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

Intake

Intake ID: [redacted]

Intake Taken By: Web Service

Intake Date/Time: 04/01/2024 11:24 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 04/02/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 04/02/2024 03:56 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 04/02/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 04/02/2024 12:00 AM

Allegations

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

Referent(s)

Referent Name:

Role to Alleged Victim(s): Unknown

Referent Address:

Referent Phone Number:

Type of Contact: Web Referral

Notification: None

Narrative: NON-CUSTODIAL CHILD DEATH

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

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP Yes
FSS # [redacted] / CM [redacted], Sup. [redacted] / begin date: 01-11-2024
Relative Caregiver # [redacted] / CM [redacted], Sup. [redacted] / begin date: 03-01-2024
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: Yes
Investigation # [redacted] / Drug Exposed Child / [redacted] / Allegation Substantiated / Perpetrator Substantiated / 07-08-2021
Investigation # [redacted] / Drug Exposed Child / [redacted] / Allegation Substantiated / Perpetrator Substantiated / 01-22-2021

Death: No

Screen Outs: Yes
[redacted]

History (not listed above): Yes
Investigation # [redacted] / Sexual Abuse / Allegation Unsubstantiated / Perpetrator Unsubstantiated / 12-28-2023
Investigation # [redacted] / Lack of Supervision / Services Needed, Court Ordered / 09-18-2023
Assessment # [redacted] / Psychological Harm, Lack of Supervision / Services Needed / 06-05-2020

Reporter's Name/Relationship: [redacted]

Web based referral verbatim as sent to the hotline

Victim:
Interpreter needed: No
Type of Interpreter:
First Name: [redacted]
Last Name: [redacted]
Deceased: Yes
Date of Death: 04/01/2024
Describe the Victim:
Native American Descent: No
Contact:
Contact Address [redacted], TN, [redacted]
Directions:
School Name: [redacted] elementary
School Grade:
School Address: [redacted], TN, [redacted]
School Contact: [redacted]
Day Care Name:
Day Care Address:
Day Care Contact:

Perpetrator:
Interpreter needed: No
Type of Interpreter:
First Name: [redacted]
Last Name: [redacted]
Deceased: No
Date of Death: none
Describe the Perpetrator:
Native American Descent: No
Does the alleged perpetrator currently have access to the victims(s)?: No
Does the alleged perpetrator have a criminal record?: Yes
Does the alleged perpetrator have prior involvement with DCS?: Yes
Contact: [redacted]

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

Contact Address [redacted], TN, [redacted]
Directions:
Employer Name: [redacted]
Employer Address:
Employer Contact:

Other Person:
Interpreter needed: No
Type of Interpreter:
First Name: unique
Last Name: holt
Deceased: No
Date of Death: none
Describe the Other:
Native American Descent: No
Contact: [redacted]
Contact Address [redacted], TN, [redacted]
Directions:
Employer Name:
Employer Address:
Employer Contact:

Incident County: [redacted]
Describe in detail what has happened to the child. What is the abuse or neglect?:
Child was home alone. He arrived at 15:24 hours. [redacted] came home at approximately 17:50 hours. He didn't hear any noise from [redacted] when he called out to him. He walked upstairs and ultimately found [redacted] was in his [redacted] bedroom. The nightstand had fallen on top of [redacted] also had a bullet wound in the side of his head. [redacted] had kept the firearm in the drawer of the nightstand. [redacted] told officers the weapon was fully loaded. The wound is self inflicted. [redacted] told officers on scene that he did have issues with depression and was seeing a counselor. The evidence suggests this was a probable suicide and [redacted] intended to shoot himself rather than simply playing around with the weapon and having an accidental discharge.

When did the abuse or neglect occur?:
04/01/2024

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:
Gunshot wound to the head; self inflicted

Does the child need medical care? Has the child received medical care? If so, where?:
Too late

Describe in detail how the child has been affected or harmed by the abuse or neglect.:
Deceased

Are there any concerns for Domestic Violence in the home that pose a danger to the child¿s safety? If yes, please describe your concerns.:
Gun, but no longer a threat.

Has the child made a disclosure of the abuse or neglect? If yes, what did the child disclose? Who did the child tell?:
No

What do the child¿s parents/caregivers say about the abuse/neglect?:
[redacted] was given custody of [redacted] due to DCS involvement with [redacted] mother.

Is anyone in the home protective of this child? If yes, who?:
Unknown

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

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?:
N/A

Does the child have any special needs or disabilities? Please describe.:
Not anymore

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

Intake Notation: None
Screener Notation: Intake assigned per additional info from [redacted] CPS leadership and consultation with [redacted] CPS Director, [redacted].

Per TC [redacted]
CM [redacted] made face to face contact with [redacted]
Mr. [redacted] stated that [redacted] left for school at 7:19 a.m. Mr. [redacted] stated that he was at home for the remainder of most of the day because he didn't have a class until 3:55 p.m. Mr. [redacted] stated that he teaches at [redacted]. Mr. [redacted] stated that he left around a quarter after 3:00 and [redacted] came home approximately around 3:24 p.m. Mr. [redacted] stated that he did not return home until 10 until 6:00 p.m. Mr. [redacted] stated that he came in through the garage and he called out for [redacted] as he usually does. Mr. [redacted] stated that he thought it was weird that he didn't hear [redacted] or any movement coming from upstairs so he proceeded to go upstairs. Mr. [redacted] stated that he noticed the bathroom light in his room was on and as he got closer in his room he noticed that his nightstand was knocked over. Mr. [redacted] stated that as he walked passed the bed, he noticed that the nightstand was on top of [redacted] Mr. [redacted] stated that he noticed a pool of blood and a hole located in his head. Mr. [redacted] stated that he proceeded to run downstairs and call 911. Mr. [redacted] stated that 911 asked him was [redacted] making any movement as if he was still alive and he stated that he didn't notice any movement coming from his chest and the blood looked as if it had been sitting for a while. Mr. [redacted] is the owner of the gun (unknown if the gun was secured in a safe space). Mr. [redacted] stated that he has had [redacted] since December , in an immediate protection agreement. Mr. [redacted] stated that their worker's name is [redacted]. Mr. [redacted] stated that [redacted] had seen his father last Sunday and his mother on Saturday at a funeral that they attended. Mr. [redacted] stated that it is only him and [redacted] that reside in the home. Mr. [redacted] stated that the other siblings are dispersed between other homes.

Investigation Track - P1 Child Death
[redacted], CAH Director, on 4/2/24 @ 3:35pm
Email sent to Child Death/PND distribution group, to [redacted] CPS distribution group, and to the open non-custodial case staff.

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

Participant(s)

Name: [redacted]

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

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

Address: [redacted], Tennessee [redacted]

Deceased Date: 04/01/2024

School/ ChildCare Comments:
hickman elementary;[redacted];TN [redacted];[redacted];

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Black/African | Age: 51 Yrs

Address: [redacted], Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact: [redacted]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Black/African | Age: 25 Yrs

Address: [redacted], Tennessee [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

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:	2025-03-02 12:00:00	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/02/2025
Completed date:	03/02/2025	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/02/2025 02:40 PM Entered By: [redacted]

Administrative Review:

This case has been reviewed by CPS Director [redacted] and Executive Director [redacted] and approved for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-28 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/02/2025
Completed date:	03/02/2025	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/02/2025 02:32 PM Entered By: [redacted]

Child Death Summary: [redacted] (10 years-old)

On April 1, 2024, the Department of Childrens Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [redacted] (10). The alleged perpetrator was identified as maternal uncle, [redacted] This investigation was assigned to Child Protective Service Investigator CM [redacted] by Team Leader [redacted] This case was worked in conjunction with Youth Services Detective [redacted] of the [redacted] Police Department ([redacted] PD).

The ACV, [redacted] (10), lived at home with his maternal uncle, [redacted] The ACV and all his siblings were placed in an immediate protection agreement with various relatives. The ACV was the only child that was placed with Mr. [redacted] The IPA came about due to the issues of lack of supervision of the children as well as there being concerns about the mother having substance abuse issues and the mother did go to rehab. There also was another report about possible physical abuse issues with another sibling. Based on some of the behavioral issues that [redacted] had it was believed that placing him with his uncle [redacted] was the best option.

On April 1, 2024, the [redacted] Police Department responded to the home of a child who had sustained a self-inflicted gunshot wound to the head. It was reported a 10-year-old was found unresponsive by his uncle. The ACV was home alone. [redacted] arrived home from school at 3:24 pm. [redacted] arrived home at approximately 5.24 pm hours. [redacted] did not hear any noise from the ACV when he called out to him. [redacted] walked upstairs and found the ACV in [redacted] bedroom. The nightstand was on top of the ACV. The ACV had a bullet wound to the side of his head. [redacted] kept the firearm used in the shooting in the drawer of the nightstand. [redacted] told officers the weapon was fully loaded. [redacted] also informed offices the ACV had issues with depression and was seeing a counselor.

On April 1, 2024 CM [redacted] interviewed uncle, Mr. [redacted] He reported he came home this evening and found [redacted] on the ground with wound to his head and a pool of blood and called 911. Mr. [redacted] reported the family had been working with DCS FSS worker [redacted] Mr. [redacted] reported [redacted] last saw his parents the weekend before this event

Tennessee Department of Children's Services

Case Recording Summary

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

occurring for a funeral. Mr. [redacted] reported he did not need DCS to pay for counseling he was going to seek counseling on his own.

Based on the police investigation, there was no evidence that there were any other parties in or/at the home and the indication that the gunshot appears to be self-inflicted. Det. [redacted] the police department unfounded their investigation as accidental.

On July 11, 2024, the final autopsy was received for the ACV. The autopsy stated, This 10-year-old boy, identified as [redacted] was reportedly found unresponsive with a gunshot wound of the head. Emergency medical services responded, and death was pronounced at the scene. Autopsy examination had findings of a gunshot wound to the head with devastating injuries to the skull and brain. Based on all currently known and available information, the cause of death is best attributed to gunshot wound of the head, and the manner of death is suicide.

On July 23, 2024, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were Team Leader [redacted], [redacted] of [redacted] Police Department, ADA [redacted], and CAC Representative [redacted]. The team agreed there was not a preponderance of evidence which supported the substantiation of the Abuse Death.

Per DCS Policy Work Aid 1 Section E: Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretakers 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 a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-26 15:30:00	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	02/27/2025
Completed date:	02/27/2025	Completed By:	[redacted]
Purpose(s):	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: 02/27/2025 10:46 AM Entered By: [redacted]

Purpose: CM monthly contact with uncle [redacted] who declined the offer for grief counseling again Mr. [redacted] reaffirmed that he initially was getting the services but, he feels he does not need any additional services.

Content CM [redacted] advised as previously stated to Mr. [redacted] that every month until the case closes that CM will be checking in to see if there are any needs or services the family needs.

Observation CM [redacted] was advised by Mr. [redacted] that overall the family is ok right now and they are seeing counselors which, seems to be helping

Planning/next steps CM will contact the family next month for the monthly status check.

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:	2025-02-12 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/18/2025
Completed date:	02/18/2025	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: 02/18/2025 12:41 PM Entered By: [redacted]

TL [redacted] reviewed the case with CM [redacted] CM [redacted] has sent the death summary off for review and is waiting on it to be approved.

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:	2025-01-16 08:20:00	Contact Method:	Attempted Phone Call
Contact Time:	08:20 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/16/2025
Completed date:	01/16/2025	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Good Faith Effort,Notation		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/16/2025 08:32 AM Entered By: [redacted]

CM [redacted] inquired from FSS [redacted] that grief counseling might be needed for mom and siblings if not offered previously

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:	2025-01-16 07:45:00	Contact Method:	
Contact Time:	07:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/16/2025
Completed date:	01/16/2025	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/16/2025 08:09 AM Entered By: [redacted]

It is noted that the uncle, mother and siblings were offered grief on several occasions and the offer has been declined by Mr. [redacted] and FSS worker [redacted] currently has the remaining open case for the remaining siblings and the mother. There has been no acceptance of grief services that has been conveyed to CM [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-14 14:35:00	Contact Method:	
Contact Time:	02:35 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/14/2025
Completed date:	01/14/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/14/2025 02:36 PM Entered By: [redacted]

For clarification all siblings are placed in IPA's in other homes. There is an FSS worker who is seeing them monthly.There was only 1 child in the [redacted] home and that was [redacted] and he is deceased.

Based on there being no other children in this home a monthly home visit is not required.

Narrative Type: Addendum 1 Entry Date/Time: 01/16/2025 08:04 AM Entered By: [redacted]

For clarification all siblings are placed in IPA's in other homes. There is an FSS worker who is seeing them monthly.There was only 1 child in the [redacted] home and that was [redacted] and he is deceased.

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 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/15/2025
Completed date:	01/15/2025	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: 01/15/2025 11:23 AM Entered By: [redacted]

TL [redacted] reviewed the case with CM [redacted] and TC [redacted] The case was referred due to abuse death. The response was due on 4.2.24. CM [redacted] will prepare the death summary.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-27 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/30/2024
Completed date:	12/30/2024	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/30/2024 11:09 AM Entered By: [redacted]

Based on the remaining children being in other homes and being seen by the respective worker CPSI does not have the responsibility of seeing any children 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:	2024-11-27 10:15:00	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/02/2024
Completed date:	12/02/2024	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/02/2024 07:50 AM Entered By: [redacted]

Based on the remaining children being in other homes and being seen by the respective worker CPSI does not have the responsibility of seeing any children 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:	2024-11-14 11:24:00	Contact Method:	
Contact Time:	11:24 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/14/2024
Completed date:	11/14/2024	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: 11/14/2024 11:46 AM Entered By: [redacted]

This is a death case and will remain open for additional task.

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:	2024-10-31 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/02/2024
Completed date:	12/02/2024	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/02/2024 07:49 AM Entered By: [redacted]

Based on the remaining children being in other homes and being seen by the respective worker CPSI does not have the responsibility of seeing any children 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:	2024-10-15 10:57:00	Contact Method:	
Contact Time:	10:57 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/15/2024
Completed date:	10/15/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/15/2024 10:59 AM Entered By: [redacted]

This is a death case. CPIT has been convened, autopsy has come back and CM [redacted] will keep case open for additional task.

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:	2024-09-25 09:15:00	Contact Method:	
Contact Time:	09:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/25/2024
Completed date:	09/25/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2024 09:15 AM Entered By: [redacted]

Based on the remaining children being in other homes and being seen by the respective worker CPSI does not have the responsibility of seeing any children 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:	2024-08-31 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/25/2024
Completed date:	09/25/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/25/2024 09:13 AM Entered By: [redacted]

Based on the remaining children being in other homes and being seen by the respective worker CPSI does not have the responsibility of seeing any children 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:	2024-08-15 10:15:00	Contact Method:	
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/15/2024
Completed date:	08/15/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/15/2024 10:16 AM Entered By: [redacted]

This is a death case. Additional task are pending for case closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-23 10:00:00	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	01/14/2025
Completed date:	01/14/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/14/2025 03:06 PM Entered By: [redacted]

CPIT team met this date and based on the evidence the team was in agreement with a finding of AUPU based on the child committing suicide after discovering the uncle's gun. The uncle was not at the home at the time of the incident so, he was not able to stoop the child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-07-11 16:00:00	Contact Method:	
Contact Time:	04:00 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):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/12/2024 08:38 AM Entered By: [redacted]

Autopsy was received this date. The cause of death was a gunshot wound to the head with the method of death being suicide.

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:	2024-06-18 14:00:00	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/18/2024
Completed date:	06/18/2024	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: 06/18/2024 02:01 PM Entered By: [redacted]

This case needs to be staffed for CPIT.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

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

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/29/2024 08:11 AM Entered By: [redacted]

The autopsy on this case is still pending and CPIT has not occurred.

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:	2024-04-17 10:54:00	Contact Method:	
Contact Time:	10:54 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	04/17/2024
Completed date:	04/17/2024	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: 04/17/2024 10:55 AM Entered By: [redacted]

CM [redacted] is awaiting the autopsy and CPIT.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-04-08 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	01/16/2025
Completed date:	01/16/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/16/2025 08:46 AM Entered By: [redacted]

A request for the mental health records was made and will update when and if they arrive

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:	2024-04-05 10:00:00	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	05/01/2024
Completed date:	05/01/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/01/2024 06:26 PM Entered By: [redacted]

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

The CPS investigation was assigned in TFACTS on 4/2/24 concerning the death of ACV [redacted] (10yo). At the time of the incident, [redacted] was in the care of his uncle and legal guardian [redacted] in [redacted] County, with an open Family Support Services (FSS) case. No other minors or individuals resides in the uncles home. [redacted] and his siblings were removed from the birth mothers [redacted] in 2023 and placed with different family members.

On 4/1/24 the uncle/legal guardian arrived home from work [professor at [redacted]] at 5:50pm. The uncle discovered [redacted] upstairs in the uncles bedroom with the nightstand turned on top of him, unresponsive, with a pool a blood and hole located in his head [left temple]. The uncles gun [Glock] was stored in the nightstand. 911 was called and EMS and LE responded to the home. [redacted] was pronounced deceased on scene. An autopsy was ordered. LE reported the scene evidence supports a self-inflicted gunshot wound and no foul play is suspected. No suicide note was found. The uncle reported [redacted] had issues with depression and was seeing a counselor.

CM interviewed the uncle who reported he left for class around 4:30pm and returned home at 5:50pm. The house was quiet upon returning so he went to look for [redacted] finding him the uncles bedroom. The bedside table was turned on top of [redacted] with pooled blood and the gun beside him, and a hole in the left temple. The uncle ran downstairs to call 911. The gun was stored in a box but not locked. A shotgun was stored in another area of the home. CM is following up with uncle regarding detail around [redacted] knowledge of the firearm/location/gun safety and detail around what mental health services [redacted] was receiving at the time of the incident or any recent changes in mood or behavior. CM is also consulting with FSS team regarding on services that were in place at the time of the incident, compliance, and any safety plans in place.

Next Steps:

Tennessee Department of Children's Services

Case Recording Summary

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

-- CM will request ACVs mental health records if applicable. 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 request information from FSS regarding open case and services in place at time of incident.
-- CM will complete follow-up interview with uncle and home visit.
-- CM will complete collateral contact with ACVs school.
-- 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:	2024-04-04 08:15:00	Contact Method:	Face To Face
Contact Time:	08:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/04/2024
Completed date:	04/04/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2024 08:46 AM Entered By: [redacted]

CPIT Convened

DCS Follow-Up.

Detective [redacted] is assigned.

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:	2024-04-03 08:00:00	Contact Method:	Phone Call
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/03/2024
Completed date:	04/03/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Good Faith Effort		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2024 08:48 AM Entered By: [redacted]

CPSI [redacted] spoke with Detective [redacted] and the following information was obtained:
Law enforcement secured the gun and has it as evidence for the case. The uncle reportedly has a shotgun that is secured. The weapon was in a gun box in the bedside table of the uncle. The box was not locked.There were no other children in the home where the incident took place correct

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:	2024-04-02 16:15:00	Contact Method:	Phone Call
Contact Time:	04:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/02/2024
Completed date:	04/02/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Good Faith Effort		
Contact Sub Type:	Collateral Contact		

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2024 05:40 PM Entered By: [redacted]

CPSI [redacted] spoke with [redacted] Police Youth Services Detective [redacted] and advised that he is the assigned investigator on the case. The autopsy has been completed and at this time it is believed that this is an act of suicide as initial evidence indicated. Investigation will continue.

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 21:20:00	Contact Method:	Face To Face
Contact Time:	09:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	[redacted]
Location:	Other Caretaker Home	Created Date:	04/03/2024
Completed date:	04/03/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/03/2024 08:38 AM Entered By: [redacted]

CM [redacted] made face to face contact with [redacted] Mr. [redacted] stated that [redacted] left for school at 7:19 a.m. Mr. [redacted] stated that he was at home for the remainder of most of the day because he didnt have a class until 3:55 p.m. Mr. [redacted] stated that he teaches at [redacted]. Mr. [redacted] stated that he left around a quarter after 3:00and [redacted] came home approximately around 3:24 p.m. Mr. [redacted] stated that he did not return home until 10 until 6:00 p.m. Mr. [redacted] stated that he came in through the garage and he called out for [redacted] as he usually does. Mr. [redacted] stated that he thought it was weird that he didnt hear [redacted] or any movement coming from upstairs so he proceeded to go upstairs. Mr. [redacted] stated that he noticed the bathroom light in his room was on and as he got closer in his room he noticed that his nightstand was knocked over. Mr. [redacted] stated that as he walked passed the bed, he noticed that the nightstand was on top of [redacted] Mr. [redacted] stated that he noticed a pool of blood and a hole located in his head. Mr. [redacted] stated that he proceeded to run downstairs and call 911. Mr. [redacted] stated that 911 asked him was [redacted] making any movement as if he was still alive and he stated that he didnt notice any movement coming from his chest and the blood looked as if it had been sitting for a while. Mr. [redacted] is the owner of the gun (unknown if the gun was secured in a safe space). Mr. [redacted] stated that he has had [redacted] since December , in an immediate protection agreement. Mr. [redacted] stated that their workers name is [redacted]. Mr. [redacted] stated that [redacted] had seen his father last Sunday and his mother on Saturday at a funeral that they attended. Mr. [redacted] stated that it is only him and [redacted] that reside in the home. Mr. [redacted] stated that the other siblings are dispersed between other homes.

Per Work Aid 2 It is noted that the CM does not have to view the dead 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:	2024-04-01 21:15:00	Contact Method:	Face To Face
Contact Time:	09:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	04/02/2024
Completed date:	04/02/2024	Completed By:	[redacted]

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

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/02/2024 09:41 PM Entered By: [redacted]

CM [redacted] made face to face contact with [redacted]
Mr. [redacted] stated that [redacted] left for school at 7:19 a.m. Mr. [redacted] stated that he was at home for the remainder of most of the day because he didnt have a class until 3:55 p.m. Mr. [redacted] stated that he teaches at [redacted]. Mr. [redacted] stated that he left around a quarter after 3:00and [redacted] came home approximately around 3:24 p.m. Mr. [redacted] stated that he did not return home until 10 until 6:00 p.m. Mr. [redacted] stated that he came in through the garage and he called out for [redacted] as he usually does. Mr. [redacted] stated that he thought it was weird that he didnt hear [redacted] or any movement coming from upstairs so he proceeded to go upstairs. Mr. [redacted] stated that he noticed the bathroom light in his room was on and as he got closer in his room he noticed that his nightstand was knocked over. Mr. [redacted] stated that as he walked passed the bed, he noticed that the nightstand was on top of [redacted] Mr. [redacted] stated that he noticed a pool of blood and a hole located in his head. Mr. [redacted] stated that he proceeded to run downstairs and call 911. Mr. [redacted] stated that 911 asked him was [redacted] making any movement as if he was still alive and he stated that he didnt notice any movement coming from his chest and the blood looked as if it had been sitting for a while. Mr. [redacted] is the owner of the gun (unknown if the gun was secured in a safe space). Mr. [redacted] stated that he has had [redacted] since December , in an immediate protection agreement. Mr. [redacted] stated that their workers name is [redacted]. Mr. [redacted] stated that [redacted] had seen his father last Sunday and his mother on Saturday at a funeral that they attended. Mr. [redacted] stated that it is only him and [redacted] that reside in the home. Mr. [redacted] stated that the other siblings are dispersed between other homes.

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 21:00:00	Contact Method:	
Contact Time:	09:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/16/2024
Completed date:	07/16/2024	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/16/2024 09:46 AM Entered By: [redacted]

Referral History
The Department of Childrens Services received the referral on 4/1/24 as a response priority P1 regarding Abuse Death with the Alleged Child Victim being [redacted] (10) and the Alleged Perpetrator being [redacted] PR is due by 4/2/24.

Notice of Referral pursuant to TCA 37-105 sent to Juvenile Court per local protocol.

Referent Contacts
The referent was anonymous so, no information in the referral could be reviewed. Referent preferred to receive no Referral Notification.

A TFACTS history check was completed and the following was found:

Inv. # [redacted]
Date: 6/5/20
Allegation: Psychological Harm, Lack of Supervision
AP: [redacted]
ACV: [redacted] on
Classification: Services Needed-Court Ordered

Inv. # [redacted]
Date: 1/22/21
Allegation: Drug Exposed Child
AP: [redacted]
ACV: [redacted]
Classification: 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

Inv. # [redacted]
Date: 7/8/21
Allegation: Drug Exposed Child
AP: [redacted]
ACV: [redacted]
Classification: Allegation Substantiated Perpetrator Substantiated

Inv. # [redacted]
Date: 1/5/23
Allegation: Lack of Supervision
AP: [redacted]
ACV: [redacted]
Classification: Services Needed-Court Ordered

Inv. # [redacted]
Date: 12/28/23
Allegation: Sex Abuse
AP: Unknown
ACV: [redacted]
Classification: Allegation Unsubstantiated Perpetrator Unsubstantiated

Criminal Background Check

CM completed /requested a criminal background check through [redacted] Criminal County Clerk and TN Felony Offender. The background check was positive for [redacted]

[redacted]

7/2/03 Attempted Use of Altered Plates-Misdemeanor

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: 04/01/2024

Assignment Date: 04/02/2024

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	[redacted] / 01/14/2025

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: AUPU per policy 14.6.

D. Case Workers

Case Worker: [redacted] Date: 01/14/2025

Team Leader: [redacted] Date: 01/15/2025

E. Investigation Summary

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

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

ACV [redacted] was not observed being deceased youth.

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 shows [redacted] cause of death was gunshot wound to the head, manner of death suicide.

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

Mr. [redacted] uncle/caregiver, denied seeing [redacted] shot himself.

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

Referent had concern for abuse death of [redacted]

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:

Mr. [redacted] reported he came home to find [redacted] unresponsive with gunshot wound to the head. Medical Examiner ruled [redacted] death a suicide.

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: 04/02/2024**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** DCS Office
Risk Level: Moderate Need/Risk	
Event Start Date: 03/02/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** null
Date Approved: 04/03/2024	**Approver:**

PARTICIPANTS

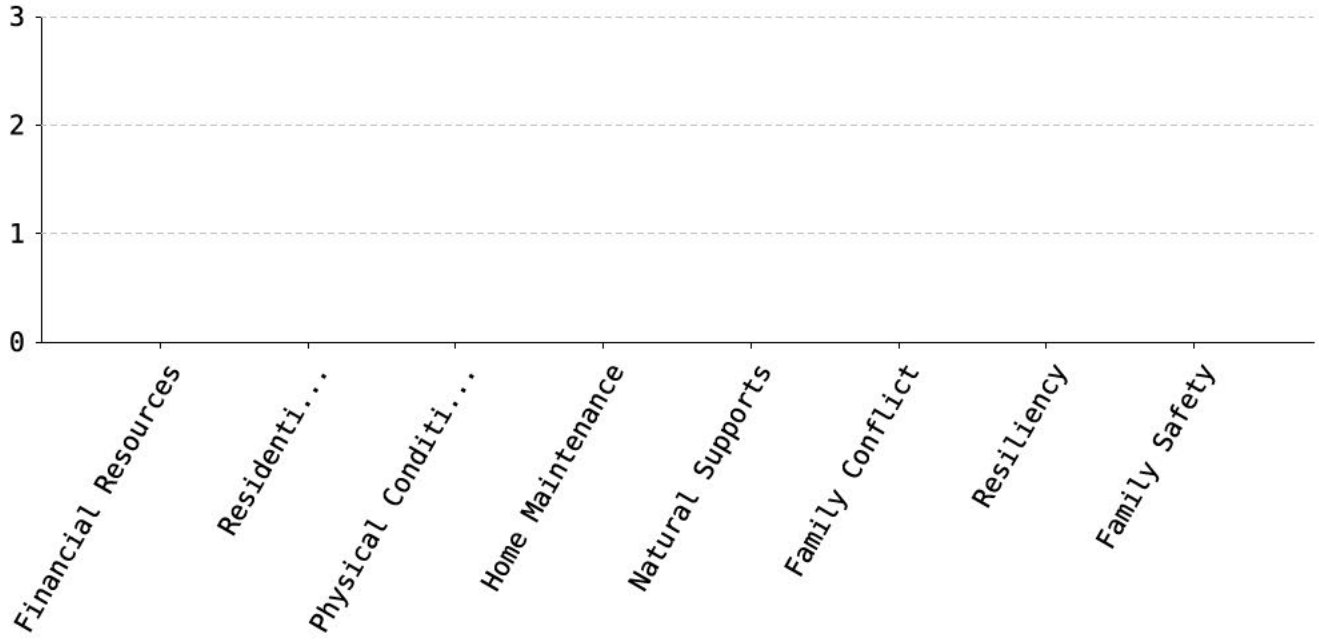
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	M	[redacted]	5	
[redacted] (AP)	50 Yrs	Primary	M	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 04/02/2024
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).

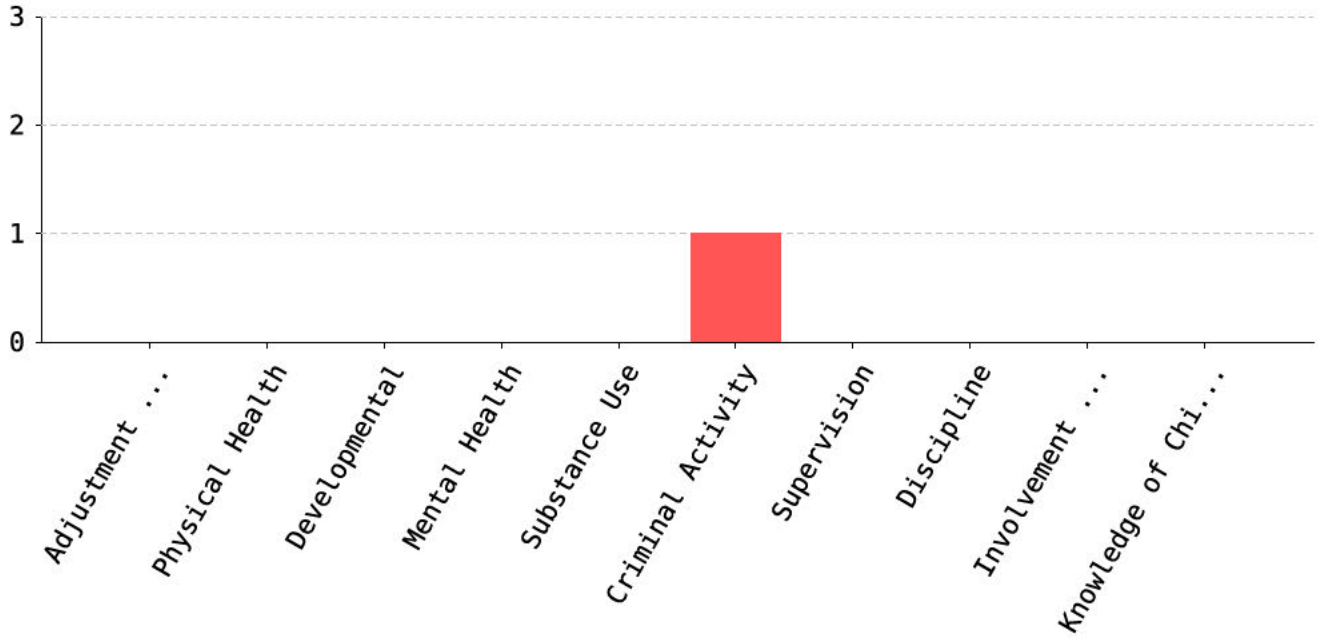


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 04/02/2024
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]	Person ID: [redacted]	Role Primary Caregiver

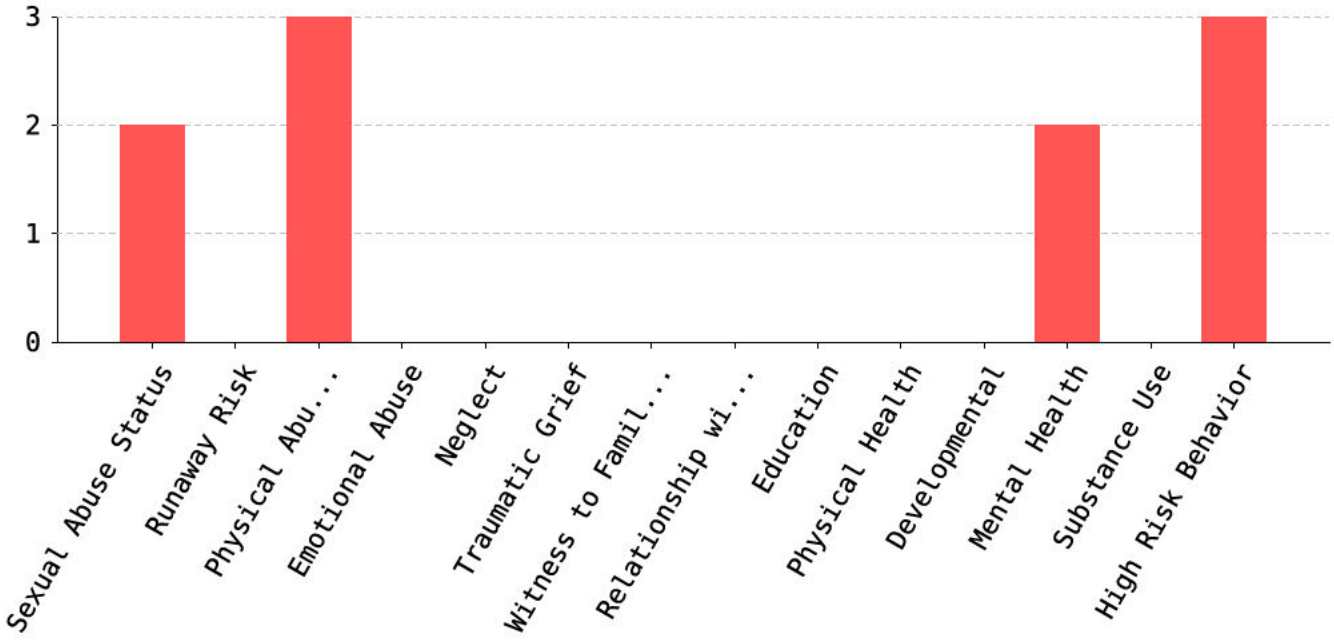


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	1	Last court activity was in 2003 and all issues were traffic\driving related only
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	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:** 04/02/2024
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]	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	2	[redacted] has History of acting out Sexually and was previously reported on 10-17-23 [redacted] stated [redacted] inserted his penis in his butt when they were taking a bath together. He said [redacted] caught [redacted] on top of him and she told them not to do it again and they moved on. [redacted] is order do Counseling.
Runaway Risk	0	
Physical Abuse Status	3	[redacted] has died as a result of a gunshot wound to the head in an act of suicide.
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	0	

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

Event Type: CPS Case	**Assessment Date:** 04/02/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

Physical Health	0	
Developmental	0	
Mental Health	2	The child was ordered to receive counseling at the last court hearing.
Substance Use	0	
High Risk Behavior	3	There is past sexual acting out and the child appears to have committed suicide