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

## Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 06/09/2023 10:51 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 06/20/2023

## Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 06/20/2023 08:48 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 06/20/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 06/20/2023 12:00 AM

## Allegations

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

## Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [redacted] (states open, nothing found), [redacted]
Associated Case IDs: [redacted]

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP None
Closed Court Custody Yes, [redacted], 05/28/2009 09/11/2009

Pending: None
Awaiting Screening: None
Submitted: None

Open CPS: None

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

Substantiated: INV/[redacted]/ENN, NUN/[redacted] ASPU (ENN), AUPU (NUN)/12-22-2008
Death: INV/[redacted]/Neglect Death, PYA/[redacted] ASPS (Neglect Death)/AUPU (PYA)/10-20-2009
Screen Outs: None

History (not listed above): Yes,
INV/[redacted]/DEC/AUPU/03-17-2021
ASMT/[redacted]/MDM/No Services Needed/03-22-2021
ASMT/[redacted]/LOS/Services Recommended/09-29-2021
ASMT/[redacted]/EDN/Services Recommended/07-09-2021
INV/[redacted]/ABN/AUPU/12-19-2014
INV/[redacted]/ENN, LOS/AUPU/05-12-2009
INV/[redacted]/MDM/AUPU/05-24-2007
ASMT/[redacted]/LOS/Services Recommended/03-30-2019
INV/ABN, PHA/AUPU/10-09-2002

County of Jurisdiction: [redacted]
School/ Daycare: None
Active Military Status: None

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:

[redacted] (2) resides in the home with her mother, [redacted] (20), her grandfather, [redacted] (67), her grandmother, [redacted] (40) and another relative (relationship currently unknown), [redacted] (4) in [redacted] County. [redacted] cousin, [redacted] (age unknown) will be mentioned in the report.

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

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
Law Enforcement was dispatched to an ambulance call to the home on June 6, 2023. Prior to law enforcement arriving at the home, it was reported that there was a deceased 2-year-old. Law Enforcement arrived at the home at 10:56 pm and noticed a 2-year-old laying on the floor, deceased. The child was identified as [redacted] Law enforcement spoke to [redacted] who advised that [redacted] picked [redacted] up earlier today and returned her to the home around 4pm this afternoon. [redacted] stated that [redacted] was active for about 20 minutes after returning home and then she stopped and reported being sleepy. [redacted] laid her down and got in the bed with her. They both took a nap. He woke up about 8:00 pm and warmed up some food for [redacted] to eat. He attempted to wake her up and noticed that she wasn't responsive. He pushed the panic button on his Life Alert necklace to dispatch the fire department.

[redacted] is currently at the home and has not been transported from the scene. Investigators have not arrived. Specific details regarding where [redacted] will be transported after leaving the scene are unknown. There was not any bruising noticed on [redacted] There was however a pink foam coming out her mouth. [redacted] didn't report [redacted] ingesting anything prior to her falling asleep. There are not currently any concerns of foul play. [redacted] did not have any preexisting medical conditions. There will be an autopsy completed to determine the cause of death. There have not been any previous fatalities in the family's home. There is concern that the home is very cluttered. There have not been any items observed in the home that could have possibly caused harm to [redacted] It is unknown if there are any concerns of substance use in the home. There is not a known history of DCS involvement with the family. [redacted] location is unknown.

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

-Anything additional to add to this initial report for the responding worker to know prior to response?
[redacted] does not have any special needs/disabilities.

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

Additional information provided by On Call Director, [redacted] (via TC [redacted]):
Case Manager [redacted] spoke with the 65 year old grandfather, [redacted] who informed that the 4 year old is his daughter, [redacted] He and his 4 year old daughter are the only people that lives in the home. His ex-wife, [redacted] and the mother of his 4 year old does not live in the home with him.
The referral stated this occurred on June 6, but the grandfather stated this happened last night. Yesterday, the grandfather stated someone, a relative to the ex-wife, brought the 2 y/o to the home and he was happy to see the child because of the relationship between the child and his 4 y/o. He feed the child strawberry ice cream before they both took a nap. He woke up to find the 2 y/o unresponsive. He contacted his life alert necklace an the ambulance and police arrived to the home. The grandfather stated the pink foam around the child's mouth ([redacted] was from the ice cream. The grandfather informed that the Medical Examinator, [redacted]), gave him his card and informed to call when they have arranged the funeral and he will release the body. The grandfather gave the phone numbers of his ex-wife and mother to the 2 y/o to the Case Manager. The grandfather informed he does not know their addresses. Case Manager [redacted] called both numbers and received no answers. She will continue to call. I called the referent and was not able to get an answer. I also contact the on-call Medical Examinator and have not received a call back.

Additional information provided by [redacted], TC, via email: Here is the most current updated information received:
Case Manager [redacted] spoke with the 65 year old grandfather, [redacted] who informed that the 4 year old is his daughter, [redacted] He and his 4 year old daughter are the only people that lives in the home. His ex-wife, [redacted] and the mother of his 4 year old does not live in the home with him. The referral stated this occurred on June 6, but the grandfather stated this happened last night. Yesterday, the grandfather stated someone, a relative to the ex-wife, brought the 2 y/o to the home and he was happy to see the child because of the relationship between the child and his 4 y/o. He fed the child strawberry ice cream before they both took a nap. He woke up to find the 2 y/o unresponsive. He contacted his life alert necklace and the ambulance and police arrived to the home. The grandfather stated the pink foam around the child's mouth ([redacted] was from the ice cream. The grandfather informed that the Medical Examinator, [redacted]), gave him his card and informed to call when they have arranged the funeral and he will release the body. The grandfather gave the phone numbers of his ex-wife and mother to the 2 y/o to the Case Manager. The grandfather informed he does not know their addresses. Case Manager [redacted] called both numbers and received no answers. She will continue to call. I called the referent and was not able to get an answer. I also contact the on-call Medical Examinator and have not received a call back.

Additional information provided by [redacted], TC, via email: I made contact with the [redacted] Forensic Office here in [redacted] Someone should be calling me today to give me more information. As soon as I receive it, I will notify you. Thanks!

Additional information provided by [redacted] TC, via email: [redacted] emailed me yesterday regarding this case. The ME accepted jurisdiction for this case. Based on scene evidence they listed the death as a SUCD with possible drug exposure. Let me know if there is anything else needed from my end.

CM Notation: None
Screener Notation: The history involves the mother of the child due to her being a minor and not 20 (DOB [redacted]). The grandmother, [redacted] is an AP in almost every single case. She is an AP in the past child death of [redacted] uncle [redacted] was arrested and charged with first degree murder on 06/16/2009. There were some possible SO's but they could not be confirmed.

Emailed/Paged CPSI On Call: [redacted] County was emailed notification that this report is being Submitted on 6-20-23 @ 8:29 am. [redacted] received the email at 8:30 am and [redacted] received it at 8:31 am.

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

Per SDM: Investigation, P1. Approved by Director [redacted], TL on 6-20-23 @ 8:31 am

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

**Participant(s)**

**Name:** [redacted]

Gender: Female
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race:
Age: 23 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

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

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** [redacted]

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

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

Address: [redacted] Tennessee

Deceased Date: 06/10/2023

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: grandfather/[redacted]

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** [redacted]

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

SSN:
Race:
Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** [redacted]

Gender: Male
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race:
Age: 70 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

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

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** [redacted]

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

SSN: | Race: | Age: 43 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

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

Gender: Male

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 7 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

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

**Name:** Unknown Participant [redacted] Unknown

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

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-21 15:25:00 | Contact Method: | |
| Contact Time: | 03:25 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/21/2025 |
| Completed date: | 10/21/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/21/2025 03:35 PM Entered By: [redacted]

Date: 10-21-25

Administrative Review for Case Closure

This investigation was submitted to Team Leader (TL) [redacted] for review for case closure. The Alleged Child Victim (ACV) is [redacted] (2). Allegation is Abuse Death, and the Alleged Perpetrator is Unknown. The ACV lived with her mother, [redacted] at an unknown residence. There are no other children. The allegation of Abuse Death was investigated by Child Protective Service Case Manager (CPS CM), [redacted]

The [redacted] Police Department responded to the home of [redacted] on 06-06-23, due to a 2-year-old being found unresponsive. [redacted] PD discovered a deceased two-year-old child identified as [redacted] According to Mr. [redacted] picked [redacted] up earlier on the day of incident and returned her around 4:00 p.m. [redacted] was active for about 20 minutes before saying she was sleepy. Mr. [redacted] stated he laid her down for a nap and later awoke around 8:00 p.m. to find her unresponsive. Mr. [redacted] activated his Life Alert device to summon emergency responders.

CM [redacted] spoke with Mr. [redacted] who advised that [redacted] was with him on the day of the incident and everything was fine. He reported they ate [redacted] around 1 p.m., and later took a nap. Mr. [redacted] woke up; checked on [redacted] around 7 p.m., and she was cold to the touch. He called 911, [redacted] PD came to the home, and he was not allowed to re-enter the home until 3 a.m. the next morning. [redacted] mother reportedly lives with her mother, [redacted] No contact was established with [redacted] or [redacted] due to their whereabouts and contact information being unknown. Mr. [redacted] was offered Grief counseling, but declined services.

An autopsy was completed on 06-10-23 with findings of pulmonary & cerebral edema. The Cause of Death is Acute Fentanyl Intoxication and the Manner of Death Could not Be Determined.

The allegation of Abuse Death is classified as Allegation Substantiated Perpetrator Unknown (ASPK). Case was presented to the Child Protective Investigation Team (CPIT) on 10-10-25. All CPIT partners agreed with the classification decision.

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

The 740 has been completed and will be forwarded to Juvenile Court Judge and District Attorney for classification.

Case file has been reviewed and investigation is approved for closure.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-21 14:50:00 | Contact Method: | |
| Contact Time: | 02:50 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/21/2025 |
| Completed date: | 10/21/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Case Summary | | |
| Contact Sub Type: | Closing | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/21/2025 02:54 PM Entered By: [redacted]

Date: 10-21-25

Child Fatality Summary
[redacted]

On June 9, 2023, the Department of Children's Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] (2-year-old). The Alleged Perpetrator (AP) was listed as an unknown participant. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] by Lead Investigator (TL) [redacted] on June 20, 2023. This case was worked in conjunction with the [redacted] Police Department ([redacted]PD) and the [redacted] Regional Forensic Center.

[redacted] (2-year-old) lived at home with her birth mother, [redacted] however, it is unknown where the family resided. There are no other siblings.

On June 6, 2023, the [redacted] Police Department responded to the home of an unresponsive child. It was reported that a 2-year-old was found unresponsive. Law enforcement responded to the home at approximately 10:56 p.m. and discovered a deceased two-year-old child identified as [redacted] According to [redacted] picked [redacted] up earlier in the day and returned her around 4:00 p.m. [redacted] was reportedly active for about 20 minutes before saying she was sleepy. [redacted] stated he laid her down for a nap and later awoke around 8:00 p.m. to find her unresponsive. He then activated his Life Alert device to summon emergency responders.

No visible bruising was observed, though pink foam was noted coming from [redacted] mouth. [redacted] reported that [redacted] had not ingested anything prior to her nap. There were no indications of foul play or preexisting medical conditions. An autopsy was to be conducted to determine the cause of death. There is no known DCS history or confirmed substance use in the home. The whereabouts of [redacted] were unknown.

CPSI [redacted] received a statement from Mr. [redacted] who reported that [redacted] was with him on the day of the

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

incident and that everything was fine. He stated they ate at [redacted] around 1 p.m., where he bought her chicken nuggets, a burger, and a red and white shake. They later took a nap, and when he checked on [redacted] around 7 p.m., she was cold. He then called 911. Mr. [redacted] stated that police entered the home, and he was not allowed back inside until 3 a.m. the next morning.

He reported that [redacted] mother, [redacted] may be at [redacted] High School. He stated that [redacted] lives with her mother, Ms. [redacted] He confirmed that his son, [redacted] was in the home and allowed CPSI [redacted] to speak with him. Grief counseling was offered but declined. Mr. [redacted] is the ex-husband of Ms. [redacted] mother. Mr. [redacted] could not provide contact information for [redacted]

CM [redacted] was unable to obtain a statement from [redacted] as her whereabouts are currently unknown. Although she was reportedly enrolled at [redacted] High School, a follow-up visit confirmed that she is not enrolled. CM [redacted] was also unable to gather a statement from [redacted] due to her unknown location. Mr. [redacted] later reported that Ms. [redacted] had suffered a stroke and is residing in an assisted living facility. Attempts were made by CM [redacted] to speak with [redacted] but was unsuccessful in all attempts made.

An autopsy was completed on June 10, 2023, for [redacted] a two-year-old female. The report indicates that the decedent was discovered unresponsive in a bed. According to information obtained, [redacted] had been dropped off at her grandfather's residence and stated that she was tired and wanted to sleep. The grandfather reported that he and the child lay down together for a nap, and upon waking, he found her unresponsive. Emergency medical personnel were contacted, and [redacted] was pronounced deceased at the scene.

Autopsy findings revealed pulmonary and cerebral edema. Toxicology studies performed on post-mortem blood samples detected fentanyl, norfentanyl, and 4-ANPP, a precursor chemical used in the production of fentanyl. The cause of death was determined to be acute fentanyl intoxication. Due to the unknown circumstances surrounding the child's exposure to fentanyl, the manner of death was classified as undetermined.

CM [redacted] reached out to the Homicide Division to gather additional information regarding the case; however, no return call was received. The attending District Attorney, [redacted], requested the case information to follow up with Homicide but noted that there was no record or information available in the database related to the family.

On October 10, 2025, CM [redacted] presented the case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance included TL [redacted], ADA [redacted], and CAC Director [redacted]. The team reached a consensus that there was a preponderance of evidence to support the allegation of Abuse Death; however, the alleged perpetrator remains unknown. The case was classified as Allegations Substantiated Perpetrator Unknown.

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

Child Death is defined as:

a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker's failure to stop another person's direct action that resulted in the death of the child.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-16 15:55:00 | Contact Method: | Correspondence |
| Contact Time: | 03:55 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/21/2025 |
| Completed date: | 10/21/2025 | Completed By: | [redacted] |

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

Contact Type(s): Notification of Classification

Contact Sub Type: Contact Central Office

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/21/2025 08:45 AM Entered By: [redacted]

Notification of Classification
10/16/2025 03:55 PM
ACV-[redacted]
AP-Unknown Participant
Allegation- Abuse Death
Classification- The Investigation is classified as Allegation Substantiated / Perpetrator Unknown

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-16 15:49:00 | Contact Method: | |
| Contact Time: | 03:49 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/16/2025 |
| Completed date: | 10/16/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2025 04:01 PM Entered By: [redacted]

Date: 10-16-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted] The allegation of Abuse Death is classified as Allegation Substantiated Perpetrator Unknown (ASPK). There was no way for the Department to determine who was responsible for the ACV'S passing.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-16 14:30:00 | Contact Method: | |
| Contact Time: | 02:30 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/16/2025 |
| Completed date: | 10/16/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2025 02:36 PM Entered By: [redacted]

Date: 10-16-2025

Purpose: Notation

The Department received a referral ([redacted]) on August 17, 2024 with allegations with allegations of Lack of Supervision (LOS) & Physical Abuse (PHA), investigation [redacted] The allegations involved [redacted] (11-14-06). [redacted] is the mother of the deceased ACV. ACV [redacted] was involved in a physical altercation with her maternal grandmother, [redacted] Ms. [redacted] alleged that [redacted] was using Meth. [redacted] was questioned about Meth use and admitted to using Meth. There was also burned aluminum foil found in [redacted] purse.

[redacted] was 17 years old at the time of the referral. [redacted] mother, [redacted] is currently in an assisted living facility due to overdosing and having a stroke. Ms. [redacted] is not able to care for herself and could not provide for [redacted] at the time. It is unknown where [redacted] has been living. [redacted] did not reside with the grandmother, but came over to the home because she needed a place to cool off. The two engaged in a verbal altercation that turned physical. [redacted] entered the Department's custody on August 19, 2024. [redacted] exited custody on 11-14-24. The case was classified as Services Needed (SN).

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-16 14:28:00 | Contact Method: | |
| Contact Time: | 02:28 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/16/2025 |
| Completed date: | 10/16/2025 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2025 02:29 PM Entered By: [redacted]

Director, [redacted] sent closing summary via email to Executive Director, [redacted] for final review and approval so that the investigation can be approved for closure.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-10 10:35:00 | Contact Method: | Video Conference |
| Contact Time: | 10:35 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/10/2025 |
| Completed date: | 10/10/2025 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/10/2025 10:36 AM Entered By: [redacted]

On October 10, 2025, CM [redacted] presented the case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance included TL [redacted], ADA [redacted], and CAC Director [redacted]. The team reached a consensus that there was a preponderance of evidence to support the allegation of Abuse Death; however, the alleged perpetrator remains unknown. The case was classified as Allegations Substantiated/Perpetrator Unknown.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-10 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/10/2025 |
| Completed date: | 10/10/2025 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/10/2025 10:43 AM Entered By: [redacted]

CM [redacted] reached out to the Homicide Division to gather additional information regarding the case at the onset of the case; however, no return call was received. The attending District Attorney, [redacted], requested the case information to follow up with Homicide but noted that there was no record or information available in the database related to the family.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-10-06 12:11:00 | Contact Method: | Face To Face |
| Contact Time: | 12:11 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/06/2025 |
| Completed date: | 10/06/2025 | Completed By: | [redacted] |

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/06/2025 12:14 PM Entered By: [redacted]

Date: 10/06/25
Purpose: Face-To-Face
Alleged Child Victim (ACV): [redacted]
Allegation: Abuse Death/Neglect Death
Responding Case Manager: Child Protective Service Case Manager (CPS CM),
Content: Per CPS protocol guidelines on child death investigations, Case Managers are not required to observe the deceased ACV.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-09-21 20:16:00 | Contact Method: | Face To Face |
| Contact Time: | 08:16 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 09/21/2025 |
| Completed date: | 09/21/2025 | Completed By: | [redacted] |

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

Contact Type(s): ACV Interview/Observation,Notation

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/21/2025 08:16 PM Entered By: [redacted]

The alleged child victim is deceased; therefore, a monthly face-to-face visit could not be completed.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-09-08 10:00:00 | Contact Method: | |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/17/2025 |
| Completed date: | 10/17/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/17/2025 04:03 PM Entered By: [redacted]

Date: 09-08-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted] On the day of incident [redacted] dropped [redacted] off at her grandfather's home. CM [redacted] has not been able to establish contact with Mr. [redacted] due to insufficient information. It is unknown at this time who [redacted] was with prior to Mr. [redacted] picking her up. It was later discovered that the mother has a history of substance addiction. The maternal grandmother, [redacted] also has a history of substance addiction. Last reported [redacted] mother was receiving services from being in the DCS Foster Care Extension program. The mother has no additional children.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-08-08 12:31:00 | Contact Method: | |
| Contact Time: | 12:31 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/16/2025 |
| Completed date: | 10/16/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/16/2025 03:44 PM Entered By: [redacted]

Date: 08-08-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted] The autopsy was received, reviewed, and uploaded in TFACTS. The Cause of Death is Acute Fentanyl Intoxication. The Manner of Death is Accident. CM will present the case to CPIT for Disposition.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-07-06 03:00:00 | Contact Method: | |
| Contact Time: | 03:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/06/2025 |
| Completed date: | 07/06/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/06/2025 03:17 AM Entered By: [redacted]

Date: 07-06-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted] Cause of death is unknown at this time, Autopsy pending. CM will speak with gather information on the relative that dropped ACV off. CM will interview relative is contact is established.

Investigation is on-going.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-06-13 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/06/2025 |
| Completed date: | 07/06/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/06/2025 03:13 AM Entered By: [redacted]

Date: 06-13-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted] Autopsy pending, no medical records.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-05-14 11:15:00 | Contact Method: | |
| Contact Time: | 11:15 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 05/14/2025 |
| Completed date: | 05/14/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/14/2025 11:18 AM Entered By: [redacted]

Date: 05-14-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted] Autopsy pending, no medical records.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-04-24 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 05/12/2025 |
| Completed date: | 05/12/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/12/2025 02:08 AM Entered By: [redacted]

Date: 04-24-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted] CM has attempted to establish contact with the mother at school, but the mother is never present. The maternal grandmother is [redacted] Ms. [redacted] has had a stroke and is unable to provide any information regarding the investigation. Autopsy is pending. CM has not been able to establish contact with the mother. CM will document Good Faith Efforts to locate the family, discuss services, Present to the Child Protective Investigation Team (CPIT) for disposition once Autopsy is received.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-03-24 12:40:00 | Contact Method: | |
| Contact Time: | 12:40 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 03/25/2025 |
| Completed date: | 03/25/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/25/2025 12:44 AM Entered By: [redacted]

Date: 03-24-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted]
Medical Correspondence from [redacted] Children's Hospital reports child was not receive treatment at any [redacted] Hospital Facility. Hospital facility at time of incident is unknown. Autopsy is pending. CM has not been able to establish contact with the family. CM will document Good Faith Efforts to locate the family, discuss services, Present to the Child Protective Investigation Team (CPIT) for disposition once Autopsy is received.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-02-07 11:00:00 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 03/25/2025 |
| Completed date: | 03/25/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/25/2025 12:42 AM Entered By: [redacted]

Date: 02-07-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted]
Medical Correspondence from [redacted] Children's Hospital reports child was not receive treatment at any [redacted] Hospital Facility. Autopsy is pending. CM has not been able to establish contact with the family. CM will document Good Faith Efforts to locate the family, discuss services, Present to the Child Protective Investigation Team (CPIT) for disposition once Autopsy is received.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-01-06 02:00:00 | Contact Method: | |
| Contact Time: | 02:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 01/06/2025 |
| Completed date: | 01/06/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/06/2025 02:20 AM Entered By: [redacted]

Date: 01-06-25

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the Alleged Perpetrator is Unknown. The mother is [redacted] Medical Correspondence from [redacted] Children's Hospital. ACV did not receive medical treatment at this facility during time of incident. Autopsy is pending. CPSI will update case recordings, establish contact with family, document Good Faith Efforts if unable to locate, discuss services, Present to the Child Protective Investigation Team (CPIT) for disposition once Autopsy is received.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-12-23 10:00:00 | Contact Method: | |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 01/06/2025 |
| Completed date: | 01/06/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/06/2025 03:24 AM Entered By: [redacted]

Date 12-23-24

Administrative

Autopsy is pending. CPSI will update case recordings, establish contact with family, document Good Faith Efforts ([redacted], Clear Search, Benefits Check, & home visit)if unable to locate, discuss services. Present to the Child Protective Investigation Team (CPIT) for disposition once Autopsy is received.

Investigation remains open.

# Tennessee Department of Children's Services

## Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

**Case Recording Details**

Recording ID: [redacted] Status: Completed

Contact Date: 2024-12-18 10:20:00 Contact Method:

Contact Time: 10:20 AM Contact Duration:

Entered By: [redacted] Recorded For:

Location: DCS Office Created Date: 12/18/2024

Completed date: 12/18/2024 Completed By: [redacted]

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/18/2024 10:21 AM Entered By: [redacted]

Background Checks

Name: [redacted]

| | | | | | |
|---|---|---|---|---|---|
| JSSI- [redacted] | Bench Warrant | Disposed | Division 11 | [redacted] | |
| 1 | DISREGARDING RED LIGHT M | 55-8-110 | Misdemeanor C | 08/18/2014 | |
| 2 | DRIVING WHILE LICENSE S/R/C | 55-50-504 | Misdemeanor B | 08/18/2014 | |

Tennessee Felony Offender- No Records Found
Tennessee Bureau of Investigation- No Records Found
Tennessee Department Health: Abuse Registry- No Records Found
Tennessee Drug Offender Registry-No Records Found

Background Checks

Name: [redacted]

| | | | | |
|---|---|---|---|---|
| JSSI- [redacted] | Affidavit Held to State | Division 11 | [redacted] | |
| 1 | FIRST DEGREE MURDER | 39-13-202 | Felony M | 06/18/2009 |
| 2 | AGGRAVATED CHILD ABUSE | 39-15-402 | Felony B | 06/18/2009 |

Tennessee Felony Offender- No Records Found
Tennessee Bureau of Investigation- No Records Found
Tennessee Department Health: Abuse Registry- No Records Found
Tennessee Drug Offender Registry-No Records Found

## Tennessee Department of Children's Services

## Case Recording Summary

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

Background Checks

Name: [redacted]

JSSI- No Records Found
Tennessee Felony Offender- No Records Found
Tennessee Bureau of Investigation- No Records Found
Tennessee Department Health: Abuse Registry- No Records Found
Tennessee Drug Offender Registry-No Records Found

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-12-11 11:48:00 | Contact Method: | |
| Contact Time: | 11:48 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/11/2024 |
| Completed date: | 12/11/2024 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

**Children Concerning**

[redacted]

**Participant(s)**

[redacted] unknown last name, Unknown first

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/11/2024 11:49 AM Entered By: [redacted]

The case was assigned on 06/20/2023 to Case Manager (CM) [redacted] The referent was notified via the online Child Abuse Reporting and tracking (CARAT) at the time the report was made. Juvenile Court and the District Attorney are notified of referrals and classification on a monthly basis per regional protocol.

A Tennessee Family and Child Tracking System (TFACTS) check was completed, and the family has history with the department.

Investigation ID: [redacted] Intake Date: 03/17/2021; ACV: [redacted] AP: [redacted] Drug Exposed Child; AUPU

Investigation ID: [redacted] Intake Date: 03/22/2021; ACV; AP: [redacted] and [redacted] ; Medical Maltreatment; No Services Needed

Investigation ID: [redacted] Intake Date: 09/29/2021; ACV; [redacted] AP: [redacted] and , [redacted] Lack of Supervision; Services Recommended

Investigation ID: [redacted] Intake Date: 06/20/2023; ACV; [redacted] AP unknown last name, Unknown first; Abuse Death; AUPU

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-11-23 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 01/06/2025 |
| Completed date: | 01/06/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/06/2025 03:21 AM Entered By: [redacted]

Date 11-23-24

Administrative

Autopsy is pending. CPSI will update case recordings, establish contact with family, document Good Faith Efforts if unable to locate, discuss services, Present to the Child Protective Investigation Team (CPIT) for disposition once Autopsy is received.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-10-23 10:00:00 | Contact Method: | |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 01/06/2025 |
| Completed date: | 01/06/2025 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/06/2025 03:17 AM Entered By: [redacted]

Date 10-23-24

Administrative

Autopsy is pending. CPSI will Request medical records, update case recordings, establish contact with family, document Good Faith Efforts if unable to locate, discuss services, Present to the Child Protective Investigation Team (CPIT) for disposition once Autopsy is received.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-09-23 00:15:00 | Contact Method: | |
| Contact Time: | 12:15 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 09/23/2024 |
| Completed date: | 09/23/2024 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 09/23/2024 12:17 PM Entered By: [redacted]

TC [redacted] reviewed case on September 23, 2024. Allegation of Abuse Death is being investigated. Investigation remains open due to DCS obtaining copy of the autopsy report. TC [redacted] requested that all case recordings be entered in TFACTS by October 15, 2024 so that when the autopsy request is provided, the assigned investigator will need to present case to CPIT for final disposition and start working on case summary for review.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-06-12 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/10/2025 |
| Completed date: | 10/10/2025 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/10/2025 10:42 AM Entered By: [redacted]

CM [redacted] conducted an [redacted] and Benefits search for [redacted] (DOB unknown); however, the searches did not yield any 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: | 2024-06-07 11:05:00 | Contact Method: | |
| Contact Time: | 11:05 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/07/2024 |
| Completed date: | 06/07/2024 | Completed By: | [redacted] |

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

Contact Type(s): Administrative Review

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

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

TC [redacted] reviewed case June 6, 2024. Allegation of Abuse Death being investigated. Investigation remains open pending the assigned worker receiving copy of autopsy report. Once the autopsy report is obtained, the assigned investigator will need to present case to CPIT for final disposition and start working on case summary.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-04-04 12:42:00 | Contact Method: | |
| Contact Time: | 12:42 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 04/04/2024 |
| Completed date: | 04/04/2024 | 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: 04/04/2024 12:44 PM Entered By: [redacted]

Case remains open due to DCS receiving autopsy. Once autopsy is received, the assigned investigator will present case to CPIT for final disposition and will start working on closing summary so that can be closed off TFACTS.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-01-02 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 01/02/2024 |
| Completed date: | 01/02/2024 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/02/2024 09:38 AM Entered By: [redacted]

The PCP Records for the child has been uploaded to TFACTS.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-12-18 17:27:00 | Contact Method: | |
| Contact Time: | 05:27 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/18/2023 |
| Completed date: | 12/18/2023 | Completed By: | [redacted] |

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

Contact Type(s): Notation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/18/2023 05:30 PM Entered By: [redacted]

Medical records have been requested from [redacted] Children Hospital for [redacted]

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-12-12 11:40:00 | Contact Method: | |
| Contact Time: | 11:40 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/12/2023 |
| Completed date: | 12/12/2023 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/12/2023 11:38 AM Entered By: [redacted]

Date: 12-12-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the mother is [redacted] The mother of [redacted] is [redacted] who has a five-year old son, [redacted] The maternal grandmother is currently hospitalized due to having a stroke. The mother [redacted] is currently enrolled in [redacted] High School, it is uncertain if she's attending school regularly. The family does have previous DCS history, ACV was born drug exposed to THC. The autopsy is pending, once received will be uploaded/documented in TFACTS. Case will remain open.

# 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: | 2023-12-07 11:30:00 | Contact Method: | Face To Face |
| Contact Time: | 11:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | Completed By: | [redacted] |

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

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/08/2023 07:03 PM Entered By: [redacted]

CPSI [redacted] attempted to engage [redacted] He was observed to be in a t shirt and his underwear. Mr. [redacted] put some clothes on him and allowed CPSI [redacted] to speak with him. He reported that he is doing well when asked. He stated that he was watching the phone and watching games on the phone. He was observed to be clean and groomed properly.

# 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: | 2023-12-07 11:00:00 | Contact Method: | Face To Face |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | 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: 12/08/2023 07:00 PM Entered By: [redacted]

[redacted] TN [redacted]

CPSI [redacted] conducted an unannounced visit. CPSI [redacted] spoke with Mr. [redacted] He reported that Ms. [redacted] has been in the hospital over a month after she had a stroke. He reported that [redacted] is at school. He reported that he believes she attends [redacted] High School. He reported that she is back staying with him. He reported that thing have been going well. He reported that he missed [redacted] and he still has her furniture set because he is not ready to part with it. He stated that it is only him and [redacted] in the home. He reported that his son, [redacted] is also there and back and forth between him and the childs maternal grandmother, Ms. [redacted]

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-11-20 11:47:00 | Contact Method: | |
| Contact Time: | 11:47 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 11:47 AM Entered By: [redacted]

TC [redacted] sent an email requesting that all case recordings be entered in TFACTS by December 8, 2023.

# 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: | 2023-10-19 09:00:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 12/10/2023 |
| Completed date: | 12/10/2023 | 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: 12/10/2023 02:59 PM Entered By: [redacted]

CPSI [redacted] requested a school search for [redacted]

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-09-20 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/13/2023 |
| Completed date: | 10/13/2023 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/13/2023 01:54 AM Entered By: [redacted]

Date: 09-20-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the mother is [redacted] The mother of [redacted] is [redacted] who has a four-year old son, [redacted] The family does have previous DCS history. The autopsy is pending, once received will be uploaded/documented in TFACTS. The cause of death is unknown at this time, but their are concerns of drug involvement. CPSI will update case recordings to reflect Good Faith Efforts to gather additional information from family/collateral contacts, discussion regarding grief counseling, request medical records, forensic interview with the four year old, follow-up with Law Enforcement regarding investigation, present to Child Protective Investigation Team for disposition, complete closing FAST, submit death summary for prior approval before case is closed off TFACTS. [redacted] may reside at the home of her maternal grandmother, located at [redacted] TN [redacted]

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-08-24 11:00:00 | Contact Method: | Attempted Phone Call |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/10/2023 |
| Completed date: | 12/10/2023 | 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: 12/10/2023 02:57 PM Entered By: [redacted]

CPSI [redacted] attempted to make contact with the family at [redacted] however it went to voice mail. A voice message was left.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-08-23 13:00:00 | Contact Method: | Face To Face |
| Contact Time: | 01:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | School | Created Date: | 10/10/2025 |
| Completed date: | 10/10/2025 | Completed By: | [redacted] |

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

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

CM [redacted] attempted to reach [redacted] at [redacted] High School; however, the child is not enrolled there. CM [redacted] asked the school clerk to verify the childs enrollment status, and the clerk reported that there was no record or information indicating that the child is currently enrolled.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-08-20 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/13/2023 |
| Completed date: | 10/13/2023 | Completed By: | [redacted] |
| Purpose(s): | Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/13/2023 01:50 AM Entered By: [redacted]

Date: 08-20-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the mother is [redacted] The mother of [redacted] is [redacted] who has a four-year old son, [redacted] The family does have previous DCS history. The autopsy is pending, once received will be uploaded/documented in TFACTS. The cause of death is unknown at this time, but their are concerns of drug involvement. CPSI will update case recordings to reflect Good Faith Efforts to gather additional information from family/collateral contacts, discussion regarding grief counseling, request medical records, forensic interview with the four year old, follow-up with Law Enforcement regarding investigation, present to Child Protective Investigation Team for disposition, complete closing FAST, submit death summary for prior approval before case is closed off TFACTS.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

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

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/21/2023 03:28 AM Entered By: [redacted]

Date: 07-20-23

Administrative Review

Case was reviewed regarding the allegation of Abuse Death/Child Fatality. ACV is [redacted] and the mother is [redacted] The investigation is assigned to CPSI/CM [redacted] The mother of [redacted] is [redacted] who has a four-year old son, [redacted] The family does have previous DCS history. ACV [redacted] was born drug exposed to THC in 2021. The autopsy is pending, once received will be uploaded/documented in TFACTS. The cause of death is unknown at this time, but their are concerns of drug involvement. CPSI will update case recordings to reflect Good Faith Efforts to gather additional information from family/collateral contacts, discussion regarding grief counseling, request medical records, forensic interview with the four year old, follow-up with Law Enforcement regarding investigation, present to Child Protective Investigation Team for disposition, complete closing FAST, complete detailed summary, and prepare investigation for approval and closure.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-07-04 11:30:00 | Contact Method: | Face To Face |
| Contact Time: | 11:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | Completed By: | [redacted] |

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

Contact Type(s): Other Child Living in the Home Interview/Observation

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/08/2023 04:38 PM Entered By: [redacted]

CPSI [redacted] attempted to engage [redacted] He reported that he is doing well when asked. He is not currently enrolled in school due to his age. Mr. [redacted] reported that the child is not in daycare and he stays with him and he also stays with his maternal grandmother, Ms. Rosey [redacted] at [redacted]. He was observed to be clean and groomed properly. He did not have any visible marks or bruises.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-07-04 11:00:00 | Contact Method: | Face To Face |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | 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: 12/08/2023 04:36 PM Entered By: [redacted]

CPSI [redacted] conducted an unannounced home visit at the home. CPSI [redacted] spoke with the grandfather Mr. [redacted] He was explained the reason why DCS was involved. He reported that he gave his statement already and he reiterated that [redacted] was with him on the day of the incident. He reported that [redacted] was with him and he cared for her a lot. He reported that on that day [redacted] was with him everything was ok. He reported that they had [redacted] and he bought her some chicken nuggets, a burger, and a red and white shake around 1pm. He reported that they laid down and took a nap and when he checked on the child around 7pm she was cold. He reported that he alerted 911 around that time. He reported that police did enter the home and he was not permitted back into the home until 3am the next morning.

He reported that [redacted] the childs mother, is possibly at [redacted] High School. He reported that she does have a contact number for her as [redacted]. He reported that this is his old number. He reported that he does not work and he gets a disability check. He reported that [redacted] is residing with her mother Ms. [redacted] but he does have an address. He reported that he does share a son with his ex wife Ms. [redacted] He reported that [redacted] was in the home. He did allow CPSI [redacted] to speak with the child. He explained that the child also has a learning disability, and he is in the process of getting him on his insurance. He reported that [redacted] attend [redacted] when he need a doctor visit but he does not have a primary care physician.

Grief counseling was offered and declined.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-06-30 11:00:00 | Contact Method: | Attempted Phone Call |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/10/2023 |
| Completed date: | 12/10/2023 | 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: 12/10/2023 02:53 PM Entered By: [redacted]

CPSI [redacted] attempted to make contact with the family at [redacted] however it went to voice mail. A voice message was left.

## 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: | 2023-06-27 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 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 08:03 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 Leaders (TL) [redacted] and [redacted] Team Coordinator (TC) [redacted], CPS Director (CPSD) [redacted], and Director of Critical Incident Support (DCIS) [redacted].

The CPS investigation was assigned on 6/20/23 concerning the death of ACV [redacted] (2yo). It was reported [redacted] resided with her birth mother [redacted] /16yo], grandmother [redacted] and great grandparents [names unknown] in [redacted] County. The incident occurred at the home of the grandfather [redacted] with another minor [redacted] 4yo] reportedly residing with him, also in [redacted] County. Birth father information is unknown at this time.

On 6/9/23 it was reported [redacted] was in the care of her grandfather at the grandfathers home. It was reported she was dropped off at the home by a relative [redacted] around 4pm. The grandfather stated he gave [redacted] strawberry ice cream which she ate, then reported she was sleepy. The grandfather reported he and [redacted] took a nap and then woke a few hours later around 7:30pm to fix dinner at which time he found [redacted] unresponsive. The grandfather reported he tried calling 911 on the phone and then used his life alert necklace button which the FD responded to. [redacted] was pronounced deceased on scene and an autopsy was ordered. Results are pending. There were no reported observable signs of injury, abuse, or neglect. Pink foam was noted around the ACVs mouth which was likely from the strawberry ice cream. The 4yo relative was not at the home when the grandfather was interviewed. The grandfather provided CM with the mother and grandmothers phone numbers, but CM has not been able to establish contact to date. Family has previously been difficult to engage during previous interaction with the Department.

Next Steps:
-- CM will request ACVs birth and PCP records. 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 complete interviews/safety assessment with the 4yo and mother.

## Tennessee Department of Children's Services

## Case Recording Summary

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

-- CM will complete interviews and home visit with the grandmother and other household members.
-- CM will complete interview of relative who dropped off ACV to grandfather or obtain from LE.
-- 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: | 2023-06-13 11:00:00 | Contact Method: | Attempted Phone Call |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | 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: 12/08/2023 12:06 PM Entered By: [redacted]

CPSI [redacted] attempted to reach Ms. [redacted] at [redacted] however the call went to the automated system. A message was unable to be left.

# 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: | 2023-06-12 09:00:00 | Contact Method: | Correspondence |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | 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)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/08/2023 07:12 PM Entered By: [redacted]

CPIT Via Video Conference
Date: 06-12-23
Purpose: Convening CPIT
Case was convened with the Child Protective Investigative Team (CPIT) via Video Conference as a COVID-19 precaution. The Allegation is Abuse Death, Alleged Child Victim is [redacted] (2), and the Alleged Perpetrator is unknown. The referral is stamped for DCS to Handle & Return on 06-26-23.
Attending ADA [redacted]

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-06-10 14:50:00 | Contact Method: | Attempted Phone Call |
| Contact Time: | 02:50 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | 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: 12/08/2023 12:03 PM Entered By: [redacted]

06/10 at 2:50P

CM [redacted] attempted several phone calls to [redacted] birth mother. The calls were unsuccessful.

CM [redacted] attempted several phone calls to [redacted] maternal grandmother but was unsuccessful.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-06-10 14:06:00 | Contact Method: | Face To Face |
| Contact Time: | 02:06 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | 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: 12/08/2023 12:01 PM Entered By: [redacted]

06/10/2023 2:06PM

CM [redacted] accompanied by CM Carter conducted a home visit at [redacted] TN [redacted] CM introduced self and the nature of the visit. CM spoke with [redacted] step grandfather who was sitting on the porch. CM asked Mr. [redacted] if he knew acv [redacted] and he reported yes. CM asked Mr. [redacted] what happen with her. Mr. [redacted] reported that acv [redacted] relative (name unknown) to his home around 3 or 4pm. CM asked Mr. [redacted] did he know where she came from, and he reported he did not know. CM asked Mr. [redacted] if he knew the name of the person that dropped her off and he reported no. CM asked if [redacted] dropped her off and he reported he is not sure who that was. Mr. [redacted] reported when [redacted] got to his home, he gave her some strawberry and vanilla ice cream. He reported that is when [redacted] reported that she was sleepy. Mr. [redacted] reported that he laid [redacted] down to sleep and he was beside her to take a nap as well. He reported he woke up around 7:15pm-7:30pm to fix her something to eat. He reported he tried to wake her up to eat but she was unresponsive. Mr. [redacted] reported he attempted to call the ambulance by phone but reported he couldnt get through. He reported he used his life alert button for him to call an ambulance to his home. Mr. [redacted] reported when the ambulance arrived, they attempted to revive her but was unsuccessful. CM asked Mr. [redacted] who was at the home the time the incident occurred, and he reported it was him, [redacted] and his son, [redacted] (4).

CM asked Mr. [redacted] if he knew the whereabouts of the birth mother [redacted] and he reported no. Mr. [redacted] provided CM with the number [redacted] for Ms. [redacted] Mr. [redacted] provided a phone number for [redacted] maternal grandmother [redacted].

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-06-09 22:51:00 | Contact Method: | |
| Contact Time: | 10:51 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/10/2023 |
| Completed date: | 12/10/2023 | 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)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/10/2023 03:11 PM Entered By: [redacted]

Opening Summary

On 06/09/2023 at 10:51 pm a P1 severe referral was received by central intake involving alleged child victim [redacted] (2) and alleged perpetrator Unknown with the allegation of Abuse Death. The referral was assigned by Reader [redacted] to Child Protective Services Case Manager [redacted] on 06/20/2023. Per DCS policy the initial notification was forwarded to juvenile court.

According to the referral, Law Enforcement was dispatched to an ambulance call to the home on June 6, 2023. Prior to law enforcement arriving at the home, it was reported that there was a deceased 2-year-old. Law Enforcement arrived at the home at 10:56 pm and noticed a 2-year-old laying on the floor, deceased. The child was identified as [redacted] Law enforcement spoke to [redacted] who advised that [redacted] picked [redacted] up earlier today and returned her to the home around 4pm this afternoon. [redacted] stated that [redacted] was active for about 20 minutes after returning home and then she stopped and reported being sleepy. [redacted] laid her down and got in the bed with her. They both took a nap. He woke up about 8:00 pm and warmed up some food for [redacted] to eat. He attempted to wake her up and noticed that she wasnt responsive. He pushed the panic button on his Life Alert necklace to dispatch the fire department.

[redacted] is currently at the home and has not been transported from the scene. Investigators have not arrived. Specific details regarding where [redacted] will be transported after leaving the scene are unknown. There was not any bruising noticed on [redacted] There was however a pink foam coming out her mouth. [redacted] didnt report [redacted] ingesting anything prior to her falling asleep. There are not currently any concerns of foul play. [redacted] did not have any preexisting medical conditions. There will be an autopsy completed to determine the cause of death. There have not been any previous fatalities in the familys home. There is concern that the home is very cluttered. There have not been any items observed in the home that could have possibly caused harm to [redacted] It is unknown if there are any concerns of substance use in the home. There is not a known history of DCS involvement with the family. [redacted] location is unknown.

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2023-06-06 14:00:00 | Contact Method: | Face To Face |
| Contact Time: | 02:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 12/08/2023 |
| Completed date: | 12/08/2023 | Completed By: | [redacted] |

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

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

Date: 06/06/2023

Purpose: Initial Face-To-Face

Alleged Child Victim (ACV): [redacted]

Alleged Perpetrator (AP): Unknown

Allegation: Abuse Death/Neglect Death

Responding Case Manager: Child Protective Service Investigator (CPSI), [redacted]

Content: According to Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

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: 06/09/2023

Assignment Date: 05/16/2025

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 | unknown last name, Unknown first | | Allegation Substantiated / Perpetrator Unknown | Yes | [redacted] / 10/16/2025 |

## C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: On June 9, 2023, the Department of Children's Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] (2-year-old). The Alleged Perpetrator (AP) was listed as an unknown participant. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] by Lead Investigator (TL) [redacted] on June 20, 2023.

## D. Case Workers

Case Worker: [redacted] Date: 08/08/2023

Team Leader: [redacted] Date: 10/16/2025

## E. Investigation Summary

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

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

Content: According to Work Aid 2: It is not required for the DCS Case Manager to observe the deceased child.

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

An autopsy was completed on June 10, 2023, for [redacted] a two-year-old female. The report indicates that the decedent was discovered unresponsive in a bed. According to information obtained, [redacted] had been dropped off at her grandfather's residence and stated that she was tired and wanted to sleep. The grandfather reported that he and the child lay down together for a nap, and upon waking, he found her unresponsive. Emergency medical personnel were contacted, and [redacted] was pronounced deceased at the scene.

Autopsy findings revealed pulmonary and cerebral edema. Toxicology studies performed on post-mortem blood samples detected fentanyl, norfentanyl, and 4-ANPP, a precursor chemical used in the production of fentanyl. The cause of death was determined to be acute fentanyl intoxication. Due to the unknown circumstances surrounding the child's exposure to fentanyl, the manner of death was classified as undetermined.

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

The alleged perpertrator is unknown therefore an interview could not be conducted.

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

On June 6, 2023, the [redacted] Police Department responded to the home of an unresponsive child. It was reported that a 2-year-old was found unresponsive. Law enforcement responded to the home at approximately 10:56 p.m. and discovered a deceased two-year-old child identified as [redacted] According to [redacted] picked [redacted] up earlier in the day and returned her around 4:00 p.m. [redacted] was reportedly active for about 20 minutes before saying she was sleepy. [redacted] stated he laid her down for a nap and later awoke around 8:00 p.m. to find her unresponsive. He then activated his Life Alert device to summon emergency responders.

No visible bruising was observed, though pink foam was noted coming from [redacted] mouth. [redacted] reported that [redacted] had not ingested anything prior to her nap. There were no indications of foul play or preexisting medical conditions. An autopsy was to be conducted to determine the cause of death. There is no known DCS history or confirmed substance use in the home. The whereabouts of [redacted] were unknown.

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

CM [redacted] reached out to the Homicide Division to gather additional information regarding the case; however, no return call was received. The attending District Attorney, [redacted], requested the case information to follow up with Homicide but noted that there was no record or information available in the database related to the family.

On October 10, 2025, CM [redacted] presented the case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance included TL [redacted], ADA [redacted], and CAC Director [redacted]. The team reached a consensus that there was a preponderance of evidence to support the allegation of Abuse Death; however, the alleged perpetrator remains unknown. The case was classified as Allegations Substantiated Perpetrator Unknown.

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: 06/26/2023** |
| **Assessment Type: FAST** | **CPS Case ID:** [redacted] |

## OVERVIEW

| | |
|---|---|
| **Safety Level:** Immediate Intervention Not Recommended | **Assessed at Location:** In the Home |
| **Risk Level:** Moderate Need/Risk | |
| **Event Start Date:** 10/21/2025 | **Last Assessed Date:** |
| **Assessment Status:** Approved | **Assessor:** null |
| **Date Approved:** 06/27/2023 | **Approver:** [redacted] |

## PARTICIPANTS

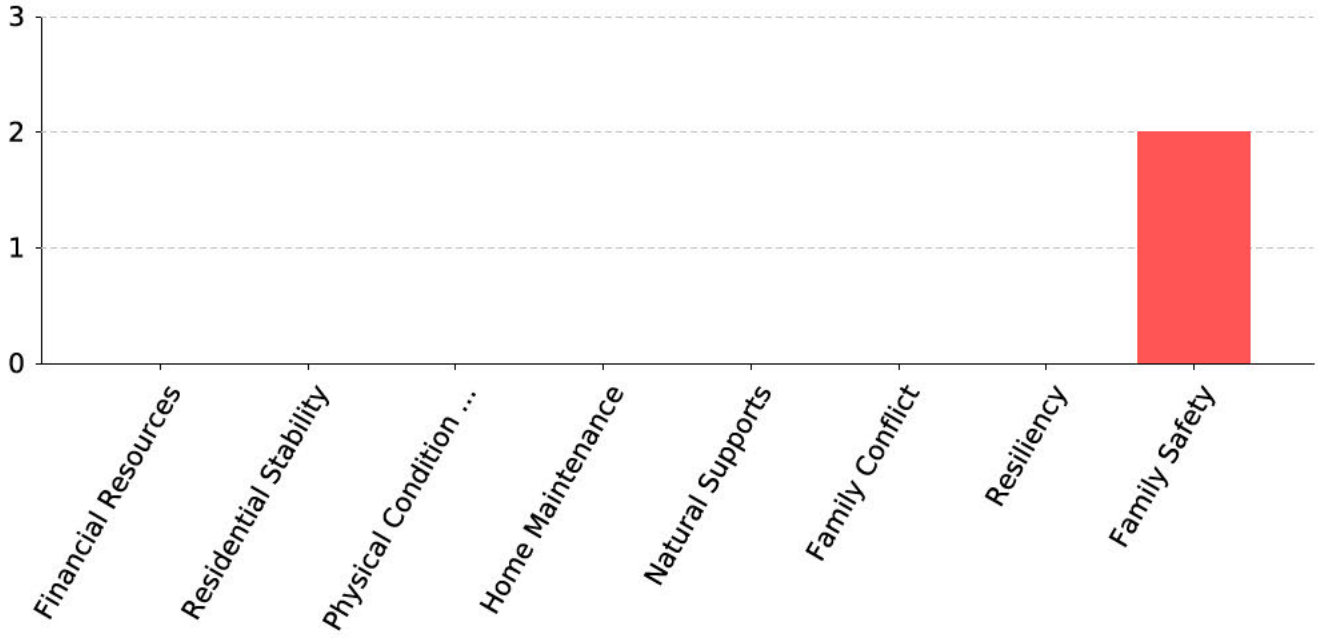
| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
|---|---|---|---|---|---|---|
| [redacted] | 20 Yrs | Primary | F | [redacted] | N/A | N/A |
| [redacted] (ACV) | Deceased | Youth | F | [redacted] | 1 | Low |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/26/2023 |
| **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).

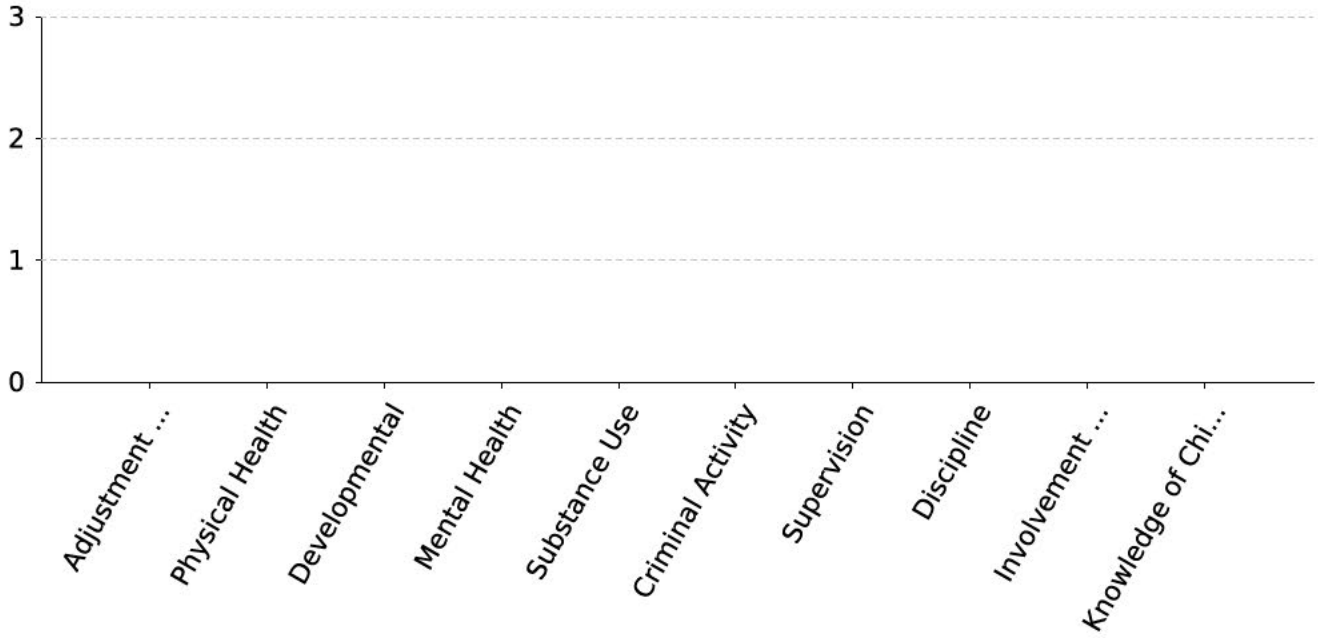



| Item | Score | Justification/Narrative |
|---|---|---|
| Financial Resources | 0 | |
| Residential Stability | 0 | |
| Physical Condition of Home | 0 | |
| Home Maintenance | 0 | |
| Natural Supports | 0 | |
| Family Conflict | 0 | |
| Resiliency | 0 | |
| Family Safety | 2 | A child died in the home. |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/26/2023 |
| **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 |

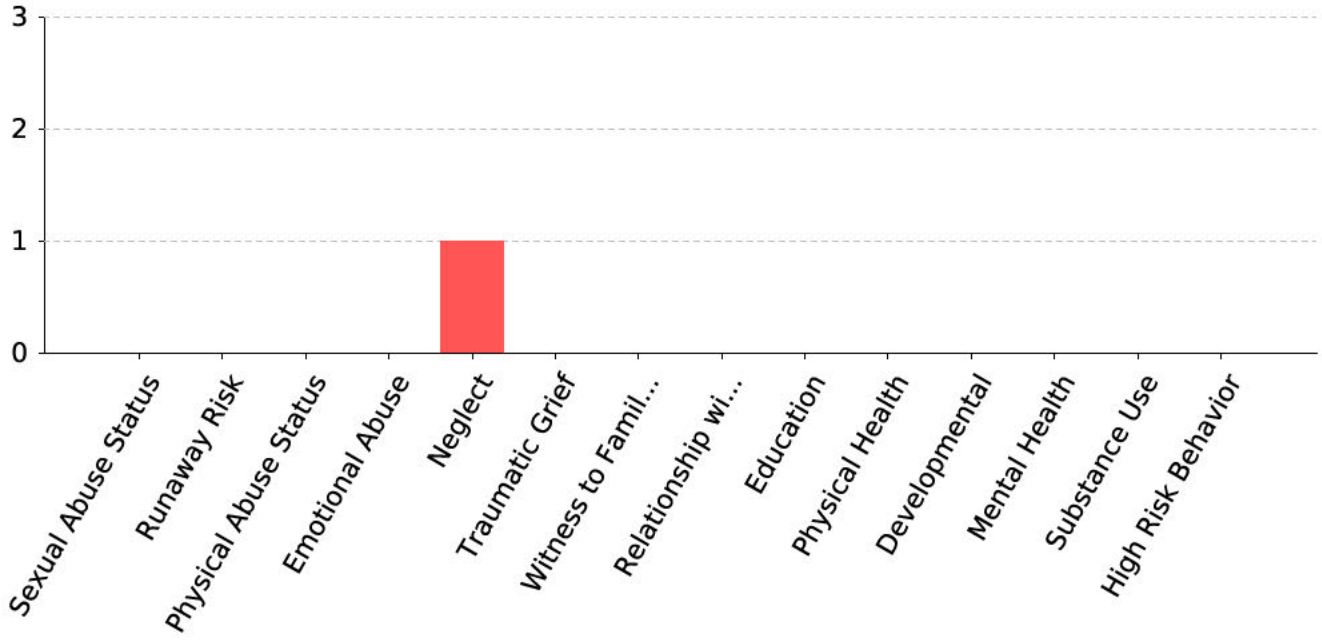



| Item | Score | Justification/Narrative |
|---|---|---|
| Adjustment to Traumatic Experiences | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |
| Mental Health | 0 | |
| Substance Use | 0 | |
| Criminal Activity | 0 | |
| Supervision | 0 | |
| Discipline | 0 | |
| Involvement in Caregiving Functions | 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:** 06/26/2023 |
| **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:Deceased |




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 1 | A child died in the home. |
| Traumatic Grief | 0 | |
| Witness to Family, School or Community Violence | 0 | |
| Relationship with Primary Caregiver | 0 | |
| Education | 0 | |
| Physical Health | 0 | |
| Developmental | 0 | |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/26/2023 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

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