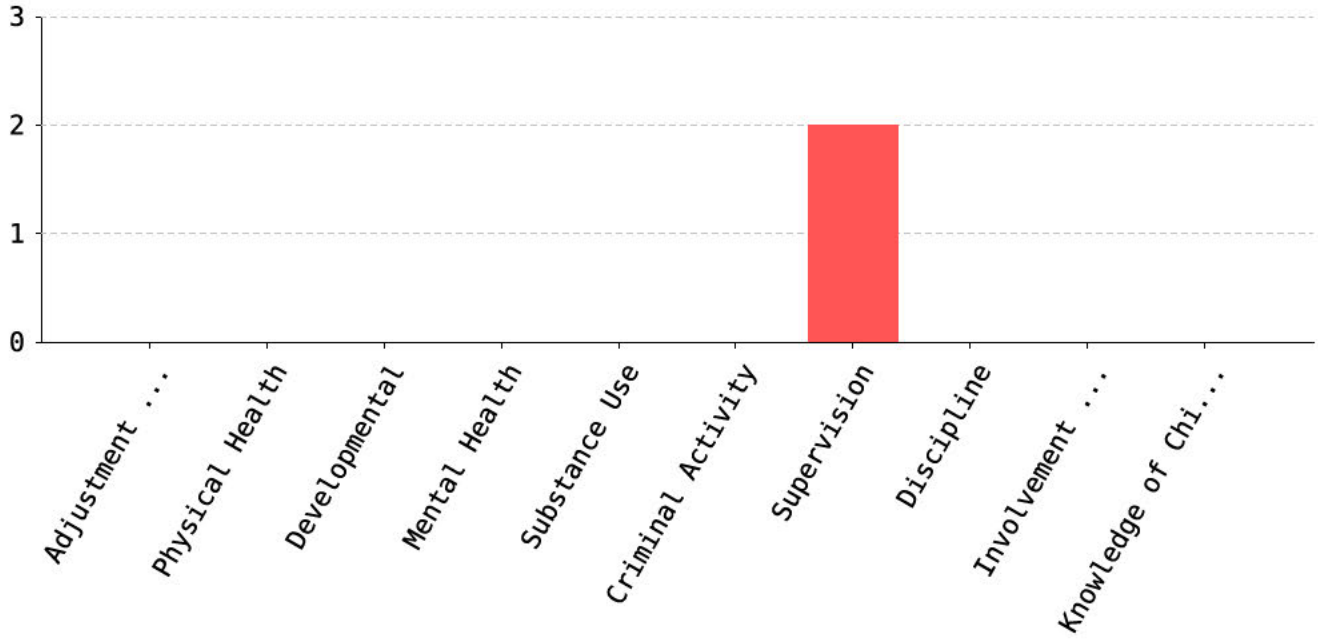



| Item | Score | Justification/Narrative |
|---|---|---|
| Financial Resources | 0 | |
| Residential Stability | 0 | |
| Physical Condition of Home | 0 | |
| Home Maintenance | 0 | |
| Natural Supports | 0 | |
| Family Conflict | 0 | |
| Resiliency | 0 | |
| Family Safety | 2 | [redacted] accidently shot and killed himself with a gun his father left in the car. |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

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

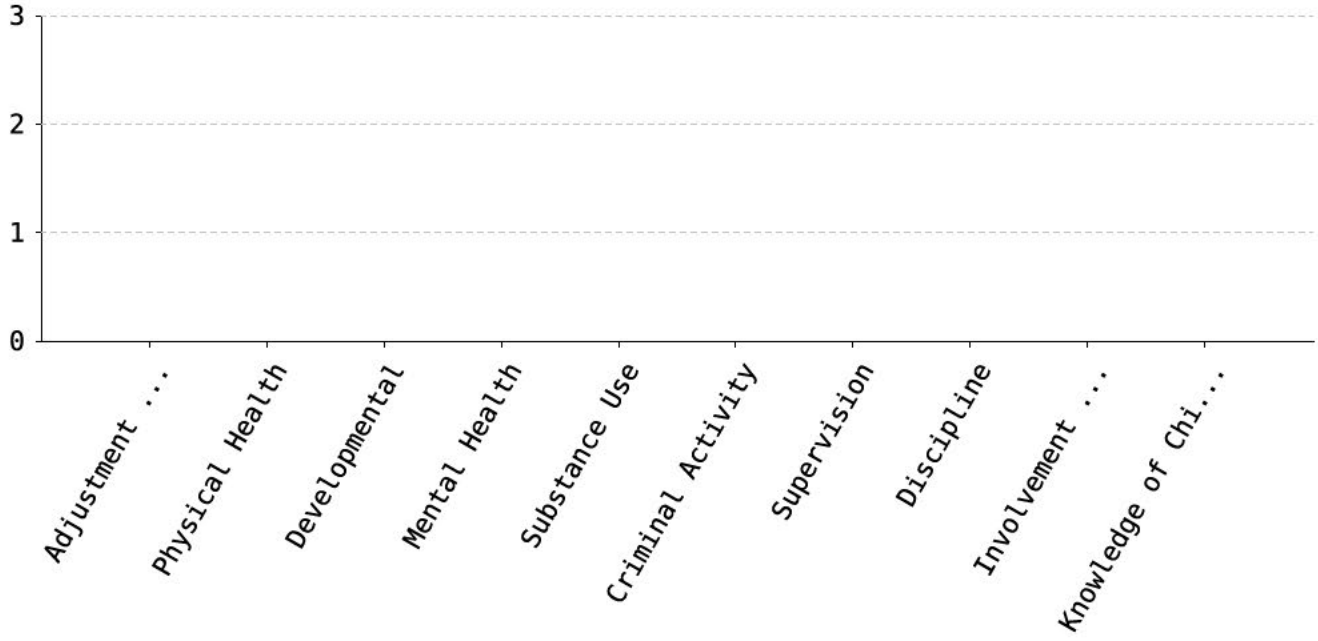



| Item | Score | Justification/Narrative |
|---|---|---|
| Adjustment to Traumatic Experiences | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |
| Mental Health | 0 | |
| Substance Use | 0 | |
| Criminal Activity | 0 | |
| Supervision | 2 | [redacted] accidently shot and killed himself with a gun his father left in the car. |
| 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:** 06/14/2023 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

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

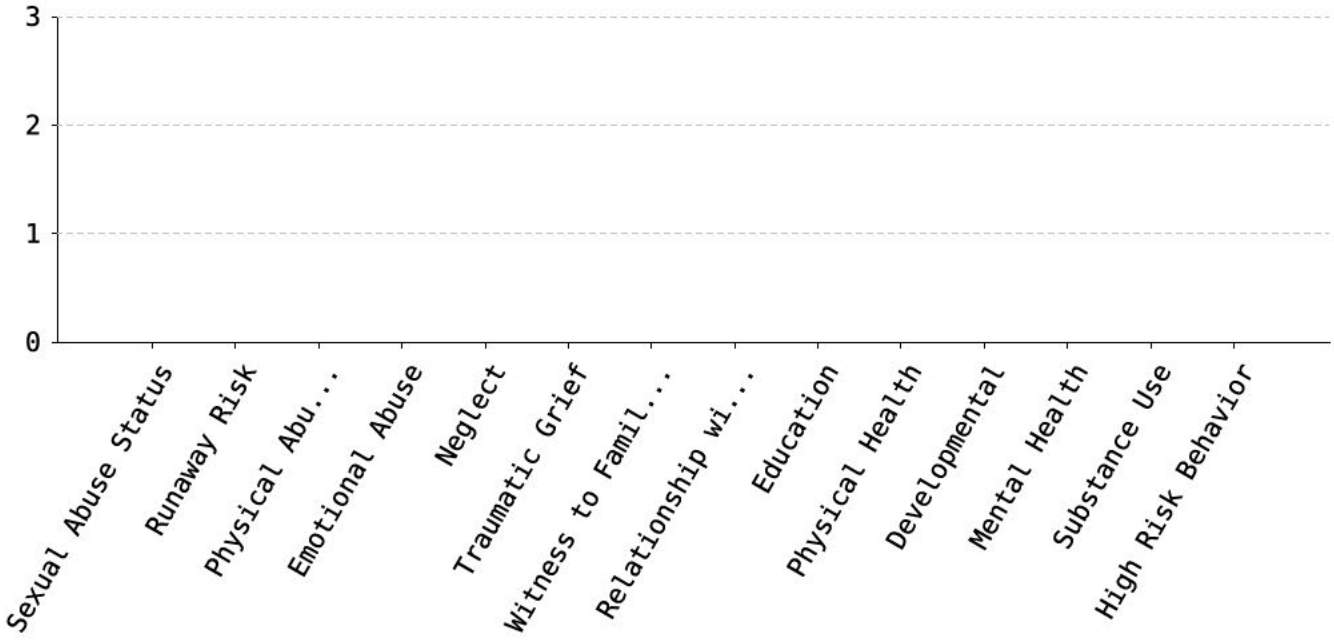



| Item | Score | Justification/Narrative |
|---|---|---|
| Adjustment to Traumatic Experiences | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |
| Mental Health | 0 | |
| Substance Use | 0 | |
| Criminal Activity | 0 | |
| Supervision | 0 | |
| Discipline | 0 | |
| Involvement in Caregiving Functions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

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| YOUTH | | |
|---|---|---|
| This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years. | | |
| Participant: [redacted] | Person ID: [redacted] | Age: 9 Mos |




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |
| 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

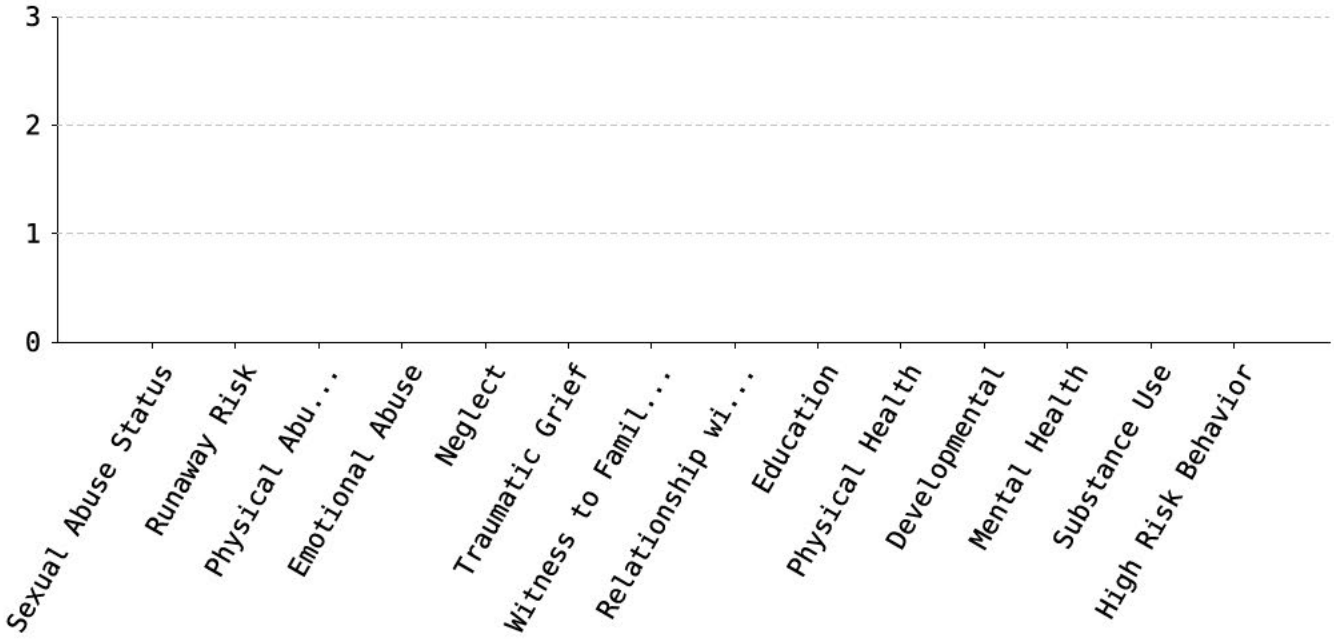
| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| | | |
|---|---|---|
| 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:** 06/14/2023 |
| **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] [redacted] | Person ID: [redacted] | Age:2 Yrs 6 Mos |




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |
| 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

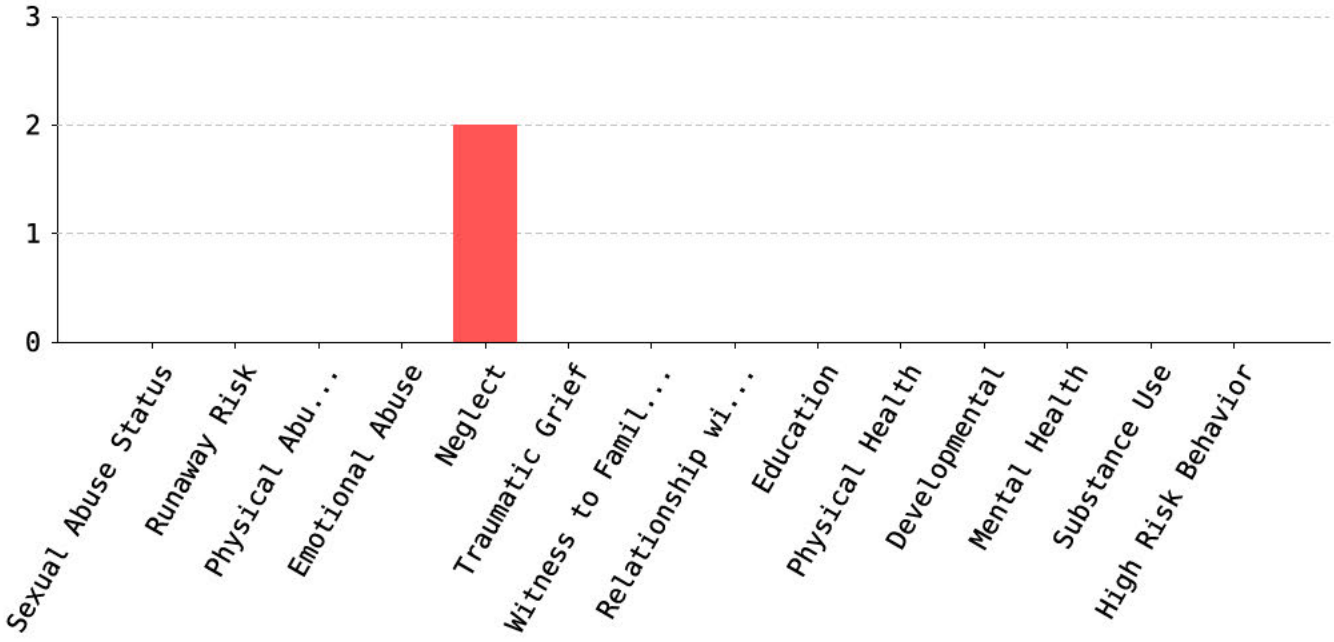
| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/14/2023 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| | | |
|---|---|---|
| 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:** 06/14/2023 |
| **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] [redacted] | Person ID: [redacted] | Age:Deceased |




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 2 | [redacted] accidently shot and killed himself with a gun his father left in the car. |
| 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:** 06/14/2023 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

| | | |
|---|---|---|
| Mental Health | 0 | |
| Substance Use | 0 | |
| High Risk Behavior | 0 | |