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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 09/14/2024 11:07 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 09/15/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 09/16/2024 03:48 PM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 09/16/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 09/16/2024 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
Unknown Participant [redacted]	11 Yrs (Est)	Lack of Supervision	Yes	Unknown Participant [redacted] Unknown	
[redacted]	Deceased	Abuse Death	Yes	Unknown Participant [redacted] Unknown	

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [redacted]
Associated Case IDs: [redacted]

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

Closed Court Custody
Case # [redacted] Date 09.15.2017
Case # [redacted] Date 09.15.2017

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

Case # [redacted] Date 09.15.2017
Case # [redacted] Date 01.22.2004
Case # [redacted] Date 09.15.2017
Case # [redacted] Date 09.24.2004

Pending: NA
Awaiting: NA
Submitted: NA

Open CPS: No
Substantiated: Yes
[redacted] DEC/[redacted] Allegation Substantiated / Perpetrator Substantiated/05.23.2017

Death: No
Screen Outs: No

History (not listed above): None

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

Reporter's name/Relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] [redacted] (8) [redacted] (Unknown, est. 10) resides with great aunt/legal guardian, [redacted] [redacted] (Unknown age) in [redacted] County TN. [redacted] has been with the aunt for 4 years. The brother has been with the aunt for 2 years.

[redacted] has a sister, [redacted] (Unknown age) and she lives with another aunt. It was stated that [redacted] has a total of 4 siblings. There is no more information for the other siblings.

Birth mother is [redacted] [redacted] and she is incarnated in KY.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
[redacted] is asking for immediate assistance for DCS to arrive on site. Address [redacted]

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On 09.14.2024 [redacted] and his brother were at a grandmother's (Unknown name) home ([redacted] [redacted] The boys were in a back bedroom. Around 9PM [redacted] and his brother were playing with a shot gun in the home. The gun went off. [redacted] got shot and the point of entry was in the face. It is not clear who called 911. The brother called the aunt. The aunt came to home first. EMS brought [redacted] to the hospital. CPR was being done in route to the hospital. [redacted] was pronounced deceased at 9:02PM at the hospital. The brother is at the hospital and the witness to the incident. It is unknown where the grandmother was when the incident happened. The aunt was not in the home at the time of incident. There may have been an unknown 16-year-old in the home. It is unknown how the kids got the gun. It was stated that it happened in a back bedroom. The detective is speaking with the aunt now to try and get more information. The brother was not physically harmed during the incident.

LE # [redacted]

Custody changes have taken place, and it is assumed DCS has been involved with the family in the past.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?
None reported. The family is emotional.

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

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

No

Intake Notation: (anything relevant to add, but not to narrative)
Screener Notation: (anything relevant to add regarding screening decision or info found in TFACTS history search)

Emailed/Paged CPSI On Call: Paged [redacted] County for immediate response.

Notified Child Death/Preliminary Near-Death Notification Group via Email:
[redacted]
Child Programs Director or SIU TC: [redacted]
Intake Decision and Screener Signature: Per SDM: INV/P1. [redacted], TL, 9.15.24 @ 12:43am.

Recipients	Time Issued	Response Received	Devices	Responses
[redacted]	09-14-24 11:44:58 PM [redacted]	---	[redacted]	

Email Sent
09-14-24 11:44:59 PM [redacted] 09-14-24 11:45:28 PM [redacted] Received

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

Participant(s)

Name: [redacted] [redacted]

Gender: Female

Date of Birth:

Partipant ID: [redacted]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: | Age:

Address: [redacted], Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type: UNKNOWN

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted]

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

SSN: | Race: | Age: 11 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted]

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

SSN: | Race: | Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: Unknown Participant [redacted] Unknown

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

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

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

Address: [redacted] Tennessee [redacted]

Deceased Date: 09/14/2024

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: Great aunt

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:	2025-08-05 16:16:00	Contact Method:	
Contact Time:	04:16 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/05/2025
Completed date:	08/05/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2025 04:16 PM Entered By: [redacted]

AC [redacted] approved summary for closure.

[redacted] Death Summary

On September 14, 2024, the Department of Childrens Services (DCS) received a referral for allegations of Abuse Death and Lack of Supervision regarding [redacted] (8) and Lack of Supervision regarding [redacted] (10). The alleged perpetrator, initially unknown, was later identified as their maternal grandmother, [redacted] The case was assigned to Child Protective Service Case Manager [redacted] Team Leader [redacted] and worked with [redacted] Police Department ([redacted]PD) Youth Services, Detective [redacted] and [redacted] were in the temporary custody of their maternal aunt, [redacted] due to their parents being incarcerated.

On September 14, 2024, while visiting with [redacted] in her home, [redacted] and [redacted] along with [redacted] were playing with a shotgun. While they were playing with the shotgun, it accidentally discharged, fatally injuring [redacted] The grandmother reported she was a couple of blocks away at her cousins home and then reported going to the store. According to Ms. [redacted] the gun in question was not something she was familiar with, but her nephew would leave his gun in the home. She reported the home used to her mothers before she passed and now everyone uses it. [redacted] (4yrs old) mother, [redacted] reported leaving him with her mother, [redacted] Around 9:00 pm, [redacted] received a call that [redacted] had been shot. When she arrived at her mothers home, police were interviewing [redacted] reported he, [redacted] and [redacted] found a gun in the attic and brought it downstairs. [redacted] accidentally discharged the gun which fatally injured himself. A forensic interview was conducted with [redacted] and [redacted] which they confirmed the sequence of events. [redacted] described hearing a "boom" and seeing [redacted] fall. He confirmed the boom was the gun. [redacted] reported he saw [redacted] touch the gun before it went off. Both [redacted] and [redacted] reported not touching the gun, that only [redacted] touched the gun. Both boys were unaware the gun was loaded. The interviews revealed the boys had been left unsupervised, and the gun was found in the attic of the home. The aunt, [redacted] reported in an interview she would not have left the boys with their grandmother had she known they would be left unsupervised. There were two other people on the premises at the time of the incident, [redacted] and [redacted] was asleep in the bedroom at the time of the incident, which he is a friend of [redacted] son [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

[redacted] The uncle, [redacted] was there as well, but he was outside at the time of the incident. [redacted] lives there as well, but he was at his girlfriends house at the time of the incident The incident highlighted significant lapses in supervision and safety.

Detective [redacted] interviewed the family. [redacted] and [redacted] legal guardian, who was unaware of the gun's presence and believed her mother, [redacted] would be supervising the children the entire time. [redacted] who was intoxicated during her interview, admitted to leaving the house multiple times that evening and was unaware of the gun's location.

Detective [redacted] interviewed [redacted] and [redacted] is friend of ACV/family, [redacted] is [redacted] father. [redacted] came to the house when [redacted] called to pick him up after incident, who confirmed the shotgun had been in the bedroom for months. [redacted] was unaware Ms. [redacted] had left the house until they couldn't find her. [redacted] Ms. [redacted] son, also confirmed the shotgun's presence but believed it was unloaded.

In a follow-up interview, Ms. [redacted] admitted she left the house around 8:00 pm, leaving the children unsupervised. She acknowledged seeing the shotgun in the bedroom but assumed it was not loaded. She reported having a drink at a friend's house before returning home after the incident.

On September 15, 2024, Dr. [redacted] conducted an autopsy on [redacted] revealing a contact shotgun wound to the head. The firearm was old and rusted. The cause of death was a contact shotgun wound, but the manner of death could not be determined due to unclear circumstances.

On May 27, 2025, CM [redacted] presented the case to the [redacted] County Child Protective Investigative Team (CPIT). The team agreed that there was substantial evidence supporting the allegations of Abuse Death and Lack of Supervision. The classification is allegation substantiated; perpetrator substantiated for Lack of Supervision.

Per DCS Policy Work Aid 1 Section H:

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.

Per DCS Policy Work Aid 1 Section C:

Lack of Supervision:

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

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

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

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

d) Concerns that children in a congregate care facility were able to engage in sexual activity regardless of age of children and/or if initially reported as consensual, should be assigned as lack of supervision in addition to the sexual abuse allegation (see DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse and Sexual Harassment Incidents and Prison Rape Elimination Act (PREA).

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 Lack of Supervision against [redacted] and [redacted] This case is also being classified as Allegation Substantiated, Perpetrator Unsubstantiated for Abuse Death 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:	2025-06-12 08:00:00	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/12/2025
Completed date:	06/12/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/12/2025 01:21 PM Entered By: [redacted]

CM [redacted] will complete the death summary and corrections from TL [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:	2025-05-27 08:45:00	Contact Method:	Face To Face
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	05/27/2025
Completed date:	05/27/2025	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

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/27/2025 09:07 AM Entered By: [redacted]

Team met this date and was in agreement for an ASPS finding for Lack of Supervision on both boys. There was a majority agreement for an ASPU for Abuse Death with 1 team member disagreeing.

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:	2025-05-20 14:30:00	Contact Method:	Face To Face
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	05/21/2025
Completed date:	05/21/2025	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/21/2025 10:29 AM Entered By: [redacted]

CM made monthly contact with the child. He stated that he was excited for the summer to be here. He stated that his mother is suppose to be coming home soon. There was no exact date stated yet. CM asked howe other things are going for him. He stated that things are ok. Her was asked if he still is talking to his counselor and he stated yes. As a notation every time that the counselor or his brother is mentioned [redacted] becomes very quiet and starts to withdraw from the conversation or interaction.

CM< spoke privately with Ms. [redacted] who, stated that overall things seem to be going ok. She advised that in addition to counseling that consideration is being given to placing [redacted] on a mood stabilizer to help him overcome the depression that he appears to be in. She also advised that her sister. [redacted] mother is supposed to be getting released from her incarceration before too much longer. After she gets stabilized there are plans to return [redacted] to his mother. CM< advised that the autopsy results have returned and that the process to close the case out will start soon. If this can be completed this month, this would be the last contact. Realistically this probably will not occur that soon.

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:	05/21/2025
Completed date:	05/21/2025	Completed By:	[redacted]
Purpose(s):	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: 05/21/2025 09:14 AM Entered By: [redacted]

The autopsy report was received this date.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-18 15:15:00	Contact Method:	Face To Face
Contact Time:	03:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	05/21/2025
Completed date:	05/21/2025	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	ACV Interview/Observation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/21/2025 09:01 AM Entered By: [redacted]

CM made monthly face to face with [redacted] and Ms. [redacted] still is very quiet and does not actively engage in conversation with CM. He says he is doing well. He was asked how he is coping without his little brother being around. He still does not say too much about that night when the incident occurred. CM spoke with Ms. [redacted] who, related that for the most part [redacted] is doing well but, he still is bottling up his feelings and doesn't talk about that night and what he saw and experienced. Ms. [redacted] stated that her and [redacted] are in counseling for grief and also for [redacted] to process what he saw and experienced. According to Ms. [redacted] still shuts down with her and the therapist he is seeing through lifepoint whenever the night [redacted] died is being discussed. Plans to continue therapy are ongoing. Mother has not been released as of yet. The exact date is not known at this point.

Aunt was advised that the autopsy is not back and after it comes back that the next phase of the case will start which, is to prepare for CPIT and process for closure.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-03-26 15:45:00	Contact Method:	Face To Face
Contact Time:	03:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	03/28/2025
Completed date:	03/28/2025	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/28/2025 12:26 PM Entered By: [redacted]

Purpose: CM monthly contact with the caretaker and surviving sibling

Content CM [redacted] was told that all of them are in counseling and are coping as best as they can

Observation CM [redacted] again was advised that the family is ok right now and they are in grief counseling. Inquiry was made as to whether the grandmother would be charged and CM stated that would be law enforcement and the D A's offices decision.

Planning/next steps CM will contact the family next month for the monthly status check if case is still open.

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:	2025-03-19 16:00:00	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/20/2025
Completed date:	03/20/2025	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: 03/20/2025 07:35 AM Entered By: [redacted]

Autopsy was received this date and is uploaded in TFACTS

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	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:	02/19/2025
Completed date:	02/19/2025	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: 02/19/2025 03:08 PM Entered By: [redacted]

This case is pending autopsy before it can be closed. CM [redacted] is still following up with family each month.

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:	2025-01-31 16:30:00	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	02/01/2025
Completed date:	02/01/2025	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/01/2025 09:47 PM Entered By: [redacted]

CM conducted monthly face to face and inquired if there were any services the family needed and was once again told that they are getting services

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-14 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 01:20 PM Entered By: [redacted]

TL [redacted] reviewed the case with CM [redacted] and TC [redacted] The case was referred due to abuse death. CM [redacted] will btain autopsy, attend cpit, and the do the closing 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 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:	12/30/2024
Completed date:	12/30/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/30/2024 08:39 AM Entered By: [redacted]

CPSI conducted monthly face to face and inquired if there were any services the family needed and was told that they are getting services

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-20 15:30:00	Contact Method:	Face To Face
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	12/02/2024
Completed date:	12/02/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/02/2024 08:13 AM Entered By: [redacted]

CPSI did the monthly face to face with the child and aunt. They all stated they were doing as well as could be expected. Grief and separation counseling was offered and declined.

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:	2024-10-17 23:35:00	Contact Method:	
Contact Time:	11:35 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/17/2024
Completed date:	10/17/2024	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: 10/17/2024 11:37 PM Entered By: [redacted]

This is a death case. The autopsy report is pending and CPIT is needed on this case.

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-10-15 15:00:00	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Caretaker Home	Created Date:	11/01/2024
Completed date:	11/01/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/01/2024 11:21 AM Entered By: [redacted]

Purpose: CPSI Made monthly contact with surviving siblings and parents

Content CPSI was verifying the sibling(s) are OK and there is no safety or risk issues occurring in the home

Observation There was no issue with the siblings and there was nothing additional that the family required.

Planning/next steps CPSI will continue with monthly contact until the case is 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:	2024-09-27 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/27/2024
Completed date:	09/27/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/27/2024 01:20 PM Entered By: [redacted]

Referral # [redacted] was called in and screened out based on the open case and the issues described are being addressed.

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 14:00:00	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/27/2024
Completed date:	09/27/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/27/2024 07:52 AM Entered By: [redacted]

Another referral was received this date alleging that the 2 boys are still residing at the home which they are not. Referral # is [redacted] which, has been screened out to add to the open 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:	2024-09-24 10:30:00	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/24/2024
Completed date:	09/24/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/24/2024 11:08 AM Entered By: [redacted]

Referral # [redacted] was called in that was reporting the issues and alleging the kids are still there. Which they are not.

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:	2024-09-20 07:00:00	Contact Method:	
Contact Time:	07:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	09/20/2024
Completed date:	09/20/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/20/2024 07:18 AM Entered By: [redacted]

Referral # [redacted] was called in and screened out. NOTE: When the 2 children were forensically interviewed they gave no disclosure of the allegations made and the appearance of the children had none of the issues the reporter alleges.

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:	2024-09-18 13:30:00	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/21/2024
Completed date:	10/21/2024	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: 10/21/2024 08:25 AM 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 9/1624 concerning the death of ACV [redacted] (8yo). It was reported [redacted] and his sibling [redacted] 10yo] were in the legal custody of their maternal aunt [redacted] at the time of the incident. [redacted] and the sibling had been the aunts care for the past four years and two years, respectively. [redacted] and his sibling along with a maternal cousin [redacted] 4yo] were visiting the maternal grandmother [redacted] at her home in [redacted] County at the time the incident. The birth parents [redacted] and [redacted] were both incarcerated prior to the incident.

On 9/14/24 [redacted] and his 10yo brother was reportedly at his grandmothers home and playing with a shotgun in a back bedroom. The gun fired and [redacted] was shot in the face. The grandmother had left the home to visit a neighbor when the incident occurred. 911 was called and [redacted] was transferred to the hospital where pronounced deceased. It is unknown if an autopsy is being completed.

The grandmother and some family members reported they were aware of the gun but thought it was in the attic and put away. Other family members, including [redacted] aunt/legal guardian, reported they did not know the gun existed. The 10yo sibling and 4yo cousin who were present and witnesses of the incident were forensically interviewed. The 10yo reported [redacted] was playing with the gun when it fired. The 4yo did not provide detail. The grandmother has a 15yo son who lives in the home, but was not present when the incident occurred, and CM plans to interview him to attempt to find out more information about the gun. The 10yo and 4yo were back in the care of their legal guardians following the incident with no immediate safety concerns. CM is completing a home visit with the custodial aunt and will follow-up regarding counseling for the involved family members.

Next Steps:
-- CM will request hospital records for current incident. Records will be reviewed and uploaded to TFACTS.

Tennessee Department of Children's Services

Case Recording Summary

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

-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete home visit with aunt and follow-up regarding counseling services for all family members.
-- CM will complete follow-up interview with aunt and her 15yo son with LE.
-- CM will document and upload autopsy into TFACTS once received (if applicable).
-- CM will complete Closing FAST prior to case closure.
-- CM will present findings to the Child Protective Investigative Team (CPIT) for classification review.

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

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-17 11:30:00	Contact Method:	Face To Face
Contact Time:	11:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	09/18/2024
Completed date:	09/18/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2024 10:05 AM Entered By: [redacted]

CPSI [redacted] and Detective [redacted] observed the FI of [redacted] and [redacted] Both children referenced the gun and neither one of them stated that they touched the gun and only [redacted] touched the gun. Neither one stated that they witnessed [redacted] shoot himself but, they did state that they were in the room when the incident occurred.

Both the aunt and mother of the boys were offered grief services. CPSI will continue to complete case tasks

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:	2024-09-17 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:	09/17/2024
Completed date:	09/17/2024	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: 09/17/2024 11:28 AM Entered By: [redacted]

CPIT Convened

DCS Follow-Up/ FI is scheduled for today (8/17).

Detective [redacted] is assigned.
Complaint # [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-09-14 23:30:00	Contact Method:	
Contact Time:	11:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/27/2025
Completed date:	05/27/2025	Completed By:	[redacted]
Purpose(s):	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: 05/27/2025 05:06 PM Entered By: [redacted]

Referral History

The Department of Childrens Services received the referral on 9/14/24 as a response priority P1 regarding Abuse Death and Lack of Supervision with the Alleged Child Victim being [redacted] (8) and [redacted] Unknown (10). Last name later confirmed to be [redacted] the Alleged Perpetrator being Unknown Person (unknown). Later identified as [redacted] grandmother. PR is due by 9/15/24.

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

Referent Contacts

The referent was contacted and reiterated information in the referral. Referent preferred to receive Referral Notification by e-mail therefore no letter was mailed.

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

Inv. # [redacted]
Date: 11/19/15
Allegation: Physical Abuse
AP: [redacted]
ACV: [redacted]
Classification: Allegation Unsubstantiated Perpetrator Unsubstantiated
Summary: There was no evidence to support the allegation. [redacted] stated she was burned by accident and no one trying to hurt of discipline her.

Tennessee Department of Children's Services

Case Recording Summary

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

Inv. # [redacted]
Date: 11/25/15
Allegation: Drug Exposed Child
AP: [redacted]
ACV: [redacted]
Classification: No Services Needed
Summary: There was no evidence to support the allegations.

Inv. # [redacted]
Date: 5/2/16
Allegation: Psychological Harm
AP: [redacted]
ACV: [redacted]
Classification: No Services Needed
Summary: There was no evidence to support the allegations.

Inv. # [redacted]
Date: 11/30/16
Allegation: Psychological Harm
AP: [redacted]
ACV: [redacted]
Classification: Services Recommended and Refused
Summary: CPSA recommends DV counseling for the parents

Inv. # [redacted]
Date: 5/23/17
Allegation: Drug Exposed Child
AP: [redacted]
ACV: [redacted]
Classification: Allegation Substantiated / Perpetrator Substantiated
Summary: Based on the investigation and assessments, this case will be classified as ASPS. Due to [redacted] having a positive drug screen for cocaine this case is being classified ASPS.

Inv. # [redacted]
Date: 8/18/20
Allegation: Drug Exposed Child
AP: [redacted]
ACV: [redacted]
Classification: No Services Needed
Summary: CM Dees is closing and classifying of the allegation drug-exposed as No Services Needed. CM found no evidence to substantiate the allegations presented; there is no imminent risk towards the children, observing the home environment, the child is deemed to be in an appropriate environment.

Inv. # [redacted]
Date: 9/6/24
Allegation: Drug Exposed Child
AP: Unknown Participant [redacted]
ACV: [redacted]
Classification: Services Recommended

Tennessee Department of Children's Services

Case Recording Summary

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

Summary: No services needed with no disclosure

Criminal Background Check

CM completed /requested a criminal background check through [redacted] Criminal County Clerk and TN Felony Offender. The background check discovered the following:

[redacted] DOB: [redacted]
10/25/2023 Possession or Casual Exchange misdemeanor

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:	2024-09-14 19:00:00	Contact Method:	Face To Face
Contact Time:	07:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	09/18/2024
Completed date:	09/18/2024	Completed By:	[redacted]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/18/2024 09:57 AM Entered By: [redacted]

Case was assigned this date and the children were saw and assessed to determine that no injuries were present. The deceased child was not viewed per Work Aid 2. Follow up with the sibling and aunt will occur next week.

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: 09/14/2024

Assignment Date: 09/18/2024

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]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 05/21/2025
2	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 05/21/2025
3	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Unsubstantiated	Yes	[redacted] / 05/27/2025

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [redacted] is currently in the temporary custody of his great aunt [redacted] and has been so for several years due to his parents being incarcerated. His sibling [redacted] is deceased after an incident where he accidentally shot himself. The children were left unsupervised by the grandmother [redacted] All parties reside in [redacted] County.

D. Case Workers

Case Worker: [redacted]

Date: 05/27/2025

Team Leader: [redacted]

Date: 05/27/2025

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:

[redacted] and [redacted] both stated that [redacted] was playing with the gun when it went off. Both of the surviving boys stated that they did not know that the gun was loaded and both boys denied touching the gun themselves

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

Department of Children's Services

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

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

An autopsy was performed and the cause of death was stated to be a contact shotgun wound, but the manner of death could not be determined due to unclear circumstances.

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

[redacted] Police Department ([redacted]PD) Youth Services, Detective [redacted] spoke with the grandmother [redacted] in her home. The grandmother reported she was a couple of blocks away at her cousin's home and then reported going to the store. According to Ms. [redacted] the gun in question was not something she was familiar with. The incident highlighted significant lapses in supervision and safety. [redacted] who was intoxicated during her interview, admitted to leaving the house multiple times that evening and was unaware of the gun's location. In a follow-up interview, Ms. [redacted] admitted she left the house around 8:00 pm, leaving the children unsupervised. She acknowledged seeing the shotgun in the bedroom but assumed it was not loaded. She reported having a drink at a friend's house before returning

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

[redacted] (8) [redacted] (Unknown, est. 10) resides with great aunt/legal guardian, [redacted] (Unknown age) in [redacted] County TN. [redacted] has been with the aunt for 4 years. The brother has been with the aunt for 2 years. [redacted] has a sister, [redacted] (Unknown age) and she lives with another aunt. It was stated that [redacted] has a total of 4 siblings. There is no more information for the other siblings. Birth mother is [redacted] and she is incarnated in KY. [redacted] is asking for immediate assistance for DCS to arrive on site. Address [redacted] On 09.14.2024 [redacted] and his brother were at a grandmother's (Unknown name) home ([redacted] The boys were in a back bedroom. Around 9PM [redacted] and his brother were playing with a shot gun in the home. The gun went off. [redacted] got shot and the point of entry was in the face. It is not clear who called 911. The brother called the aunt. The aunt came to home first. EMS brought [redacted] to the hospital. CPR was being done in route to the hospital. [redacted] was pronounced deceased at 9:02PM at the hospital. The brother is at the hospital and the witness to the incident. It is unknown where the grandmother was when the incident happened. The aunt was not in the home at the time of incident. There may have been an unknown 16-year-old in the home. It is unknown how the kids got the gun. It was stated that it happened in a back bedroom. The detective is speaking with the aunt now to try and get more information. The brother was not physically harmed during the incident. LE # [redacted]. Custody changes have taken place, and it is assumed DCS has been involved with the family in the past.

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

Based on the interviews conducted and evidence collected 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 Lack of Supervision against [redacted] and [redacted] This case is also being classified as Allegation Substantiated, Perpetrator Unsubstantiated for Abuse Death against [redacted] This is per DCS Policy 14.6

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: 09/17/2024**
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** NCA
Event Start Date: 08/06/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 09/18/2024	**Approver:**

PARTICIPANTS

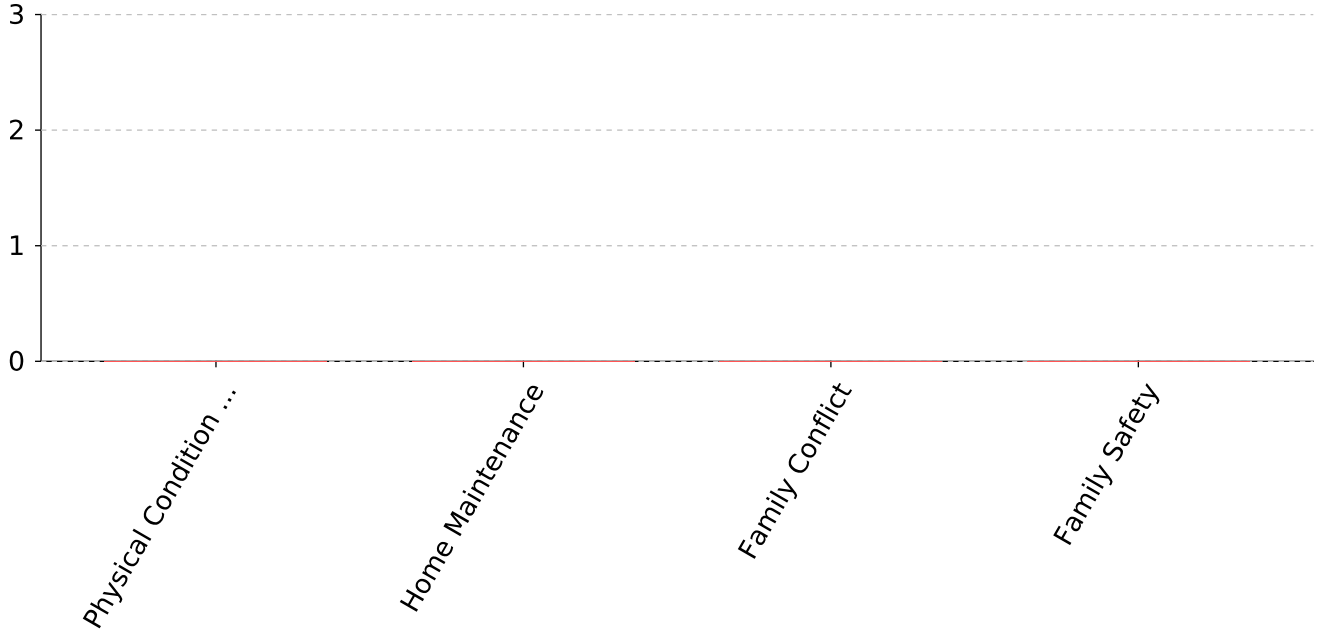
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (ACV)	Deceased	Youth	M	[redacted]	N/A	
[redacted]	50 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted] (ACV)	10 Yrs	Youth	M	[redacted]	N/A	

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

Event Type: CPS Case	**Assessment Date:** 09/17/2024
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

THE FAMILY TOGETHER

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

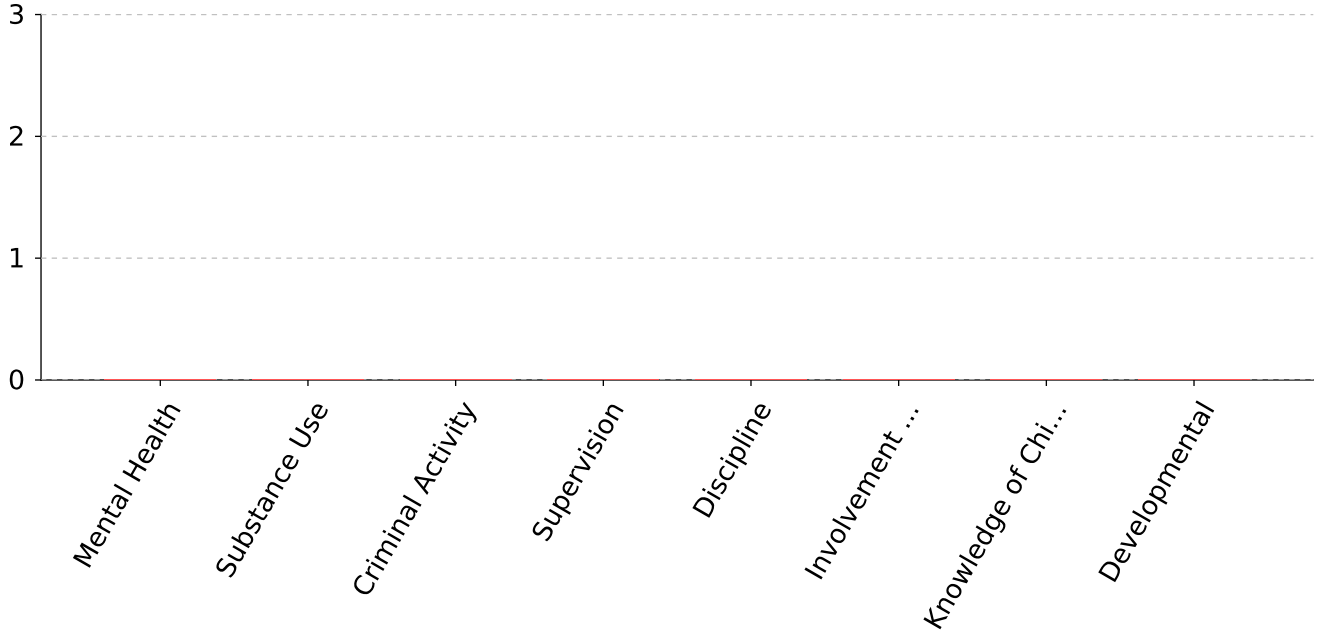


Item	Score	Justification/Narrative
Physical Condition of Home	0	
Home Maintenance	0	
Family Conflict	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 09/17/2024
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

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

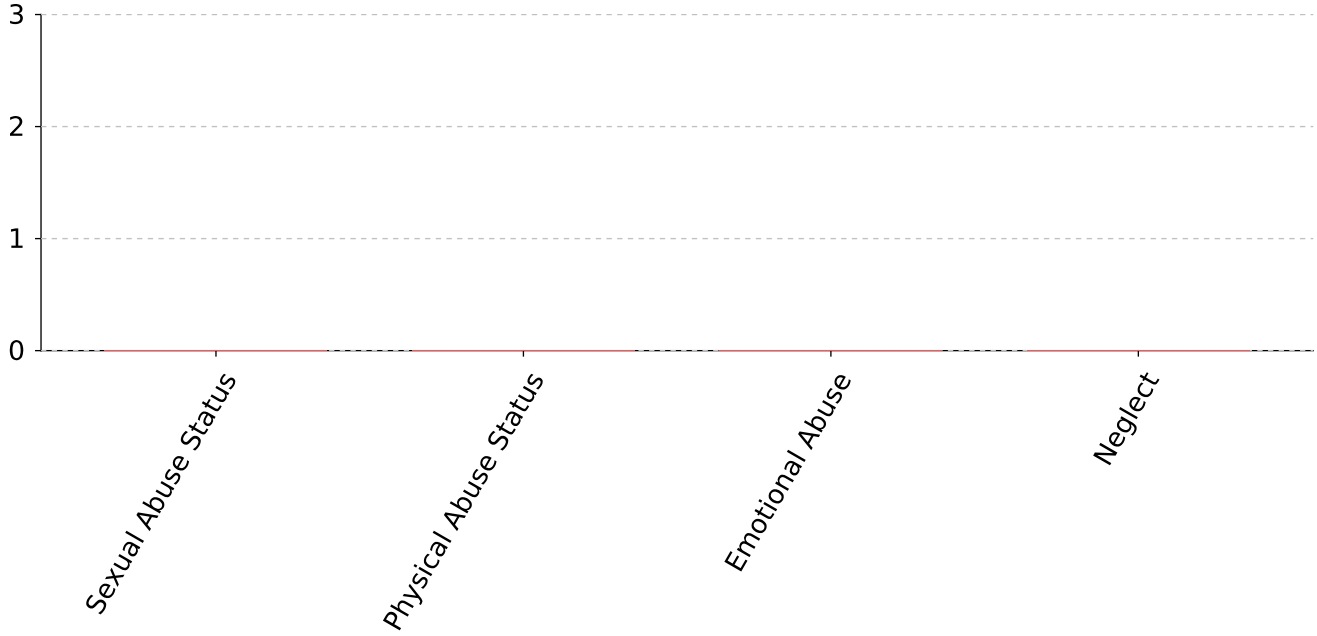


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 09/17/2024
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

YOUTH		
This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.		
Participant: [redacted]	Person ID: [redacted]	Age:10 Yrs

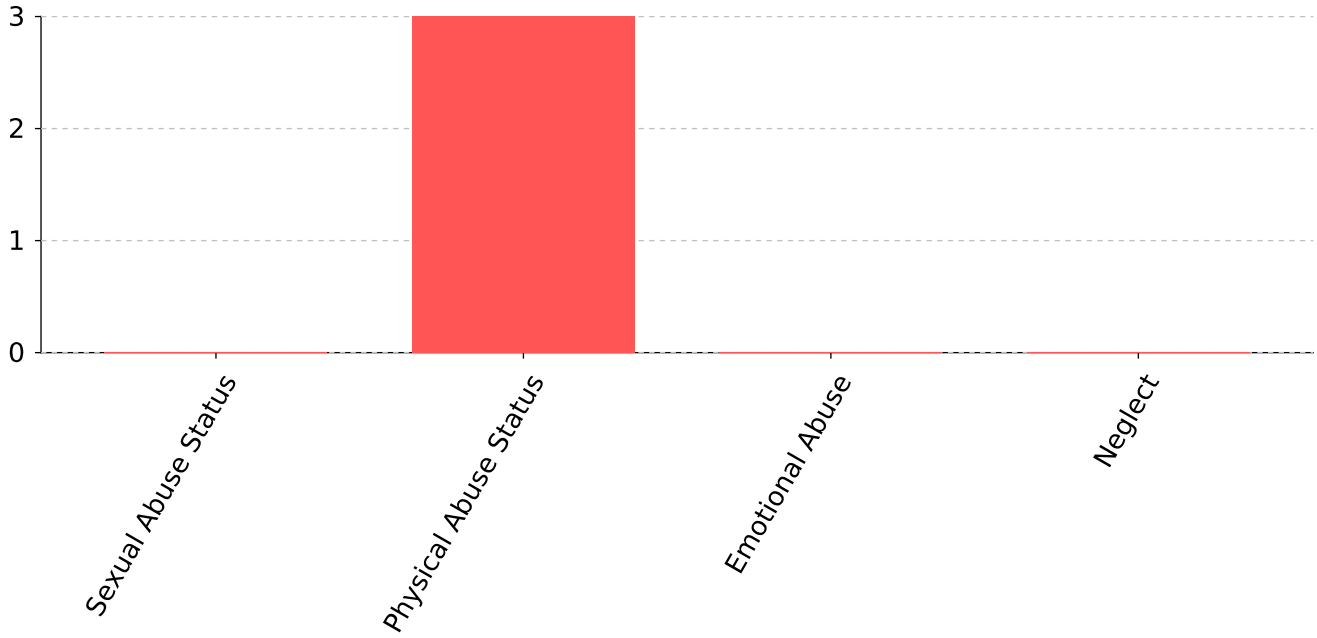


Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	

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

Event Type: CPS Case	**Assessment Date:** 09/17/2024
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

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



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Physical Abuse Status	3	The child accidently shot himself with a shotgun causing his death.
Emotional Abuse	0	
Neglect	0	

Tennessee Department of Children's Services

FAST 2.0 Assessment Summary Report

Event Type: CPS Case	**Assessment Date: 10/15/2024**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Recommended	**Assessed at Location:** In the Home
Risk Level: Moderate Need/Risk	
Event Start Date: 08/06/2025	**Last Assessed Date:** 09/17/2024
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 05/27/2025	**Approver:** [redacted]

PARTICIPANTS

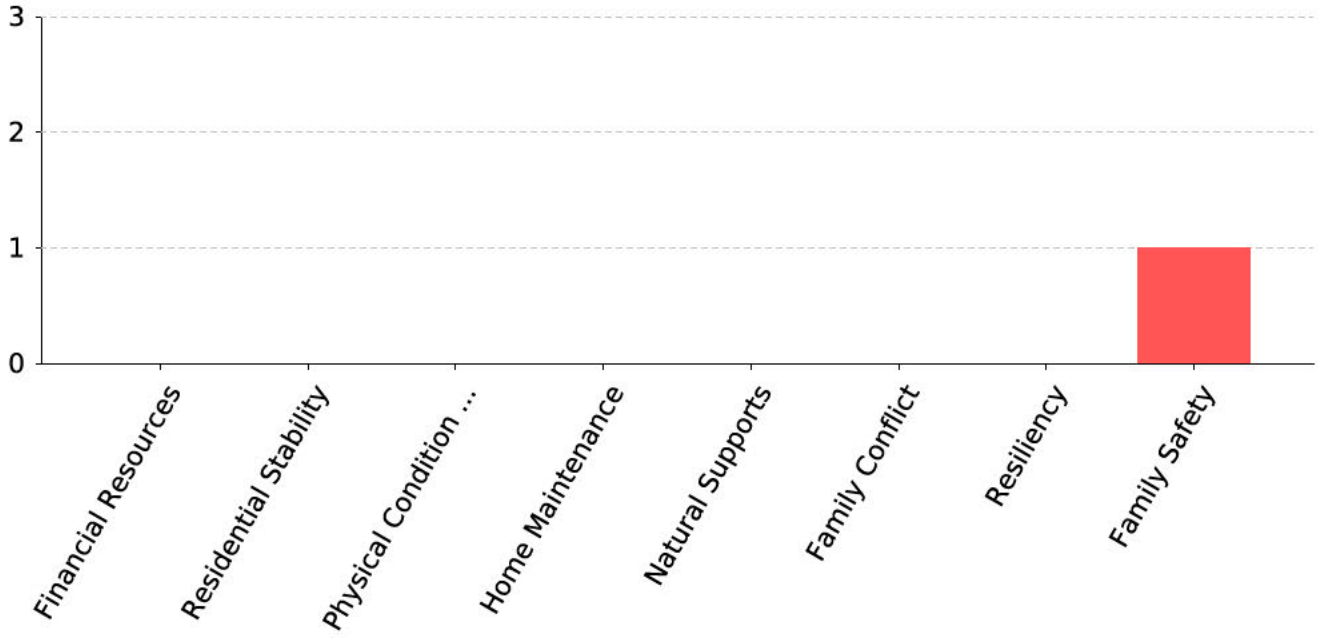
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted]	50 Yrs	Primary	F	[redacted]	N/A	N/A
[redacted] (ACV)	10 Yrs	Youth	M	[redacted]	5	Low
[redacted] (ACV)	Deceased	Youth	M	[redacted]	5	Low

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

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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).

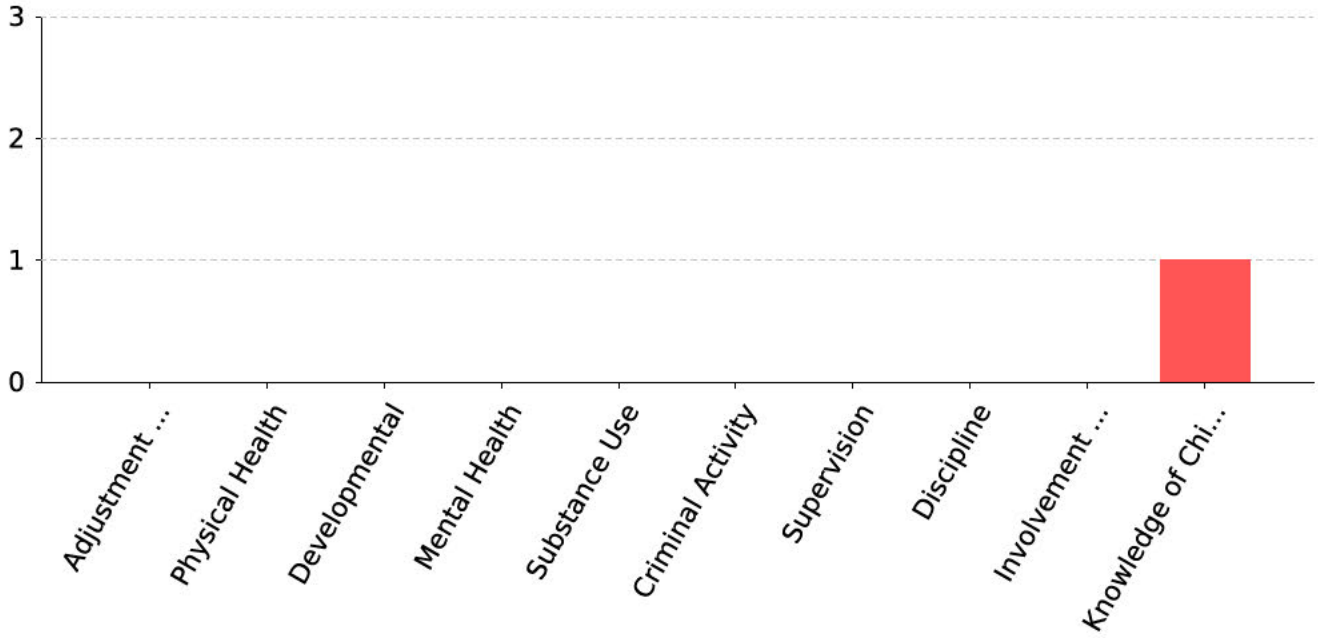


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	1	The home environment with Ms. [redacted] is safe. The only risk that arises is if [redacted] went back to Ms. [redacted] home where the incident occurred which, is not going to occur per Ms. [redacted]

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



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	1	Due to the stress of the parents being incarcerated and now the death of [redacted] Ms. [redacted] needs some supports to assist with [redacted]

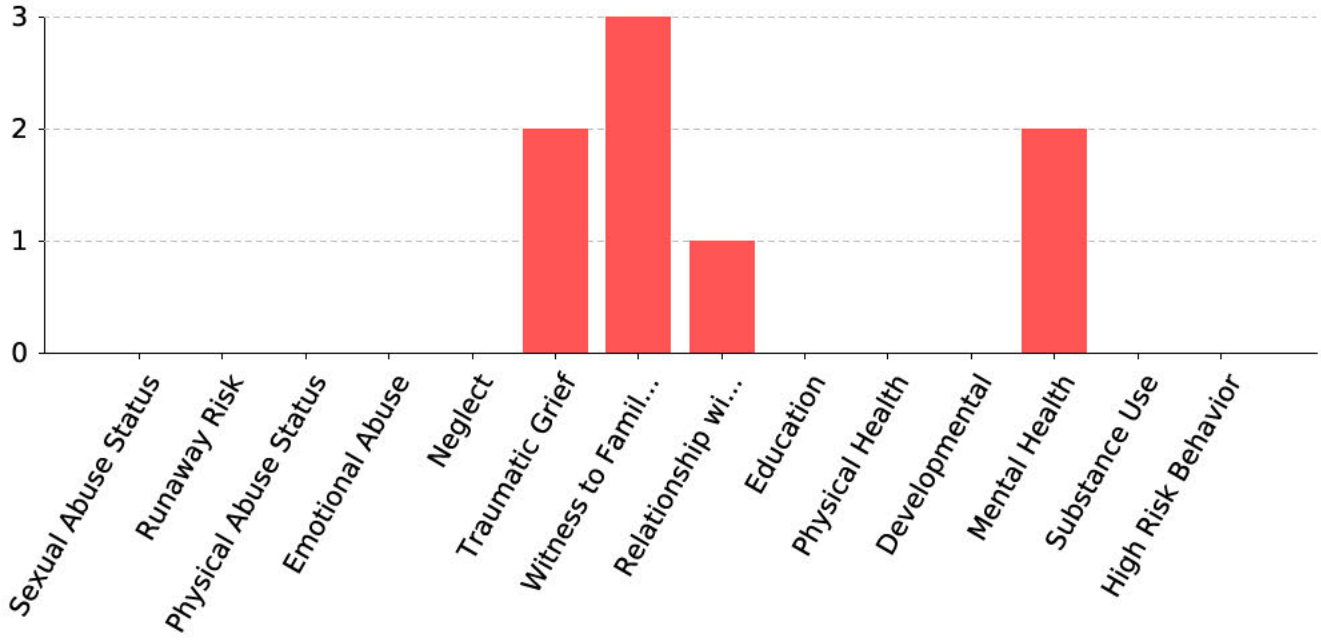
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 10/15/2024
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:10 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	2	[redacted] had been dealing with the incarceration of his parents which, has had them separated for several years and he now is dealing with the death of his younger sibling which, he witnessed.
Witness to Family, School or Community Violence	3	[redacted] is now dealing with the death of his younger sibling [redacted] which he was there and witnessed the accident with the shotgun.
Relationship with Primary Caregiver	1	[redacted] has grown close to Ms. [redacted] while his parents have been incarcerated
Education	0	
Physical Health	0	

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FAST 2.0 Assessment Detail Report

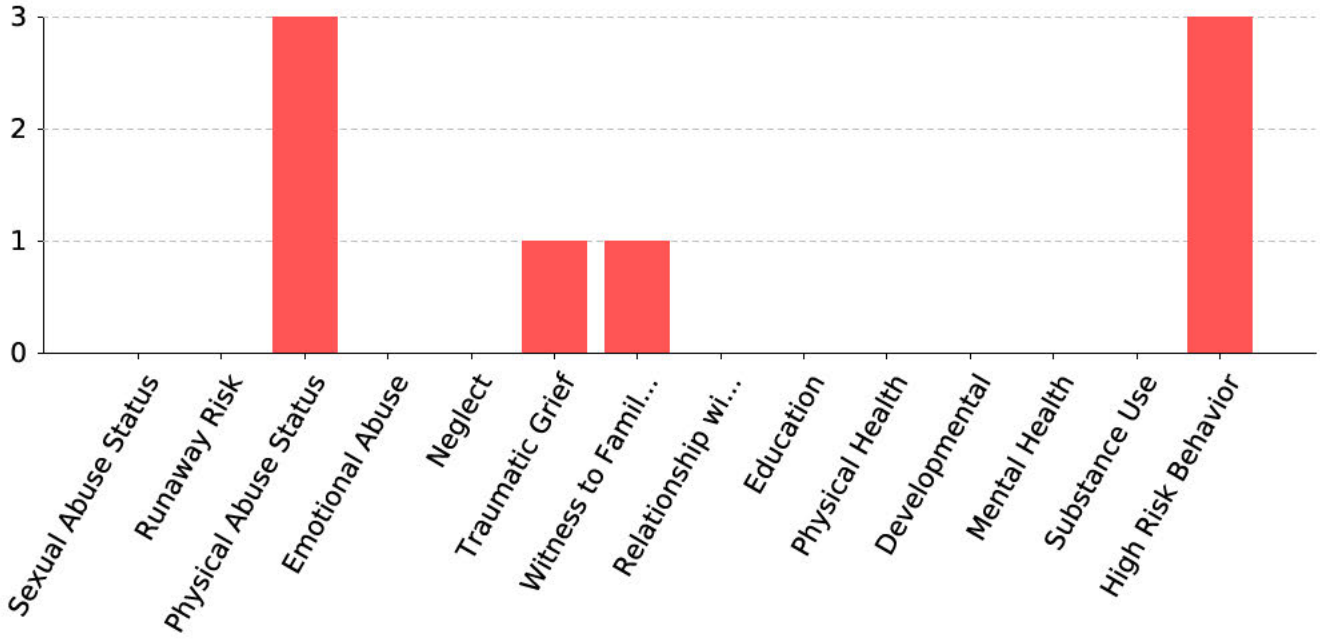
Event Type: CPS Case	**Assessment Date:** 10/15/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

Developmental	0	
Mental Health	2	Due to the intense mental health episode that has occurred with [redacted] witnessing the accidental shooting and death of his 8 yr old brother [redacted] intensive counseling is warranted to get him through this initial period. A re-evaluation can be made in a few months to see what if any additional services would be merited.
Substance Use	0	
High Risk Behavior	0	

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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	3	The child accidently shot himself with a shotgun causing his death.
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	1	At the time of his death [redacted] had been separated from his parents through incarceration for several years/.
Witness to Family, School or Community Violence	1	Child died through an accidental shooting due a lack of supervision.
Relationship with Primary Caregiver	0	
Education	0	
Physical Health	0	
Developmental	0	

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Mental Health	0	
Substance Use	0	
High Risk Behavior	3	Child died through an accidental shooting due a lack of supervision.