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

## Intake

Intake ID: [redacted]

Intake Taken By: Web Service

Intake Date/Time: 06/20/2024 12:15 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 2

Screened By: [redacted]

Date Screened: 06/20/2024

## Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 06/20/2024 03:48 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 06/20/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 06/20/2024 12:00 AM

## Allegations

| Alleged Victim | Age | Allegation | Severe ? / CSEM ? | Alleged Perpetrator | Relationship to Alleged Victim |
|---|---|---|---|---|---|
| [redacted] Unknown | 1 Yr 3 Mos | Drug Exposed Child | No | [redacted] | Birth Mother |

## Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: Web Referral

Notification: None

Narrative: Referent:
Interpreter needed: unknown
Type of Interpreter:

Victim:
Interpreter needed: No
Type of Interpreter:
First Name: baby boy
Last Name: [redacted]
Deceased: No
Date of Death: none
Describe the Victim:
Native American Descent: No
Contact: [redacted]

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

Contact Address [redacted] , TN, [redacted]
Directions:
School Name:
School Grade:
School Address:
School Contact:
Day Care Name:
Day Care Address:
Day Care Contact:

Other Child:
Interpreter needed: No
Type of Interpreter:
First Name: Baby girl
Last Name: [redacted]
Deceased: No
Date of Death: none
Describe the Child:
Native American Descent: No
Contact: [redacted]
Contact Address [redacted] , TN, [redacted]
Directions:
School Name:
School Grade:
School Address:
School Contact:
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)?: Yes
Does the alleged perpetrator have a criminal record?: Unknown
Does the alleged perpetrator have prior involvement with DCS?: Yes
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?:
Mom with UDS positive for Methamphetamine. Mom has delivered 26 week twins. Mom with no prenatal care, reports she did not know she was pregnant. Mom also prescribed Suboxone for the last 8 months. Mom has 3 other children who she does not have custody of.

When did the abuse or neglect occur?:
Prenatal

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

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:
26 week prematurity, substance exposed newborn

Does the child need medical care? Has the child received medical care? If so, where?:
NICU for prematurity

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

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.:
no

Has the child made a disclosure of the abuse or neglect? If yes, what did the child disclose? Who did the child tell?:
n/a

What do the child¿s parents/caregivers say about the abuse/neglect?:
Mom denies substance use.

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

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?:
Mom is still in the hospital and can visit the NICU

Does the child have any special needs or disabilities? Please describe.:
unknown

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

Per SDM: INV P2 Intake Specialist [redacted] June 20, 2024 @ 3pm.

# 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: White | Age: 38 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] Unknown

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

SSN: | Race: White | Age: 1 Yr 3 Mos

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: | 2025-08-04 14:27:00 | Contact Method: | |
| Contact Time: | 02:27 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/04/2025 |
| Completed date: | 08/04/2025 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/04/2025 02:28 PM Entered By: [redacted]

This case is investigated and classified as ASPS for the allegations of abuse death and drug exposed child against AP [redacted] (birth mother). Further information can be located in the 740. It was agreed by the Child Protective Investigation Team (CPIT) to classify this case, due to the mother using methamphetamine during pregnancy. CM filed a petition due to ACV being positive for meth and amphetamines at delivery. ACV had a twin sister, [redacted] who passed away due to hemorrhaging. ACV was born at 26 weeks and is currently still in NICU at [redacted] Judge [redacted] granted temporary custody to [redacted] Mothers contact is restricted. Mother appeared at the initial court hearing but did not attend any future court dates and has not had any contact with CM [redacted] ACV is in the process of being adopted by the temporary legal custodian. This case has been approved for closure.
Investigation is being approved for closure. Notification of case initiation and closure will be sent to Juvenile Court Judge and District Attorney per local protocol of the county.
Fast assessment was completed on 8/01/2025 and results were: immediate Intervention Not Recommended No Risk.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-08-04 10:27:00 | Contact Method: | |
| Contact Time: | 10:27 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/04/2025 |
| Completed date: | 08/04/2025 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Case Summary | | |
| Contact Sub Type: | Closing | | |

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/04/2025 10:27 AM Entered By: [redacted]

On June 24th, 2024, the Department of Childrens Services (DCS) received a referral for an allegation of Drug Exposed Child regarding Alleged Child Victim (ACV) Unknown, [redacted] later known at [redacted] The Alleged Perpetrator (AP) was [redacted] (birth mother) at the time of the referral. The investigation was assigned to Child Protective Services Case Manager (CM) [redacted] by Team Leader (TL) [redacted] This case was worked in conjunction with [redacted] County Sheriffs Department, Detective [redacted] A second referral was made on June 25th, 2024, due to the death of ACV [redacted] Alleged Perpetrator was [redacted] at the time of the second referral.
[redacted] (2 days old) was born to her mother [redacted] who lived in [redacted] County, TN, but no address was provided. Ms. [redacted] did not have custody of any other children at the time of [redacted] death.
On June 24, 2024, [redacted] Hospital contacted CM [redacted] via phone call reporting [redacted] passed away two days after birth on June 22nd, 2024. It was reported that the 2-day old passed away due to hemorrhaging after being placed on a ventilator after birth, reporting no autopsy was completed during this time.
On June 24, 2024, Ms. [redacted] was interviewed by the Department of Children Services staff and contact information was exchanged. Ms. [redacted] was surprised of the open investigation and did not know why the Department of Children Services was involved. Ms. [redacted] stated she would contact CM [redacted] and programmed CM [redacted] phone number into her phone. Ms. [redacted] never contacted CM [redacted]
Throughout the course of the investigation, multiple attempts to contact Ms. [redacted] wer completed. Several home visits were attempted with no success. Several phone calls were attempted with each number being disconnected.
During the investigation, [redacted] sibling [redacted] was safely placed with maternal cousin due to the mother, [redacted] and [redacted] testing positive for methamphetamine at the time of the birth. CM [redacted] was unable to complete a Child and Family Team Meeting (CFTM), due to the mother not complying with the Department of Children Services. A legal referral was completed with [redacted] County Juvenile court to place [redacted] in protective custody of the maternal cousin.
On July 16th, 2024, [redacted] County Court became involved with the family to ensure a safe placement for the sibling, [redacted] Ms. [redacted] was granted supervised contact with [redacted] Ms. [redacted] never attended any further court dates past July 16th, 2024. Temporary custody was granted to Ms. [redacted] on November 1st, 2024.

## Tennessee Department of Children's Services

## Case Recording Summary

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

On November 22nd, 2024, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were TL [redacted] Detective [redacted] ADA [redacted] and CAC representative [redacted]. The team agreed that there is a preponderance of evidence that supports the substantiation of the abuse death against birth Mother, [redacted]

Per DCS Policy Work Aid 1 Section E:
Abuse 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 a preponderance of evidence that supports the substantiation for all allegations against [redacted] This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Drug Exposed Child (severe) and Abuse Death (severe) against [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: | 2025-08-01 09:00:00 | Contact Method: | Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Court | Created Date: | 08/04/2025 |
| Completed date: | 08/04/2025 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/04/2025 10:26 AM Entered By: [redacted]

CM [redacted] completed a monthly face to face visit with ACV [redacted] at [redacted] County Court. CM [redacted] observed [redacted] to be in weather appropriate clothing. ACV was seen smiling and laughing while in his caregivers arms. ACV was observed with no marks or bruises. CM [redacted] thanked the family for allowing CM [redacted] to observe the ACV. CM was unable to complete an interview due to age and development.

## Tennessee Department of Children's Services
## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-07-28 08:35:00 | Contact Method: | |
| Contact Time: | 08:35 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/29/2025 |
| Completed date: | 07/29/2025 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/29/2025 10:37 AM Entered By: [redacted]

CM is working to update the case summary and will send this case for closure.

## Tennessee Department of Children's Services
## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Created In Error |
| Contact Date: | 2025-07-15 13:00:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 01:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/27/2025 |
| Completed date: | 07/27/2025 | 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)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/27/2025 03:26 PM Entered By: [redacted]

wrong date

CM [redacted] attempted a home visit with Ms. [redacted] at [redacted], TN [redacted]

CM [redacted] left a business card on the door of the camper and on the windshield of the car.

Narrative Type: Created In Error Entry Date/Time: 07/28/2025 10:11 AM Entered By: [redacted]

wrong 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: | 2025-07-11 09:00:00 | Contact Method: | Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/22/2025 |
| Completed date: | 07/22/2025 | Completed By: | [redacted] |

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/22/2025 03:10 PM Entered By: [redacted]

CM [redacted] completed a home visit on this date. ACV was observed to be healthy, and well-cared for, ACV was asleep when CM was at the home. CM observed no concerns in the home or with 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: | Created In Error |
| Contact Date: | 2025-07-08 09:00:00 | Contact Method: | Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/27/2025 |
| Completed date: | 07/27/2025 | 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: 07/27/2025 03:28 PM Entered By: [redacted]

The correct date was for 07/08/2024.

CM [redacted] completed a home-study on Ms. [redacted] and all other adults in the house hold.

Narrative Type: Created In Error Entry Date/Time: 07/28/2025 10:43 AM Entered By: [redacted]

The correct date was for 07/08/2024.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-06-24 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: | 07/27/2025 |
| Completed date: | 07/27/2025 | Completed By: | [redacted] |

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

Contact Type(s): Referent Interview

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/27/2025 03:20 PM Entered By: [redacted]

Investigator contacted the referent to inquire about reported information and any additional case relevant information available.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-06-23 09:10:00 | Contact Method: | |
| Contact Time: | 09:10 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/01/2025 |
| Completed date: | 07/01/2025 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/01/2025 09:18 AM Entered By: [redacted]

CM has submitted the closing summary and has not yet been reviewed. ACV is doing well in his pre-adoptive placement.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-05-23 09:00:00 | Contact Method: | Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/22/2025 |
| Completed date: | 07/22/2025 | Completed By: | [redacted] |

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/22/2025 03:09 PM Entered By: [redacted]

CM [redacted] completed a home visit on this date. ACV was observed to be happy, healthy, and well-cared for. CM observed no concerns in the home or with the child.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-05-22 10:00:00 | Contact Method: | |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/02/2025 |
| Completed date: | 06/02/2025 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/02/2025 02:10 PM Entered By: [redacted]

CM is awaiting permission to close 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: | 2025-04-23 10:00:00 | Contact Method: | |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/02/2025 |
| Completed date: | 06/02/2025 | Completed By: | [redacted] |
| Purpose(s): | Well Being | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/02/2025 01:54 PM Entered By: [redacted]

ACV is doing well in his placement. CM is awaiting approval to close 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: | 2025-03-20 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 05/01/2025 |
| Completed date: | 05/01/2025 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/01/2025 09:40 AM Entered By: [redacted]

CM is currently waiting for approval to close this case. ACV is being adopted and is doing very well.

# 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: | 2025-03-14 09:30:00 | Contact Method: | Face To Face |
| Contact Time: | 09:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 03/17/2025 |
| Completed date: | 03/17/2025 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/17/2025 02:33 PM Entered By: [redacted]

CM [redacted] completed a home visit on this date with the family. The family welcomed CM into the home. The family reported that the ACV completed his hearing test the day prior and will not have to be reevaluated until 6 more months. The family reported that he is doing well in his PT. Family participates in TEIS. CM [redacted] observed the ACV to be happy, healthy, and well-cared for. ACV was unable to be interviewed due to age and development.

## 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: | 2025-02-24 09:45:00 | Contact Method: | |
| Contact Time: | 09:45 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 02/25/2025 |
| Completed date: | 02/25/2025 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/25/2025 08:58 AM Entered By: [redacted]

CM has sent the closing case summary for review. The current temporary legal guardians are in the process of adopting ACV. Mother never showed up to court after the preliminary hearing and has not been involved.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-02-07 13:00:00 | Contact Method: | Face To Face |
| Contact Time: | 01:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Court | Created Date: | 03/17/2025 |
| Completed date: | 03/17/2025 | Completed By: | [redacted] |

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/17/2025 02:25 PM Entered By: [redacted]

ACV was observed with his family on this date in the car seat. ACV was unable to be interviewed due to age and development.

## 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: | 2025-01-30 14:00:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 02:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 03/17/2025 |
| Completed date: | 03/17/2025 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | ACV Interview/Observation | | |
| Contact Sub Type: | | | |

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/17/2025 02:29 PM Entered By: [redacted]

CM [redacted] attempted a home visit with the family on this date. The family was not home at this time. CM will contact the family and schedule a home visit/ face to face with the family.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2025-01-27 11:00:00 | Contact Method: | |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 01/27/2025 |
| Completed date: | 01/27/2025 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/27/2025 02:52 PM Entered By: [redacted]

The family is in the process of adopting ACV. CM is working on the case summary to prepare this case for closure. Mother never showed up to court after the preliminary hearing and is now closed.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-12-20 14:00:00 | Contact Method: | Face To Face |
| Contact Time: | 02:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 01/13/2025 |
| Completed date: | 01/13/2025 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/13/2025 11:49 AM Entered By: [redacted]

On December 20th 2024, CM completed a monthly home visit with ACV [redacted] The family reported they are in the process of adopting [redacted] The family reported that he is 6 months on this date. They reported that he is doing well in the home and have no concerns.

# 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: | 2024-11-22 10:00:00 | Contact Method: | Face To Face |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | [redacted] |
| Location: | Other Community Site | Created Date: | 11/22/2024 |
| Completed date: | 11/22/2024 | 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**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/22/2024 02:48 PM Entered By: [redacted]

Investigator presented this case to [redacted] County CPIT. Members were present from DCS, Law Enforcement, the District Attorneys Office, and the CAC.

Allegation: Child Death
ACV: [redacted]
AP: [redacted]

Classification Decision: It was agreed to classify this case as ASPS.

## 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: | 2024-11-18 09:00:00 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 12/10/2024 |
| Completed date: | 12/10/2024 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/10/2024 10:50 AM Entered By: [redacted]

CM will present this to CPIT and notify them that [redacted] County would not accept on their agenda.

## 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: | 2024-11-04 10:00:00 | Contact Method: | |
| Contact Time: | 10:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 11/05/2024 |
| Completed date: | 11/05/2024 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/05/2024 11:40 AM Entered By: [redacted]

[redacted] County CPIT declined to accept this case and stated that jurisdiction would be in [redacted] County. CM and TL will reconvene with the CPIT team and discuss next steps.

## 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: | 2024-11-01 11:00:00 | Contact Method: | Face To Face |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Court | Created Date: | 11/05/2024 |
| Completed date: | 11/05/2024 | Completed By: | [redacted] |

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

Contact Type(s): ACV Interview/Observation,Court Hearing

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/05/2024 03:06 PM Entered By: [redacted]

An Adjudication Hearing was held on this date.

The hearing was defaulted due to the mother not appearing in court.

# 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: | 2024-10-22 14:00:00 | Contact Method: | Face To Face |
| Contact Time: | 02:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 11/05/2024 |
| Completed date: | 11/05/2024 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | ACV Interview/Observation | | |
| Contact Sub Type: | | | |

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/05/2024 03:21 PM Entered By: [redacted]

CM [redacted] completed a home visit on this date with ACV [redacted] and his custodian [redacted] ACV was observed to be happy, healthy and thriving in his current home. CM [redacted] observed no concerns in the home and thanked the family for their time and cooperation and ended the visit.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-10-04 09:00:00 | Contact Method: | Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Court | Created Date: | 07/22/2025 |
| Completed date: | 07/22/2025 | Completed By: | [redacted] |

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

Contact Type(s): Court Hearing

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/22/2025 03:27 PM Entered By: [redacted]

An Adjudication hearing was held on this date by the Honorable Judge [redacted] of [redacted] County.

Present: [redacted] mother's attorney)
[redacted] (Guardian ad Leitem)
Case Manager [redacted]

Custodian's [redacted]

Mother did not appear to the court on this date. The Adjudication hearing was reset due to mother failing to appear. The court date was rescheduled for November 1st, 2024 at 9:00 AM.

## 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: | 2024-09-05 09:00:00 | Contact Method: | Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 11/05/2024 |
| Completed date: | 11/05/2024 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/05/2024 02:14 PM Entered By: [redacted]

CM [redacted] completed a home visit on this date with ACV [redacted] and his current guardian [redacted] ACV was unable to be interviewed due to age and development. ACV has everything he needs and is thriving in his home. CM [redacted] thanked them for their time and cooperation and ended the visits.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-08-27 09:30:00 | Contact Method: | |
| Contact Time: | 09:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/27/2024 |
| Completed date: | 08/27/2024 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/27/2024 11:50 AM Entered By: [redacted]

CM has attempted to get this on the [redacted] County CPIT agenda with no response. CM will complete a monthly face to face with ACV. ACV is in the custody of relatives at this time. Mother is not cooperating with services and did not attend the previous court date on 8/02/24.

# 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: | 2024-08-02 15:45:00 | Contact Method: | Face To Face |
| Contact Time: | 03:45 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | [redacted] |
| Location: | Hospital | Created Date: | 08/04/2024 |
| Completed date: | 08/04/2024 | Completed By: | [redacted] |

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

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[redacted]

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/04/2024 12:23 PM Entered By: [redacted]

[redacted] Follow Up

On 08/02/2024 CM [redacted] completed a courtesy response at [redacted] Medical for ACV [redacted] concerning allegations of Drug Expose Child. CM [redacted] was greeted by [redacted] caretakers [redacted] and [redacted] (great aunt and great uncle). CM [redacted] introduced herself and informed them she was here to follow up with [redacted] and see how hes doing.

[redacted] was observed sleeping and being held by Mrs. [redacted] had oxygen tubes connected through his nostrils to help support his breathing. [redacted] was located in section 21 of the NICU. Mrs. [redacted] reported that [redacted] has been having withdrawals and the doctors have him on a caffeine dosage of 9.3 mg to slow down those withdrawals. Mrs. [redacted] stated that [redacted] is weighing at 3 pounds and 7.4 oz and feeding at 30 ml.

CM [redacted] asked about the whereabouts of [redacted] mother ([redacted] and Mrs. [redacted] stated she doesnt have a contact number on [redacted] and stated that they had court and [redacted] didnt show up because shes allegedly in rehab but doesnt know how true that is. Mrs. [redacted] stated that [redacted] is physically banned from coming to the hospital, but can call up to the hospital to check on [redacted] well-being. Mrs. [redacted] stated whenever she asks the nurses if [redacted] has called, they have told her [redacted] hasnt called to check on [redacted]

\CM [redacted] asked Mrs. [redacted] do they have a discharge dated for [redacted] and stated the nurses estimated six to eight weeks. Prior to [redacted] discharge, they want to continue to monitor his weight and breathing levels. Mrs. [redacted] stated next week they would like to get [redacted] off of the feeding tube and start feeding with a bottle to see how he latches. Mrs. [redacted] stated [redacted] will be having some testing done on his brain to make sure everything is good and have an echo done on his heart within the next three to four days.

[redacted] was observed with no bruising or scars when his blanket was pulled back. [redacted] has several tubes hooked up to his small body frame as stated above to monitor his breathing and heart. [redacted] appeared physically healthy and growing

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

appropriately. [redacted] was moving around and stretching his body due to not being swaddled.

CM [redacted] thanked the [redacted] for speaking with her before leaving the hospital.

# 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: | 2024-08-02 09:00:00 | Contact Method: | Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Court | Created Date: | 07/22/2025 |
| Completed date: | 07/22/2025 | Completed By: | [redacted] |

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

Contact Type(s): Court Hearing

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/22/2025 03:24 PM Entered By: [redacted]

A preliminary hearing was held on this date by the Honorable Judge [redacted] of [redacted] County.

Present: [redacted] (mother's attorney)
[redacted] (Guardian ad Leitem)
Case Manager [redacted]

Custodian's [redacted]

Mother did not appear to the court on this date. The preliminary hearing was defaulted due to mother had notice of the court date and failed to appear. Adjudication is set for October 4th, 2024.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-07-31 09:00:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/28/2025 |
| Completed date: | 07/28/2025 | Completed By: | [redacted] |

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

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

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/28/2025 10:15 AM Entered By: [redacted]

CM [redacted] attempted a home visit with Ms. [redacted] at [redacted], TN [redacted]

CM [redacted] left a business card on the door of the camper; there was not a vehicle present at the time of the attempted home visit.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-07-19 10:15:00 | Contact Method: | |
| Contact Time: | 10:15 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/01/2024 |
| Completed date: | 08/01/2024 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/01/2024 10:15 AM Entered By: [redacted]

CM filed a petition due to ACV being positive for meth and amphetamines at delivery. ACV had a twin sister, [redacted] who passed away due to hemorrhaging. ACV was born at 26 weeks and is currently still in NICU at [redacted] Judge [redacted] granted temporary custody to [redacted] Mothers contact is restricted. The case was reset for August 2nd.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-07-15 13:00:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 01:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/28/2025 |
| Completed date: | 07/28/2025 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview,Parent/Caretaker Interview | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/28/2025 10:13 AM Entered By: [redacted]

CM [redacted] attempted a home visit with Ms. [redacted] at [redacted], TN [redacted]

CM [redacted] left a business card on the door of the camper and on the windshield of the car.

## 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: | 2024-07-10 14:00:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 02:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/27/2025 |
| Completed date: | 07/27/2025 | 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: 07/27/2025 03:22 PM Entered By: [redacted]

CM [redacted] attempted a home visit with Ms. [redacted] at [redacted], TN [redacted]

CM [redacted] left a business card on the door of the camper and on the windshield of the car.

## 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: | 2024-07-08 09:00:00 | Contact Method: | Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/28/2025 |
| Completed date: | 07/28/2025 | Completed By: | [redacted] |

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/28/2025 10:43 AM Entered By: [redacted]

CM [redacted] completed a home-study on Ms. [redacted] and all other adults in the household.

## Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-07-02 11:00:00 | Contact Method: | Face To Face |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/27/2025 |
| Completed date: | 07/27/2025 | 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: 07/27/2025 02:48 PM Entered By: [redacted]

A child and family team meeting was held on this date to determine placement for [redacted]

[redacted] Cousin to [redacted] was present at the child and family team meeting.

The meeting was held at 11:00 AM, CM [redacted] and the family waiting over 20 minutes for Ms. [redacted] to arrive to the office. Ms. [redacted] never showed up to the office.

It was determined to file with the court to determine placement.

## Tennessee Department of Children's Services
## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-07-02 11:00:00 | Contact Method: | Attempted Phone Call |
| Contact Time: | 11:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/27/2025 |
| Completed date: | 07/27/2025 | Completed By: | [redacted] |

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/27/2025 03:09 PM Entered By: [redacted]

CM [redacted] attempted a phone call with Ms. [redacted] with the phone number provided in the referral.

## 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: | 2024-07-01 09:00:00 | Contact Method: | Attempted Face To Face |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/27/2025 |
| Completed date: | 07/27/2025 | 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: 07/27/2025 02:06 PM Entered By: [redacted]

CM [redacted] attempted a home visit with Ms. [redacted] at [redacted], TN [redacted]

CM [redacted] spoke with a member of the household, who stated they did not want to give their name to CM [redacted] and they would have Ms. [redacted] contact CM [redacted] CM [redacted] handed a business card to them and thanked them for their time.

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-06-27 14:00:00 | Contact Method: | |
| Contact Time: | 02:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | | Created Date: | 07/14/2024 |
| Completed date: | 07/14/2024 | 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: 07/14/2024 11:57 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 initially assigned in TFACTS on 6/20/24 concerning allegation of Drug Exposed Child concerning twins ACV [redacted] and ACV [redacted] (newborns). The mother tested positive for methamphetamine, and it was reported she received no prenatal care and was unaware she was pregnant. Additionally, it was reported the mother had been subscribed Suboxone for the last 8 months. The twins were born premature at 26 weeks gestation. On 6/22/24 [redacted] passed away at the hospital, reportedly due due to hemorrhaging and the allegation of Abuse Death has been added to the open DEC investigation. It was reported [redacted] cord test was positive for methamphetamine. Results for [redacted] cord test are unconfirmed at this time but believed positive as well. Health status regarding [redacted] is stable, with no discharge date planned at this time. CM is confirming if body of [redacted] has been released from the hospital to ME or funeral home.

CM has made multiple attempts to contact the mother which have been unsuccessful. CM is planning to attempt home visit and engage hospital to see when or if the mother is visiting the surviving twin. The hospital reported the mother was making frequent trips to the parking garage while visiting the twins initially, raising concerns of ongoing drug use. The mother has three older children [redacted]/8yo, [redacted]/10yo, and [redacted] 17yo] that were removed from her custody in the past due to previous drug concerns. CM is verifying court orders and the mothers access/restrictions to those children. Information regarding the birth father is unknown at this time.

Next Steps:
-- CM will request both ACVs birth/hospital records. Records will be reviewed and uploaded to TFACTS.
-- CM will request mothers A&D/suboxone records for review.
-- CM will continue efforts to contact mother and schedule pre-custodial CFTM. CM will address grief counseling, A&S services, and funeral/burial support as needed.

## Tennessee Department of Children's Services

## Case Recording Summary

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

-- CM will interview hospital social worker regarding mothers behavior to gauge need for any restrictions for hospital visitation.
-- CM will follow-up with hospital regarding surviving twins health and prognosis and if NAS symptoms are present.
-- CM will continue efforts to identify and engage birth father is applicable.
-- 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: | 2024-06-27 08:13:00 | Contact Method: | Attempted Phone Call |
| Contact Time: | 08:13 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/27/2024 |
| Completed date: | 06/27/2024 | 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]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/27/2024 08:16 AM Entered By: [redacted]

CM attempted a phone call to [redacted] a [redacted], the phone number is disconnected. CM called the phone number provided in the referral at [redacted], left a voicemail and sent a text message for Ms. [redacted] to contact CM back immediately.

Ms. [redacted] has not contact CM, though she reported she would.

# 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: | 2024-06-24 16:00:00 | Contact Method: | Face To Face |
| Contact Time: | 04:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | [redacted] |
| Location: | Hospital | Created Date: | 06/27/2024 |
| Completed date: | 06/27/2024 | Completed By: | [redacted] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview,Initial ACV Face To Face | | |
| Contact Sub Type: | | | |

**Children Concerning**

[redacted]

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/27/2024 07:53 AM Entered By: [redacted]

6/24/24 [redacted] 5:00pm
CPSI [redacted] travelled to [redacted] Hospital in [redacted] TN to meet this response. CPSI [redacted] asked for [redacted] hospital Social Services personnel, however, she was already gone for the day. CPSI [redacted] was introduced to [redacted] NICU nurse, who was in charge of [redacted] ACV. CPSI [redacted] was advised that baby [redacted] was doing well and stable at the time. His twin sister had passed away. CPSI [redacted] was advised that umbilical cord results were not back yet and take about a week. CPSI [redacted] asked [redacted] for permission to take pictures of baby [redacted] Permission was granted. CPSI [redacted] took pictures of ACV. CPSI obtained [redacted] mother cell phone number from [redacted]. CPSI [redacted] then met with [redacted] birth mother/AP. She was in hospital room # [redacted] CPSI [redacted] introduced herself to Ms. [redacted] as DCS representative with Office of Child Safety and advised Ms. [redacted] of DCS involvement. CPSI [redacted] expressed her condolences to Ms. [redacted] about her recently loosing one of the twin babies. CPSI [redacted] was advised by Ms. [redacted] that she named her baby boy [redacted] and his sister was named [redacted] Ms. [redacted] was aware that her discharge date was scheduled for 6/25/24. When asked, Ms. [redacted] was unsure as to what time she was leaving the hospital nor where she was going. CPSI [redacted] asked Ms. [redacted] her cell phone number. Ms. [redacted] reported it was [redacted]. CPSI [redacted] asked Ms. [redacted] if she had spoken with CPSI [redacted] before. Ms. [redacted] stated that she did not know who that was. CPSI [redacted] advised Ms. [redacted] that [redacted] was her DCS CPSI and her phone number was [redacted]. CPSI [redacted] made sure that Ms. [redacted] downloaded CPSI [redacted] phone number in her phone. CPSI [redacted] asked Ms. [redacted] to call CPSI [redacted] at her earliest convenience. Ms. [redacted] stated that she would. Ms. [redacted] was surprised about DCS involvement and did not know what might have gotten DCS involved. CPSI [redacted] advised Ms. [redacted] that CPSI [redacted] would be able to answer her questions. CPSI [redacted] asked Ms. [redacted] if she had any other questions. Ms. [redacted] stated that she did not. CPSI [redacted] thanked Ms. [redacted] for her time and wished her speedy recovery. This concluded this ACV observation and AP interview.

ACV [redacted] was not observed at this time.

**Tennessee Department of Children's Services**

**Case Recording Summary**

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

# Tennessee Department of Children's Services

## Case Recording Summary

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

**Case Recording Details**

| | | | |
|---|---|---|---|
| Recording ID: | [redacted] | Status: | Completed |
| Contact Date: | 2024-06-24 13:00:00 | Contact Method: | |
| Contact Time: | 01:00 PM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 06/26/2024 |
| Completed date: | 06/26/2024 | Completed By: | [redacted] |
| Purpose(s): | Service Planning | | |
| Contact Type(s): | Administrative Review | | |
| Contact Sub Type: | | | |

**Children Concerning**

**Participant(s)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/26/2024 01:23 PM Entered By: [redacted]

On this date CM [redacted] was able to locate the hospital where the children were born. CM learned that one of the twins passed away due to hemorrhaging. TL notified TC [redacted] who notified Director [redacted] CM was advised to contact the hospital to call in the non-custodial child death referral. CM has requested a courtesy visit from [redacted] County. Mother tested positive for Methamphetamines at the time of birth. CM will make contact with mother and schedule a pre custodial CFTM. ACV is in the NICU due to being born premature (26 weeks gestation).

# 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: | 2024-06-24 11:30:00 | Contact Method: | Face To Face |
| Contact Time: | 11:30 AM | Contact Duration: | |
| Entered By: | [redacted] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/03/2024 |
| Completed date: | 07/10/2024 | 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)**

[redacted]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/10/2024 09:21 AM Entered By: [redacted]

Per Protocol, CM [redacted] is not required to make face to face contact with [redacted] on this date. Child was pronounced deceased on 06/22/2024 at [redacted] in [redacted] TN.

Department of Children's Services

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

## A. Investigation

Case Name: [redacted]

Investigation ID: [redacted]

Referral Date: 06/20/2024

Assignment Date: 06/27/2024

Street Adress:

City/State/Zip:

## B. Allegation

| # | Children's Name | DOB | Specific Allegation for Each | Alleged Perpetrator's Name | DOB | Classification | Severe Abuse / CSEM | Classified By / Classified |
|---|---|---|---|---|---|---|---|---|
| 1 | [redacted] | [redacted] | Abuse Death | [redacted] | [redacted], 12:00 AM | Allegation Substantiated / Perpetrator Substantiated | Yes | [redacted] |
| | | | | | | | | 01/13/2025 |
| 2 | [redacted] | [redacted] | Drug Exposed Child | [redacted] | [redacted] 12:00 AM | Allegation Substantiated / Perpetrator Substantiated | Yes | [redacted] |
| | | | | | | | No | 07/18/2024 |
| 3 | [redacted] | [redacted] | Drug Exposed Child | [redacted] | [redacted] 12:00 AM | Allegation Substantiated / Perpetrator Substantiated | Yes | [redacted] |
| | | | | | | | No | 07/18/2024 |

## C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being closed as Allegations Substantiated Perpetrator Substantiated for the allegations of Drug Exposed Child and Abuse Death.

## D. Case Workers

Case Worker: [redacted]

Date: 01/13/2025

Team Leader: [redacted]

Date: 01/13/2025

## 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:**

Alleged Child Victim, [redacted] and [redacted] were unable to interviewed at this time due to age and development. [redacted] was placed with family relatives, unfortunately [redacted] passed away 2 days after birth. ACV has been observed to have all necessary needs met while in the care of his relatives.

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

The children's cord results were positive for methamphetamine and amphetamines.

Department of Children's Services

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

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

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

Several home visits and phone calls were attempted to contact Ms. [redacted] during the investigation. Ms. [redacted] appeared to one court date and never appeared after the first court date.

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

A referral was made in regards of drug exposed child allegations and abuse death allegations.

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

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

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

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

Has a parent/caregiver that has current addiction issues that could adversely affect the child's physical, mental, or emotional functioning.

Drug Exposed Child (Severe)
Severe forms of this allegation include but is not limited to:

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

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

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

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

Knowingly allowing a child to be within a structure where a Schedule I controlled substance under TCA 3917-406, cocaine, methamphetamine and/or fentanyl are present and accessible by the child.

1. Child Death:
Child death is defined as:

a) Any child death caused by abuse or neglect.

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

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

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

**Tennessee Department of Children's Services**

**FAST 2.0 Assessment Summary Report**

| **Event Type: CPS Case** | **Assessment Date: 06/24/2024** |
|---|---|
| **Assessment Type: FAST** | **CPS Case ID:** [redacted] |

## OVERVIEW

| | |
|---|---|
| **Safety Level:** Immediate Intervention Recommended | **Assessed at Location:** hospital |
| **Risk Level:** High Need/Risk | |
| **Event Start Date:** 08/04/2025 | **Last Assessed Date:** |
| **Assessment Status:** Approved | **Assessor:** [redacted] |
| **Date Approved:** 06/27/2024 | **Approver:** [redacted] |

## PARTICIPANTS

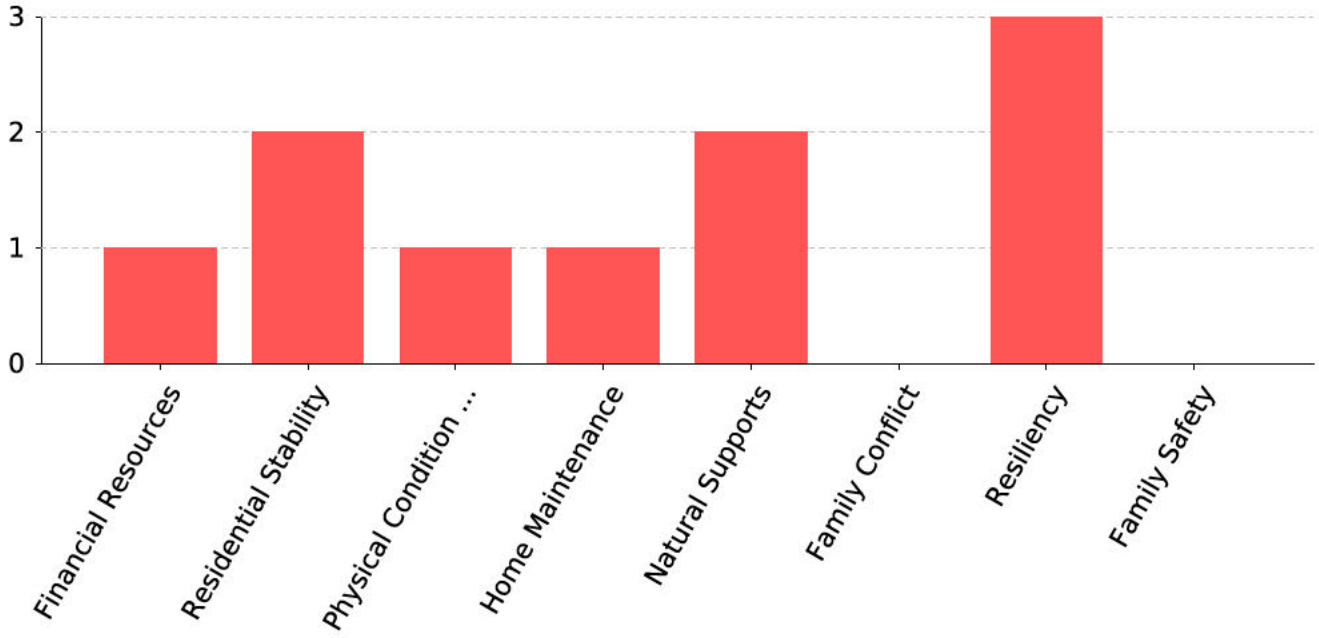
| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
|---|---|---|---|---|---|---|
| [redacted] (AP) | 37 Yrs | Primary | F | [redacted] | N/A | N/A |
| [redacted] (ACV) | 4 days | Youth | M | [redacted] | 3 | Low |
| [redacted] (ACV) | Deceased | Youth | F | [redacted] | 0 | Low |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/24/2024 |
| **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).

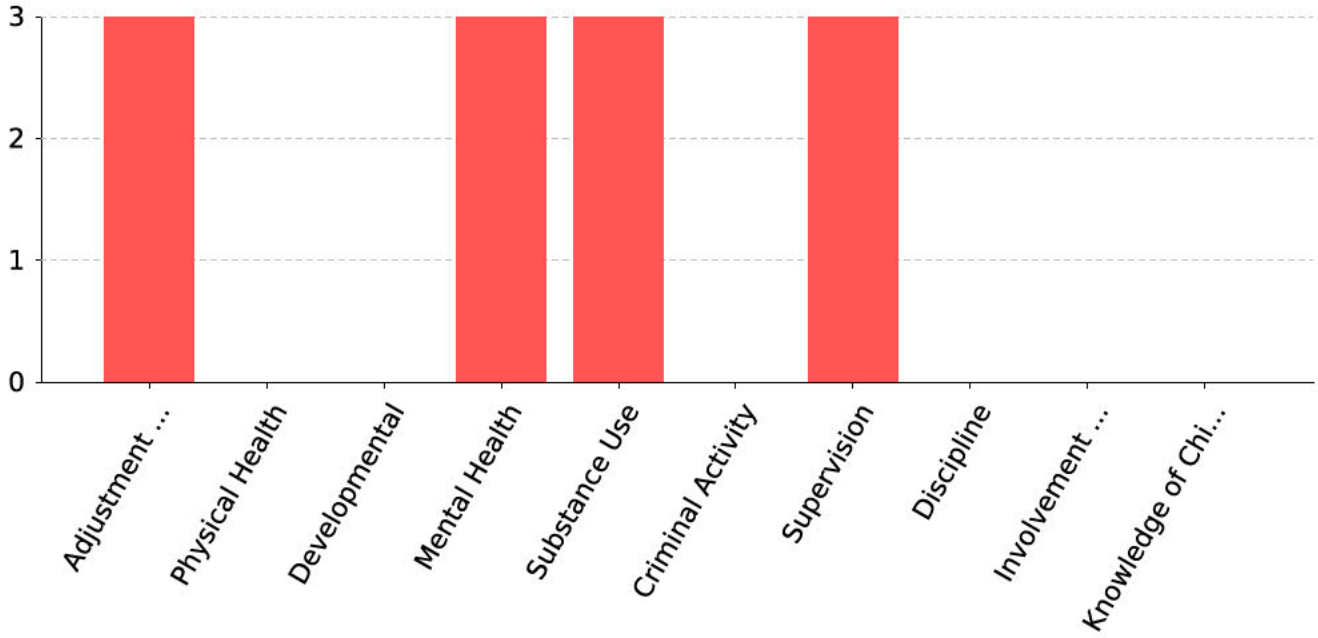



| Item | Score | Justification/Narrative |
|---|---|---|
| Financial Resources | 1 | mother has history of being unemployed. |
| Residential Stability | 2 | mother reported once she is released from the hospital she does not know where she is going to go. |
| Physical Condition of Home | 1 | it is unknown at this time. |
| Home Maintenance | 1 | it is unknown at this time. |
| Natural Supports | 2 | mother reported having limited support. |
| Family Conflict | 0 | |
| Resiliency | 3 | mother has had 3 other children removed from her, she is unable to find strengths. |
| Family Safety | 0 | |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/24/2024 |
| **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 |

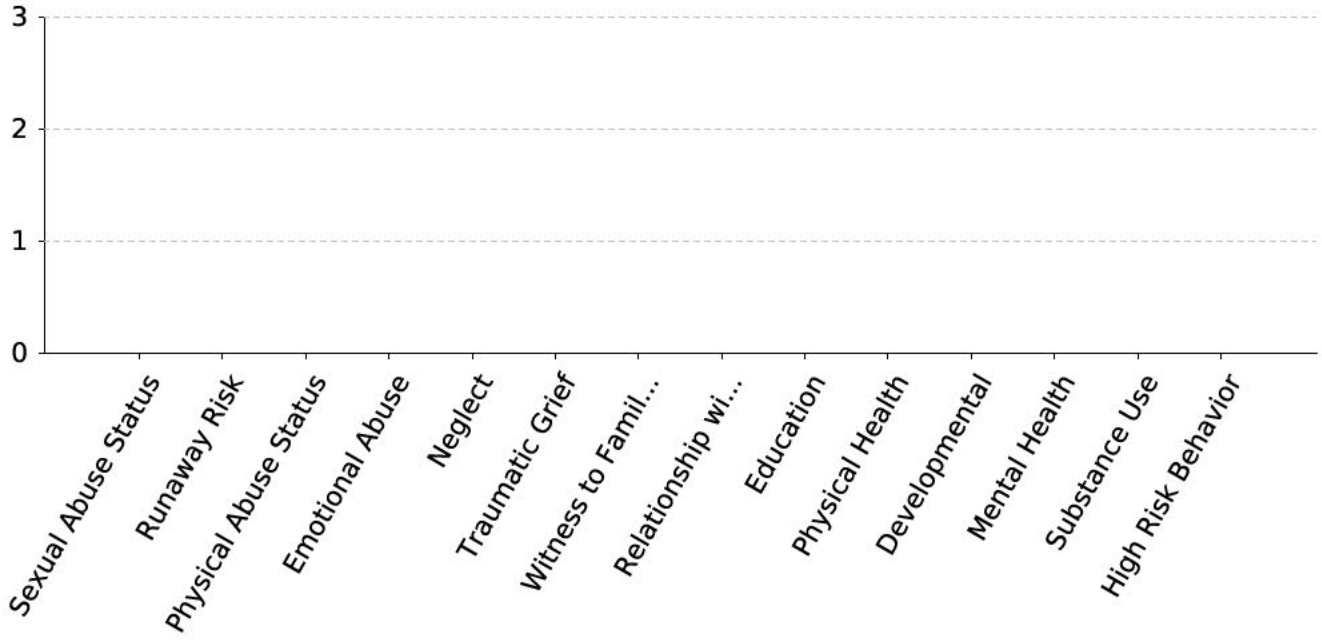



| Item | Score | Justification/Narrative |
|---|---|---|
| Adjustment to Traumatic Experiences | 3 | mother has had 3 other children removed from her, she has history of several years of using methamphetamine. [redacted] lost one of her twins due to hemorrhaging. |
| Physical Health | 0 | |
| Developmental | 0 | |
| Mental Health | 3 | [redacted] has history of mental health issues that she uses methamphetamine to cope with her issues. |
| Substance Use | 3 | [redacted] has history of methamphetamine use, she has had 3 other children removed from her due to her using methamphetamine. She tested positive for methamphetamine on 06/20/2024 when she gave birth to her twins. |
| Criminal Activity | 0 | |
| Supervision | 3 | Ms. [redacted] is not allowed to be around the acv unsupervised. |
| Discipline | 0 | |
| Involvement in Caregiving Functions | 0 | |
| Knowledge of Child and Family Needs | 0 | |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/24/2024 |
| **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 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |
| Traumatic Grief | 0 | |
| Witness to Family, School or Community Violence | 0 | |
| Relationship with Primary Caregiver | 0 | |
| Education | NA | |
| Physical Health | 0 | |
| Developmental | 0 | |

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

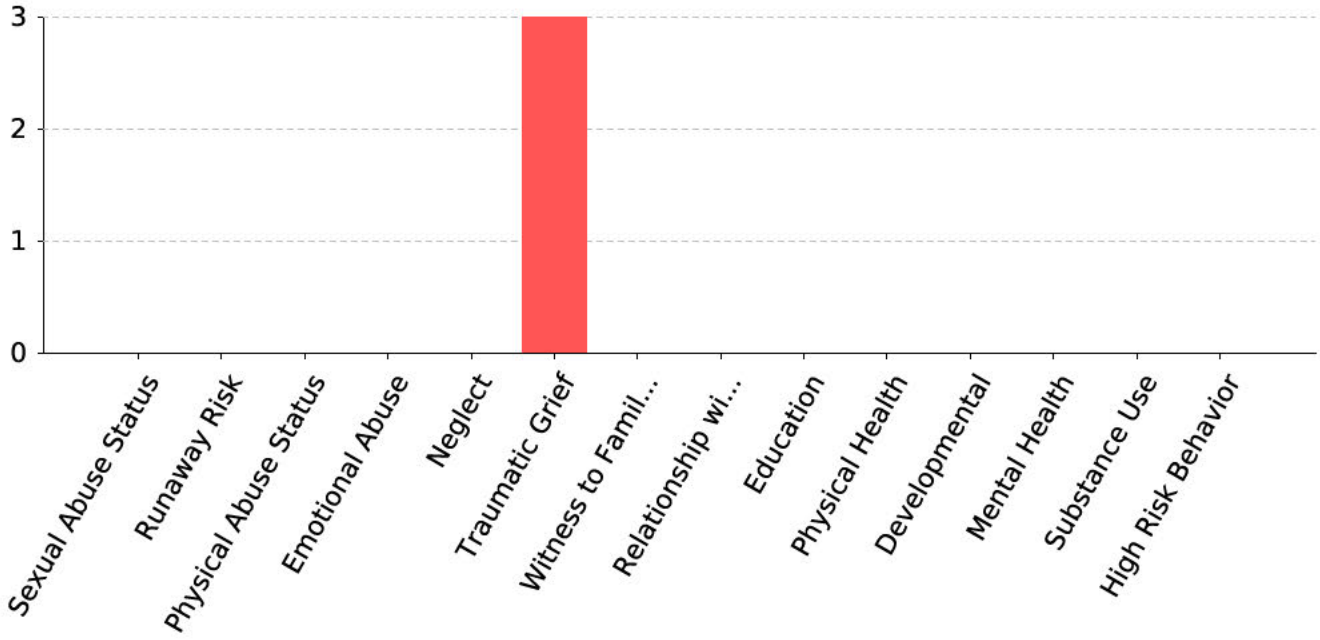
| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/24/2024 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

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

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/24/2024 |
| **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:4 days |




| Item | Score | Justification/Narrative |
|---|---|---|
| Sexual Abuse Status | 0 | |
| Runaway Risk | 0 | |
| Physical Abuse Status | 0 | |
| Emotional Abuse | 0 | |
| Neglect | 0 | |
| Traumatic Grief | 3 | ACV has a twin sister who passed away 2 days after birth. ACV will be separated from his mother due to her using methamphetamine while pregnant with him. |
| Witness to Family, School or Community Violence | 0 | |
| Relationship with Primary Caregiver | 0 | |
| Education | NA | |
| Physical Health | 0 | |
| Developmental | 0 | |

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

| | |
|---|---|
| **Event Type:** CPS Case | **Assessment Date:** 06/24/2024 |
| **Assessment Type:** FAST | **CPS Case ID:** [redacted] |

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