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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 11/09/2023 12:37 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 11/09/2023

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted] South Central

Date/Time Assigned : 11/09/2023 12:00 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 11/09/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 11/09/2023 12:00 AM

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 11/09/2023 12:00 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 11/09/2023 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 11/09/2023 12:00 AM

Allegations

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

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [redacted]
*Extensive Case History found under [redacted] (PID [redacted]

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

Associated Case IDs: [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: ASMT [redacted] / DEC, LOS / 2023-10-09 / no classification / CM [redacted] Supe. [redacted]
Substantiated: INV [redacted] / ABN / AP: [redacted] / ASPU / 2019-11-10
Death: No
Screen Outs: No

History (not listed above): No

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

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (1) and [redacted] (3 months) live with their mother, [redacted] (20), in [redacted] County. Their maternal grandmother is [redacted] (74). Their father is unknown.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
No, Immediate Assistance is not being requested.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On Monday, 10/9/2023, DCS received referral #[redacted] regarding [redacted] and [redacted] The referral was assigned to Case Manager [redacted] as Case #[redacted] for Allegations of Lack of Supervision and Drug Exposed Child with the Alleged Perpetrator being [redacted] The following information comes from a Case recording dated on Thursday, 10/12/2023 @ 10:30 AM:

On Wednesday, 10/11/2023, CM [redacted] went to the home concerning the referral that was received. Upon arrival, CM [redacted] spoke with [redacted] about the purpose of the visit. CM [redacted] informed [redacted] that in the referral there were noted to be two children in the home but that only [redacted] was present at that time. [redacted] responded by informing CM [redacted] that [redacted] had passed away on Thursday, 9/21/2023. [redacted] reported that she had put [redacted] down for a nap and when [redacted] had gone to check on [redacted] that [redacted] found [redacted] not breathing. [redacted] was taken out of his crib and placed on the floor: CPR was started and 911 was called. It is unknown for certain who put [redacted] on the floor, who started CPR, or who called 911. [redacted] was transported to [redacted] Medical Center where he was pronounced deceased. It is unknown how [redacted] passed away. There were no further details given. The funeral was held at the [redacted] County Funeral home and then [redacted] body was cremated. It was documented that there were no concerns for the home.

CM [redacted] has received copies of the autopsy. According to the medical records received from the hospital, there was bruising noted on [redacted] body in the "flank" area, but it is unknown what side of the body this was on. There have not been any reported concerns for bruising to [redacted] On Sunday, 10/8/2023, [redacted] entered [redacted] Hospital for rehab. CM [redacted] has been in contact with the Staff at [redacted] discharge date is unknown. It is unknown what initially made [redacted] go to rehab.

A report is being made today because a report had not been made prior about [redacted] death. Although it is not in CM [redacted] Case Recording, Law Enforcement was dispatched to the home on the Date of Incident and it is assumed that [redacted] had been transported via EMS to [redacted] Medical Center.

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

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

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

Intake Notation: No
Screener Notation: No

Emailed/Paged CPSI On Call: Yes (email)

Emailed Child Death/PND Distribution Group, included Child Programs Regional Director [redacted] (interim)

Investigation Track - P1 Child Death
[redacted], CAH Director, on 11/9/23 @ 3:17pm

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: 76 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: White | Age: Deceased

Address: [redacted] Tennessee [redacted]

Deceased Date: 09/21/2023

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: grandmother [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] [redacted]

Gender: Female
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race:
Age: 22 Yrs
Address:
Deceased Date:
School/ ChildCare Comments:

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

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

Gender: Male

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 3 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

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

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-07-24 16:03:00	Contact Method:	
Contact Time:	04:03 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/24/2025
Completed date:	07/24/2025	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: 07/24/2025 04:03 PM Entered By: [redacted]

Death summary approved for closure.

On November 9, 2023; the Department of Childrens Services received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] (3 months). The alleged perpetrator was unknown at the time of the referral, but was later identified as birth mother, [redacted] This investigation was assigned to Child Protective Service Case Manager [redacted] by Lead Investigator [redacted] This case was worked in conjunction with [redacted] County Sheriffs Department Investigator [redacted] and [redacted] County District Attorney Investigator [redacted] There was a prior case open regarding DEC and LOS against Ms. [redacted] on October 9, 2023, [redacted] was listed as the ACV. DCS Case Manager [redacted] initiated that investigation.
[redacted] (3 months) lived at home with his birth mother [redacted] his brother [redacted] (2), his maternal uncle [redacted] his maternal grandmother [redacted] and his grandmothers paramour [redacted] at the time of his death. [redacted] birth father is unknown.
On October 11, 2023, DCS Case Manager [redacted] responded to the family home for a case alleging drug exposure by Ms. [redacted] against [redacted] (2) and [redacted] Upon speaking with Ms. [redacted] Case Manager [redacted] learned [redacted] had passed away on September 21, 2023. Ms. [redacted] stated [redacted] was found unresponsive in his crib. Ms. [redacted] reported that 911 was called, CPR was started, and [redacted] was transported by ambulance to [redacted] Medical Center where he was pronounced deceased. Records from [redacted] Medical Center noted bruising to [redacted] body. Ms. [redacted] reported [redacted] body was cremated. It was also reported to Case Manager [redacted] that Ms. [redacted] checked herself into rehab at [redacted] Hospital in [redacted] on October 8, 2023, for unknown reasons. Law Enforcement did respond to the home on the night of [redacted] death; however, a referral to the Department of Childrens Service was not made at that time.
On November 9, 2023, Case Manager [redacted] spoke with [redacted] County Investigator [redacted] via phone. Investigator [redacted] stated he responded to [redacted] Medical Center on September 21, 2023, and took photographs of [redacted] after his death. Investigator [redacted] stated he noticed small bruises in various stages of healing on [redacted] rib cage. Investigator [redacted] stated [redacted] mother Ms. [redacted] and [redacted] grandmother, Ms. [redacted] both stated the bruising was caused by [redacted] poking [redacted] Investigator [redacted] stated the size of the bruises were consistent with the explanation given by the family. On November 13, 2023, Case Manager [redacted] received the photographs from the night of

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

[redacted] death from Investigator [redacted] Case Manager [redacted] noted in one of the photographs from Ms. [redacted] bedroom, two doses of Narcan are visible on a table and there were CBD products within reach of [redacted]

On November 9, 2023, Case Manager [redacted] interviewed Ms. [redacted] at the family home. Ms. [redacted] stated Ms. [redacted] is currently at [redacted] Center in [redacted] Ms. [redacted] stated Ms. [redacted] lost it after [redacted] death and began using drugs but reported she did not know what drug Ms. [redacted] was using. Ms. [redacted] stated on September 21, 2023, she was taking care of [redacted] and [redacted] during the day while Ms. [redacted] was at work in [redacted] Ms. [redacted] reported [redacted] was running a fever, but she was unsure what his temperature was as the family did not have a working thermometer. Ms. [redacted] stated [redacted] felt warm to the touch so she took his clothes off and gave him medication to reduce the fever. Ms. [redacted] stated she fed and diapered [redacted] before Ms. [redacted] took him into her bedroom for the night. Ms. [redacted] stated a few hours later, Ms. [redacted] ran of the room yelling that the baby was dead. Ms. [redacted] stated they placed [redacted] on the floor and performed CPR until the ambulance arrived.

On November 10, 2023, Case Manager [redacted] interviewed Ms. [redacted] via phone while she was in-patient at [redacted] Center in [redacted] Ms. [redacted] stated upon returning home from work, she ate dinner and played with [redacted] before taking [redacted] into her bedroom to love on him. Ms. [redacted] stated she fed and diapered [redacted] and placed him in his crib for the night. Ms. [redacted] stated she woke up around 11: 45 pm and checked on [redacted] and discovered he was gone. Ms. [redacted] reported the family performed CPR and thick green mucus came from [redacted] nostrils and mouth for the longest time. Ms. [redacted] stated after [redacted] death, she lost herself and began using fentanyl. Ms. [redacted] reported her drug use took place from September 23, 2023, to October 8, 2023.

On June 3, 2024, the final autopsy was received for [redacted] The autopsy stated, Autopsy reveals healing bruises on the sides of the abdomen. A single bruise is on the upper back. Postmortem toxicology test of two different tubes of heart blood reveals fentanyl. Further investigation revealed that the mother was addicted to fentanyl and was treated. The cause of death is acute fentanyl intoxication. It is unclear if the child was given fentanyl intentionally or if the drug was accidentally administered to him. The manner of death is best described as could not be determined.

On June 28, 2024, Case Manager [redacted] presented this case to the [redacted] County Child Protective Investigative Team. The team was in agreement that there was a preponderance of evidence to support the allegation of Abuse Death against [redacted] by Ms. [redacted] The allegation of Abuse Death by Unknown was unsubstantiated due to the perpetrator being identified as Ms. [redacted]

Per Department of Childrens Services Policy Work Aid 1, Section G:
Child death is defined as:

- Any child death caused by abuse or neglect.
- Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- 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.

Per Department of Childrens Services Policy Work Aid 1, Section B:
Drug Exposed Child 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.

Severe forms of this allegation include but is not limited to:

- The manufacturing of methamphetamine where children are present, or in close proximity.

Tennessee Department of Children's Services

Case Recording Summary

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.

Per Department of Childrens Services Policy Work Aid 1, Section A:
Physical Abuse is defined as any non-accidental physical injury or trauma that could cause injury inflicted by a parent, legal custodian, relative or any other person who is responsible for the care, supervision or treatment of the child. Physical abuse also includes, but is not limited to:

- A parent or legal custodian/caretakers failure to protect a child from another person who perpetrated physical abuse on a child.
- Injuries, marks and/or bruising that go beyond temporary redness or are in excess of age-appropriate corporal punishment. (e.g., a bruise, broken bone, cut, burn)
- Violent behavior by the parent or legal custodian/caretaker that demonstrates a disregard for the presence of a child and could reasonably result in serious injury. Striking (hitting, kicking, punching, slapping, etc.) a child in such a way that would result in internal injury. Factitious Disorder Imposed on Another (FDIA), formerly known as Munchausen by Proxy Syndrome could be considered physical abuse, medical neglect, or psychological abuse.

There is a preponderance of evidence that supports the substantiation of Abuse Death against Ms. [redacted] This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Abuse Death and Drug Exposed Child against Ms. [redacted] This case is also being classified as Allegation Substantiated, Perpetrator Unknown for Physical Abuse against Unknown and Allegation Unsubstantiated, Perpetrator Unsubstantiated for Abuse Death against Unknown.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-26 11:45:00	Contact Method:	
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/26/2025
Completed date:	03/26/2025	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: 03/26/2025 12:13 PM Entered By: [redacted]

Case reviewed. All investigative tasks have been completed on this case. Case Manager will enter all case recordings for the face to face visits and other tasks completed as the case recordings are behind. The Closing Case Summary has been typed but not submitted for review or approval. Case Manager will send the case summary to the Team Leader and Team Coordinator for review. Case Manager will ensure that all documents are uploaded into TFACTS. Case Manager will prepare this case for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-11 17:35:00	Contact Method:	
Contact Time:	05:35 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/05/2025
Completed date:	05/05/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/05/2025 01:02 PM Entered By: [redacted]

[redacted] was arrested by the [redacted] County Sheriff's Department for charges relating to the death of [redacted] These charges include reckless homicide and child abuse.

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:	2025-02-18 09:15:00	Contact Method:	
Contact Time:	09:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/26/2025
Completed date:	03/26/2025	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: 03/26/2025 12:10 PM Entered By: [redacted]

Case reviewed. A new case was opened due to mother giving birth. Both mother and child tested positive for non-prescribed medications (Opioids). The child was brought into foster care from the hospital due to a lack of an appropriate non-custodial placement being located. This new case was also Severe and was presented to CPIT with the team agreeing to the classification of Allegation Substantiated/Perpetrator Substantiated for the allegation of Drug Exposed Child. Case Manager will need to update all case recordings and complete the Closing Summary on this case for review, Case Manager will complete a current face to face and prepare this case for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-14 10:15:00	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/26/2025
Completed date:	03/26/2025	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: 03/26/2025 11:50 AM Entered By: [redacted]

Case reviewed. This case will need to be presented to CPIT this month. Case Manager will ensure that it is referred for prosecution. It was reported that mother had been at an in-patient facility but had left against medical advice. Case Manager will ensure that all documents are uploaded and all documentation is entered. The court case was closed on December 16th, 2024 with the Department being relieved of all efforts regarding the family due to the Severe Abuse finding. Case Manager will complete a current face to face and ensure that any needed services or assistance is in place for the children.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-13 09:30:00	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/26/2025
Completed date:	03/26/2025	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: 03/26/2025 11:43 AM Entered By: [redacted]

Case reviewed for compliance. The autopsy has been received, showing Acute Fentanyl Intoxication as the Cause of Death. No Manner of Death was noted as it could not be determined. Case Manager will present this case to CPIT. This case will be referred for prosecution. Police have been attempting to locate mother without success. Court was held on December 16th for the Adjudication in this matter. The Adjudication and Disposition were waived with a Severe finding against mother. The remaining children were divested to their custodians.

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:	2024-11-26 13:15:00	Contact Method:	Face To Face
Contact Time:	01:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	01/13/2025
Completed date:	01/13/2025	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: 01/13/2025 10:12 AM Entered By: [redacted]

On November 26, 2024, Case Manager [redacted] went to [redacted] in [redacted] where [redacted] has been placed with a family friend, [redacted] Case Manager [redacted] was invited into the home by the family friend. Case Manager [redacted] attempted to speak with [redacted] however, he did not want to say anything, all he did was nod or shake his head. [redacted] was able to let Case Manger [redacted] that he was doing good. Throughout the visit, [redacted] was very interested in Case Manager [redacted] computer and badge. [redacted] seemed very happy with the family friend that has been taking care of him. The family friend stated that [redacted] seems to have adjusted just fine since moving in with her and her husband. The family friend stated that she is working on getting [redacted] to start talking more. [redacted] appeared to be clean, wearing a black sweatshirt with black and white pants. There were no visible marks or bruises on [redacted]

[redacted] showed Case Manager [redacted] around the home. The home has two bedrooms, one bathroom, a living room and a kitchen. The home was a little messy and cluttered, however, the family was still moving into the home and there was nothing of any concern.

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:	2024-11-07 15:00:00	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/07/2024
Completed date:	11/07/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/07/2024 03:08 PM Entered By: [redacted]

Case reviewed this date. There have been no updates on this case. Mother does not have any visitation with the child who are safety placed. Mother has not engaged in any service and has not maintained communication with DCS. There are current Temporary Restraining Orders in place for mother, maternal grandmother and her paramour. The sibling is currently safety placed with family friend, [redacted] Case Manager will ensure all documents are uploaded and all recordings are up to date. Case Manager will complete the Closing Case Summary and prepare this case for review for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-10-25 10:05:00	Contact Method:	Face To Face
Contact Time:	10:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	11/15/2024
Completed date:	11/15/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/15/2024 01:44 PM Entered By: [redacted]

Case Manager [redacted] arrived at the placement home at [redacted] in [redacted] on October 25, 2024 around 10:05AM. Case Manager [redacted] was met at the door by Ms. [redacted] who allowed entry into the home. Present in the home at the time of the visit were Ms. [redacted] and [redacted] was observed to be clean and free from any marks or bruises indicative of abuse.

Ms. [redacted] reported that they are moving to [redacted] in the coming days. Ms. [redacted] stated that the new home has a yard for [redacted] to play in and [redacted] will have his own bedroom. Ms. [redacted] stated that she is working on getting [redacted] developmental therapy moved to [redacted] County. Ms. [redacted] reported that [redacted] is on the waiting list for Head Start in [redacted] County as well. Ms. [redacted] reported no additional needs at this time. Case Manager [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:	2024-10-15 11:15:00	Contact Method:	
Contact Time:	11:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/12/2024
Completed date:	11/12/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/12/2024 11:56 AM Entered By: [redacted]

Case reviewed this date. This case has been presented to CPIT after the autopsy had been received. Mother current location is unknown and both the case manager and police are actively looking for mother. Police report that they want to interview mother prior to DCS in order to further the possible criminal case. [redacted] remains safety placed at this time and mother has no contact currently. Mother continues to not engage in any services through the court. Case Manager will ensure all case recordings are completed and all documentation is uploaded appropriately.

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:	2024-09-30 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	11/15/2024
Completed date:	11/15/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/15/2024 01:27 PM Entered By: [redacted]

Case Manager [redacted] arrived at the placement home at [redacted] in [redacted] on September 30, 2024 around 9:00AM. Case Manager [redacted] was met at the door by Ms. [redacted] who allowed entry into the home. Present in the home at the time of the visit were Ms. [redacted] and [redacted] Ms. [redacted] reported that [redacted] is doing very well. Ms. [redacted] stated that [redacted] has developmental therapy twice a week in the home. Ms. [redacted] stated that [redacted] loves his therapist and is participating fully in the therapy.

Case Manager [redacted] observed [redacted] to have a small bruise on his lower lip. Ms. [redacted] reported that [redacted] fell going up the slide at the playground. Case Manager [redacted] observed [redacted] to have no additional marks or bruises indicative of abuse. Case Manager [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:	2024-09-26 12:15:00	Contact Method:	
Contact Time:	12:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/26/2024
Completed date:	09/26/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/26/2024 12:28 PM Entered By: [redacted]

Case reviewed this date. Mother has not engaged in any services at this time. Mother's current location is currently unknown. There is a no-contact order in place between mother and the surviving child, [redacted] is currently safety placed through a DCS petition with a family friend, [redacted] is reported to be doing well in this placement, and there is currently in-home developmental therapy due to concerns regarding [redacted] being "behind", as recommended by his pediatrician, [redacted] Pediatrics. [redacted] is also awaiting speech therapy and an autism screening, as he is on the waiting list for both of these services. Police are still in discussions with the District Attorney's office regarding possible charges. This case has been presented to CPIT with the team agreeing to the classification of Allegation Substantiated/Perpetrator Substantiated for the allegation of Abuse Death in regards to [redacted] Case Manager will complete the closing Fatality Summary for review. Case Manager will complete current face to face contact with [redacted] and document such contacts. Case Manager will ensure that all pertinent documents are uploaded in this 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:	2024-08-30 08:30:00	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	09/03/2024
Completed date:	09/03/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2024 04:14 PM Entered By: [redacted]

Department of Children's Services Case Manager [redacted] presented this case at the [redacted] County Child Protective Investigative Team meeting.

Members present were:
[redacted] County Child Advocacy Center
[redacted] County Child Advocacy Center
[redacted] County Child Advocacy Center
[redacted] Police
[redacted] County Sheriffs Office
[redacted] City Police
[redacted] DCS Lead Investigator

Allegation: Drug Exposed Child
Alleged Child Victim: [redacted]
Alleged Perpetrator: [redacted]
Classification Decision: It was agreed to classify this case as Allegation Substantiated/Perpetrator Substantiated

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:	2024-08-28 11:00:00	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	09/03/2024
Completed date:	09/03/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2024 04:11 PM Entered By: [redacted]

Case Manager [redacted] arrived at the placement home at [redacted] in [redacted] on August 28, 2024 around 11:00AM. Case Manager [redacted] was met at the door by Ms. [redacted] who allowed entry into the home. Present in the home at the time of the visit were Ms. [redacted] and [redacted] Ms. [redacted] stated that [redacted] is completing developmental therapy in the home once a week. Ms. [redacted] reported that [redacted] is on the waiting list for speech therapy and for Autism screening. Ms. [redacted] stated that [redacted] is "speaking more", but reported that he will not say things unprompted.

Case Manager [redacted] observed a bruise and a scab on [redacted] chin. Ms. [redacted] stated that [redacted] was playing at the playground and fell going up the stairs. Ms. [redacted] stated that she "cried as much as her did" and thought he would need to get stitches. Ms. [redacted] stated that the wound stopped bleeding on its own and it does not seem to be bothering [redacted] was clean, dressed appropriately, and free from any additional marks or bruises indicative of abuse. Case Manager [redacted] thanked Ms. [redacted] and [redacted] 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:	2024-08-27 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/27/2024
Completed date:	08/27/2024	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: 08/27/2024 11:07 AM Entered By: [redacted]

Case reviewed this date. The autopsy has been received on this case. The Investigator assigned to this case reported that he would present this case to the District Attorney regarding seeking out a Grand Jury Indictment against mother. [redacted] remains safety placed at this time with mother having no visitation at this time due to mother's non-compliance with treatment. An amended petition has been filed alleging Severe Drug Abuse against mother that resulted in [redacted] death. Case Manager will complete the Closing Fatality Summary and submit for review. Case Manager will complete a current face to face with [redacted] Case Manager will ensure that all medical records and pertinent documents are uploaded into TFACTS as well as submitted to DCS legal for submission into the court file.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-29 11:10:00	Contact Method:	Face To Face
Contact Time:	11:10 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	08/05/2024
Completed date:	08/05/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2024 10:18 AM Entered By: [redacted]

Case Manager [redacted] arrived at the placement home at [redacted] in [redacted] on July 29, 2024 around 11:10AM. Case Manager [redacted] was met at the door by Ms. [redacted] who allowed entry into the home. Present in the home at the time of the visit were Ms. [redacted] and [redacted] was too young to be interviewed. Case Manager [redacted] observed [redacted] sitting in a highchair eating goldfish crackers. [redacted] had a small bruise on his lower lip which Ms. [redacted] stated was from him falling while running through the home. [redacted] was clean, dressed appropriately, and free from any additional marks or bruises indicative of abuse.

Ms. [redacted] stated that [redacted] begins developmental therapy on August 1, 2024. Ms. [redacted] stated that his therapy appointments will take place in-home. Ms. [redacted] stated that [redacted] is also on the waiting list for speech therapy and occupational therapy. Ms. [redacted] stated that [redacted] has a dentist appointment in August for a check up. Ms. [redacted] stated that [redacted] is adjusting "very well" to being in her home. Ms. [redacted] did not voice any additional needs at this time. Case Manager [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:	2024-07-25 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/05/2024
Completed date:	08/05/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2024 10:24 AM Entered By: [redacted]

Case Manager [redacted] filed an amended petition through [redacted] County court for a finding of dependency, neglect, and severe abuse against Ms. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-15 08:30:00	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	08/05/2024
Completed date:	08/05/2024	Completed By:	[redacted]

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

Contact Type(s): Court Hearing

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2024 10:20 AM Entered By: [redacted]

Case Manager [redacted] was present in [redacted] County court on July 15, 2024. Ms. [redacted] was not present on this date. Her attorney, Mr. [redacted], asked to be relieved as Ms. [redacted] attorney due to lack of contact. The case was continued to December 16, 2024 for the adjudication and disposition.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-02 10:15:00	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 10:21 AM Entered By: [redacted]

Case reviewed this date. [redacted] is still safety placed at the home of [redacted] family friend. This case was presented to [redacted] County Child Protective Investigative Team (CPIT). The team agreed upon the classification of Allegation Substantiated/Perpetrator Substantiated for the allegation of Abuse Death for mother, [redacted] against Alleged Child Victim (ACV) [redacted] The case is being pursued by law enforcement and the District Attorney's office for possible arrest and prosecution. Case Manager will work on completing Closing Summary for this case. Case Manager will ensure all case recordings are entered and all documents are uploaded. Case Manager will complete a current face to face and ensure that all of [redacted] needs are currently being met. Case Manager will discuss with Legal potential action against the maternal grandmother and her paramour due to issues at the current placement's home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-06-28 08:30:00	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 12:08 PM Entered By: [redacted]

Department of Children's Services Case Manager [redacted] presented this case at the [redacted] County Child Protective Investigative Team meeting.

Members present were:
[redacted] County Child Advocacy Center
[redacted] County Child Advocacy Center
[redacted] County Child Advocacy Center
[redacted] County Assistant District Attorney
[redacted] Police
[redacted] County Sheriffs Office
[redacted] City Police
[redacted] DCS Lead Investigator

Allegation: Abuse Death
Alleged Child Victim: [redacted]
Alleged Perpetrator: Unknown
Classification Decision: It was agreed to classify this case as Allegation Unsubstantiated/Perpetrator Unsubstantiated

Allegation: Abuse Death
Alleged Child Victim: [redacted]
Alleged Perpetrator: [redacted]
Classification Decision: It was agreed to classify this case as Allegation Substantiated/Perpetrator Substantiated

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:	2024-06-25 15:00:00	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	07/02/2024
Completed date:	07/02/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/02/2024 10:22 AM Entered By: [redacted]

Case Manager [redacted] arrived at the placement home located at [redacted] in [redacted] on June 25, 2024 around 3:00PM. Case Manager [redacted] was met at the door by Ms. [redacted] who allowed entry into the home. Present in the home at the time of the visit were Ms. [redacted] Mr. [redacted] and [redacted] was observed to be sitting in a high chair in the kitchen eating graham crackers. [redacted] was clean, appropriately dressed, and free from any marks or bruises indicative of abuse.

Ms. [redacted] stated that she took [redacted] to the [redacted] Pediatrics in [redacted] on June 5, 2024. Ms. [redacted] stated that [redacted] is now up to date on all his required vaccines. Ms. [redacted] reported that [redacted] is "severely delayed" in his speech and will be starting speech therapy soon. Ms. [redacted] reported that she has gotten [redacted] on a routine, including a set bedtime and less time watching his tablet. Ms. [redacted] stated that [redacted] has adjusted well to the routine.

Ms. [redacted] stated that she and Mr. [redacted] are being "harassed" by Ms. [redacted] and Mr. [redacted] Ms. [redacted] stated that Ms. [redacted] is calling her approximately 5-6 times a day inquiring about [redacted] Ms. [redacted] stated that she has set a boundary with Ms. [redacted] that her visits with [redacted] will not occur at her home. Ms. [redacted] stated that she has witnessed Ms. [redacted] and Mr. [redacted] drive past her home. Ms. [redacted] stated that she is "almost afraid" to let [redacted] play outside due to this. Case Manager [redacted] thanked Ms. [redacted] and Mr. [redacted] 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:	2024-06-25 09:50:00	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/25/2024
Completed date:	06/25/2024	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: 06/25/2024 10:05 AM Entered By: [redacted]

Case reviewed this day to discuss classification of this case. The Abuse Death allegation against the Unknown Perpetrator will be classified as Allegation Unsubstantiated/Perpetrator Unsubstantiated due to the perpetrator being identified as mother. An allegation of Abuse Death will be added against [redacted] with will be classified as Allegation Substantiated/Perpetrator Substantiated, due to the cause of death being Acute Fentanyl Intoxication, mother admitted to using Fentanyl around the time of [redacted] death, mother having Narcan available in her room as well as mother's timeline of the events of that evening, where she placed herself as the last person who was with [redacted] before his death. The allegation of Physical Abuse which was added against an Unknown Perpetrator will be classified as Allegation Substantiated/Perpetrator Unsubstantiated as [redacted] was found to have significant bruising on his body but the responsible party could not be identified. The allegation of Drug Exposed Child which was added for Alleged Child Victim (ACV) [redacted] will be flagged as Severe and classified as Allegation Substantiated/Perpetrator Substantiated against Alleged Perpetrator [redacted] This is due to mother's admission to Fentanyl use as well as [redacted] cause of death being due to his exposure to Fentanyl in the home, per mother's timeline of events. [redacted] was also in the home at the time of [redacted] exposure to Fentanyl.

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:	2024-06-11 09:50:00	Contact Method:	
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/11/2024
Completed date:	06/11/2024	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: 06/11/2024 10:02 AM Entered By: [redacted]

Case reviewed this date. The autopsy has been received. It was determined that cause of death was Acute Fentanyl Intoxication, with no contributory cause of death noted. The manner of death could not be determined and the circumstance of death was "Given Drug". The District Attorney and Law Enforcement are aware of the autopsy findings and are planning on conducting a follow up interview with mother then looking at potential charges in regards to the child's death. The surviving child is currently placed with Ms. [redacted] a family friend, due to issues at the grandmother's home. Case manager will coordinate with law enforcement regarding assistance in investigative tasks. Case manager will classify this case and will present it to the Child Protective Investigative Team (CPIT). Case manager will ensure that the current custodian has all needed resources for the child. Case manager will prepare this case for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-06-03 10:20:00	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/03/2024
Completed date:	06/03/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2024 02:13 PM Entered By: [redacted]

Case Manager [redacted] received a copy of [redacted] autopsy. The report shows the cause of death as acute fentanyl intoxication. The manner of death could not be determined. A copy of the autopsy will be uploaded.

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:	2024-05-28 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/06/2024
Completed date:	06/06/2024	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: 06/06/2024 03:01 PM Entered By: [redacted]

Case reviewed this date. Police have reported that they have gotten the autopsy showing that [redacted] cause of death was due to Fentanyl. Case Manager will coordinate to get a copy of the autopsy. Case Manager will ready this case to present to the [redacted] County Child Protective Investigative Team (CPIT) at the next meeting. Case Manager will coordinate with law enforcement and the district attorney regarding next steps, including an alleged perpetrator interview with mother. [redacted] sibling, [redacted] was safety placed with a family friend in lieu of grandmother due to possible domestic violence in the home and reports of grandmother's mental instability. These concerns were addressed in a separate investigation.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-20 16:00:00	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	05/24/2024
Completed date:	05/24/2024	Completed By:	[redacted]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/24/2024 02:38 PM Entered By: [redacted]

Case Manager [redacted] arrived at Ms. [redacted] home at [redacted] in [redacted] on May 20, 2024 around 4:00PM. Case Manager [redacted] was met at the door by Ms. [redacted] who allowed entry into the home. Present in the home during the visit were Ms. [redacted] and Mr. [redacted] (Ms. [redacted] fiancé). Case Manager [redacted] completed a home walkthrough and noted no safety hazards. The apartment had one bedroom, one bathroom, a kitchen, and a living space. The apartment was not cluttered. The apartment had ample food and running water. Ms. [redacted] and Mr. [redacted] stated that [redacted] would be sleeping in their bedroom for the foreseeable future for them to monitor him over night. Case Manager [redacted] provided a pack n play for [redacted] to safely sleep in. Case Manager [redacted] completed the non-custodial expedited placement assessment summary, the full disclosure statement, discipline policy, home safety checklist, and Immediate Protection Agreement with Ms. [redacted] and Mr. [redacted] Case Manager [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:	2024-05-20 13:30:00	Contact Method:	Face To Face
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/24/2024
Completed date:	05/24/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/24/2024 10:03 AM Entered By: [redacted]

A Pre-Custodial meeting was held at the [redacted] County Department of Childrens Services office in [redacted] on May 20, 2024 around 1:30PM. The meeting included the following people: Ms. [redacted] Case Manager [redacted] Case Manager [redacted] Team Leader [redacted] foster care representative [redacted], Guardian Ad Litem [redacted] and facilitator [redacted]. Ms. [redacted] and her attorney Mr. [redacted] were invited to the meeting but did not attend. The meeting was being held after concerns were raised about Ms. [redacted] ability to provide adequate supervision and care for [redacted] During a court hearing on 5/16/2024, Mr. [redacted] and Mr. [redacted] testified that they did not believe Ms. [redacted] was a safe placement option due to increasing irritability and concerns with her mental health. The team decided it was within [redacted] best interest to be placed with family friend Ms. [redacted] who resides at [redacted] in [redacted]

Details of this meeting will be entered under the Child Family Team Meeting tab.

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:	2024-05-10 15:15:00	Contact Method:	
Contact Time:	03:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/10/2024
Completed date:	05/10/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/10/2024 03:18 PM Entered By: [redacted]

Case Manager [redacted] completed a relative caregiver referral for Ms. [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-23 10:25:00	Contact Method:	
Contact Time:	10:25 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/23/2024
Completed date:	04/23/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/23/2024 10:42 AM Entered By: [redacted]

Case reviewed this date. [redacted] has been seen this month and is doing well in the custody of maternal grandmother. Mother had been reported to be living in the home after leaving her treatment facility against medical advice. Mother is now reported to be living with her paramour, [redacted] (no last name), in a trailer near [redacted] Elementary School. Mother has limited supervised contact with [redacted] at this time. Case Manager will contact mother to get the address of her new home and complete a home visit. Case Manager will globally assess that home. Case Manager is still awaiting autopsy results. Grandmother reports [redacted] is doing well and needs no additional supports at this time. Case Manager will continue to meet with and update Inv. [redacted] regarding case progress.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-19 15:00:00	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/26/2024
Completed date:	04/26/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/26/2024 12:57 PM Entered By: [redacted]

Case Manager [redacted] met with Ms. [redacted] and [redacted] at the [redacted] Department of Childrens Services office on 4/19/2024 around 3:00PM. [redacted] was too young to be interviewed. [redacted] was observed to be happy and in good health. [redacted] was dressed appropriately for the weather. [redacted] was friendly with Case Manager [redacted] was observed to be free from any marks or bruises indicative of abuse.

Ms. [redacted] stated that Ms. [redacted] was kicked out of the home by Mr. [redacted] approximately three weeks ago. Ms. [redacted] did not elaborate on why Mr. [redacted] kicked Ms. [redacted] out of the home. Ms. [redacted] stated that Ms. [redacted] is now staying with her paramour, [redacted] (last name unknown). Ms. [redacted] reported that Ms. [redacted] and [redacted] are living in a trailer near [redacted] Elementary school. Ms. [redacted] stated that she and [redacted] have visited Ms. [redacted] a few times at the trailer with the last time being last week. Ms. [redacted] stated that Ms. [redacted] looks good. Ms. [redacted] stated that Ms. [redacted] does not have a car at the moment and is waiting on her tax refund to buy a new one. Ms. [redacted] stated that due to Ms. [redacted] not having a car, she had to quit her job. Ms. [redacted] reported that Ms. [redacted] has had recent contact with her birth mother. Ms. [redacted] stated that Ms. [redacted] birth mother is not a good influence.

Ms. [redacted] stated that she is still working on getting [redacted] pediatrician switched from [redacted] to [redacted] Case Manager [redacted] stressed the importance of getting [redacted] into the doctor to address the delay in his speech. Ms. [redacted] voiced understanding. Case Manager [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:	2024-03-26 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/26/2024
Completed date:	03/26/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/26/2024 11:13 AM Entered By: [redacted]

Case reviewed this date. The autopsy results are still pending for the child. Mother has completed a hair follicle, which was negative for all substances. Mother is currently residing back in the home as the court order did not specify that the supervised visits could not occur overnight. A motion to review this has been submitted to DCS legal to get this issue back on the docket. [redacted] continues to reside in the home with custodial grandmother. There are no issues or concerns regarding grandmother's care at this time. Case Manager will coordinate with the Investigator [redacted] of the District Attorney's office regarding the autopsy and presenting this to mother.

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 11:15:00	Contact Method:	
Contact Time:	11:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/27/2024
Completed date:	03/27/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/27/2024 02:01 PM Entered By: [redacted]

Case Manager [redacted] received the results from Ms. [redacted] hair follicle drug screen. The results show Ms. [redacted] negative for all substances. The results have been uploaded.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-03-14 11:45:00	Contact Method:	Face To Face
Contact Time:	11:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/18/2024
Completed date:	03/18/2024	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: 03/18/2024 11:27 AM Entered By: [redacted]

Case Manager [redacted] met with Ms. [redacted] Ms. [redacted] and [redacted] at the [redacted] Department of Childrens Services office on 3/14/2024 around 11:45AM. Ms. [redacted] was present on this date to complete a hair follicle drug test. Results for this test have not been made available yet.

Ms. [redacted] stated that she is now working at [redacted] in [redacted] Ms. [redacted] stated that she went for orientation on Tuesday and Wednesday of this week. Ms. [redacted] stated that her new work scheduled will be Sunday-Thursday from 10PM-6:30AM. Ms. [redacted] stated that she is planning on financing a car with the first few paychecks from her new job. Ms. [redacted] stated that she has not yet rescheduled her Alcohol and Drug Assessment but will be calling this week to get it scheduled.

While Ms. [redacted] was completing the hair follicle drug test, Ms. [redacted] stated that things have been the same regarding Ms. [redacted] relationship with [redacted] Ms. [redacted] stated that she has spoken with Ms. [redacted] about spending more time with [redacted] Ms. [redacted] reported that Ms. [redacted] does not believe she will get custody of [redacted] back. Ms. [redacted] stated that Ms. [redacted] needs to put in the work before she would feel comfortable letting her have [redacted] back.

[redacted] was too young to be interviewed. [redacted] was observed to be appropriately dressed, clean, and free from any marks or bruises indicative of abuse. Case Manager [redacted] was able to observe the interactions between [redacted] and Ms. [redacted] Case Manager [redacted] noted that Ms. [redacted] needed to instruct Ms. [redacted] on ways to play with [redacted] Case Manager [redacted] noted that there was a general argumentative nature in the interactions between Ms. [redacted] and Ms. [redacted] The family did not report any needs at this time. Case Manager [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

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:	2024-03-05 11:50:00	Contact Method:	Correspondence
Contact Time:	11:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/13/2024
Completed date:	03/13/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/13/2024 04:31 PM Entered By: [redacted]

Case Manager [redacted] was notified that Ms. [redacted] did not show up to her scheduled Alcohol and Drug Assessment. Case Manager [redacted] reached out to Ms. [redacted] by text. Ms. [redacted] reported that she "did not wake up on time" because she had worked the night previous. Case Manager [redacted] provided contact information to have the appointment rescheduled.

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:	2024-03-05 11:40:00	Contact Method:	
Contact Time:	11:40 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/05/2024
Completed date:	03/05/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/05/2024 11:44 AM Entered By: [redacted]

Case Manager [redacted] received the medical records from [redacted] birth at [redacted] Hospital in [redacted] These records have been uploaded.

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 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:	03/01/2024
Completed date:	03/01/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/01/2024 10:50 AM Entered By: [redacted]

Case Manager [redacted] arrived at the family home at [redacted] in [redacted] on 2/29/2024 around 3:15PM. Case Manager [redacted] was met at the door by Ms. [redacted] who allowed entry into the home. Present at the home at the time of the visit were Ms. [redacted] Mr. [redacted] and [redacted] Ms. [redacted] was at work during the visit. Mr. [redacted] was working outside during the visit, but did greet Case Manager [redacted] upon arrival. [redacted] was too young to be interviewed. [redacted] greeted Case Manager [redacted] with a hug. [redacted] was appropriately dressed and free from any marks or bruises indicative of abuse.

Ms. [redacted] stated that things in the home are going well, however Ms. [redacted] has been "working all the time". Ms. [redacted] stated that she feels as though Ms. [redacted] is not spending enough time with [redacted] Ms. [redacted] stated that [redacted] "absolutely adores" Ms. [redacted] Ms. [redacted] reported that Ms. [redacted] has been "keeping to herself" more recently. Ms. [redacted] stated that she does not have any additional concerns regarding Ms. [redacted] or [redacted] Case Manager [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:	2024-02-29 10:05:00	Contact Method:	Phone Call
Contact Time:	10:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/01/2024
Completed date:	03/01/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/01/2024 11:08 AM Entered By: [redacted]

Case Manager [redacted] received a phone call from Ms. [redacted] on 2/29/2024 around 10:05AM. Ms. [redacted] reported that she has scheduled her Alcohol and Drug Assessment through [redacted] for 3/5/2024 at 11:00AM. Case Manager [redacted] thanked Ms. [redacted] for the 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:	2024-02-22 15:10:00	Contact Method:	
Contact Time:	03:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/22/2024
Completed date:	02/22/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/22/2024 03:17 PM Entered By: [redacted]

Case Manager [redacted] completed a [redacted] referral for Ms. [redacted] on this date. The confirmation number for this referral is [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:	2024-02-06 11:20:00	Contact Method:	
Contact Time:	11:20 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 11:30 AM Entered By: [redacted]

Case reviewed this date. A court hearing was held due to mother checking out of treatment Against Medical Advice and began residing back in the home. It was ordered that mother could remain in the home pending her completing an A&D assessment and Mental Health Assessment within the next thirty days. Mother was ordered to have only supervised contact if not under the influence. Case Manager (CM) will conduct random drug screen with mother to include mouth swabs to test for Alcohol. CM will have mother sign releases of information with providers with whom she completes her assessments. CM will follow up with the providers to give collateral contact.

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:	2024-02-05 08:30:00	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	02/05/2024
Completed date:	02/05/2024	Completed By:	[redacted]

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

Contact Type(s): Court Hearing

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2024 01:31 PM Entered By: [redacted]

Case Manager [redacted] was present in [redacted] County Court on this date for the preliminary hearing. Also present in court were Department of Childrens Services attorney [redacted], Guardian Ad Litem [redacted], and mothers attorney [redacted]. Ms. [redacted] was not present in court. The preliminary hearing was waived by default. It was agreed that Ms. [redacted] would complete a new A+D assessment and mental health assessment within 30 days. It was also agreed that [redacted] current custodian [redacted] will continue to supervise any contact between Ms. [redacted] and [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-30 10:45:00	Contact Method:	Face To Face
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/05/2024
Completed date:	02/05/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2024 01:58 PM Entered By: [redacted]

Case Manager [redacted] arrived at the family home at [redacted] in [redacted] on 1/30/2024 around 10:45AM. Case Manager [redacted] was met at the door by Mr. [redacted] who allowed entry into the home. Present in the home at the time of the visit were Ms. [redacted] Mr. [redacted] Mr. [redacted] and [redacted] was too young to be interviewed. Case Manager [redacted] observed [redacted] to be playing in the living room of the home. [redacted] was excited to show off his new tennis shoes that lit up. [redacted] was appropriately dressed and free from any marks or bruises indicative of abuse.

Case Manager [redacted] spoke with Ms. [redacted] who stated that Ms. [redacted] was currently at work at [redacted] in [redacted] Ms. [redacted] reported that things have been great since [redacted] returned to the family home. Ms. [redacted] stated that Ms. [redacted] had a few rough nights since being home but was able to reach out to her sponsor for support. Ms. [redacted] reported that [redacted] behavior has improved since Ms. [redacted] returned to the family home. Ms. [redacted] stated that [redacted] is sleeping better and is talking a little bit more. Case Manager [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:	2024-01-19 15:10:00	Contact Method:	Phone Call
Contact Time:	03:10 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/05/2024
Completed date:	02/05/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/05/2024 02:31 PM Entered By: [redacted]

Case Manager [redacted] received a phone call from Ms. [redacted] on this date stating that she was advised by her attorney [redacted] that she was able to leave [redacted] Center. Ms. [redacted] stated that Mr. [redacted] was already on his way to pick her up and take her back to the family home. Case Manager [redacted] reminded Ms. [redacted] that she was still required to have only supervised visitation with [redacted] Ms. [redacted] stated she understood. Case Manager [redacted] thanked Ms. [redacted] for the 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:	2024-01-09 10:35:00	Contact Method:	
Contact Time:	10:35 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/09/2024
Completed date:	01/09/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/09/2024 10:51 AM Entered By: [redacted]

Case reviewed this date. Mother is currently in a [redacted] in [redacted] TN. Mother has been participating in treatment. The ACV has been exhibiting some behavioral issues since the his brother's death. A TEIS referral was made for the family but grandmother did not follow through with this. CM will speak with grandmother on the importance of developmental milestones and addressing any concerns. CM will complete another TEIS referral. CM will upload the autopsy when received.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-01-02 15:50:00	Contact Method:	
Contact Time:	03:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/02/2024
Completed date:	01/02/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2024 03:55 PM Entered By: [redacted]

Case Manager [redacted] requested a copy of [redacted] Medical Examiner's report from the Medical Examiner's office in Nashville.

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:	2023-12-20 13:45:00	Contact Method:	Face To Face
Contact Time:	01:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/02/2024
Completed date:	01/02/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2024 04:33 PM Entered By: [redacted]

Case Manager [redacted] arrived at the family home at [redacted] in [redacted] on 12/20/2023 around 1:45PM. Case Manager [redacted] was met at the door by Ms. [redacted] who allowed entry into the home. Present in the home at the time of the visit were Ms. [redacted] and [redacted] was observed to be playing with his toys in the living room of the home. Case Manager [redacted] observed a diaper change being done by Ms. [redacted] and observed [redacted] to be free from any marks or bruises indicative of abuse.

Ms. [redacted] stated that [redacted] has been having difficult behaviors lately. Ms. [redacted] stated that [redacted] will wake up in the middle of the night screaming. Ms. [redacted] stated that it takes her a long time to get [redacted] back to sleep. Ms. [redacted] also stated that [redacted] has become defiant and will ignore her when she speaks to him. Case Manager [redacted] advised Ms. [redacted] to speak with [redacted] pediatrician about these concerns. Ms. [redacted] voiced understanding. Case Manager [redacted] spoke with Ms. [redacted] about grief counseling and Ms. [redacted] stated she did not feel she needed it. Case Manager [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:	2023-12-13 18:50:00	Contact Method:	Correspondence
Contact Time:	06:50 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/02/2024
Completed date:	01/02/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2024 04:37 PM Entered By: [redacted]

Case Manager [redacted] received a text message from Ms. [redacted] stating that she graduated from her [redacted] Program today and is set to begin her Intensive Outpatient Program tomorrow. Ms. [redacted] reported that she has six weeks left of her program. Case Manager [redacted] thanked Ms. [redacted] for the 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:	2023-12-12 10:05:00	Contact Method:	
Contact Time:	10:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/12/2023
Completed date:	12/12/2023	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: 12/12/2023 10:10 AM Entered By: [redacted]

Case reviewed this date. The child is currently safety placed with grandmother as mother remains in alcohol and drug rehabilitation. Custody was addressed through a DCS petition heard on November 16, 2023. The child continues to do well with grandmother. Mother is currently at [redacted] continuing her treatment. Case Manager will continue to make monthly face to face visits and ensure that the child's needs are being met. Case Manager will maintain contact with mother regarding mother's progress in treatment and aftercare options. Case Manager will ensure all case recordings are entered within policy time frames.

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:	2023-12-04 12:30:00	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/06/2023
Completed date:	12/06/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/06/2023 11:39 AM Entered By: [redacted]

Case Manager [redacted] received [redacted] medical records and vaccination record from [redacted] Pediatrics in [redacted] The records have been uploaded.

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 18:45:00	Contact Method:	
Contact Time:	06:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/06/2023
Completed date:	12/06/2023	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/06/2023 11:37 AM Entered By: [redacted]

Case Manager [redacted] completed a Tennessee Early Intervention Services referral for [redacted] The acknowledgement of referral letter has been uploaded.

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:	2023-11-16 08:30:00	Contact Method:	Face To Face
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Court	Created Date:	12/12/2023
Completed date:	12/12/2023	Completed By:	[redacted]

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

Contact Type(s): Court Hearing,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/12/2023 10:17 AM Entered By: [redacted]

Team Leader (TL) [redacted] attend court this date on the Department's petition to change custody. [redacted] grandmother and current custodian, was present in court. [redacted] mother and Alleged Perpetrator (AP) was present via Zoom, as she is currently in In-Patient Treatment. [redacted] was assisgned as the child's Guardian Ad Litem (GAL). The court continued this preliminary hearing until February 5, 2024 but did sign an order granting grandmother temporary custody.

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:	2023-11-15 15:00:00	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/22/2024
Completed date:	01/22/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/22/2024 11:04 AM Entered By: [redacted]

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

The CPS investigation was assigned on 11/9/23 concerning the death of ACV [redacted] (3mo). It was reported [redacted] resided with his birth mother [redacted] and sibling [redacted] 1yo] in [redacted] County. The birth father [redacted] was not named on [redacted] birth certificate and was reportedly in jail at the time of the incident and not involved.

There was an open CPS case concerning allegations of DEC and LOS at the time [redacted] death was reported on 11/9/23; however, this CPS case opened on 10/9/23 and was not open when [redacted] death occurred, which was on 9/21/23. When response was met for the open case, it was discovered [redacted] had passed away a month prior, after which the mother had voluntarily checked herself into rehab at [redacted] The maternal grandmother [redacted] has been caring for the sibling since the mother went to rehab. The grandmother stated the mother has a history of drug use but had been clean since her children were born, however, following [redacted] death the mother spiraled and began using drugs and drinking alcohol again.

The mother reported on 9/21/23 she arrived home in the early evening after work and fed and changed [redacted] and then put him down for a nap in his crib and she went to sleep also. The mother stated she woke around 11:45pm and checked on [redacted] finding him unresponsive. 911 was called immediately and CPR was initiated, during which the mother reported thick, green mucous was observed coming from [redacted] nostrils. [redacted] was transported by EMS to the hospital where pronounced deceased, and an autopsy was ordered. Medical records noted bruising on both sides of [redacted] flanks and indicate the mother stated she believed the bruises were caused by the 1yo sibling hitting [redacted] with a spoon. LE processed the scene at the familys residence at the time of the death, but no report was made to DCS. Scene photographs indicate a folded comforter was in the crib with [redacted] and Narcan was present on the mothers table. The mother stated [redacted] had been running a fever a couple days prior to his death and had a herniated belly button which she expressed concerns about to his pediatrician, but was told he would grow out of it. The mother reported [redacted] last PCP

Tennessee Department of Children's Services

Case Recording Summary

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

appointment was a couple weeks prior to his death during which he received immunizations, and no concerns were noted by the doctor. The mother admitted to fentanyl use since [redacted] death up until she checked herself into rehab.

Placement was completed for the sibling to remain in the care of the grandmother, with supervised contact for the mother, and restriction from the mother residing in the grandmothers home. Background check and walkthrough were completed. The mother remains in A&D services currently. She has completed residential treatment and is in a halfway house [redacted] with IOP services planned. The mother reports she is not happy with her treatment and had threatened to leave several times. CM is working on alternative services for the mother should she leave current provider.

Next Steps:
-- CM will request ACVs birth and PCP records. Records will be reviewed and uploaded to TFACTS.
-- CM will request mothers current A&D treatment records and/or collateral with provider, and inquire if grief counseling component can be added.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will request grandmother to complete current PCP appointment for sibling to address any needed.
-- CM will complete TEIS referral for sibling.
-- CM will continue to work with mother to ensure A&D needs are being addressed and mother remains compliant and on track.
-- CM will document and upload autopsy into TFACTS once received.
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-11-14 09:40:00	Contact Method:	
Contact Time:	09:40 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/14/2023
Completed date:	11/14/2023	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/14/2023 09:50 AM Entered By: [redacted]

Case reviewed this date. The ACV passed away on September 21, 2023, but was not reported to DCS. Upon discovery of this child's passing, a referral was called in to the department. Mother is currently in an Alcohol and Drug treatment facility and the ACV's sibling is staying with maternal grandmother. An expedited was completed with the grandmother and a petition will be filed for grandmother to have custody of the sibling. An autopsy was completed for the ACV and the results are pending. Case Manager will gather all medical records for the decedent. Case Manager will add the sibling as an ACV for Drug Exposed Child. The grandmother's home was globally assessed with no other actionable concerns noted on the FAST.

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:	2023-11-10 17:15:00	Contact Method:	Phone Call
Contact Time:	05:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/13/2023
Completed date:	11/13/2023	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2023 03:29 PM Entered By: [redacted]

Case Manager [redacted] spoke with [redacted] mother Ms. [redacted] via phone on 11/10/2023 around 5:15PM. Ms. [redacted] stated that she is at [redacted] Center in [redacted] Ms. [redacted] stated that after [redacted] death, she lost herself and began using fentanyl. Ms. [redacted] stated that she was never coming home and was staying with friends while doing drugs. Ms. [redacted] stated that she was using fentanyl from 9/23/23 to 10/8/2023. Ms. [redacted] stated that she has already graduated from a residential program and is currently in a partial hospitalization program for 6 weeks. Following this program, Ms. [redacted] will complete an intensive outpatient program for 6 weeks. Ms. [redacted] stated that she is receiving counseling once a week and is attending Narcotics Anonymous meetings. Ms. [redacted] stated that she does not believe her counseling is effective because her therapist has never lost a child. Case Manager [redacted] advised that she would look into different counseling options.

Ms. [redacted] stated that on 9/21/2023, she worked at [redacted] in [redacted] from 10AM-6PM and arrived home around 6:45PM. Ms. [redacted] stated that upon returning home, she ate dinner and played with [redacted] Ms. [redacted] stated that she then took [redacted] into her bedroom to love on him. Ms. [redacted] stated that she fed and diapered [redacted] and placed him in his crib for the night. Ms. [redacted] stated that she woke up around 11:45PM and checked on [redacted] and he was gone. Ms. [redacted] stated that the family performed CPR and thick green mucus came from [redacted] nostrils and mouth for the longest time. Ms. [redacted] stated that [redacted] had been running a fever for 2 days prior to his death. Ms. [redacted] stated that [redacted] was so warm while they were performing CPR.

Ms. [redacted] stated that the bruises that were noted on [redacted] body by hospital staff were from [redacted] poking and pinching [redacted] while he was in his baby swing. Ms. [redacted] stated that she believes [redacted] was doing this because he was jealous. Ms. [redacted] stated that the family no longer used the baby swing due to [redacted] behavior. Ms. [redacted] stated that the bruises on [redacted] were nearly healed when he passed.

Ms. [redacted] stated that [redacted] and [redacted] pediatrician is Dr. [redacted] at [redacted] Pediatrics in

Tennessee Department of Children's Services

Case Recording Summary

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

[redacted] Ms. [redacted] stated that [redacted] had been to his pediatrician 2 weeks prior to his death for regular vaccines and a check up on his herniated belly button. Ms. [redacted] stated that she was concerned about [redacted] herniated belly button as it was causing him pain. Ms. [redacted] stated that the doctor advised [redacted] was fine. Ms. [redacted] stated that [redacted] was just not acting right and she was searching for a second opinion before his death. Ms. [redacted] stated that when [redacted] was born, he was blue and aspirated approximately 3-5 times while he was in the hospital. Ms. [redacted] stated that [redacted] would cry a lot and that his breath was often rattly. Ms. [redacted] stated that she knew something was wrong with [redacted] but she could not get a doctor to listen.

Ms. [redacted] stated that she did not know she was pregnant with [redacted] until she was 22 weeks along. Ms. [redacted] stated that [redacted] was born approximately a month early via Caesarean section. Ms. [redacted] stated that her previous Caesarean section scar from [redacted] birth ripped open from the inside which forced the doctors to deliver [redacted] early. Ms. [redacted] stated that there is no father listed on [redacted] or [redacted] birth certificates.

Case Manager [redacted] explained the need to give custody of [redacted] to Ms. [redacted] while she was in rehab. Ms. [redacted] agreed that Ms. [redacted] is a suitable caregiver for [redacted] Ms. [redacted] stated that she did not have any questions or immediate needs. Case Manager [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:	2023-11-09 14:00:00	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	11/13/2023
Completed date:	11/13/2023	Completed By:	[redacted]

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

Contact Type(s): Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2023 03:23 PM Entered By: [redacted]

Case Manager [redacted] arrived at the family home at [redacted] in [redacted] on 11/9/2023 around 2:00PM. Case Manager [redacted] was met at the door by Mr. [redacted] who allowed entry into the home. Present in the home at the time of the visit were maternal grandmother Ms. [redacted] maternal grandmothers paramour Mr. [redacted] and brother [redacted] Mr. [redacted] maternal uncle, also lives in the home and was at work during the visit. [redacted] was too young to be interviewed. [redacted] was observed to be watching television with Mr. [redacted] was clean and appropriately dressed. Case Manager [redacted] observed Ms. [redacted] change [redacted] diaper and there were no marks or bruises visible on his body.

Ms. [redacted] stated that she was a foster parent in California and Tennessee. Ms. [redacted] stated that mother Ms. [redacted] and Mr. [redacted] mother was a foster child of hers. Ms. [redacted] stated that she was given custody of Ms. [redacted] and Mr. [redacted] shortly after they were born. Ms. [redacted] stated that both Ms. [redacted] and Mr. [redacted] see her as their mother.

Ms. [redacted] stated that Ms. [redacted] is currently at [redacted] Center. Ms. [redacted] stated that Ms. [redacted] lost it after [redacted] death and began using drugs. Ms. [redacted] stated that she did not know what drug Ms. [redacted] was using. Ms. [redacted] stated that Ms. [redacted] used heroin a few years prior to [redacted] and [redacted] birth. Ms. [redacted] stated that Ms. [redacted] went to rehab for her heroin use and has not used since.

Ms. [redacted] stated that on 9/21/2023, she was taking care of [redacted] and [redacted] during the day while Ms. [redacted] was at work in [redacted] Ms. [redacted] stated that [redacted] was running a fever, but she was unsure what his temperature was as the family did not have a working thermometer. Ms. [redacted] stated that [redacted] felt warm to the touch so she took his clothes off and gave him medication to reduce the fever. Ms. [redacted] stated that she fed and diapered [redacted] before Ms. [redacted] took him into her bedroom for the night. Ms. [redacted] stated that a few hours later, Ms. [redacted] ran of the room yelling that the baby was dead. Ms. [redacted] stated that they

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Case Recording Summary

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

placed [redacted] on the floor and performed CPR until the ambulance arrived. Ms. [redacted] stated that [redacted] was taken to [redacted] Medical Center in [redacted] by ambulance.

Ms. [redacted] stated that the family is obviously having a hard time with [redacted] death. Ms. [redacted] stated that [redacted] looks for his brother during the day. Ms. [redacted] stated that Ms. [redacted] is receiving counseling at [redacted] Center. Ms. [redacted] stated she has looked into grief counseling and just has to make the phone call.

Case Manager [redacted] advised Ms. [redacted] that since Ms. [redacted] was in rehab, [redacted] was left without a custodian. Ms. [redacted] agreed to take custody of [redacted] Case Manager [redacted] completed the Non-Custodial Placement Assessment Summary with Ms. [redacted] and Mr. [redacted] Case Manager [redacted] also completed the Case Intake, Tenncare Release Forms, and Safe Sleep Assessment with Ms. [redacted]

The family home was globally assessed by Case Manager [redacted] There were no visible safety hazards noted as evidenced by child locks on cabinets and medication that was locked away. Case Manager [redacted] observed the crib in Ms. [redacted] bedroom where [redacted] sleeps to be free from any safety hazards. The home had ample food and running water. Ms. [redacted] did not express any other immediate needs for the family. Case Manager [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:	2023-11-09 14:00:00	Contact Method:	Face To Face
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	12/12/2023
Completed date:	12/12/2023	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/12/2023 11:42 AM Entered By: [redacted]

[redacted] was added as an Alleged Child Victim for the allegation of Drug Exposed Child against Alleged Perpetrator [redacted] on 11/14/2023.

[redacted] was observed by Case Manager [redacted] on 11/9/2023 at 2:00PM. [redacted] was too young to be interviewed. [redacted] was observed to be watching television with Mr. [redacted] was clean and appropriately dressed. Case Manager [redacted] observed Ms. [redacted] change [redacted] diaper and there were no marks or bruises visible on his body.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-11-09 13:00:00	Contact Method:	Face To Face
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	11/13/2023
Completed date:	11/13/2023	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted] w [redacted] County Sheriffs Offic, Investigator [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2023 03:09 PM Entered By: [redacted]

[redacted] County Investigator [redacted] responded to [redacted] Medical Center in [redacted] on 9/21/2023. Investigator [redacted] observed [redacted] at this time. Investigator [redacted] spoke with [redacted] mother Ms. [redacted] and [redacted] grandmother Ms. [redacted] on this date and completed a home visit at [redacted] in [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-11-09 12:25:00	Contact Method:	Phone Call
Contact Time:	12:25 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/13/2023
Completed date:	11/13/2023	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2023 03:03 PM Entered By: [redacted]

Case Manager [redacted] spoke with [redacted] County Investigator [redacted] via phone on 11/9/2023 around 12:25PM. Investigator [redacted] stated that he responded to [redacted] Medical Center on 9/21/2023 and took photographs of [redacted] after his death. Investigator [redacted] stated that he noticed small bruises in various stages of healing on [redacted] rib cage. Investigator [redacted] stated that [redacted] mother Ms. [redacted] and [redacted] grandmother Ms. [redacted] both stated the bruising was caused by [redacted] poking [redacted] Investigator [redacted] stated that the size of the bruises were consistent with the explanation given by the family. Investigator [redacted] stated that [redacted] was clean, his nails were trimmed, and he did not have any diaper rash when he was observed. Investigator [redacted] stated that the family home at [redacted] in [redacted] was clean and organized. Investigator [redacted] stated that he located unopened CBD products that belonged to Ms. [redacted] Case Manager [redacted] thanked Investigator [redacted] for his 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:	2023-11-09 12:22:00	Contact Method:	Phone Call
Contact Time:	12:22 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/02/2024
Completed date:	01/02/2024	Completed By:	[redacted]

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/02/2024 04:53 PM Entered By: [redacted]

Case Manager [redacted] contacted the referent to inquire about reported information and any additional case relevant information available.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2023-11-09 12:20:00	Contact Method:	
Contact Time:	12:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/06/2023
Completed date:	12/06/2023	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/06/2023 11:50 AM Entered By: [redacted]

On 11/9/2023 at 12:37PM, a P-1 (Intake ID [redacted] was called into the Department of Childrens Services Child Abuse Hotline. The intake was screened into [redacted] County at 12:37PM with the allegation of Abuse Death against alleged perpetrators, Unknown Participant. The alleged child victim is [redacted] The intake was assessed and assigned to Case Manager [redacted] on 11/9/2023. Initial face to face response is due on 11/10/2023. It is unknown at this time if the child is of Native American decent. The local Juvenile Court and the District Attorneys Office are notified of referrals per local protocol. Notification of case assignment to the referent is automatically generated through the Department of Childrens Services CARAT System as requested.

The intake stated:
On Monday, 10/9/2023, DCS received referral # [redacted] regarding [redacted] and [redacted] The referral was assigned to Case Manager [redacted] as Case # [redacted] for Allegations of Lack of Supervision and Drug Exposed Child with the Alleged Perpetrator being [redacted] The following information comes from a Case recording dated on Thursday, 10/12/2023 @ 10:30 AM:

On Wednesday, 10/11/2023, CM [redacted] went to the home concerning the referral that was received. Upon arrival, CM [redacted] spoke with [redacted] about the purpose of the visit. CM [redacted] informed [redacted] that in the referral there were noted to be two children in the home but that only [redacted] was present at that time. [redacted] responded by informing CM [redacted] that [redacted] had passed away on Thursday, 9/21/2023. [redacted] reported that she had put [redacted] down for a nap and when [redacted] had gone to check on [redacted] that [redacted] found [redacted] not breathing. [redacted] was taken out of his crib and placed on the floor: CPR was started and 911 was called. It is unknown for certain who put [redacted] on the floor, who started CPR, or who called 911. [redacted] was transported to [redacted] Medical Center where he was pronounced deceased. It is unknown how [redacted] passed away. There were no further details given. The funeral was held at the [redacted] County Funeral home and then [redacted] body was cremated. It was documented that there were no concerns for the home.

CM [redacted] has received copies of the autopsy. According to the medical records received from the hospital, there was bruising noted on [redacted] body in the flank area, but it is unknown what side of the body this was on. There have not been any reported concerns for bruising to [redacted] On Sunday, 10/8/2023, [redacted] entered [redacted] Hospital for rehab.

Tennessee Department of Children's Services

Case Recording Summary

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

CM [redacted] has been in contact with the Staff at [redacted] discharge date is unknown. It is unknown what initially made [redacted] go to rehab.

A report is being made today because a report had not been made prior about [redacted] death. Although it is not in CM [redacted] Case Recording, Law Enforcement was dispatched to the home on the Date of Incident, and it is assumed that [redacted] had been transported via EMS to [redacted] Medical Center.

HOUSEHOLD COMPOSITION
The Alleged Child Victims primary household is comprised of the following individuals:
-- [redacted] birth mother
-- [redacted] brother
-- [redacted] maternal grandmother
-- [redacted] grandmothers paramour
-- [redacted] maternal uncle

BACKGROUND CHECKS
A TFACTS search was performed on 11/9/2023 for Department of Childrens Services history on the family members and other involved individuals and the following results were found:

-- 10/7/2023, [redacted]
ACV: [redacted]
AP: [redacted]
Classification: Drug Exposed Child ([redacted] Unable to complete, Lack of Supervision ([redacted] Unable to complete, Drug Exposed Child ([redacted] Services Needed, Lack of Supervision ([redacted] Services Needed.
Summary: During Case Manager [redacted] case, it was discovered that [redacted] passed away a few weeks prior. Case Manager [redacted] was unable to complete her investigation on [redacted] Ms. [redacted] admitted to using fentanyl and was at [redacted] Hospital and would be transferring to [redacted] for rehab.

-- 8/28/2019, [redacted]
ACV: [redacted]
AP: [redacted]
Classification: Sexual Abuse- Allegation Substantiated, Perpetrator Substantiated
Summary: [redacted] was forensically interviewed on 9/13/2019 and disclosed digital penetration by Mr. [redacted] Mr. [redacted] was not interviewed by the case manager due to requesting an attorney.

-- 10/23/2006, [redacted]
This case was investigated by Special Investigations. Case Manager [redacted] cannot view this case at this time.

-- 8/28/2006, [redacted]
This case was investigated by Special Investigations. Case Manager [redacted] cannot view this case at this time.

A search of the National Sex Offender Public Website was performed on the family members and other involved individuals and the following results were found:
-- No results were found based on the information provided.

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: 11/09/2023

Assignment Date: 11/09/2023

Street Adress: [redacted],

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

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 08/05/2024
2	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted], 12:00 AM	*Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 08/27/2024
3	[redacted]	[redacted]	Physical Abuse	Participant, Unknown		Allegation Substantiated / Perpetrator Unknown	No	[redacted] / 08/05/2024
4	[redacted]	[redacted]	Abuse Death	Participant, Unknown		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 08/05/2024

* = This allegation set has been reclassified.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: During the course of the investigation, it was determined that there was a preponderance of evidence to support the allegations of Abuse Death and Drug Exposed Child. Ms. [redacted] admitted to using Fentanyl around the children and during [redacted] date of death. [redacted] cause of death was determined to be Acute Fentanyl Intoxication. [redacted] has been safety placed.

D. Case Workers

Case Worker: [redacted] Date: 08/05/2024

Team Leader: [redacted] Date: 08/05/2024

E. Investigation Summary

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

Department of Children's Services

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

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

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

[redacted] is too young to be interviewed. Repeated observations of [redacted] showed him to be free of marks or bruising indicative of abuse or neglect.

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

Upon the opening of the case, Ms. [redacted] was admitted to an In-Patient Alcohol and Drug Rehabilitation Center. During the investigation, mother did not complete any court ordered services regarding her drug use.

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

Ms. [redacted] admitted to using Fentanyl on and around the time of [redacted] death. Ms. [redacted] was able to recount the details of the accident and relay them to CM [redacted]

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

There were no witnesses to the event.

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

Ms. [redacted] has been criminally charged in the death of [redacted] Ms. [redacted] has been adjudicated for Severe Abuse in regards to [redacted] due to her drug use.

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: 11/09/2023**
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: 07/24/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 11/14/2023	**Approver:** [redacted]

PARTICIPANTS

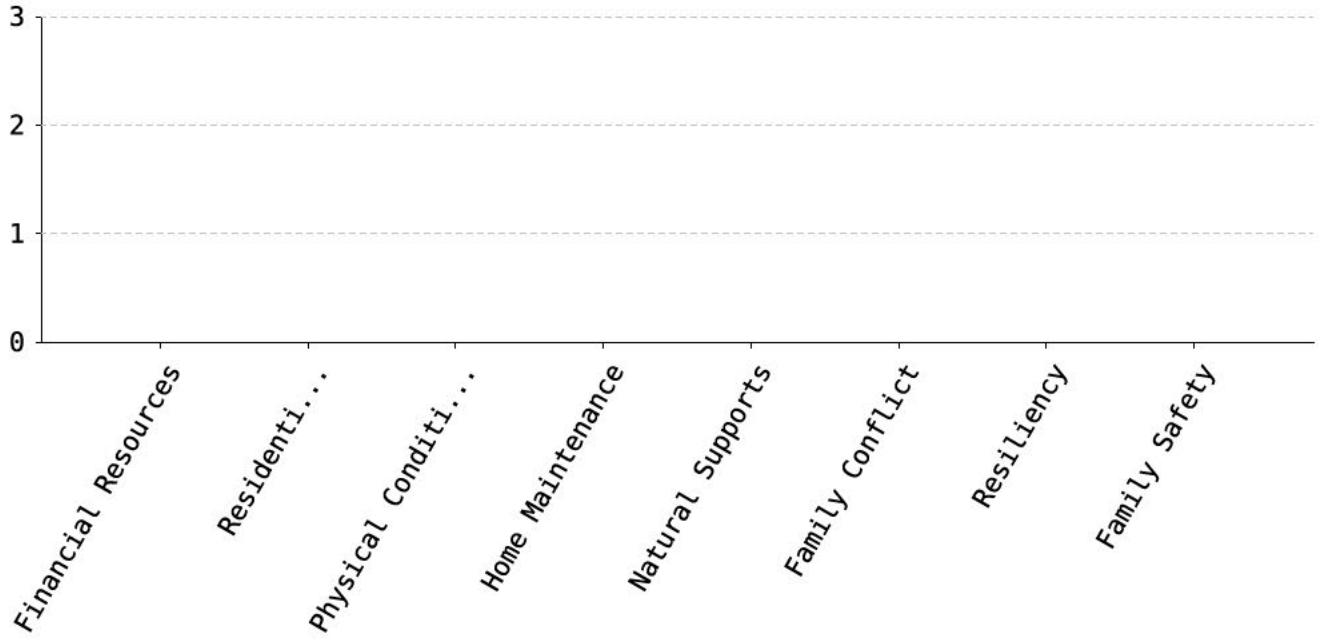
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (AP)	20 Yrs	Caregiver	F	[redacted]	N/A	N/A
[redacted]	74 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted] (ACV)	1 Yr 5	Youth	M	[redacted]	2	Low

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

Event Type: CPS Case	**Assessment Date:** 11/09/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

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

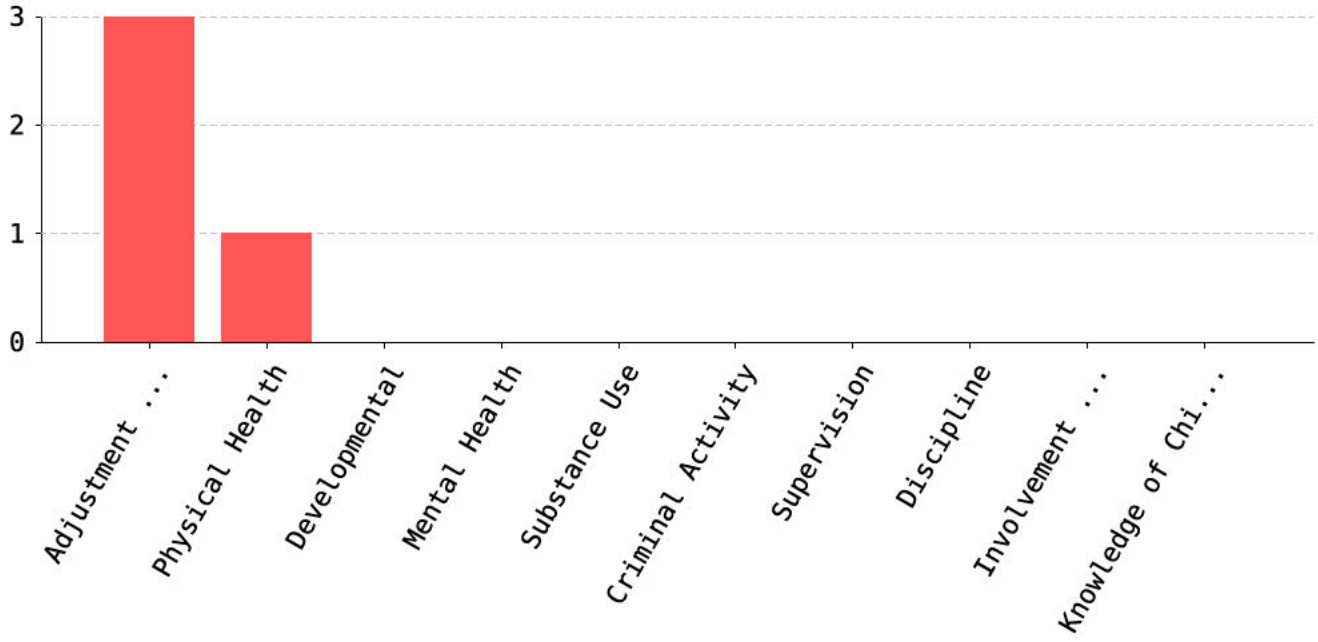


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 11/09/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

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

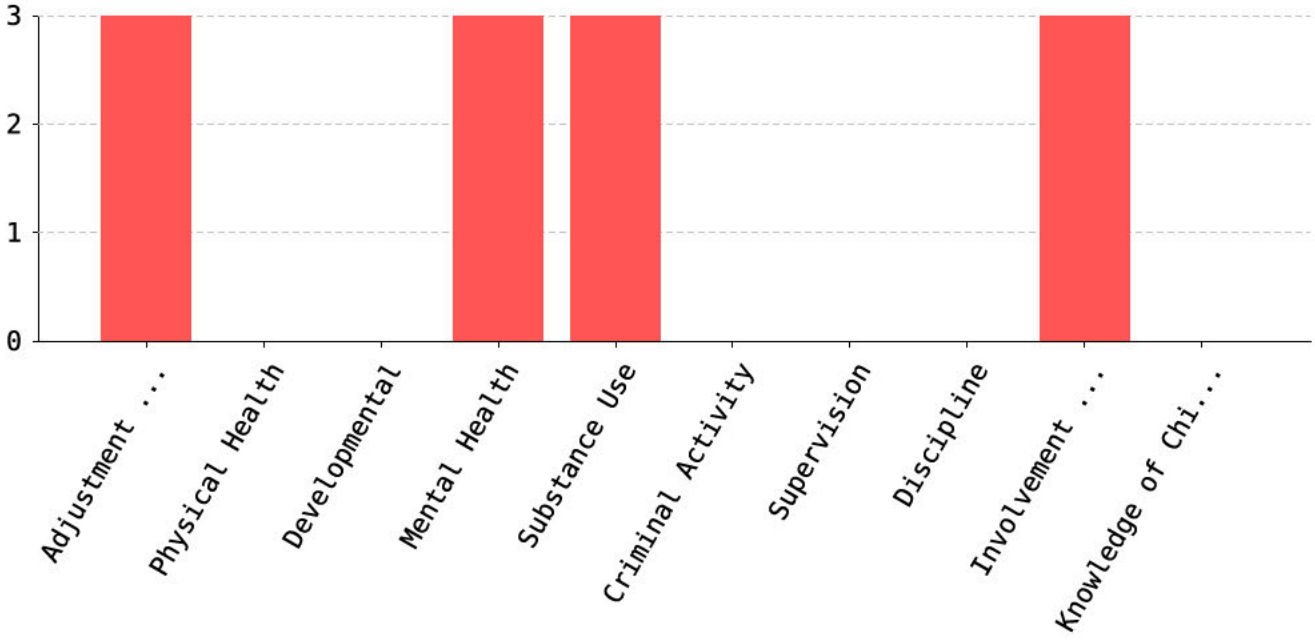


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	3	Ms. [redacted] is having a tough time dealing with the death of [redacted]
Physical Health	1	Ms. [redacted] had thyroid cancer in the past.
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	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:** 11/09/2023
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	3	Ms. [redacted] stated she began using fentanyl after the death of [redacted]
Physical Health	0	
Developmental	0	
Mental Health	3	Ms. [redacted] is not receiving grief counseling at rehab.
Substance Use	3	Ms. [redacted] admitted to using fentanyl from 9/23/2023 to 10/8/2023.
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	3	Ms. [redacted] is currently in rehab in [redacted] for the next 12 weeks.
Knowledge of Child and Family Needs	0	

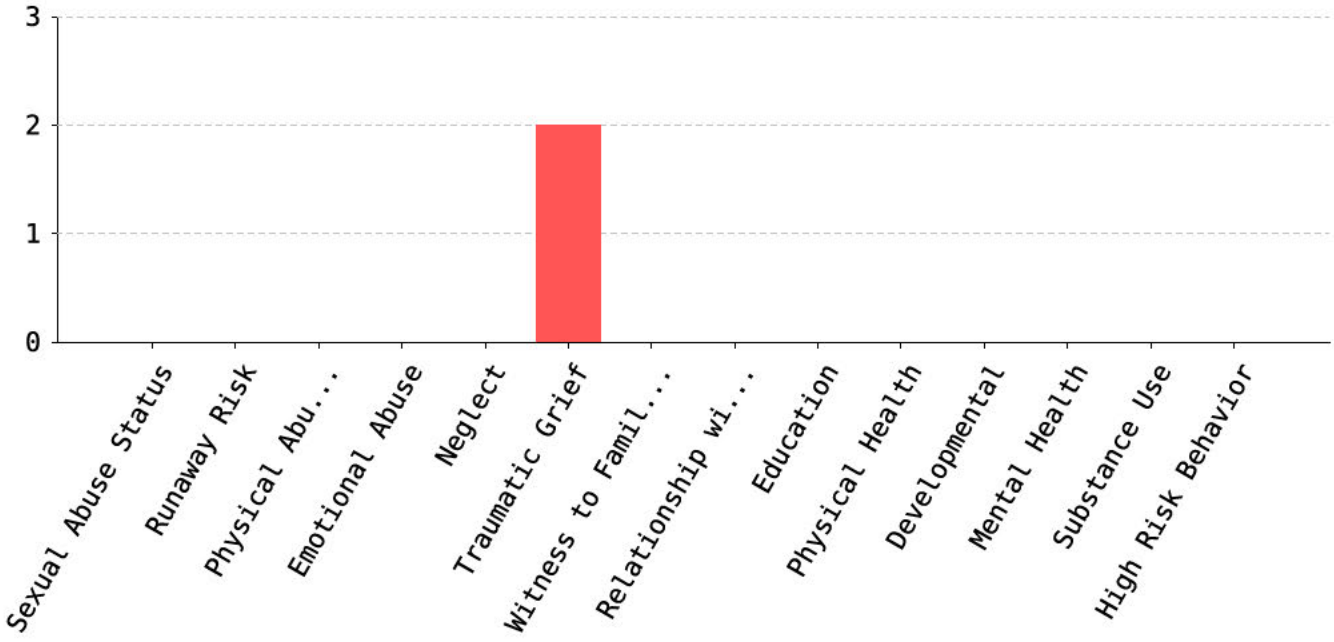
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 11/09/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

YOUTH

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

Participant: [redacted]	Person ID: [redacted]	Age:1 Yr 5 Mos



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	2	[redacted] has stopped speaking words since [redacted] passing. According to Ms. [redacted] was using a few words prior to [redacted] death.
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:** 11/09/2023
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	