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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 08/10/2023 10:14 AM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 08/10/2023

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 08/10/2023 01:47 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 08/10/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 08/10/2023 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	Deceased	Abuse Death	Yes	Unknown Participant [redacted] Unknown	
[redacted]	3 Yrs	Drug Exposed Child	No	[redacted]	
[redacted]	3 Yrs	Drug Exposed Child	No	[redacted]	
[redacted]	3 Yrs	Environmental Neglect	No	[redacted]	
[redacted]	3 Yrs	Environmental Neglect	No	[redacted]	
[redacted]	3 Yrs	Environmental Neglect	No	[redacted]	
[redacted]	3 Yrs	Lack of Supervision	No	[redacted]	
[redacted]	3 Yrs	Lack of Supervision	No	[redacted]	
[redacted]	3 Yrs	Lack of Supervision	No	[redacted]	

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Referent(s)

Referent Name: [redacted] Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

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

TFACTS Note: The Mother's first name found as '[redacted]

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

Pending: No
Awaiting Screening: No
Submitted: No

Open CPS: No
Substantiated: No
Death: No
Screen Outs: No

History (not listed above):
INV [redacted] / LOS / AUPU / 2022-08-30
ASMT [redacted] / EDN / NSN / 2008-03-26

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

Reporter's Name/Relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (1) and [redacted] (6 months) live with their mother, [redacted] (42), their father, [redacted] (41) [hereafter 'the father'], their brother, [redacted] (21), and their maternal grandmother, [redacted] (71), in [redacted] County.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Yes, Immediate Assistance is requested in the form of a phone call. DCS presence is requested to the scene, but the location may change.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On Thursday, 8/10/2023, at 9:10 AM, the [redacted] County Sheriff's Office received a call regarding a 5-month-old child not breathing with CPR in progress. At 9:20 AM, Officers arrived at the home and observed that [redacted] was on the floor of [redacted] room receiving CPR from an EMT that had responded to the scene prior to the officer. Law Enforcement observed that [redacted] was grey, not moving, and had no pulse. On 8/10/2023 at 10:01 AM, [redacted] was pronounced deceased. Law Enforcement observed a scratch on [redacted] right ear; however, it is unknown what caused this injury. [redacted] body was transported via ambulance to the [redacted] Emergency Room.

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[redacted] death is currently an active investigation. The cause of [redacted] death is unknown. [redacted] reported that at around 7:00 AM, [redacted] had woken up so she had given him a bottle and then put him in bed with her. [redacted] reported that at an unknown time she woke up and found that [redacted] was not breathing. The father was not on scene and it is unknown where he is. All the other adults appeared to be appropriately upset. [redacted] was in another room with [redacted] reported that [redacted] was born six weeks premature and had a hernia at birth. [redacted] reported that in May 2023 she had taken [redacted] to [redacted] because he was not putting on enough weight. There are no reports of [redacted] experiencing any other episodes of not breathing.

Law Enforcement located a methadone pill in [redacted] bed. Law Enforcement observed that [redacted] had sores (consistent with meth sores) all over her body. Law Enforcement observed that there was a crushed-up pill on a mirror inside of a drawer in [redacted] bedroom; the pill appears to be the same type that was found in [redacted] bed. Neither child would be able to reach this crushed-up pill without climbing up on something to get to it. None of the adults appear to be under the influence.

The entire home was extremely dirty. There are piles of stuff everywhere. There are numerous cigarette burn holes in [redacted] and [redacted] bedding and mattresses. There are dogs in the home. Law Enforcement observed a loaded rifle propped up on the wall in [redacted] bedroom; the children would have easy access to it. The family has had prior DCS involvement, but there are no further details. In 2022, [redacted] sustained a skull fracture, but there are no further details. There are no arrests being made.

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

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

CM Notation: No
Screener Notation: No

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

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

Per SDM: Investigation P1: Approved by CAH Director [redacted]. CM3 [redacted] on 8/10/2023 @ 1:04 PM [redacted]

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: 73 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

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

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

Gender: Male

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: Deceased

Address:

Deceased Date: 08/10/2023

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Male
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race:
Age: 43 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

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

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: | Age: 24 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Race Unknown | Age: 3 Yrs

Address: [redacted], Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: mother ([redacted]

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: | Age: 44 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: 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:	2025-07-10 15:56:00	Contact Method:	
Contact Time:	03:56 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/10/2025
Completed date:	07/10/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/10/2025 03:57 PM Entered By: [redacted]

Final approval was given to close the case and closing summary has been entered.

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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:	2025-07-09 16:22:00	Contact Method:	
Contact Time:	04:22 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/09/2025
Completed date:	07/09/2025	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2025 04:26 PM Entered By: [redacted]

CLOSING SUMMARY

On August 10, 2023, at 10:14 a.m., the Department of Childrens Service (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] intake # [redacted] The Alleged Perpetrator was listed as Unknown. The intake was screened into [redacted] County. The investigation was assigned to Child Protective Services Case Manager [redacted] by [redacted] Region Intake Analyst, [redacted]. This case was worked in conjunction with [redacted] County Sheriffs Department Investigator, [redacted]

[redacted] (age 6 months, DOB [redacted]) resided in the home with [redacted] (brother, DOB [redacted]), [redacted] (birth mother), [redacted] (birth father), [redacted] (adult brother, age 21), and [redacted] (maternal grandmother), at [redacted], TN in [redacted] County.

On Thursday, August 10, 2023, at 9:10 AM, the [redacted] County Sheriff's Department received a call regarding a 5-month-old child not breathing with CPR in progress. At 9:20 AM, law enforcement (LE) arrived at the home and observed [redacted] on the floor of [redacted] room receiving CPR from an EMT that had responded to the scene prior to the officer. LE observed that [redacted] was grey, not moving, and had no pulse. On August 10, 2025, at 10:01 AM, [redacted] was pronounced deceased. Law Enforcement observed a scratch on [redacted] right ear; however, it is unknown what caused this injury. [redacted] body was transported via ambulance to the [redacted] Emergency Room.

The father was not on scene. All other adults appeared appropriately upset. [redacted] was in another room with [redacted] reported that [redacted] was born 6 weeks premature. LE located a methadone pill in [redacted] bed. LE observed that [redacted] had sores all over her body. LE observed that there was a crushed-up pill on a mirror inside of a drawer in [redacted] bedroom; the pill appears to be the same type that was found on [redacted] bed. None of the adults appear to be under the influence. The pills were not accessible to the children. The entire home was extremely dirty, there were piles of stuff everywhere. There were numerous cigarette burn holes in [redacted] and [redacted] bedding and mattresses. There are dogs in the home. LE observed a loaded rifle propped up on a wall in [redacted] bedroom that is accessible to the children.

Tennessee Department of Children's Services

Case Recording Summary

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

On August 10, 2023, Team Leader (TL) [redacted] followed LE to the residence located at [redacted], [redacted],TN. TL met with family regarding the CPS referral with allegations of Drug Exposed Child, Environmental Neglect, Lack of Supervision and Abuse Death. TL [redacted] first spoke with [redacted] mother. Ms. [redacted] stated that she gave [redacted] a bottle around 6:30 or 7:00 AM. She then cradled him and laid down with him in her bed and went to sleep. Ms. [redacted] said that she saw that [redacted] was face down when she woke up around 9:00 AM. She stated that she grabbed [redacted] ran to her mother's room and screamed for her son to call 911. Ms. [redacted] stated that she saw no concerns with [redacted] when he took his bottle between 6:30-7:00a AM. She said that he had a hernia since birth (in his groin area) and had an appointment scheduled for August 29, 2023. [redacted] was seeing Dr. [redacted] in [redacted] TN and saw a doctor at [redacted] in May of this year. Ms. [redacted] said that [redacted] had been admitted to [redacted] after she took him to Dr. [redacted] due to him not gaining weight. [redacted] was in the hospital for 2-3 days before discharging home.

Ms. [redacted] stated that she is prescribed methadone and goes to [redacted] Clinic in [redacted] Monday through Friday; she gets medication for Saturday and Sunday on Fridays because the clinic is closed on the weekends. She said that she started going to the clinic in January 2022 because she had an addiction to pain pills. She reported that she takes no other medications but did take a Xanax when they returned home from the hospital today after [redacted] passed away. She stated that she had 1 Xanax and took it because she was dealing with a lot due to losing her child. She reported that she didn't have a prescription for Xanax and had none left. Ms. [redacted] submitted to UDS and was positive for benzodiazepine and Methadone.

TL [redacted] interviewed [redacted] maternal grandmother. Ms. [redacted] said that her daughter came into her room and was hysterical because she couldn't get the [redacted] to wake up. Ms. [redacted] said that her grandson [redacted] called 911 and they (medical personnel) gave her daughter instructions on what to do; her grandson put the phone on speaker. Ms. [redacted] reported that she has prescriptions for blood pressure, stomach, heart, anti-depressant, and pain; she gets medication from Methadone clinic each week and goes to same clinic as her daughter. TL observed the following medications and pill count was completed: Metoprolol, Lisinopril and Sertraline.

TL interviewed [redacted] father. Mr. [redacted] reported that [redacted] had no health concerns. He said that [redacted] had some mucus 2-3 months ago, but the doctor at that time said that [redacted] lungs were clear. Mr. [redacted] stated that he was at work at the time of the incident and was notified around 10:00 or 10:30 a.m. that [redacted] has passed away. Mr. [redacted] submitted to UDS and was positive for Suboxone. He stated that he had an old prescription.

TL spoke with [redacted] who stated that he called 911 around 9:00 AM. [redacted] said that his mother yelled for him to call 911 and he put the phone on speaker and they (medical personnel) directed his mother on how to do CPR.

Initially when referral was assigned, there were concerns noted indicating that the home was dirty and there were piles of stuff everywhere. The assigned worker did not observe any concerns or hazards during the home visit. Home was observed to have working utilities and food in the home. Sibling, [redacted] was observed to be playing with his toys during visit. [redacted] appears to have a speech impediment; theres some difficulty in understanding things that [redacted] is saying. Ms. [redacted] reports that speech impediment runs in the family. Information was provided to mom for assistance with childs speech impediment. Child was observed with no injuries or bruises. No hazards or concerns were noted. Grief counseling was offered to family. Family declined grief counseling.

On August 11, 2023, an autopsy was performed on [redacted] by Dr. Lyle [redacted] Forensic Center, [redacted] Tennessee. The autopsy was received on December 4, 2024. The autopsy stated that [redacted] was a 6-month-old white male. Investigation showed that officers arrived at the home and observed that [redacted] was on the floor of [redacted] room receiving CPR from an EMT that had responded to the scene prior to LE. The autopsy showed no evidence of trauma. Toxicology was non-contributory. With consideration of the investigation, autopsy, and what is currently

Tennessee Department of Children's Services

Case Recording Summary

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

known, the cause of death cannot be determined. An asphyxia death cannot be excluded. The manner of death could not be determined.

On December 10, 2024, TL [redacted] presented the case to [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were Child Advocacy Center Director, [redacted], Mental Health [redacted], Inv. [redacted] ([redacted] Co. Sheriff Department) [redacted], Law Enforcement Liaison and Team Leader, [redacted]. The team agreed that there was not a preponderance of evidence to support the allegation of Abuse Death. The case was classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated. The allegation of Drug Exposed Child against alleged perpetrators, [redacted] and [redacted] is classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. The allegation of Lack of Supervision against alleged perpetrators, [redacted] and [redacted] is classified as Allegation Unsubstantiated Perpetrator Unsubstantiated. The allegation of Environmental Neglect against alleged perpetrators, [redacted] and [redacted] is classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.

Per DCS Policy Work Aid 1, Section E:

Child death is defined as:

a) Any child death caused by abuse or neglect.

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

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

2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect, or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline selects Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician.

Lack of Supervision is defined as:

Failure to provide adequate supervision, by a parent or other legal custodian/caretaker, who is able to do so. A lack of supervision allegation or determination means that:

a) The child has been placed in a situation that requires actions beyond the childs level of maturity, physical ability, and/or mental ability; or

b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).

c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

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Case Recording Summary

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

Environmental Neglect is defined as:

A living situation either inside or outside the residence that is dangerous or unhealthy. The situation described can cause harm or significant risk of harm to the child(ren) in the home. The childs age and developmental status is considered when evaluating the impact of the environmental condition of the child.

The following are some examples of environmental situations as they relate to the childs age and developmental status:

♦ Leaking gas from stove or heating unit;

♦ Substances or objects accessible to the child that may endanger health/safety;

♦ Open/broken/missing windows;

♦ Structural hazards such as caving roof, holes in floor or walls;

♦ Exposed electrical wires;

♦ Children that lack clothing so that they are dangerously exposed to the elements, i.e., not having shoes or warm clothing for winter, etc.;

♦ Excessive garbage or rotted or spoiled food, which threatens health;

♦ Evidence of human or animal waste in the living quarters;

♦ Insect or rodent infestation; and

♦ Lack of or inability to obtain appropriate hygiene which threatens the health and well-being of a child, including the refusal to allow the child to bathe. Note: In its most severe form, serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).

Drug Exposed Child is defined as:

This allegation pertains to a person under the age of eighteen (18) who:

♦ Has been exposed to or experiencing withdrawal from use, sale, or manufacture of a drug or chemical substance (including, but not limited to alcohol such as a diagnosis of Fetal Alcohol Syndrome, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamines, heroin, inhalants) that could adversely affect the childs physical, mental, or emotional functioning as a result of the actions or behaviors of the parent/caregiver; or

♦ Has a parent/caregiver that uses drugs or chemical substances that impacts their ability to adequately care for the child; or

♦ Has a parent/caregiver that has current addiction issues that could adversely affect the childs physical, mental, or emotional functioning. Drug Exposed Child (Severe) Severe forms of this allegation include, but are not limited to:

♦ The manufacturing of methamphetamine where children are present, or in close proximity;

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

♦ Infants born with a diagnosis of Fetal Alcohol Spectrum Disorder (FASD);

♦ Infants born with a diagnosis of Neo-Natal Abstinence Syndrome (NAS) where the diagnosis is not based on the mothers prescribed and appropriately followed Medication-Assisted Treatment;

♦ Knowingly or with gross negligence allowing a child under eight (8) years of age to ingest an illegal substance or a controlled substance that results in the child testing positive on a drug screen, except as legally prescribed to the child; and/or

♦ Knowingly allowing a child to be within a structure where a Schedule I controlled substance under TCA 39-17-406, cocaine, methamphetamine and/or fentanyl are present and accessible by the child.

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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:	2025-07-09 14:45:00	Contact Method:	Face To Face
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/09/2025
Completed date:	07/09/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2025 04:15 PM Entered By: [redacted]

HV

TL [redacted] went to home and Mr. [redacted] Ms. [redacted] and ACV, [redacted] were present. TL informed Ms. [redacted] that TEIS would not be able to work with [redacted] because they said that he was over the age of 3. TL informed her that he should be able to get services through [redacted] Co. school system. She said that she still plans to try to get [redacted] enrolled for Pre-K. TL suggested that she contact [redacted] Co. BOE regarding requirements for Pre-K and to submit application as soon as possible, for review. She said that she would contact them. TL informed her that case would be submitted for closure and asked if she had questions. She had no questions and thanked TL.

ACV Observation: TL observed [redacted] standing at the storm door inside of the home. He waved at TL when TL arrived at the door. He pointed to a car and said, "car" when TL entered the home. He also pointed to kittens, as if to show TL the kittens. TL observed no visible marks/bruises on him. He said "bye" and waved bye as TL was leaving the residence.

Next Step: Submit to TC for review for closure

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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:	2025-07-09 11:30:00	Contact Method:	Attempted Face To Face
Contact Time:	11:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/09/2025
Completed date:	07/09/2025	Completed By:	[redacted]

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

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

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2025 01:22 PM Entered By: [redacted]

HV

TL [redacted] went to home and mother wasn't home.

TL called mother and she said that she had just left [redacted]

Plan: Follow up with [redacted] and mother today.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-30 13:30:00	Contact Method:	Face To Face
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/01/2025
Completed date:	07/01/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/01/2025 01:53 PM Entered By: [redacted]

HV

TL [redacted] went to the residence; mother, father and [redacted] were present. TL asked how things were going. Parents stated that things were okay. Ms. [redacted] said that her husband was home because his work shift was changing. Mr. [redacted] said that he would start working 12 hour shifts later this week. TL talked to Ms. [redacted] about TEIS referral and agreed to let her know if service would be starting. Ms. [redacted] said that she would be getting [redacted] enrolled to start [redacted] in the fall.

ACV Observation:
TL was unable to interview [redacted] due to his limited vocabulary. [redacted] pointed to kittens in the home and said, "cat". He also pointed to a puppy pad on the floor and said, "dog". He showed TL one of his cars and said, "car". [redacted] also showed TL one of his toy dinosaurs. [redacted] was playing and running around in the kitchen while TL talked to his mother. No visible marks/bruises were observed on him. He waved and said bye to TL at end of visit.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-30 12:08:00	Contact Method:	
Contact Time:	12:08 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/10/2025
Completed date:	07/10/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/10/2025 04:17 PM Entered By: [redacted]

Email

Email received from Elizabeth McClarin (TEIS) which stated that they were not able to enter the referral due to [redacted] birthday. She stated that the family or caregiver will want to reach out to the [redacted] County school system for services.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-27 15:50:00	Contact Method:	
Contact Time:	03:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/27/2025
Completed date:	06/27/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/27/2025 03:52 PM Entered By: [redacted]

TEIS referral submitted for review

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-23 21:32:00	Contact Method:	
Contact Time:	09:32 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/23/2025
Completed date:	06/23/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/23/2025 09:34 PM Entered By: [redacted]

Email notification sent on June 24, 2025, to Executive Director, [redacted].

Closing summary reviewed by Director, [redacted] on June 23, 2025. Email notification sent to Executive Director, [redacted] for approval of closing summary.

Narrative Type: Addendum 1 Entry Date/Time: 06/23/2025 09:38 PM Entered By: [redacted]

Email notification sent on June 24, 2025, to Executive Director, [redacted].

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-20 14:44:00	Contact Method:	
Contact Time:	02:44 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/20/2025
Completed date:	06/20/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/20/2025 02:45 PM Entered By: [redacted]

Case will be moved to Director [redacted] awaiting final review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-02 11:05:00	Contact Method:	
Contact Time:	11:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/02/2025
Completed date:	06/02/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/02/2025 11:05 AM Entered By: [redacted]

Case is still pending final review for closure.

Immediate Intervention not recommended-No Need Riskliving in the home at this time is the mother, [redacted] father [redacted] Child, [redacted] age 3. The parents have experienced a death of a child in 2023. Information has been given to the family for grief counseling; however they have declined. [redacted] appears to have a speech impediment; there's difficulty in understanding when he says something. Mother stated that this is something that runs in the family. She said that she would look into speech therapy for him. There have been no further concerns noted by the CM.

Autopsy reflected child was positive at birth for methadone, born premature and had withdrawal symptoms. Mother reported she fed [redacted] at 7:30 and both fell asleep in her bed. They woke an hour later and [redacted] was unresponsive. He was transported to [redacted] General Hospital The body was reported to be normally developed and normally nourished. Toxicology was negative. The autopsy revealed no traumatic injuries. No evidence of underlying disease. Vitreous chemistry analysis showed slightly elevated potassium consistent with postmortem change. The cause and manner of death could not be determined. Asphyxial death could not be excluded.

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:	2025-05-27 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/09/2025
Completed date:	07/09/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2025 05:22 PM Entered By: [redacted]

Admin. Review

Autopsy results are in. Case will need to be reviewed and approved, prior to case closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-05-16 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:	05/27/2025
Completed date:	05/27/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/27/2025 04:09 PM Entered By: [redacted]

HV

TL [redacted] went to residence and met with Ms. [redacted] and ACV, [redacted]

Ms. [redacted] stated that things were going okay. She said that she still hadn't contacted anyone regarding scheduling grief counseling but thanked TL again for information. She said that she previously hadn't been ready to talk to anyone but feels that she might be ready now. TL told her that everyone has his/her own time of when and/or if they want to talk about a death or loss.

ACV observation: TL observed [redacted] who was playing with his toy cars. He had cars lined up on the kitchen table and showed them to TL. He waved and told TL bye when TL was leaving the home. No marks/bruises were observed on him.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-30 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:	05/14/2025
Completed date:	05/14/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/14/2025 02:02 PM Entered By: [redacted]

HV
[redacted] TN.

TL [redacted] met with [redacted] mother, and ACV, [redacted] at residence. Ms. [redacted] stated that things were going okay. She talked to TL about grief counseling and said that she really hadn't been ready to go to grief counseling but had been thinking about talking to someone. TL gave her information for [redacted] and [redacted] and told her that she could contact either provider or another service provider, if she wanted to schedule counseling. She thanked TL for information.

ACV Observation: TL observed [redacted] playing with his toys. No marks or bruises were observed on him. [redacted] showed toys to TL. He waved 'bye' when TL said bye to him and waved.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-30 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/09/2025
Completed date:	07/09/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2025 05:20 PM Entered By: [redacted]

Admin. Review

Autopsy results are in. Case will need to be reviewed and approved, prior to case 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:	2025-03-31 15:10:00	Contact Method:	
Contact Time:	03:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/31/2025
Completed date:	03/31/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/31/2025 03:11 PM Entered By: [redacted]

Previous TFACTS History

Investigation ID	Investigation Name	Track	Priority	Status	Status Date	Organization
[redacted]	[redacted]	Investigation	2	Closed	08/30/2022	[redacted] Region
		Assessment	3	Closed	03/26/2008	Region

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-31 11:50:00	Contact Method:	Face To Face
Contact Time:	11:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	03/31/2025
Completed date:	03/31/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/31/2025 03:51 PM Entered By: [redacted]

HV
[redacted] TN.

TL [redacted] went to residence and met with [redacted] (mother), [redacted] (maternal GM) and [redacted] (ACV). Ms. [redacted] and Ms. [redacted] both stated that they have been going to the [redacted] Clinic in [redacted] since January 2022 and they go three days per week. Ms. [redacted] said that they receive counseling, drug screenings and medication when they go to clinic.

Ms. [redacted] stated that she talked with the doctor about speech therapy for [redacted] Ms. [redacted] said that speech issues run in their family. She said that she also has concerns with [redacted] having ADHD. She said that she wants to get him in Pre-K but feels that he won't be able to go because he's not potty trained and won't sit still; she's working on potty training him now. Ms. [redacted] said that there is a speech therapy place in [redacted] but they don't take TNCare. TL gave her contact information for [redacted] Center in [redacted] to check to see if they offered speech therapy services. She agreed to contact them.

ACV Observation: TL observed [redacted] He was playing with his toy trucks and cars and showing them to TL. He also showed TL 2 toy dinosaurs. He then started playing on mother's cell phone while TL spoke to mother. No visible marks/bruise were observed on him.

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:	2025-03-31 09:53:00	Contact Method:	
Contact Time:	09:53 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/04/2025
Completed date:	04/04/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2025 02:44 PM Entered By: [redacted]

Director, [redacted] contacted assigned worker and Team Coordinator to find out status of closing summary. Director, [redacted] was informed that summary had been submitted to Executive Director, [redacted]. Summary was resubmitted to [redacted] to review for final approval.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-28 11:50:00	Contact Method:	Attempted Face To Face
Contact Time:	11:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	04/08/2025
Completed date:	04/08/2025	Completed By:	[redacted]

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

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

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2025 12:34 PM Entered By: [redacted]

HV

TL [redacted] went to residence, but no one was home. TL left note in door, requesting aa return phone call.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-28 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/09/2025
Completed date:	07/09/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2025 05:19 PM Entered By: [redacted]

Admin. Review

Autopsy results are in. Case will need to be reviewed and approved, prior to case 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:	2025-02-26 11:05:00	Contact Method:	Attempted Face To Face
Contact Time:	11:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	03/13/2025
Completed date:	03/13/2025	Completed By:	[redacted]

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

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

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/13/2025 02:09 PM Entered By: [redacted]

HV

TL [redacted] went to home to meet with mother and ACV, [redacted] TL received no response at the door and mother's car was gone. TL left business card in the door.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-27 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/30/2025
Completed date:	01/30/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2025 10:54 AM Entered By: [redacted]

Closing summary was sent to ED [redacted] for approval so that the case can be closed.

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:	2025-01-24 12:05:00	Contact Method:	Face To Face
Contact Time:	12:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/28/2025
Completed date:	01/28/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/28/2025 02:25 PM Entered By: [redacted]

HV

TL [redacted] went to residence and met with Ms. [redacted] mother, and ACV, [redacted] Ms. [redacted] grandmother, was also present. Ms. [redacted] stated that she was okay, and [redacted] was doing fine. She reported no issues or concerns.

ACV Observation: [redacted] was playing with toys when TL arrived at the home. He showed TL his Spiderman action figure. Ms. [redacted] was walking with the assistance of a walker and was waiting for home health nurse to arrive.

Next Step: Follow up on case

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-16 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/30/2025
Completed date:	01/30/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2025 10:52 AM Entered By: [redacted]

Autopsy has been received. Cause and manner of death could not be determined. Autopsy has been uploaded to documents. Case was presented to CPIT. There was not a preponderance of evidence to substantiate the Abuse Death allegation, therefore it was classified as AUPU. TL [redacted] will prepare the closing summary and submit to TC and RD for approval so that it can be forwarded on to the ED for final approval.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-13 12:18:00	Contact Method:	Face To Face
Contact Time:	12:18 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/09/2025
Completed date:	01/09/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2025 02:58 PM Entered By: [redacted]

HV

TL [redacted] met with Ms. [redacted] and ACV, [redacted] at residence to check in with her. She stated that things were going okay. She had not gone to grief counseling and said that she didn't think that she would go to grief counseling. TL told her that it could help to talk with someone. She stated that she would think about it.

ACV Observation: TL observed no visible marks/bruises on [redacted] became upset when he couldn't play with TL's car keys and knocked over a toy on the floor. Ms. [redacted] said that he loves keys and that his dad lets [redacted] play with his keys.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-10 10:00:00	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/09/2025
Completed date:	01/09/2025	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: 01/09/2025 01:29 PM Entered By: [redacted]

TL [redacted] presented the case to [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were Child Advocacy Center Director, [redacted], Mental Health [redacted], Inv. [redacted] ([redacted] Co. Sheriff Department) [redacted], Regional Director of Investigations & Law Enforcement Liaison and Team Leader, [redacted] The team agreed that there was not a preponderance of evidence to support the allegation of Abuse Death. The case was classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated.

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:	2024-12-06 14:28:00	Contact Method:	
Contact Time:	02:28 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/06/2024
Completed date:	12/06/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/06/2024 02:35 PM Entered By: [redacted]

Autopsy results regarding [redacted] were received and reviewed on 12/06/24. Per the autopsy, the cause of death could not be determined. The document has been uploaded in TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-25 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:	01/09/2025
Completed date:	01/09/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2025 02:52 PM Entered By: [redacted]

11/25/24
11:30 a.m.

TL [redacted] met with Ms. [redacted] and ACV, [redacted] at residence to check in with her. She stated that things were going okay. She said that she had not gone to grief counseling but said that she had talked with counselor at [redacted] TL told her that it was good that she was talking to someone and asked if person specialized in grief counseling. She said that counselor didnt specialize in grief counseling.

ACV Observation: TL observed no visible marks/bruises on [redacted]

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-15 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/30/2025
Completed date:	01/30/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2025 10:49 AM Entered By: [redacted]

Child death case remains open pending autopsy report and final CPIT.

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:	2024-10-28 12:00:00	Contact Method:	Face To Face
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/09/2025
Completed date:	01/09/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2025 02:34 PM Entered By: [redacted]

10/28/24
12:00 p.m.

TL [redacted] met with Ms. [redacted] and ACV, [redacted] at residence. Ms. [redacted] stated that she is still going to [redacted] she went this morning and goes everyday because she missed week due to alternator being out on her car. TL talked to Ms. [redacted] about grief counseling, and she stated that she hasnt been to grief counseling. She said that she had been talking to her husband and mother but they like holding things in and she likes to talk. She said that it might be a good idea to do grief counseling and talk things out. She said that [redacted] Funeral Home has grief counseling, and she might contact them.

ACV Observation: TL observed no visible marks/bruises on [redacted] He was pointing and trying to play with TLs car keys.
Observation: Ms. [redacted] became tearful when talking about grief counseling.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-10-18 16:00:00	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/30/2025
Completed date:	01/30/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/30/2025 10:46 AM Entered By: [redacted]

Child death case remains open pending autopsy report and final CPIT.

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:	2024-09-19 12:50:00	Contact Method:	
Contact Time:	12:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/30/2024
Completed date:	09/30/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2024 07:29 PM Entered By: [redacted]

Admin. Review

This is an ongoing case assigned to CM, [redacted] CM is awaiting autopsy 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:	2024-08-31 20:45:00	Contact Method:	
Contact Time:	08:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/31/2024
Completed date:	08/31/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/31/2024 08:43 PM Entered By: [redacted]

Admin. Review

This is an ongoing case assigned to CM, [redacted] CM is awaiting autopsy 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:	2024-08-15 17:10:00	Contact Method:	Face To Face
Contact Time:	05:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	09/03/2024
Completed date:	09/03/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2024 12:21 PM Entered By: [redacted]

CPSI [redacted] stopped by to see how the family was doing. CPSI [redacted] observed [redacted] playing in the floor. CPSI [redacted] asked Ms. [redacted] if thongs were ok and she stated that they were. CPSI [redacted] thanked her for allowing her to check on them.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-31 16:15:00	Contact Method:	
Contact Time:	04:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/01/2024
Completed date:	08/01/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/01/2024 01:48 PM Entered By: [redacted]

Admin. Review

This is an ongoing case assigned to CM, [redacted] CM is awaiting autopsy 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:	2024-07-31 09:10:00	Contact Method:	Face To Face
Contact Time:	09:10 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	08/20/2024
Completed date:	08/20/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/20/2024 10:36 AM Entered By: [redacted]

CPSI [redacted] completed a visit with Ms. [redacted] to see how she was doing. CPSI [redacted] knocked several times on the door before someone came to the door. Ms. [redacted] welcome CPSI [redacted] into the home. Ms. [redacted] stated that they were all still in the bed. Ms. [redacted] stated that she was not feeling well. CPSI [redacted] asked about [redacted] Ms. [redacted] walked CPSI [redacted] to the back and he was in his bed asleep. CPSI [redacted] thanked Ms. [redacted] for her time. CPSI [redacted] did not observe anything in the home to be hazardous.

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:	2024-06-30 14:30:00	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	08/20/2024
Completed date:	08/20/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/20/2024 10:32 AM Entered By: [redacted]

CPSI [redacted] stop by to see how the family was doing. Ms. [redacted] had [redacted] on the outside playing. CPSI [redacted] asked Ms. [redacted] how she was doing and she stated well. CPSI [redacted] explained to her that she was just checking on her. CPSI [redacted] asked Ms. [redacted] if she needed anything, and she stated no. CPSI [redacted] thanked her for her time and 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:	2024-06-30 13:30:00	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/30/2024
Completed date:	06/30/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/30/2024 01:28 PM Entered By: [redacted]

Admin. Review

Admin. Review

This is an ongoing case assigned to CM, [redacted] CM is awaiting autopsy 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:	2024-05-31 20:10:00	Contact Method:	
Contact Time:	08:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/05/2024
Completed date:	06/05/2024	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: 06/05/2024 05:14 PM Entered By: [redacted]

Admin. Review

This is an ongoing case assigned to CM, [redacted] CM is awaiting autopsy 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:	2024-05-01 10:30:00	Contact Method:	Face To Face
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	05/31/2024
Completed date:	05/31/2024	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/31/2024 01:51 PM Entered By: [redacted]

CPSI [redacted] stopped by to see how Ms. [redacted] and maximus were doing. They were outside playing with the cats when CPSI [redacted] arrived. [redacted] came up to CPSI [redacted] and wanted to be picked up. CPSI [redacted] did pick him up. He was smiling and kicking his legs. CPSI [redacted] asked Ms. [redacted] how she was doing, and she stated ok today. CPSI [redacted] did not keep her from playing with [redacted] outside. CPSI [redacted] asked Ms. [redacted] if she needed anything and she stated that she did not. CPSI [redacted] thanked her for her time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-03-25 15:15:00	Contact Method:	Face To Face
Contact Time:	03:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	03/25/2024
Completed date:	03/25/2024	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/25/2024 04:19 PM Entered By: [redacted]

CPSI [redacted] completed a home visit with Ms. [redacted] allowed CPSI [redacted] to enter the home after asking for permission to enter. CPSI [redacted] observed [redacted] running around the home. He was dressed in a one-piece pajama outfit. CPSI [redacted] observed Ms. [redacted] standing and holding on to a table. CPSI [redacted] asked her how she was doing, and she stated much better. CPSI [redacted] asked Ms. [redacted] if she needed anything from the Department and she stated that she did not. Ms. [redacted] started crying. CPSI [redacted] asked her if everything was alright, and she stated that it was just hard getting over her child. CPSI [redacted] asked her about counseling, and she stated that she spoke with a Pastor once. CPSI [redacted] asked Ms. [redacted] if she needed any assistant finding someone and she stated that she did not. CPSI [redacted] observed the home and noting in the home was observed to be hazardous. CPSI [redacted] thanked the family for allowing her to stop by.

Next step: CPSI [redacted] will visit next month with 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:	2024-03-08 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/11/2024
Completed date:	04/11/2024	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: 04/11/2024 03:04 PM Entered By: [redacted]

Admin. Review

This is an ongoing case assigned to CM, [redacted] CM is awaiting autopsy 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:	2024-02-29 14:05:00	Contact Method:	
Contact Time:	02:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/29/2024
Completed date:	02/29/2024	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: 02/29/2024 02:05 PM Entered By: [redacted]

Admin. Review

This is an ongoing case assigned to CM, [redacted] CM is awaiting autopsy results.

Next Steps: CM [redacted] will complete Investigative tasks, as needed.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-26 17:15:00	Contact Method:	Face To Face
Contact Time:	05:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/28/2024
Completed date:	02/28/2024	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/28/2024 05:07 PM Entered By: [redacted]

CPSI [redacted] completed a home visit with the family on 2-26-24. CPSI [redacted] walked up to the door and observed [redacted] standing on a pot trying to get something off the counter in the kitchen. CPSI [redacted] knocked, and Ms. [redacted] came to the door. CPSI [redacted] asked for permission to enter the home. Ms. [redacted] the mother allowed CPSI [redacted] to enter the home. CPSI [redacted] explained to Ms. [redacted] the safety concern with [redacted] standing on a pot reaching for something. Ms. [redacted] stated that he likes to go in the cabinets and get her pots. CPSI [redacted] explained to Ms. [redacted] that she needed to get some safety locks for her cabinets to prevent any accidents. Ms. [redacted] stated that she would. CPSI [redacted] observed [redacted] and no bruises were seen on his arms nor legs.

CPSI [redacted] asked if Mr. [redacted] was home and she stated that she had just gotten off work and was in the bed. CPSI [redacted] asked Ms. [redacted] if she would ask him to come to the front to sign a release of information. Ms. [redacted] did go to the back and CPSI [redacted] explained to him the purpose of the release. Mr. [redacted] read the release and signed it. He then went back to his room. CPSI [redacted] asked about Ms. [redacted] Ms. [redacted] stated that she was in the hospital. Ms. [redacted] stated that he had been there for over a week. Ms. [redacted] she did not know when she was going to be discharged from the hospital.

CPSI [redacted] asked Ms. [redacted] if she had any questions or concerns, and she did ask how much longer the case would be open. CPSI [redacted] explained to her that the case could not be submitted for closure until the final autopsy was sent. Ms. [redacted] stated she understood. CPSI [redacted] observed the home and not was observed to be hazardous in the home. CPSI [redacted] thanked Ms. [redacted] for her time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-31 10:30:00	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/06/2024
Completed date:	02/06/2024	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: 02/06/2024 10:26 AM Entered By: [redacted]

Admin. Review

CM, [redacted] is waiting for autopsy reports. CM will follow up with family. CM will continue to assess case and complete Investigative tasks, as needed.

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:	2023-12-22 16:15:00	Contact Method:	Face To Face
Contact Time:	04:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	12/31/2023
Completed date:	12/31/2023	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/31/2023 07:52 PM Entered By: [redacted]

CPSI [redacted] stopped by the home to drop toys off for [redacted] CPSI [redacted] was allowed in the home by Ms. [redacted] was observed in his play area playing with toys. Ms. [redacted] thanked CPSI [redacted] for the toys for [redacted] CPSI [redacted] asked Ms. [redacted] how things and she were stated well. CPSI [redacted] asked Ms. [redacted] if she had any questions or concerns and she stated that she did not. CPSI [redacted] thanked her for her time and 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:	2023-11-28 17:00:00	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	11/29/2023
Completed date:	11/29/2023	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/29/2023 05:32 PM Entered By: [redacted]

CPSI [redacted] completed a visit with Ms. [redacted] to see how she was doing and visit with [redacted] CPSI [redacted] asked for permission to enter the home. Ms. [redacted] granted permission to CPSI [redacted] to enter the home. Ms. [redacted] stated that things were going well for her and the family. Ms. [redacted] stated that they had a good Thanksgiving. CPSI [redacted] observed [redacted] in his play area playing with toys. CPSI [redacted] did not observe any bruises on his arms or legs. Ms. [redacted] asked CPSI [redacted] how much longer her case will be open. CPSI [redacted] explained to Ms. [redacted] that the case will remain open until the autopsy report is received. Ms. [redacted] stated that she understood. CPSI [redacted] asked Ms. [redacted] if she had any other questions or concerns, and she stated that she did not. CPSI [redacted] did not observe anything hazardous in the home. CPSI [redacted] thanked the family for their time.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-11-14 16:00:00	Contact Method:	Attempted Face To Face
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	11/14/2023
Completed date:	11/14/2023	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/14/2023 02:12 PM Entered By: [redacted]

CPSI [redacted] attempted a home visit, but no one came to the door. CPSI [redacted] did observe a car in the driveway.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-10-23 17:30:00	Contact Method:	Face To Face
Contact Time:	05:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	10/30/2023
Completed date:	10/30/2023	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/30/2023 01:00 PM Entered By: [redacted]

CPSI [redacted] completed a visit with the family to see how they were all doing and get some paperwork signed. Ms. [redacted] welcome CPSI [redacted] into her home after CPSI [redacted] asked for permission. Mrs. [redacted] informed CPSI [redacted] that MR. [redacted] was asleep due to having to work. CPSI [redacted] observed Ms. [redacted] leaning over the kitchen table and Ms. [redacted] was cooking a pot of beans. Ms. [redacted] stated that things were getting a little back to normal as time go by. CPSI [redacted] observed [redacted] in his play area playing. He started crying when CPSI [redacted] was there because he wanted to get out. CPSi [redacted] asked Ms. [redacted] if she needed anything from the Department and she stated that she did not. CPSI [redacted] thanked the family for their time and 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:	2023-09-25 13:15:00	Contact Method:	Face To Face
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	09/29/2023
Completed date:	09/29/2023	Completed By:	[redacted]
Purpose(s):	Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/29/2023 04:33 PM Entered By: [redacted]

CPSI [redacted] completed a visit with Ms. [redacted] to see how she was doing and pick up the release of information on her husband. Ms. Simpon welcome CPSI [redacted] into her home. Ms. [redacted] started looking for the paperwork but could not find it. Ms. [redacted] apologized for misplacing the paperwork. CPSI [redacted] observed [redacted] in his play area playing with toys. He started pointing at toys. Ms. [redacted] stated that he was trying to show CPSI [redacted] his toys. CPSI [redacted] observed serval baby kittens in a crate in the home. CPSI [redacted] did not smell any cat urine in the home. CPSI [redacted] asked Ms. [redacted] if she needed anything from the Department and she stated that she did not. Ms. [redacted] stated that they were still trying to adjust to everything going on. CPSI [redacted] thanked Ms. [redacted] for her time and explained to her that she would come back later with another release of information.

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:	2023-08-16 13:33:00	Contact Method:	
Contact Time:	01:33 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/16/2023
Completed date:	08/16/2023	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: 08/16/2023 02:18 PM Entered By: [redacted]

Records were requested from Dr. [redacted] (pediatrician) on [redacted]

Records were requested from [redacted] on [redacted] and [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-08-16 12:35:00	Contact Method:	Face To Face
Contact Time:	12:35 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/16/2023
Completed date:	08/16/2023	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/16/2023 01:50 PM Entered By: [redacted]

TL [redacted] met with [redacted] at the [redacted] Co. DCS office. TL followed up with Ms. [redacted] regarding time that [redacted] was at [redacted] Hospital. Ms. [redacted] stated that [redacted] father, went with [redacted] and said that [redacted] bottle nipple was changed; he needed a "slow paced" nipple. Ms. [redacted] said that hospital changed [redacted] formula from regular Similac to Similac Pro Sensitive. She said that she had to get Parent Choice sometimes when [redacted] was using regular Similac and the store was out of regular Similac.

TL asked if Mr. [redacted] had gun cabinet or gun locks to secure his guns. She said that she thinks that he ordered a gun safe last night. TL told her that follow-up would be done with them next week to see if they had gun cabinet.

Next Steps: Follow up with family next week regarding gun safe

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:	2023-08-14 09:30:00	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/23/2023
Completed date:	08/23/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/23/2023 10:45 AM Entered By: [redacted]

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

The CPS investigation was assigned on 8/10/23 concerning the death of ACV [redacted] (6mo). It was reported [redacted] resided with his birth mother [redacted] birth father [redacted] and brother [ACV [redacted] 1yo] in [redacted] County. Additionally residing in the home were an adult brother [redacted] 21yo] and maternal grandmother [redacted]

On 8/10/23 the mother found [redacted] facedown and unresponsive in the bed where she and the infant had been co-sleeping. The mother alerted her adult son and 911 was called. CPR instructions were given to the mother and initiated while waiting on EMS to arrive. [redacted] was noted to be gray in color with no pulse and pronounced on scene. He was transported to the local ER. An autopsy was ordered with results pending. LE cited environmental and drug exposure concerns in the home including a crushed methadone pill in the bed according to the referral and loaded firearms propped against the wall in reach of the children. The father was at work at the time of the incident.

DCS responded to the home and noted some clutter, but no ENN concerns that were immediate safety concerns and could not be addressed. Father discharged the firearms and agreed to obtain proper storage. It was noted the family had pets but no concerns in relation to them. The pill noted in the home was not crushed, but appeared to have been split or halved. The mother reported she last fed [redacted] that morning between 6:30-7am and during which she cradled him then laid him down to sleep in the bed. She reported waking at 9am and finding him face down. Both parents stated [redacted] presented with no health concerns leading up to the incident, other than a groin hernia which they had already made an appointment to address on 8/29/23. They stated [redacted] was born 6 weeks premature but healthy. At one point he appeared to be having difficulty gaining weight and an appointment was made with the PCP and then [redacted] stayed a few days in [redacted] to address. TL is getting more information about that incident. The mother, father, and grandmother were each drug screened. The mother tested positive for methadone and benzodiazepines. The grandmother tested positive for methadone. Both the mother and grandmother reportedly currently go to a methadone clinic and TL is verifying. Pill counts were completed. The

Tennessee Department of Children's Services

Case Recording Summary

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

mother reported taking one Xanax following the incident due to stress. The father tested positive for suboxone. TL is getting more information about fathers history. It was noted a bassinet was present and available for the ACVs use in the parents bedroom and the older sibling slept in a pack-n-play in the same room.

Next Steps:
-- TL will request ACV and siblings birth and PCP records, and ACVs [redacted] records/discharge from previous low weight gain issue. Records will be reviewed and uploaded to TFACTS.
-- TL will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- TL will verify mother and grandmothers methadone Rx and treatment.
-- TL will address fathers suboxone positive through further assessment.
-- TL will follow-up with family regarding safe storage of firearms.
-- TL will document and upload autopsy/toxicology into TFACTS once received.
-- TL will complete Closing FAST prior to case closure.
-- TL 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:	2023-08-11 14:34:00	Contact Method:	
Contact Time:	02:34 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/11/2023
Completed date:	08/11/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/11/2023 02:40 PM Entered By: [redacted]

Medical records were requested from [redacted] GH on both [redacted] and [redacted]

Medical records were requested from [redacted] on [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:	Created In Error
Contact Date:	2023-08-11 13:11:00	Contact Method:	
Contact Time:	01:11 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/31/2025
Completed date:	03/31/2025	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/31/2025 03:02 PM Entered By: [redacted]

occurred on 8/10/23

Opening Summary

P1 referral with allegations of Abuse Death, Drug Exposed Child, Lack of Supervision and Environmental Neglect was assigned on 8/01/23.

Narrative Type: Created In Error Entry Date/Time: 03/31/2025 03:22 PM Entered By: [redacted]

occurred on 8/10/23

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:	2023-08-10 14:25:00	Contact Method:	Face To Face
Contact Time:	02:25 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	08/11/2023
Completed date:	08/16/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/11/2023 01:14 PM Entered By: [redacted]

Home Visit

Household Composition:
[redacted] mother
[redacted] father
[redacted] Ms. [redacted] adult son (age 21)
[redacted] ACV (deceased)
[redacted] ACV

TL, [redacted] followed LE to residence located at [redacted], TN. TL met with family regarding CPS referral with allegations of Drug Exposed Child, Environmental Neglect, Lack of Supervision and Abuse Death. TL spoke with [redacted] mother. Ms. [redacted] stated that she gave [redacted] a bottle at around 6:30 or 7:00 a.m. She then cradled him and laid down with him in her bed and went to sleep. Ms. [redacted] said that she saw that [redacted] was face down when she woke up around 9:00 a.m. She stated that she grabbed [redacted] ran to her mother's room and screamed for her son to call 911. Ms. [redacted] stated that she saw no concerns with [redacted] when he took his bottle. She said that he had a hernia since birth (in his groin area) and was had dr. appointment and was going to the doctor on 8/29/23. [redacted] was seeing Dr. [redacted] in [redacted] TN. and saw a doctor at [redacted] in May of this year. Ms [redacted] said that [redacted] had been admitted to [redacted] after she took him to Dr. [redacted] because he ([redacted] wasn't gaining weight. [redacted] was sent to [redacted] and he was in the hospital for 2-3 days.

Ms. [redacted] stated that she is on Methadone and goes to [redacted] Clinic in [redacted] Monday through Friday; she gets medication for Saturday and Sunday on Fridays because the clinic is closed on the weekends. She said that she started going to clinic January 2022 because she had an addiction to pain pills. She reported that she takes no other medications

Tennessee Department of Children's Services

Case Recording Summary

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

but did take a Xanax when they returned home from the hospital today after [redacted] passed away. She stated that she had 1 Xanax and took it because she was dealing with a lot due to losing her child. She reported that she didn't have prescription for Xanax and had none left. Mother submitted to UDS and was positive for Benzodiazipine and Methadone.

TL [redacted] met with [redacted] Ms. [redacted] mother. Ms. [redacted] said that her daughter came into her room and was hysterical because she couldn't get the baby to wake up. Ms. [redacted] said that her grandson called 911 and they (medical personnel) gave her daughter instructions on what to do; grandson put the phone on speaker. Ms. [redacted] reported that she has prescriptions for blood pressure, stomach, heart, anti-depressant and pain; she gets medication from Methadone clinic each week and goes to same clinic as her daughter. TL observed the following medications and pill count was done: Metoprolol, Lisinopril and Sertraline.

TL met with [redacted] father. Mr. [redacted] reported that [redacted] had no health concerns. He said that [redacted] has some mucus 2-3 months ago but the doctor said that [redacted] lungs were clear. Mr. [redacted] stated that he was at work at time of incident and was notified around 10:00 or 10:30 a.m. that [redacted] has passed away. Mr. [redacted] submitted to UDS and was positive for Suboxone. He stated that he had old prescription.

TL met with [redacted] who stated that he called 911 around 9:00 a.m. [redacted] said that his mother yelled for him to call 911 and he put the phone on speaker and they (medical personnel) directed his mother in CPR.

ACV observation: TL observed [redacted] being held by [redacted] during the home visit. No interview was done due to age of the child. [redacted] was sucking his pacifier. He was later given a bottle and was laid down in his pack and play.

Observations: The home environment was observed to have clutter in the living room, parents' bedroom, grandmother's bedroom and another bedroom used for storage. TL observed 3 guns owned by Mr. [redacted] that were located in the living room. Mr. [redacted] said that guns were loaded that had previously been in the bedroom. TL and LE observed Mr. [redacted] when he removed ammunition from the guns and stored it separate from the guns. TL advised him to get gun cabinet or safe to keep weapons secured and away from ACV, [redacted] He stated that he should be able to get something to secure guns next week.

Next Steps: Medical records will be requested.

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:	2023-08-10 14:20:00	Contact Method:	Face To Face
Contact Time:	02:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	03/31/2025
Completed date:	03/31/2025	Completed By:	[redacted]

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/31/2025 03:24 PM Entered By: [redacted]

Referent Interview

TL [redacted] spoke to referent regarding CPS referral. Referent had no additional information.

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:	2023-08-10 13:11:00	Contact Method:	
Contact Time:	01:11 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/31/2025
Completed date:	03/31/2025	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/31/2025 03:21 PM Entered By: [redacted]

Opening Summary

P1 referral with allegations of Abuse Death, Drug Exposed Child, Lack of Supervision and Environmental Neglect was assigned on 8/01/23.

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: 08/10/2023

Assignment Date: 06/20/2025

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]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 05/27/2025
2	[redacted]	[redacted]	Environmental Neglect	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 05/27/2025
3	[redacted]	[redacted]	Environmental Neglect	[redacted]	[redacted] 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 05/27/2025
4	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 05/27/2025
5	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 05/27/2025
6	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 05/27/2025

Department of Children's Services

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

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

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse CSEM	Classified By Classified
7	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 05/27/2025
8	[redacted]	[redacted]	Environmental Neglect	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[redacted] 05/27/2025
9	[redacted]	[redacted]	Abuse Death	Unknown, Unknown		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] 05/27/2025

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: There is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted]

D. Case Workers

Case Worker: [redacted] Date: 05/27/2025

Team Leader: [redacted] Date: 05/28/2025

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:

ACV observation: TL observed [redacted] being held by [redacted] during the home visit. No interview was done due to age of the child. [redacted] was sucking his pacifier. He was later given a bottle and was laid down in his pack and play.

Observations: The home environment was observed to have clutter in the living room, parents' bedroom, grandmother's bedroom and another bedroom used for storage. TL observed 3 guns owned by Mr. [redacted] that were located in the living room. Mr. [redacted] said that guns were loaded that had previously been in the bedroom. TL and LE observed Mr. [redacted] when he removed ammunition from the guns and stored it separate from the guns. TL advised him to get gun cabinet or safe to keep weapons secured and away from ACV, [redacted] He stated that he should be able to get something to secure guns next week.

Department of Children's Services

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

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

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

Autosy was completed and no evidence was found to support allegation of Abuse Death.

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

Ms. [redacted] mother, stated that she gave [redacted] a bottle at around 6:30 or 7:00 a.m. She then cradled him and laid down with him in her bed and went to sleep. Ms. [redacted] said that she saw that [redacted] was face down when she woke up around 9:00 a.m. She stated that she grabbed [redacted] ran to her mother's room and screamed for her son to call 911. Ms. [redacted] stated that she saw no concerns with [redacted] when he took his bottle. She said that he had a hernia since birth (in his groin area) and was had dr. appointment and was going to the doctor on 8/29/23. [redacted] was seeing Dr. [redacted] in [redacted] TN. and saw a doctor at [redacted] in May of this year. Ms. [redacted] said that [redacted] had been admitted to [redacted] after she took him to Dr. [redacted] because he ([redacted] wasn't gaining weight. [redacted] was sent to [redacted] and he was in the hospital for 2-3 days.

Ms. [redacted] stated that she is on Methadone and goes to [redacted] Clinic in [redacted] Monday through Friday; she gets medication for Saturday and Sunday on Fridays because the clinic is closed on the weekends. She said that she started going to clinic January 2022 because she had an addiction to pain pills. She reported that she takes no other medications but did take a Xanax when they returned home from the hospital today after [redacted] passed away. She stated that she had 1 Xanax and took it because she was dealing with a lot due to losing her child. She reported that she didn't have prescription for Xanax and had none left. Mother submitted to UDS and was positive for Benzodiazipine and Methadone.

[redacted] Ms. [redacted] said that her daughter came into her room and was hysterical because she couldn't get the baby to wake up. Ms. [redacted] said that her grandson called 911 and they (medical personnel) gave her daughter instructions on what to do; grandson put the phone on speaker. Ms. [redacted] reported that she has prescriptions for blood pressure, stomach, heart, anti-depressant and pain; she gets medication from Methadone clinic each week and goes to same clinic as her daughter. TL observed the following medications and pill count was done: Metoprolol, Lisinopril and Sertraline.

[redacted] father. Mr. [redacted] reported that [redacted] had no health concerns. He said that [redacted] has some mucus 2-3 months ago but the doctor said that [redacted] lungs were clear. Mr. [redacted] stated that he was at work at time of incident and was notified around 10:00 or 10:30 a.m. that [redacted] has passed away. Mr. [redacted] submitted to UDS and was positive for Suboxone. He stated that he had old prescription.
[redacted]

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

Per CPS referral: On Thursday, 8/10/2023, at 9:10 AM, the [redacted] County Sheriff's Office received a call regarding a 5-month-old child not breathing with CPR in progress. At 9:20 AM, Officers arrived at the home and observed that [redacted] was on the floor of [redacted] room receiving CPR from an EMT that had responded to the scene prior to the officer. Law Enforcement observed that [redacted] was grey, not moving, and had no pulse. On 8/10/2023 at 10:01 AM, [redacted] was pronounced deceased. Law Enforcement observed a scratch on [redacted] right ear; however, it is unknown what caused this injury. [redacted] body was transported via ambulance to the [redacted] Emergency Room. [redacted] death is currently an active investigation. Per referral, the home was observed to be dirty with piles of items everywhere.

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

There is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted]

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

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 08/10/2023**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** In the Home
Risk Level: Moderate Need/Risk	
Event Start Date: 07/11/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 08/11/2023	**Approver:** [redacted]

PARTICIPANTS

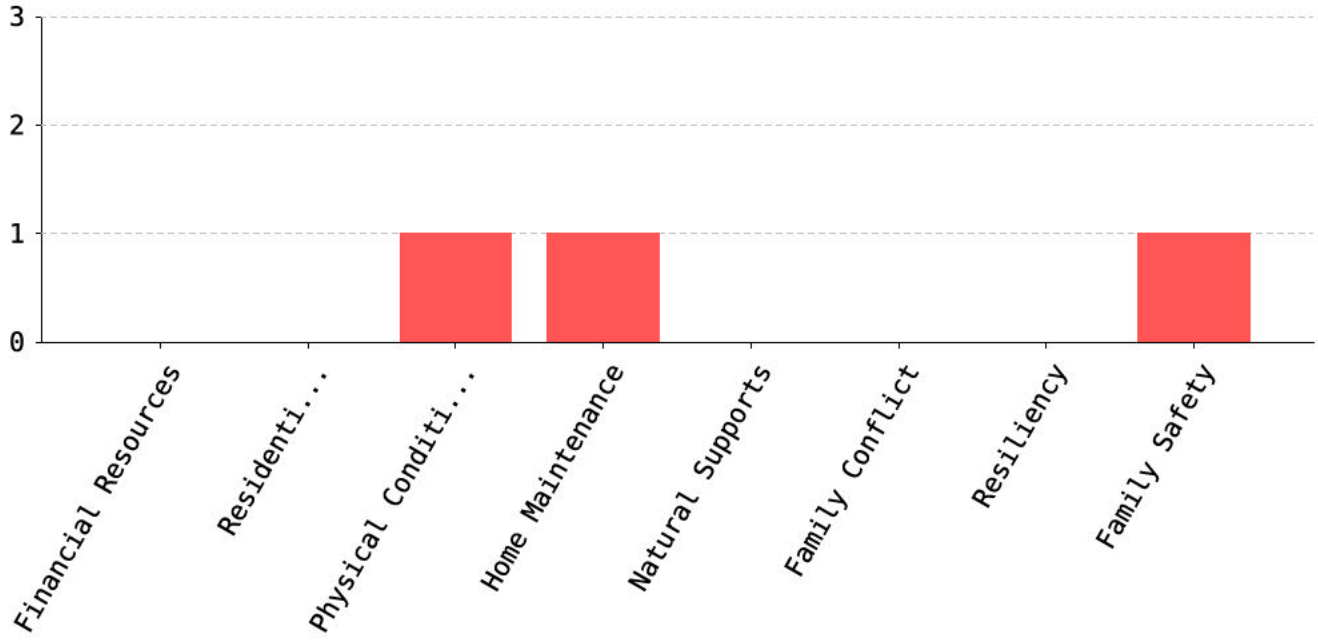
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	1 Yr 6	Youth	M	[redacted]	0	Low
[redacted]	21 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] (AP)	71 Yrs	Caregiver	F	[redacted]	N/A	N/A
[redacted] (AP)	42 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted]	Deceased	Youth	M	[redacted]	3	Low
[redacted] (AP)	41 Yrs	Caregiver	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
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).

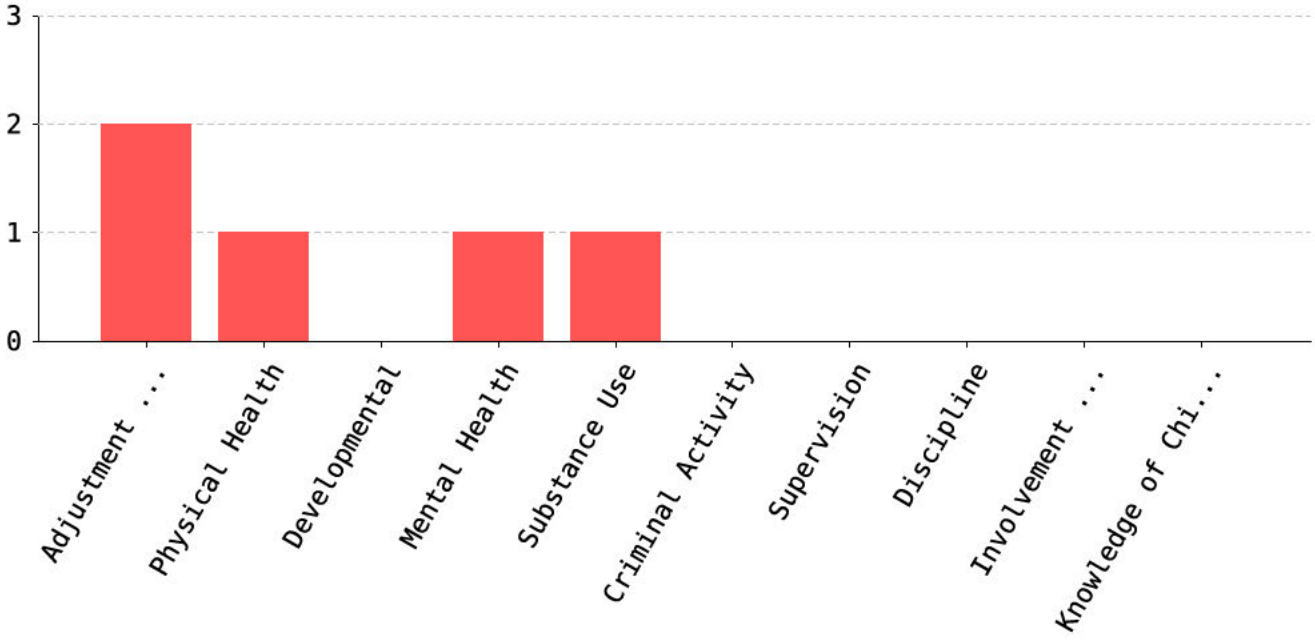


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	1	Clutter was observed in several of the rooms (clothing and items were stacked against the wall). One room was full of clutter but father reported that room was for storage.
Home Maintenance	1	Clutter was observed in several of the rooms (clothing and items were stacked against the wall). One room was full of clutter but father reported that room was for storage.
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	1	The mother had bassinet for [redacted] but reported that she kept him in the bed with her after giving him a bottle, instead of returning him to his bed.

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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

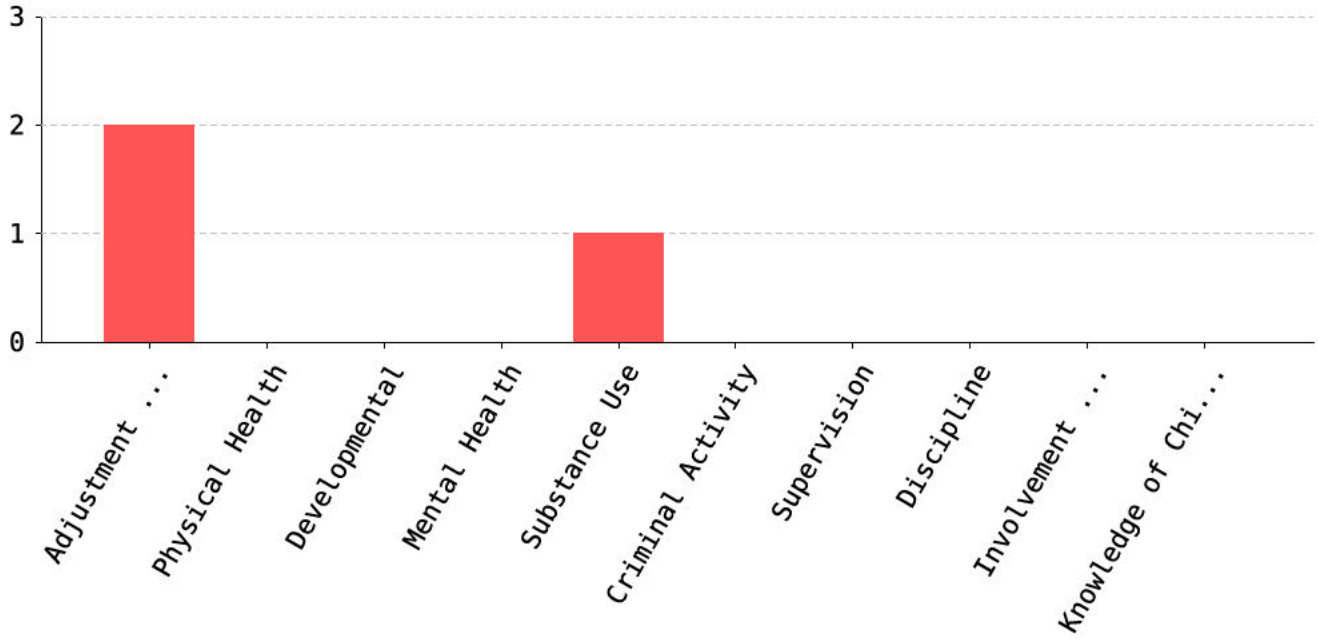


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	[redacted] [redacted] Ms. [redacted] grandson, passed away on 8/10/23.
Physical Health	1	Ms. [redacted] reported that she takes medication for blood pressure, stomach issues, heart and takes an anti-depressant.
Developmental	0	
Mental Health	1	Ms. [redacted] reported that she takes an anti-depressant.
Substance Use	1	Ms. [redacted] tested positive for Methadone on UDS administered to her on 8/10/23. She reported that she goes to Methadone clinic each week.
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:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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

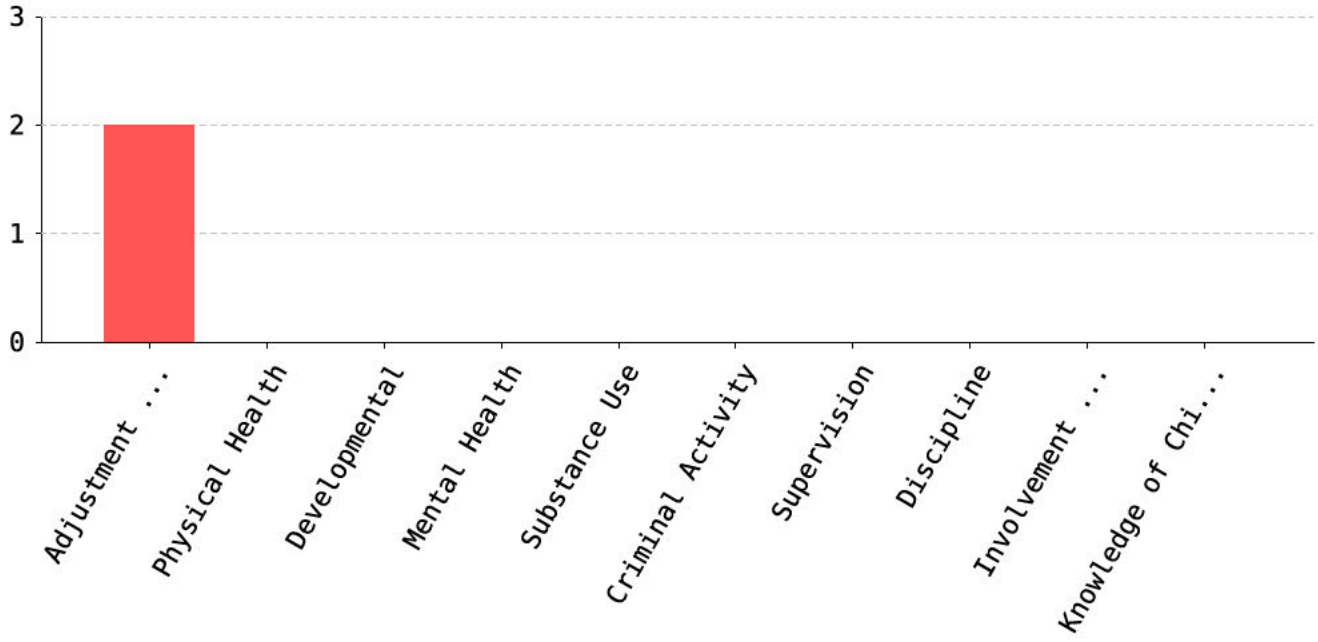


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	[redacted] [redacted] Mr. [redacted] son, passed away on 8/10/23. Child was found unresponsive in bed with mother.
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	1	Father was positive for Suboxone on UDS administered on 8/10/23. He reported that he had an old prescription.
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:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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

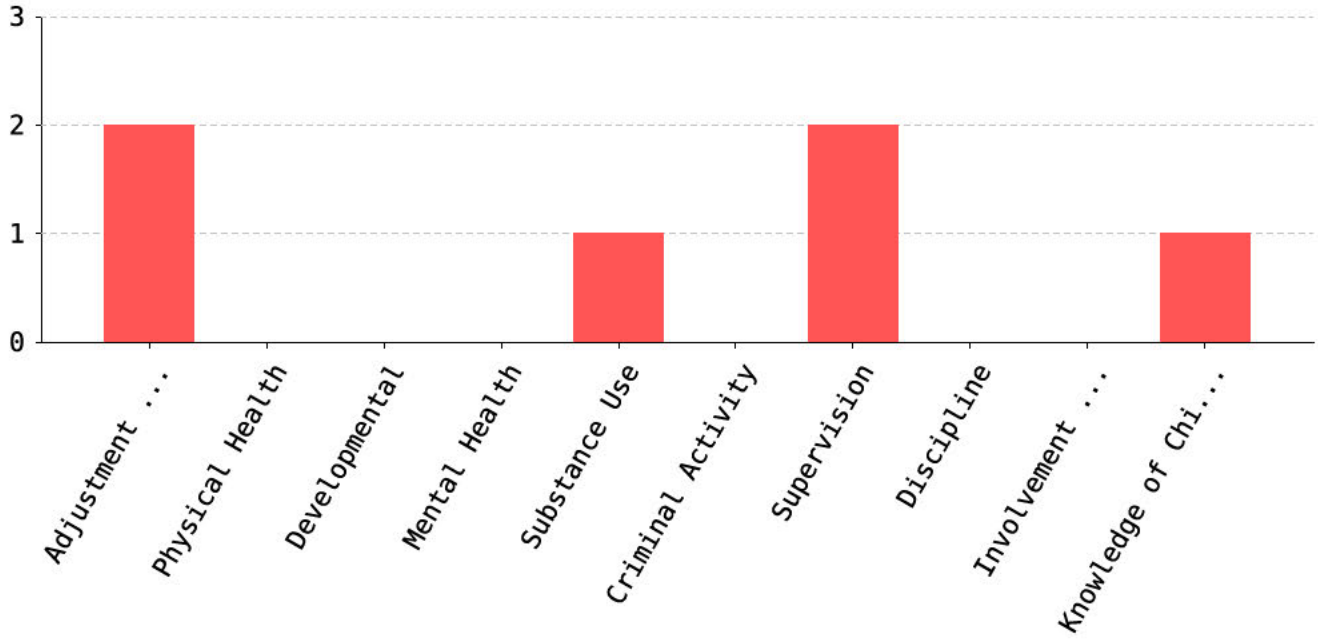


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	[redacted] passed way on 8/10/23. He found unresponsive in bed with his mother.
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	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:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	[redacted] child, passed way on 8/10/23. He was found unresponsive in bed with his mother, [redacted]
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	1	Mother was positive for Benzos and Methadone on UDS administered to her on 8/10/23. Mother reports that she goes to Methadone clinic each week. She reported taking a Xanax after she returned home from hospital on 8/10/23 due to trauma of losing her child, [redacted] She reported hat she had 1 pill and did not have prescription; she reported having no other Xanax pills.
Criminal Activity	0	
Supervision	2	The mother had bassinet for [redacted] but reported that she kept him in the bed with her after giving him a bottle, instead of returning him to his bed.
Discipline	0	
Involvement in Caregiving Functions	0	

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

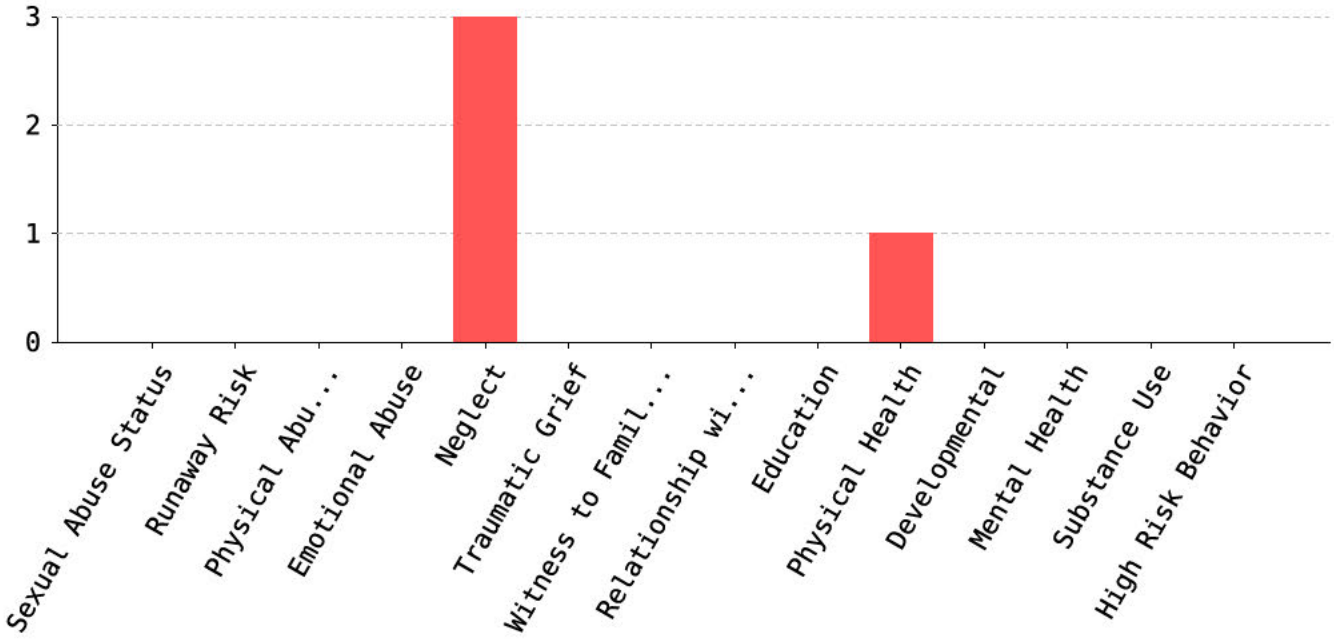
Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Knowledge of Child and Family Needs	1	The mother had bassinet for [redacted] but reported that she kept him in the bed with her after giving him a bottle, instead of returning him to his bed.

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	3	[redacted] [redacted] passed away on 8/10/23. He was found unresponsive on bed with his mother. Mother reported that she gave him a bottle and kept him in bed with her instead of returning him to his bassinet.
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	1	Mother reported that [redacted] had a hernia in his groin area. They were being seen by doctor at [redacted] regarding matter.

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

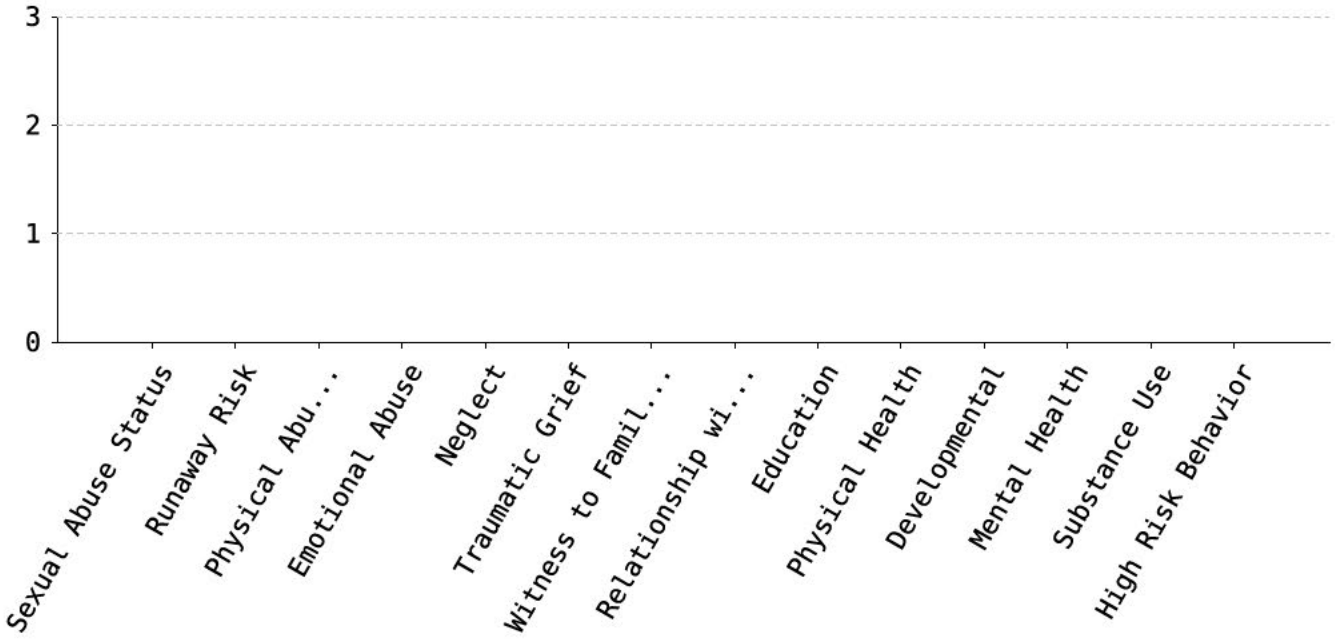
Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Developmental	0	
Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted] [redacted] (CSEM)	Person ID: [redacted]	Age:1 Yr 6 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	
Physical Health	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 08/10/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	