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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 02/20/2024 02:28 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 02/22/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 02/22/2024 11:03 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 02/22/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 02/22/2024 12:00 AM

Allegations

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

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

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

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

Pending: No
Awaiting Screening: No
Submitted: No

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

Open CPS: No
Substantiated: No
Death: No
Screen Outs: [redacted] (duplicate)

History (not listed above):
ASMT [redacted] / DEC / NSN / 2021-10-29
ASMT [redacted] / DEC / NSN / 2021-10-29

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

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (15) lives with her father, [redacted] (40), her paternal aunt, Unknown, her paternal grandmother, [redacted] and an Unknown Adult in [redacted] County. There are four other children, Unknowns, in the home. [redacted] has custody of [redacted] Her mother, [redacted] (35), lives in [redacted] County; [redacted] receives visitations every other weekend. Her former stepmother is [redacted] (39). [redacted] and [redacted] have been separated for two years.

-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.
Ever since [redacted] was three years old, [redacted] had [redacted] in counseling. It is believed that [redacted] went into counseling after she had been sexually molested; this occurred prior to [redacted] and [redacted] dating. When [redacted] had lived with [redacted] she did not try to commit suicide. [redacted] reported that after she and [redacted] separated that [redacted] did not place [redacted] back with a counselor. It is unknown if [redacted] received a mental health diagnosis.

On Friday, 2/16/2024, [redacted] reported to [redacted] that [redacted] was in the hospital on Life Support. [redacted] reported that [redacted] had texted him that her heart hurt, she had taken 20 Tylenols, and that he needed to come home. [redacted] had texted back "20?" to which [redacted] "liked his message" to reassure him that is what she meant. [redacted] did not call Law Enforcement or an ambulance. [redacted] drove from where he was back to the home. [redacted] reported that when he got to the house, he found [redacted] collapsed at the foot of the bed. [redacted] tried to force [redacted] to drink water. [redacted] still did not call Law Enforcement or an ambulance. [redacted] picked up [redacted] and drove her to the [redacted] hospital.

The home is a four-bedroom doublewide; one bedroom is an office. The incident happened in [redacted] room because all the adults share a bedroom and bed with their children. [redacted] found [redacted] and he was the only one who had contact with her until she got to the hospital. [redacted] lied to [redacted] stating that she had talked to [redacted] that day and that [redacted] was fine. The reason [redacted] lied was because [redacted] school took [redacted] cell phone after she got in trouble at school. [redacted] had in her possession a Chrome book that belongs to the school and a cell phone that had no service.

On Saturday, 2/17/2024, [redacted] passed away after [redacted] and [redacted] disconnected her life support at 8:30 AM. Two hours earlier [redacted] and [redacted] had put up a Go Fund me account with a picture of [redacted] with the tubes in her. The account was set up to get more money although they are going to cremate her. It is believed that the potential cause of [redacted] death was Neglect because [redacted] had old and new self-inflicted marks on her wrist. Due to the marks on her wrist, it is believed that [redacted] had tried to commit suicide in the past. It is unknown if [redacted] listed Abuse or Neglect in the home as a reason for suicidal ideation.

[redacted] reported that it was so easy for [redacted] to let [redacted] go. [redacted] behavior at the hospital was abnormal. [redacted] was "high as a kite" and was fiddling with the tubes and had the nurses on edge. [redacted] had a friend with him and they were laughing and cracking jokes in the hospital. [redacted] kept repeating to [redacted] that [redacted] is not going to make it. [redacted] church friend had gone to the hospital and reported that [redacted] looked good.

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Tennessee Child Abuse Hotline Summary

[redacted] reported that [redacted] failed a drug test at the hospital for marijuana. The reason [redacted] did not call Law Enforcement or an ambulance was because he did not want to get in trouble for the illegal substances in his home. [redacted] reported that [redacted] was getting into his weed and stealing it so that is how her drug test was dirty. [redacted] had a ton of marijuana in the home and is known to smoke 24/7. There is never a time that [redacted] does not have a quarter pound of marijuana on him. [redacted] brags about smoking marijuana.

[redacted] and [redacted] are claiming that the cause of death [redacted] death was a Tylenol overdose. It took [redacted] two hours from the time [redacted] texted him until he got her to the hospital. Either [redacted] County Sheriff's Department Deputy [redacted] [redacted] or the SRO was the responding officer. It is unknown if there is domestic violence in the home. [redacted] has a history of domestic violence for beating [redacted] and he was charged in the past for beating a female with a stiletto. It is unknown if there are concerns for mental health that pose a risk to children's safety.

[redacted] has a journal at [redacted] house. [redacted] would say it was just like [redacted] was talking to God when she wrote in it. [redacted] had heavy communications with [redacted] girls. They said as time went on [redacted] shut them out. [redacted] described a girl with a baby who had brain cancer, she was a girl who was associated with [redacted] and she recently died from a drug overdose within the last two years. [redacted] believes the baby is [redacted] child. The others who died within the last 3 or 4 years died around [redacted] but they were adults. It was reported that [redacted] and his mother got these dead people's jewelry and belongings and shipped it back to Jamaica. The children are still living at the house. It is unknown if there are other risk of harms. [redacted] had a history of hiding guns in [redacted] home.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
[redacted] and [redacted] are very dangerous because they are powerful and connected with folks from Florida, Georgia, Alabama, Tennessee, and North Carolina. They live like they are poor, but they are not. It was heard that [redacted] is mixed with human trafficking (unknown if it is with children) and heroin from the Cannon Islands.

-Anything additional to add to this initial report for the responding worker to know prior to response?
Take the police.

Intake Notation: No
Screener Notation: Reference screened out intakes #[redacted]. With this new intake, case assignment was discussed and approved by Director [redacted].

Emailed/Paged CPSI On Call: Yes, emailed UC CPS Region for P1 Death notification.
Notified Child Death/Preliminary Near-Death Notification Group via Email, CC'd Child Programs Director [redacted]

Investigation Track - P1 Child Death
[redacted], CAH Director, on 2/22/24 @ 10:42am

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: Black/African | Age: Deceased

Address: , [redacted] Tennessee

Deceased Date: 02/17/2024

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: OTHER

Contact Comments: [redacted] mom [redacted] ([redacted] is stepmom to the child)

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

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

SSN:
Race: Black/African
Age: 40 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

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

SSN:
Race:
Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Black/African | Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

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

SSN: | Race: Race Unknown | Age: 35 Yrs (Est)

Address: , Sparta, Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-30 19:38:00	Contact Method:	
Contact Time:	07:38 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/30/2024
Completed date:	09/30/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2024 07:38 PM Entered By: [redacted]

Lead Investigator (LI) [redacted] reviewed this case for closure on 09.30.2024. There are abuse death allegations with the alleged child victims (ACV) listed as [redacted] and the alleged perpetrator (AP) listed [redacted] birth father.
CPSI and TL [redacted] presented the case to CPIT and due to the lack of evidence obtained during the investigation this case was agreed to classify as Allegations Unsubstantiated/ Perpetrator Unsubstantiated.
FAST scored as Immediate Intervention Not Recommended /No Need/Risk.

Due to no risk or need, services were not implemented by the Department of Childrens Services.

Juvenile Judge and/or DA will be notified via 740 per local protocol.

Tennessee Department of Children's Services

Case 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 11:01:00	Contact Method:	
Contact Time:	11:01 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	09/30/2024
Completed date:	09/30/2024	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/30/2024 11:01 AM Entered By: [redacted]

Closing Summary: [redacted]

The Department of Childrens Services (DCS) received a referral on February 20, 2024, for allegations of Abuse Death regarding Alleged Child Victim (ACV) [redacted] (Date of Birth: [redacted]). The Alleged Perpetrator (AP) was identified as [redacted] birth father. This investigation was assigned to Child Protective Services Case Manager (CM) [redacted] with Team Leader (TL) [redacted] The case was worked in conjunction with [redacted] County Sheriffs Department Investigator [redacted] (15) lived at home with her birth father, [redacted] It was reported [redacted] primarily resided with her birth father [redacted] and had regular visitation with the birth mother [redacted] every other weekend.

The report states that on February 16, 2024 [redacted] found [redacted] collapsed at the foot of the bed. He transported [redacted] to [redacted] Hospital, [redacted] TN by private vehicle to ensure care. [redacted] was initially responsive and declined as she went into liver failure and was transferred to [redacted] By February 17, 2024 [redacted] condition worsened and life support was removed, with her passing away that same day. The hospital reported no other signs of trauma and did not report this to the department initially.

On March 5, 2024, CM [redacted] and Investigator [redacted] interviewed [redacted] He reported no concern the evening prior to [redacted] death. He stated [redacted] went to her room at 8:30pm and on to bed. The next morning when he checked on her, [redacted] had vomited in the bed. The father reported it was not uncommon for [redacted] to do this during her menstrual cycle, and that is what she reported that morning. The father stated he went to the store to get her a Sprite then went to work, which is approximately an hour away from the home. At 1:30pm the father received a text from [redacted] that her heart hurt and she had taken 20 Tylenol. He left work and went to check on her and found her unresponsive. He transported her to the hospital and was there by 3:00pm. The father reported [redacted] had no mental health concerns or problems to his knowledge preceding this incident and was not involved in any mental health services. The father stated he has heard rumors [redacted] was upset over a boy, and this has been a rumor at [redacted] school as well. [redacted] passed away on February 17, 2024, from complications from an overdose ingestion of Tylenol.

CM [redacted] attempted to locate and interview [redacted] however she could not be contacted.

Tennessee Department of Children's Services

Case Recording Summary

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

There was no autopsy requested regarding ACV [redacted]
On March 15, 2024, CM [redacted] presented the case to [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were: [redacted] (DCS CM), [redacted] (DCS TL), [redacted] (Childrens Advocacy Center), [redacted] (Assistant District Attorney), [redacted] (District Attorney), [redacted] County Sheriffs Department), [redacted] County Youth Services Officer, [redacted] (Counselor). The team agreed to classify the allegations as allegation unsubstantiated/perpetrator unsubstantiated regarding AP [redacted] against ACV [redacted]

Per DCS Policy Work Aid 1 Section B: Drug Exposed Child is defined as This allegation pertains to a person under the age of eighteen (18) who:
Per DCS Policy Work Aid 1 Section G, Child Death/Near Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or legal custodian/caretaker's failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

There is not preponderance of evidence to support the allegation of Abuse Death. The case will be closed and classified as allegation unsubstantiated, perpetrator unsubstantiated.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-08-28 07:24:00	Contact Method:	
Contact Time:	07:24 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/28/2024
Completed date:	08/28/2024	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: 08/28/2024 07:26 AM Entered By: [redacted]

TL [redacted] reviewed this case. Executive Director [redacted] is reviewing this case file for closure. At this time CM [redacted] is still needing to clarify some details around the case. This information will be updated and sent for review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-12 20:38:00	Contact Method:	
Contact Time:	08:38 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/12/2024
Completed date:	07/12/2024	Completed By:	[redacted]

Purpose(s): 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: 07/12/2024 08:41 PM Entered By: [redacted]

TL [redacted] and CM [redacted] sent this for review. At this time the tasks that need to be completed per the review are as follows: Medical Records from [redacted] and [redacted] need to be obtained. Prior Mental Health needs evaluated, CPIT form updated; Update the notes to include the request to drug screen the father, speaking with the mother. These tasks were sent to CM [redacted] to complete for further review.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-06-26 08:34:00	Contact Method:	
Contact Time:	08:34 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/28/2024
Completed date:	06/28/2024	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: 06/28/2024 04:02 PM Entered By: [redacted]

This case summary was sent for review. The death certificate and certificate of live birth was uploaded on this case. There is no autopsy on 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:	2024-05-30 09:00:00	Contact Method:	
Contact Time:	09:00 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

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2024 08:21 AM Entered By: [redacted]

CS-740 form was completed on this date and a copy has been placed in the 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:	2024-05-30 08:00:00	Contact Method:	
Contact Time:	08:00 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

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2024 08:20 AM Entered By: [redacted]

FAST, Family advocacy and support tool was completed and the scoring showed: No Risk/ Need.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-05-16 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/19/2024
Completed date:	05/19/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/19/2024 11:15 PM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case. CM [redacted] needs to update dictation and submit the case summary 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:	2024-04-30 10:40:00	Contact Method:	
Contact Time:	10:40 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/02/2024
Completed date:	05/02/2024	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: 05/02/2024 10:23 AM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed this case. Dictation needs to be updated and this case needs to be reviewed 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:	2024-04-01 08:00:00	Contact Method:	
Contact Time:	08:00 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

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2024 08:24 AM Entered By: [redacted]

Finding Statement:

A copy of the Classification and Summary will be submitted to Team Leader [redacted] for review and a copy sent to the Juvenile Court Judge.

At this time there is no evidence to support the allegations of abuse death as defined by DCS Policy.

The investigation is closed as allegations unsubstantiated/perpetrator unsubstantiated. Per Policy 14.7 this classification is appropriate when there is not a preponderance of evidence to support the allegation occurred and the AP identified in the report was not found to be responsible for any abuse or neglect.

Notice of classification pursuant to 37-105 sent to Juvenile Court, District Attorney, and Law Enforcement.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-03-28 09:17:00	Contact Method:	
Contact Time:	09:17 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/28/2024
Completed date:	03/28/2024	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: 03/28/2024 09:19 AM Entered By: [redacted]

TL [redacted] and CM [redacted] staffed the case. The father was spoken with and he reports not having much information as far as signs of his child attempting suicide. There are no other children in the home. The father has recently moved from the residence and in his own apartment. CM [redacted] and TL [redacted] submitted this case to the [redacted] Judicial district CPIT Team where it was agreed to classify this case as allegations unsubstantiated/perpetrator unsubstantiated. CM [redacted] needs to complete the Case Summary Closure and submit this case for review. There was no autopsy performed on this child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-03-15 09:00:00	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	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): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] atty; [redacted] Counselor, [redacted] CAC [redacted] YSO Officer [redacted] District Attorney [redacted] Investigator [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2024 09:26 AM Entered By: [redacted]

Correction Allegations Unsubstantiated/ Perpetrator Unsubstantiated. This was a mistype. Form is uploaded

05-13-2024 -Child Protective Services Investigator (CPSI) [redacted] staffed this case with the [redacted] County Child Protective Investigative Team (CPIT) on this date. The Child Protective Investigative Team (CPIT)made an agreement to classify this case as Allegation Substantiated / Perpetrator Substantiated. All Members were in agreement.

Child Protective Services Investigator (CPSI) [redacted]
Child Protective Services Lead Investigator (CPS LI) [redacted]
Children's Advocacy Center Director [redacted]
[redacted] County Assistant District Attorney General [redacted]
County District Attorney General [redacted]
County Sheriff's Department Investigator [redacted]
County Youth's Services Officer [redacted]
Counselor [redacted]

Narrative Type: Addendum 1 Entry Date/Time: 07/17/2024 11:57 AM Entered By: [redacted]

Correction Allegations Unsubstantiated/ Perpetrator Unsubstantiated. This was a mistype. Form is 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:	2024-03-08 09:00:00	Contact Method:	Attempted Phone Call
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	07/17/2024
Completed date:	07/17/2024	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: 07/17/2024 11:52 AM Entered By: [redacted]

CPS CM [redacted] attempted to contact the mother Ms. [redacted] and gained no response.

Tennessee Department of Children's Services

Case 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 15:30:00	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	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): Alleged Perpetrator Interview,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] Investigtor [redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2024 09:50 AM Entered By: [redacted]

Father reports that [redacted] was on no prior medications for mental health at the time of her overdose. Mr. [redacted] reported that [redacted] had not seen counselor since she was very little.

CPSI [redacted] spoke with [redacted] grandmother, aunt, uncle and cousins present at the residence none of which reported any abuse or neglect or concerns of Miss [redacted] mental health. CPS CM [redacted] did not observe any concerns to conduct a drug screen on the father on this date.

Child Protective Services Investigator (CPSI) [redacted] and [redacted] County Sheriff Department Investigator [redacted] made a home visit to meet with Mr. [redacted] on this date. Investigator [redacted] interviewed Mr. [redacted] and Mr. [redacted] story remained the same in the chain of events that occurred. There has been no evidence produced or found at this point in the investigation that anything other than Miss [redacted] took her own life from overconsumption of Tylenol that, had ill effects on her body and resulted in her death. Mr. [redacted] welcomed CPS Investigator and Investigator [redacted] into the home, but he is in the process of moving into a different home within the next few days. Miss [redacted] memorial was held the past weekend on March 2nd, 2024, and many families are still in town from the memorial. Child Protective Services Investigator thanked Mr. [redacted] and left the home at this time.

The family was hard to engage, and CPS CM [redacted] did not obtain the names of everyone as the family was grieving and in town for [redacted] memorial service. CPS CM [redacted] did not push any issues after no one reported any concerns of abuse or neglect. CPS CM [redacted] respected the family during this challenging time of processing their loss.

Narrative Type: Addendum 3 Entry Date/Time: 08/28/2024 08:35 AM Entered By: [redacted]

The family was hard to engage, and CPS CM [redacted] did not obtain the names of everyone as the family was grieving and in town for [redacted] memorial service. CPS CM [redacted] did not push any issues after no one reported any concerns of abuse or neglect. CPS CM [redacted] respected the family during this challenging time of processing their loss.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

Narrative Type: Addendum 2 Entry Date/Time: 07/17/2024 12:00 PM Entered By: [redacted]

Father reports that [redacted] was on no prior medications for mental health at the time of her overdose. Mr. [redacted] reported that [redacted] had not seen counselor since she was very little.

Narrative Type: Addendum 1 Entry Date/Time: 07/17/2024 11:59 AM Entered By: [redacted]

CPSI [redacted] spoke with [redacted] grandmother, aunt, uncle and cousins present at the residence none of which reported any abuse or neglect or concerns of Miss [redacted] mental health. CPS CM [redacted] did not observe any concerns to conduct a drug screen on the father on this date.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-26 13:00:00	Contact Method:	
Contact Time:	01:00 PM	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): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/05/2024 12:04 PM Entered By: [redacted]

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

The CPS investigation was assigned on 2/22/24 concerning the death of ACV [redacted] (15yo). It was reported [redacted] primarily resided with her birth father [redacted] and had regular visitation with the birth mother [redacted] every other weekend. Also residing at the fathers home is the paternal grandmother [redacted] and a paternal aunt [Unknown]. It is currently unknown if any other minors reside in the fathers home, but the father has no other children.

On 2/16/24 the father found [redacted] collapsed at the foot of the bed. He transported [redacted] to the hospital by private vehicle to ensure care ASAP. [redacted] was initially responsive and declined as she went into liver failure and was transferred to [redacted] By 2/17/24 [redacted] condition worsened and life support was removed, with her passing away that same day. The hospital reported no other signs of trauma.

The father reported no concern the previous evening on 2/15/24. He stated [redacted] went to her room at 8:30pm and on to bed. The next morning when he checked on her, [redacted] had vomited in the bed. The father reported it was not uncommon for [redacted] to do this during her menstrual cycle, and that is what she reported that morning. The father stated he went to the store to get her a Sprite then went to work, which is approximately an hour away from the home. At 1:30pm the father received a text from [redacted] that her heart hurt and she had taken 20 Tylenol. He left work and went to check on her and found her unresponsive, getting her to the hospital by 3pm. The father reported [redacted] had no mental health concerns or problems to his knowledge preceding this incident, and was not involved in any mental health services. The father stated he has hear rumors [redacted] was upset over a boy, and this has been a rumor at [redacted] school as well.

LE request CPS not interact with the family until LE could be present and initiate contact. CM is supposed to completed contact with LE today.

Tennessee Department of Children's Services

Case Recording Summary

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

Next Steps:
-- CM will request ACVs medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete interviews with the parents and all household members. CM will complete safety assessment for any minors resining in the incident home.
-- CM will request drug screen with the father.
-- CM and LE will complete referent interview.
-- CM will complete collateral with ACVs school.
-- CM will document and upload autopsy into TFACTS once received (if applicable).
-- 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:	2024-02-22 10:59:00	Contact Method:	
Contact Time:	10:59 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/23/2024
Completed date:	02/23/2024	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: 02/23/2024 02:54 PM Entered By: [redacted]

The Department of Children's Service received a P1 referral on 02.22.2024, alleging abuse death naming [redacted] as the alleged child victim (ACV) and the (AP) alleged perpetrator is listed as [redacted] The referral was assessed and assigned by CPS Reader. CPS Reader assigned the case to (CPSI) CPIT/Triage and PAIR Child Protective Service Case Manager [redacted]
Next Steps: CPSI will initiate the case and assess for safety. Complete Investigative tasks.
Judge and DA with appropriate Law Enforcement will be notified per local protocol.
A referral Intake [redacted] was called in on 02.14.2024 @ 6:27 pm below was this referral:
-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (15) lives with her father, [redacted] (38), in [redacted] County. [redacted] grandmother, [redacted] and possibly an aunt (name unknown) live in the home.

[redacted] (38) is [redacted] mother whose contact information is unknown.

-Does the child have any special needs or disabilities?
None known

-Please describe in detail what has prompted your call today.
[redacted] is being transported to [redacted] Childrens Hospital by ambulance after taking 20 Tylenol 500mg tablets last night. [redacted] is riding in the ambulance and [redacted] is following in his vehicle. Officer [redacted] with the [redacted] County Sheriffs responded at [redacted] Hospital and saw [redacted] was awake, laying on her side and holding her stomach when Officer [redacted] saw her. Officer [redacted] did not observe any physical injuries. Officer [redacted] was told by hospital staff that it looks like a suicide attempt. Officer [redacted] called the on-call DCS worker for [redacted] County, [redacted] and she called [redacted] to get additional information. TL [redacted] was contacted and she advised a report should be made with the Hotline.

[redacted] was normal last night and went to bed. This morning when [redacted] went to wake up [redacted] for school, she had vomited in the bed. [redacted] assumed it was [redacted] time of month and let her stay home from school. [redacted] went and

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

bought Sprite for [redacted] and he went to work late. [redacted] and [redacted] texted back and forth during the day. Around 1:30 PM, [redacted] texted [redacted] telling him that her heart hurt, and she took 20 Tylenol last night. [redacted] immediately came home from work and took [redacted] to [redacted] Hospital. Someone at the hospital called Officer [redacted] with the [redacted] County Sheriffs Office as [redacted] was about to be transported to [redacted] apparently called [redacted] to let her know what was happening and she came to the hospital.

[redacted] says there have been no arguments and [redacted] was fine last night before she went to bed. [redacted] has no idea why [redacted] took pills. [redacted] assumes it is over a boy, but [redacted] did not tell him that.

There is no report that [redacted] has disclosed abuse or neglect.

-Does the child have any injuries from the abuse or neglect?
None reported.

-When did the abuse or neglect occur?
[redacted] said she took 20 Tylenol last night.

-Where did the abuse or neglect occur?
At home

-Has the child made a disclosure of the abuse or neglect?
No.

-What do the childs parents/caregivers say about the abuse/neglect?:
[redacted] says there have been no arguments and [redacted] was fine last night before she went to bed. [redacted] has no idea why [redacted] took pills. [redacted] assumes it is over a boy, but [redacted] did not tell him that. It is unknown what [redacted] says.

-Are there any concerns for Domestic Violence in the home that pose a danger to the childs safety?
no

-Is anyone in the home protective of this child? If yes, who?:
It sounds like [redacted] is protective.

-Where is the child currently located?:
[redacted] is being transported to [redacted] Childrens Hospital.

-When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?:
[redacted] is safe and will probably be admitted to the hospital.

-Are there any concerns for the safety of a Department of Childrens Services Case Manager responding to the childs home?:
None known. [redacted] was very cooperative when the DCS worker called and spoke to him.

Per SDM: Screen Out. Does not meet the definition of abuse or neglect as established by Tennessee Law and Rules.
[redacted], Intake Specialist on 2/14/24 at 8:01 PM

Tennessee Department of Children's Services
Case 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 08:05:00	Contact Method:	
Contact Time:	08:05 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

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2024 08:20 AM Entered By: [redacted]

FAST, Family advocacy and support tool was completed and the scoring showed: No Risk/ Need.

Tennessee Department of Children's Services

Case 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 08:00:00	Contact Method:	
Contact Time:	08:00 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

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/03/2024 08:15 AM Entered By: [redacted]

Documentation of Initial SDM
Safety, Permanence, Well-being
Date: 02-22-2024
Child Protective Services Case Manager (CPS CM) [redacted] completed the initial Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 1. Safe. No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-21 08:00:00	Contact Method:	Face To Face
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/23/2024
Completed date:	02/23/2024	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/23/2024 02:50 PM Entered By: [redacted]

Per DCS Policy CM is not requested to meet response on a child that is already deceased. TL [redacted] found that the child was already deceased and cremated by the time this referral was screened in.
[redacted] age 15 of [redacted] Tennessee passed from this life on Saturday, February 17, 2024, at Children's Hospital at [redacted] in [redacted] Tennessee.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2024-02-20 08:05:00	Contact Method:	
Contact Time:	08:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/22/2024
Completed date:	03/23/2024	Completed By:	System Completed

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: 03/22/2024 09:20 AM Entered By: [redacted]

CPIT Notification:
Child Protective Investigate Team (CPIT) was convened on:

Child Protective Services Case Manager [redacted] gave notice to the following [redacted] County Child Protective Investigative Team Members

[redacted]
County District Attorney General [redacted]
County Assistant District Attorney General [redacted]
County Children's Advocacy Center Director [redacted]
County Children's Advocacy Center Forensic Interviewer [redacted]
County Children's Advocacy Center Family Advocate [redacted]
County Sheriff Department Investigator [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:	System Completed
Contact Date:	2024-02-20 08:00:00	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/22/2024
Completed date:	03/23/2024	Completed By:	System Completed

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 03/22/2024 09:01 AM Entered By: [redacted]

Initial Case Summary:

Child Protective Services (CPS) received this case on 02-20-2024 as a priority response P1 with allegations of Abuse Death (Severe). The victim Alleged Child Victim (ACV) is listed as [redacted] and the alleged perpetrator (AP) is [redacted] The referral was assessed and assigned by Reader, [redacted], on 02-20-2024 to Child Protective Services Investigator Case Manager (CPS CM) [redacted] Response is due on 02-21-2024.

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (15) lives with her father, [redacted] (40), her paternal aunt, Unknown, her paternal grandmother, [redacted] and an Unknown Adult in [redacted] County. There are four other children, Unknowns, in the home. [redacted] has custody of [redacted] Her mother, [redacted] (35), lives in [redacted] County; [redacted] receives visitations every other weekend. Her former stepmother is [redacted] (39). [redacted] and [redacted] have been separated for two years.

-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.
Ever since [redacted] was three years old, [redacted] had [redacted] in counseling. It is believed that [redacted] went into counseling after she had been sexually molested; this occurred prior to [redacted] and [redacted] dating. When [redacted] had lived with [redacted] she did not try to commit suicide. [redacted] reported that after she and [redacted] separated [redacted] did not place [redacted] back with a counselor. It is unknown if [redacted] received a mental health diagnosis.

On Friday, 2/16/2024, [redacted] reported to [redacted] that [redacted] was in the hospital on Life Support. [redacted] reported that [redacted] had texted him that her heart hurt, she had taken 20 Tylenols, and that he needed to come home. [redacted] had texted back 20? to which [redacted] liked his message to reassure him that is what she meant. [redacted] did not call Law Enforcement or an ambulance. [redacted] drove from where he was back to the home. [redacted] reported that when he got to the house, he found [redacted] collapsed at the foot of the bed. [redacted] tried to force [redacted] to drink water. [redacted] still did

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

not call Law Enforcement or an ambulance. [redacted] picked up [redacted] and drove her to the [redacted] hospital.

The home is a four-bedroom doublewide; one bedroom is an office. The incident happened in [redacted] room because all the adults share a bedroom and bed with their children. [redacted] found [redacted] and he was the only one who had contact with her until she got to the hospital. [redacted] lied to [redacted] stating that she had talked to [redacted] that day and that [redacted] was fine. The reason [redacted] lied was because [redacted] school took [redacted] cell phone after she got in trouble at school. [redacted] had in her possession a Chrome book that belongs to the school and a cell phone that had no service.

On Saturday, 2/17/2024, [redacted] passed away after [redacted] and [redacted] disconnected her life support at 8:30 AM. Two hours earlier [redacted] and [redacted] had put up a Go Fund me account with a picture of [redacted] with the tubes in her. The account was set up to get more money although they are going to cremate her. It is believed that the potential cause of [redacted] death was Neglect because [redacted] had old and new self-inflicted marks on her wrist. Due to the marks on her wrist, it is believed that [redacted] had tried to commit suicide in the past. It is unknown if [redacted] listed Abuse or Neglect in the home as a reason for suicidal ideation.

[redacted] reported that it was so easy for [redacted] to let [redacted] go. [redacted] behavior at the hospital was abnormal. [redacted] was high as a kite and was fiddling with the tubes and had the nurses on edge. [redacted] had a friend with him and they were laughing and cracking jokes in the hospital. [redacted] kept repeating to [redacted] that [redacted] is not going to make it. [redacted] church friend had gone to the hospital and reported that [redacted] looked good.

[redacted] reported that [redacted] failed a drug test at the hospital for marijuana. The reason [redacted] did not call Law Enforcement or an ambulance was because he did not want to get in trouble for the illegal substances in his home. [redacted] reported that [redacted] was getting into his weed and stealing it so that is how her drug test was dirty. [redacted] had a ton of marijuana in the home and is known to smoke 24/7. There is never a time that [redacted] does not have a quarter pound of marijuana on him. [redacted] brags about smoking marijuana.

[redacted] and [redacted] are claiming that the cause of death [redacted] death was a Tylenol overdose. It took [redacted] two hours from the time [redacted] texted him until he got her to the hospital. Either [redacted] County Sheriffs Department Deputy [redacted] [redacted] or the SRO was the responding officer. It is unknown if there is domestic violence in the home. [redacted] has a history of domestic violence for beating [redacted] and he was charged in the past for beating a female with a stiletto. It is unknown if there are concerns for mental health that pose a risk to childrens safety.

[redacted] has a journal at [redacted] house. [redacted] would say it was just like [redacted] was talking to God when she wrote in it. [redacted] had heavy communications with [redacted] girls. They said as time went on [redacted] shut them out. [redacted] described a girl with a baby who had brain cancer, she was a girl who was associated with [redacted] and she recently died from a drug overdose within the last two years. [redacted] believes the baby is [redacted] child. The others who died within the last 3 or 4 years died around [redacted] but they were adults. It was reported that [redacted] and his mother got these dead peoples jewelry and belongings and shipped it back to Jamaica. The children are still living at the house. It is unknown if there are other risk of harms. [redacted] had a history of hiding guns in [redacted] home.

-Are there any concerns for the safety of a Department of Childrens Services Case Manager responding to the childs home?
[redacted] and [redacted] are very dangerous because they are powerful and connected with folks from Florida, Georgia, Alabama, Tennessee, and North Carolina. They live like they are poor, but they are not. It was heard that [redacted] is mixed with human trafficking (unknown if it is with children) and heroin from the Cannon Islands.

-Anything additional to add to this initial report for the responding worker to know prior to response?
Take the police.

Tennessee Department of Children's Services

Case Recording Summary

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

Intake Notation: No
Screener Notation: Reference screened out intakes #[redacted]. With this new intake, case assignment was discussed and approved by Director [redacted].

CPSI [redacted] verified the familys history of involvement with DCS through a search with DCS through a search of TFACTS and the following history was found:

Investigations Linked

Investigation ID	Investigation Create Date	Investigation Name	Investigation Track	Investigation Status
[redacted]	02/22/2024	[redacted]	Investigation	Open unlink
[redacted]	10/20/2021	[redacted]	Assessment	Closed
[redacted]	03/31/2015	[redacted]	Investigation	Closed
[redacted]	05/23/2014	[redacted]	Investigation	Closed
[redacted]	07/26/2013	[redacted]	Investigation	Closed
[redacted]	07/08/2013	[redacted]	Investigation	Closed
[redacted]	02/04/2013	[redacted]	Assessment	Closed
[redacted]	02/29/2012	[redacted]	Investigation	Closed
[redacted]	06/26/2007	[redacted]	Special Investigation (SIU)	Closed
[redacted]	10/26/2006	[redacted]	Assessment	Closed
[redacted]	08/03/2006	[redacted]	Investigation	Closed

Tennessee Department of Children's Services

Case Recording Summary

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

Initial Family Composition:
[redacted] D.O.B. [redacted], Father/Alleged Perpetrator
[redacted] D.O.B. [redacted], Alleged Child Victim

Child Protective Services Case Manager [redacted] completed checks on all Perpetrators in the residence and perpetrators at the following websites:
TN Sex Offender Results. No Findings
National Sex Offender Results. No findings
TN Felony Offender Results. No Findings
TN Meth Offender Results. No Findings
Abuse Registry Results. No Findings
Local [redacted] Results Requested

Notification of referral was sent to the Judge.
Notification of this referral was sent to the District Attorney.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-02-14 17:52:00	Contact Method:	Phone Call
Contact Time:	05:52 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	02/24/2024
Completed date:	02/24/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/24/2024 03:51 PM Entered By: [redacted]

Phone Call:
Child Victim: [redacted] D.O.B [redacted]
Father: [redacted] D.O.B [redacted]
Phone: [redacted]
DCS Referral Number: [redacted]
[redacted] CMI
02-14-2024 5:52PM

Case Manger (CM) [redacted] received a phone call from Investigator [redacted] with the [redacted] County Sheriffs Department on 02-14-2024 @ 5:52PM. Investigator [redacted] was leaving [redacted] Hospital. Investigator [redacted] reported that 15-year-old [redacted] was being transported to [redacted] Children's Hospital for an intentional overdose of 20 Tylenol tabs. [redacted] was awake and talking when Investigator [redacted] was at [redacted] Hospital. Investigator [redacted] reported [redacted] as [redacted] father and gave CM [redacted] his phone number and requested the CM [redacted] call and make a referral to the DCS hotline.

CM [redacted] called [redacted] @ 5:59PM to obtain more information in order to make the DCS referral. Mr. [redacted] reported that on the evening of 2-13-2024, [redacted] and himself had dinner together and [redacted] was upset that her package from Amazon had not arrived. Mr. [redacted] reported that everything was normal. Around 8:30pm Mr. [redacted] walked into [redacted] room and shut off her TV and told her goodnight. Mr. [redacted] woke up on 2-14-2024 @ 5:45am to go to work in [redacted] TN. Mr. [redacted] walked into [redacted] room to make sure she was up for school and noticed that she had vomited in the night. Mr. [redacted] assumed that [redacted] was on her monthly period because she normally vomits with her cycle. Mr. [redacted] went to the store and bought [redacted] some sprite and took it home to her. Mr. [redacted] reports that [redacted] sat up and drank some of the sprite. He told [redacted] to stay home from school and that he would check on her later. Mr. [redacted] left late for work around 6:30am and it normally takes him 1 hour to get to work. At 9:00am Mr. [redacted] text [redacted] and asked if she was ok and [redacted] responded that she was ok. Mr. [redacted] received a text message from [redacted] at 1:30pm saying my heart hurts and I took 20 Tylenol last night. Mr. [redacted] left work, went home and picked up [redacted] and took her directly to [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

[redacted] Hospital. They arrived at the hospital around 3:00PM. Mr. [redacted] stated that he had no idea that [redacted] had taken the Tylenol, but he thinks it was possibly over a boy. Mr. [redacted] reported that he was following the ambulance that was transporting [redacted] and her mother [redacted] to [redacted] Hospital. CM [redacted] thanked Mr. [redacted] for speaking with her and told him to give her number to the social worker at [redacted] in case they needed anything.

CM [redacted] called TL [redacted] at 6:13PM and reported the situation to her. CM [redacted] was instructed to make the referral to the hotline, but normally intentional overdoses are not investigated.

CM [redacted] received a phone call at 7:35pm from a Social Worker at [redacted] Hospital. She reported that based on [redacted] Tylenol levels in her body, [redacted] will need a new liver within 48 hours, or she will die. At the time of the phone call, [redacted] was talking, and the Social Worker did not suspect any type of abuse by the parents.

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: 02/20/2024

Assignment Date: 02/22/2024

Street Adress: [redacted]

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

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse CSEM	Classified By Classified
1	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes / No	[redacted] 03/19/2024

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Alleged Child Victim: [redacted] Allegation: Abuse Death / Alleged Perpetrator: [redacted] / Classification: Allegation Unsubstantiated, Perpetrator Unsubstantiated.

D. Case Workers

Case Worker: [redacted]

Date: 03/26/2024

Team Leader: [redacted]

Date: 03/26/2024

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.

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] overdosed on Tylenol which resulted in her passing from complications from ingestion.

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

Autopsy report

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

Mr. [redacted] denied all allegations and took her straight to Hospital once he learned that Ms. [redacted] took over amount of Tylenol.

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

n/a

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

A Safety Assessment was completed which indicated No Need/Risk with immediate intervention not recommended.

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: 03/04/2024**
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** In the Home
Event Start Date: 09/30/2024	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 03/06/2024	**Approver:** [redacted]

PARTICIPANTS

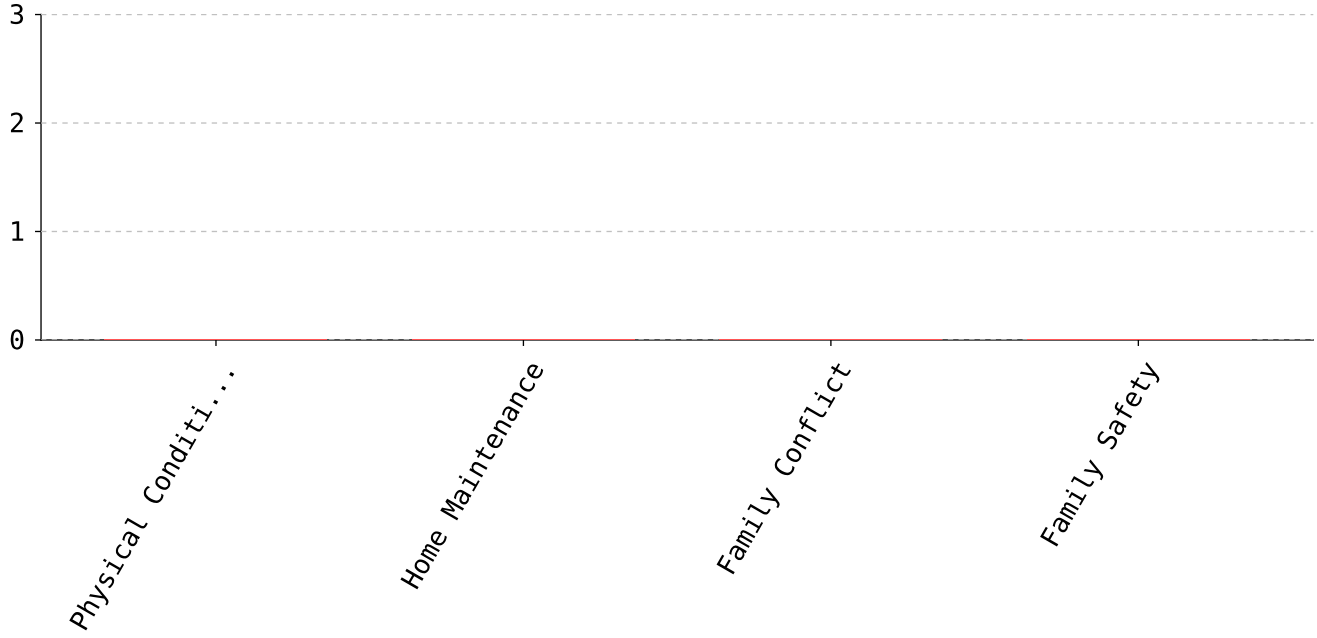
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	F	[redacted]	N/A	
[redacted] (AP)	38 Yrs	Primary	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 03/04/2024
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

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

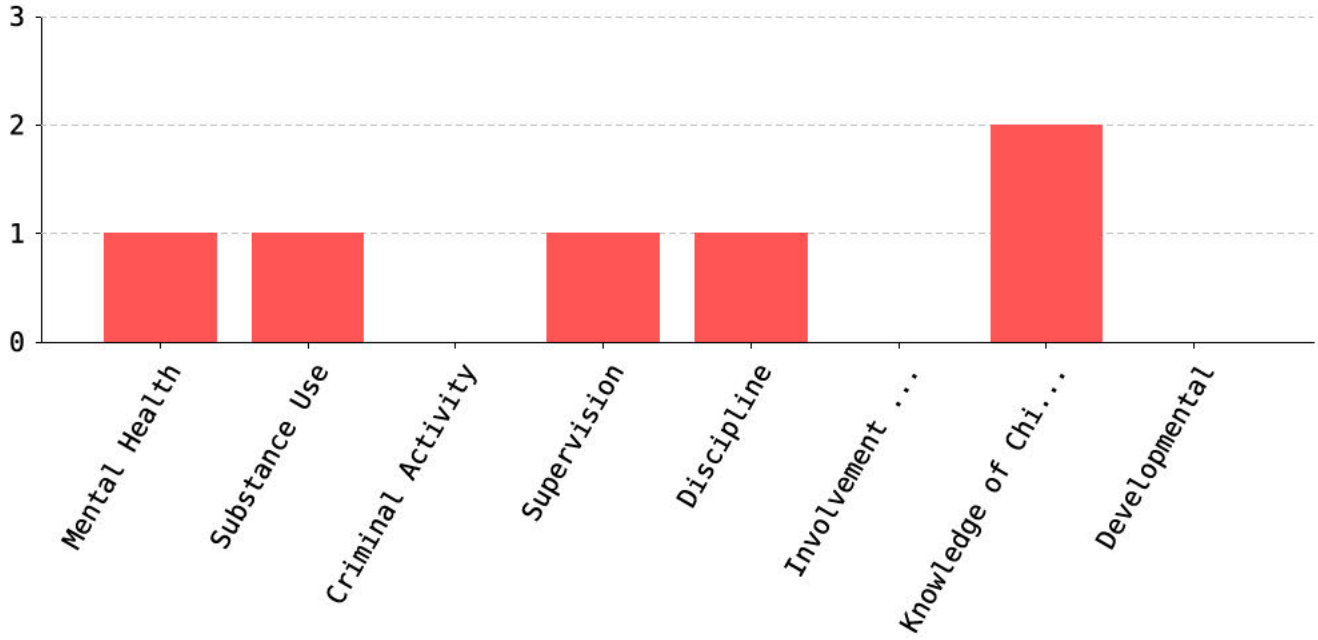


Item	Score	Justification/Narrative
Physical Condition of Home	0	There is no evidence of this at this time.
Home Maintenance	0	There is no evidence of this at this time.
Family Conflict	0	There is no evidence of this at this time.
Family Safety	0	There is no evidence of this at this time.

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

Event Type: CPS Case	**Assessment Date:** 03/04/2024
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

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

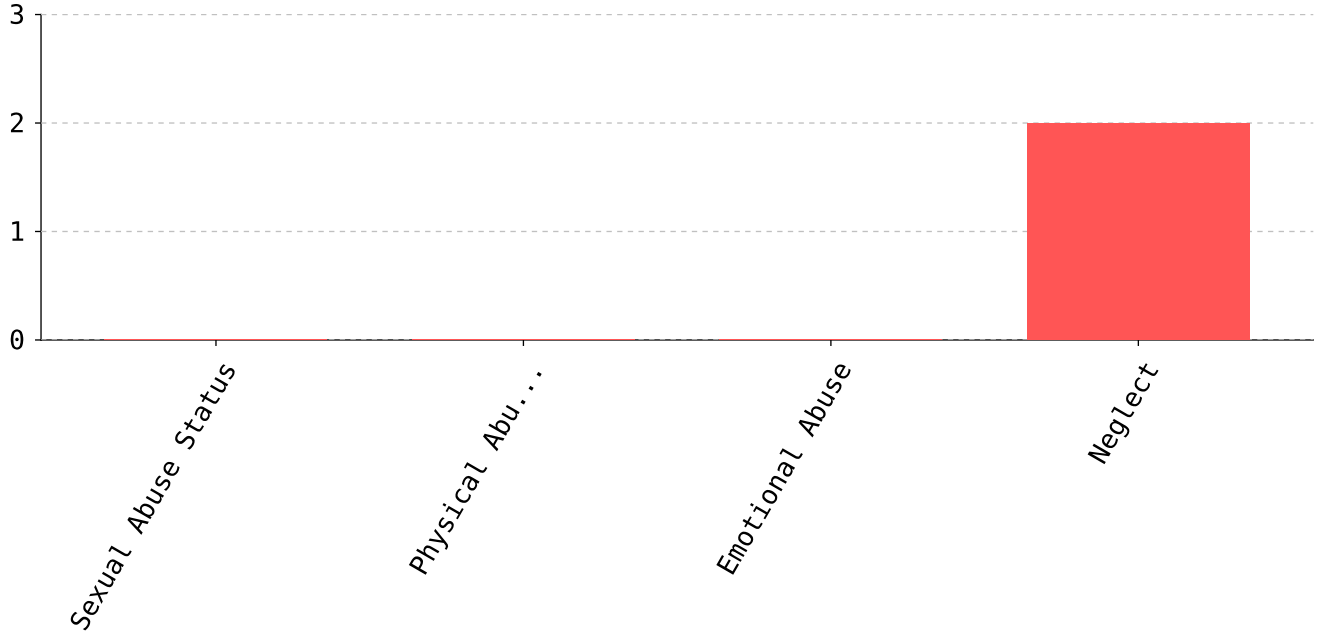


Item	Score	Justification/Narrative
Mental Health	1	Watchful
Substance Use	1	Watchful eyes are yellow which leads to believe he himself has liver issues medically
Criminal Activity	0	There is no evidence of this at this time.
Supervision	1	Concerns
Discipline	1	Watchful
Involvement in Caregiving Functions	0	There is no evidence of this at this time.
Knowledge of Child and Family Needs	2	didn't call 911 when she stated that she had taken 20 Tyneol
Developmental	0	There is no evidence of this at this time.

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

Event Type: CPS Case	**Assessment Date:** 03/04/2024
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

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



Item	Score	Justification/Narrative
Sexual Abuse Status	0	There is no evidence of this at this time.
Physical Abuse Status	0	There is no evidence of this at this time.
Emotional Abuse	0	There is no evidence of this at this time.
Neglect	2	Concerns due to over dose

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 03/04/2024**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** In the Home
Risk Level: Moderate Need/Risk	
Event Start Date: 09/30/2024	**Last Assessed Date:** 03/04/2024
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 03/08/2024	**Approver:** [redacted]

PARTICIPANTS

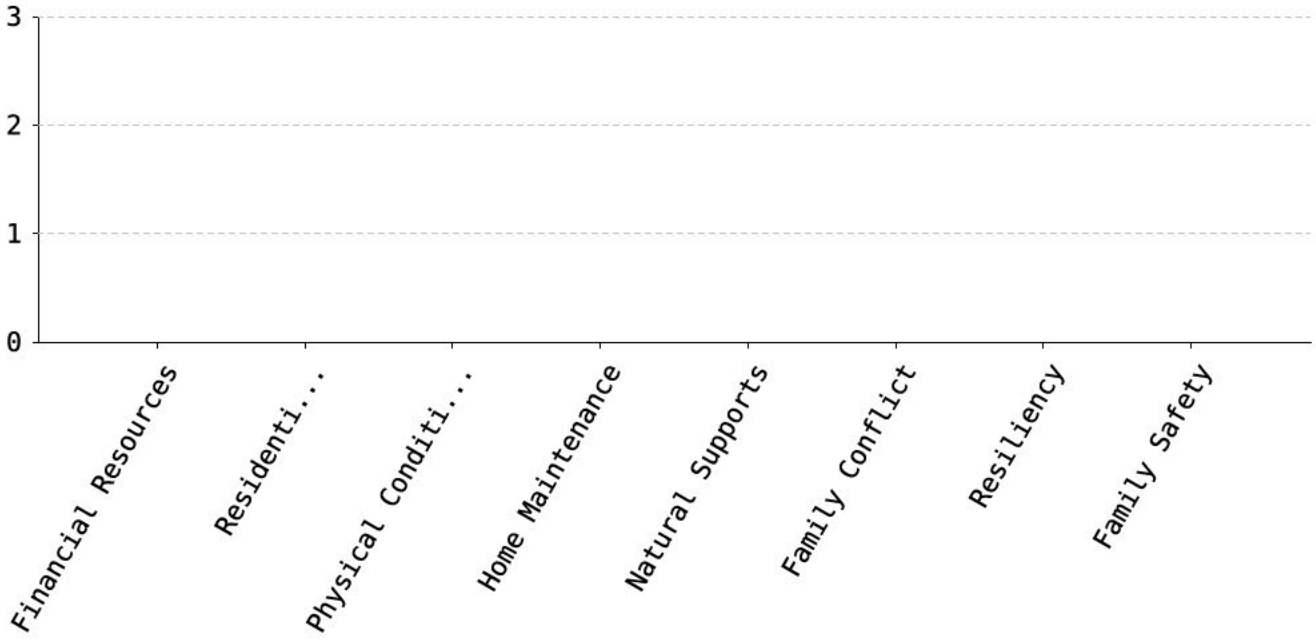
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	F	[redacted]	2	Low
[redacted] (AP)	38 Yrs	Primary	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 03/04/2024
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).

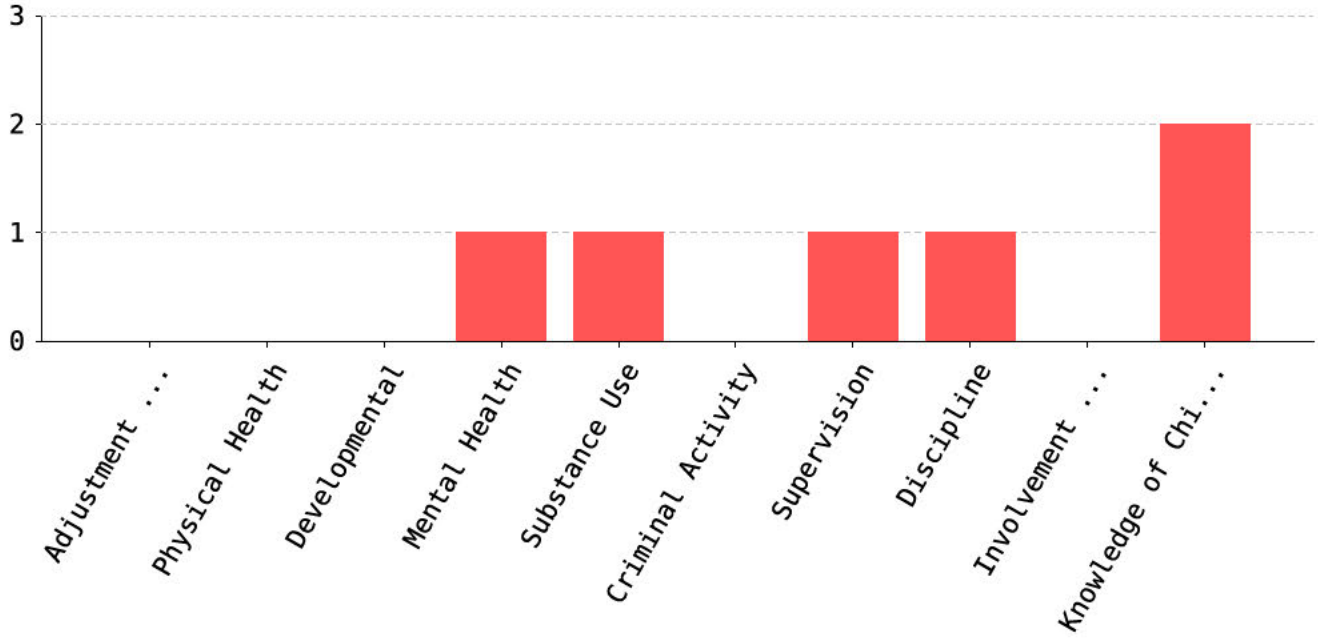


Item	Score	Justification/Narrative
Financial Resources	0	There is no evidence of this at this time.
Residential Stability	0	There is no evidence of this at this time.
Physical Condition of Home	0	There is no evidence of this at this time.
Home Maintenance	0	There is no evidence of this at this time.
Natural Supports	0	There is no evidence of this at this time.
Family Conflict	0	There is no evidence of this at this time.
Resiliency	0	There is no evidence of this at this time.
Family Safety	0	There is no evidence of this at this time.

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

Event Type: CPS Case	**Assessment Date:** 03/04/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

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

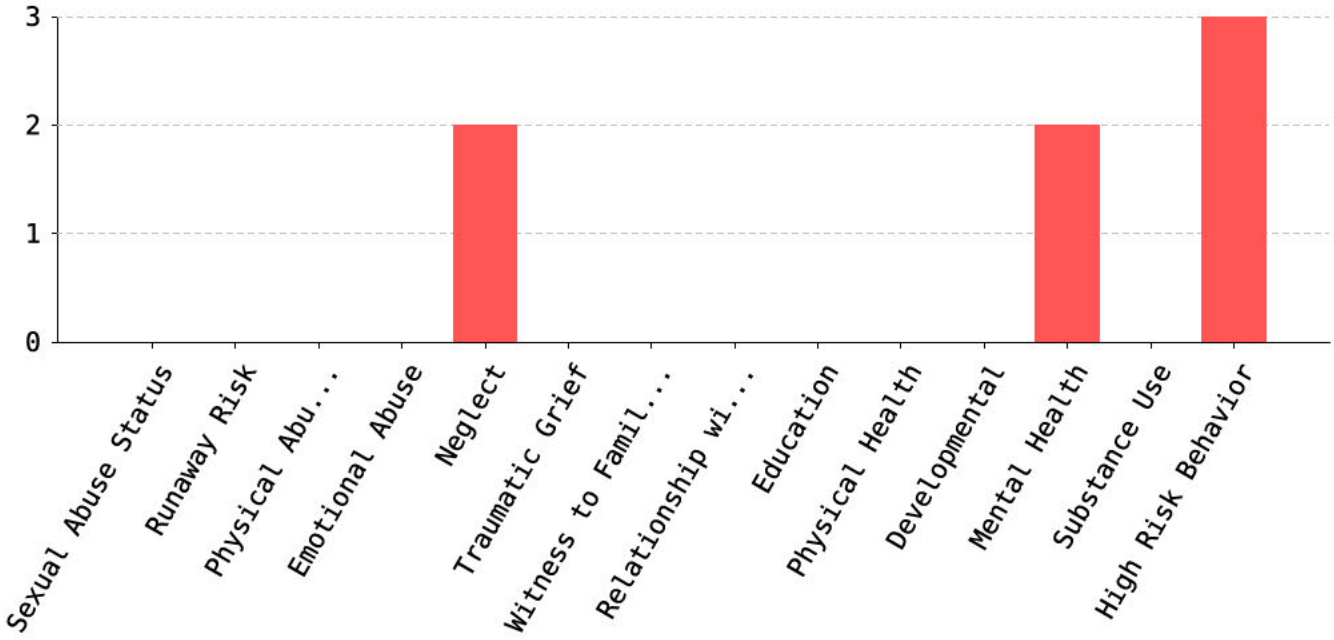


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	There is no evidence of this at this time.
Physical Health	0	There is no evidence of this at this time.
Developmental	0	There is no evidence of this at this time.
Mental Health	1	Watchful
Substance Use	1	Watchful
Criminal Activity	0	There is no evidence of this at this time.
Supervision	1	Watchful
Discipline	1	watchful
Involvement in Caregiving Functions	0	There is no evidence of this at this time.
Knowledge of Child and Family Needs	2	didn't call 911 when she stated that she had taken 20 Tyneol

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

Event Type: CPS Case	**Assessment Date:** 03/04/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

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



Item	Score	Justification/Narrative
Sexual Abuse Status	0	There is no evidence of this at this time.
Runaway Risk	0	There is no evidence of this at this time.
Physical Abuse Status	0	There is no evidence of this at this time.
Emotional Abuse	0	There is no evidence of this at this time.
Neglect	2	Concerns due to over dose
Traumatic Grief	0	There is no evidence of this at this time.
Witness to Family, School or Community Violence	0	There is no evidence of this at this time.
Relationship with Primary Caregiver	0	There is no evidence of this at this time.
Education	0	There is no evidence of this at this time.
Physical Health	0	There is no evidence of this at this time.
Developmental	0	There is no evidence of this at this time.

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

Event Type: CPS Case	**Assessment Date:** 03/04/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	2	Concerns due to overdose
Substance Use	0	There is no evidence of this at this time.
High Risk Behavior	3	Overdosed