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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 10/23/2024 07:40 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 10/23/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 10/24/2024 08:46 AM

First Team Leader Assigned: [redacted]

Date/Time Assigned : 10/24/2024 12:00 AM

First Case Manager Assigned: [redacted]

Date/Time Assigned : 10/24/2024 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	3 Yrs	Lack of Supervision	Yes	[redacted]	

Preliminary Near Death: [redacted]

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address:

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: NON-CUSTODIAL PRELIMINARY NEAR DEATH

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

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

Pending: [redacted] LOS (S) / 10/23/24
Awaiting Screening: No
Submitted: No

Open CPS: No

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Substantiated: No
Death: No
Screen Outs: No

History (not listed above): INV [redacted] / DEC / AUPU / 2022-09-23

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

Reporter's Name/Relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (2) and his three siblings (names unknown/ ages 4, 3, and 4 months) reside with their mother, [redacted] and father, [redacted] in [redacted] County.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Immediate assistance is being requested to [redacted] Children's Hospital.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
On 10/23/24 at 1742 hours, [redacted] was transported to [redacted] and Children's Hospital via EMS with [redacted] reported that she left the children in [redacted] care while she went to the store. When [redacted] returned home, the 3-year-old child approached her and told her that [redacted] was asleep in the bathtub. [redacted] went to the bathroom and found [redacted] unresponsive in the bathtub. 911 was called at that time. It is unknown who called 911. It is unknown what time 911 was called or what time officers arrived on scene. It is unknown how [redacted] was positioned when [redacted] found him in the bathtub. There was no adult present in the bathroom when [redacted] found [redacted] unresponsive in the bathtub. [redacted] reported that the children were only in the bathroom for around 10 minutes, but it is unknown how she knows that information. [redacted] told [redacted] that he placed [redacted] in the bathtub with the 3-year-old because he had a dirty diaper. [redacted] was in the home, but it is unknown where, when [redacted] returned home. [redacted] is unaware of any falls or accidents that occurred while [redacted] was in the bathtub. There are no visible injuries on [redacted] body.

It is unknown if [redacted] will survive. [redacted] heart is beating, but he is currently intubated because he cannot breathe on his own and he is not responding to any stimuli. There is a concern for brain damage. [redacted] is being transported to [redacted] Children's Hospital for a higher level of care. There is an officer at the family's residence speaking with [redacted] It is believed that the siblings are at the residence with [redacted]

[redacted] is responding very appropriately. There have been family members at the hospital with [redacted] and they have been supportive and respectful. There are no concerns for drug/alcohol abuse, domestic violence, or mental health issues in the home. Police report number: [redacted]

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

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

Intake Notation: No
Screener Notation: No

Emailed/Paged CPSI On Call: Recipients	Time Issued	Response Received	Devices	Responses Received
[redacted]	10-23-24 10:00:37 PM [redacted]	10-23-24 10:01:29 PM [redacted]	[redacted]	

Notified Child Death/Preliminary Near-Death Notification Group via Email:
[redacted]
Region RA, [redacted]

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Intake Decision and Screener Signature; Per SDM : P1 Investigation. [redacted] Intake Supervisor @ 10:08pm on 10-23-24. Approved by [redacted], Director

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

Participant(s)

Name: [redacted]

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

SSN: | Race: | Age: 3 Yrs

Address: [redacted] Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: father's number above:

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:

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: Female

Date of Birth: [redacted]

Partipant ID: [redacted]

SSN:

Race:

Age: 27 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

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:	2025-08-12 16:05:00	Contact Method:	
Contact Time:	04:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/12/2025
Completed date:	08/12/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2025 04:03 PM Entered By: [redacted]

On October 23, 2024, the Department of Childrens Services (DCS) received a referral with an allegation of Lack of Supervision regarding Alleged Child Victim (ACV) [redacted] (age 2). The Alleged Perpetrator (AP) is [redacted] (age 24). This investigation was assigned to Case Manager (CM) [redacted] by Team Leader (TL) [redacted]

[redacted] (2-year-old) lived with his birth mother, [redacted] (26), and birth father, [redacted] The household also consists of siblings [redacted] (4-year-old), [redacted] (3-year- old), and [redacted] (4 months).

The referral included the following information: [redacted] (2) and his three siblings (names unknown/ ages 4, 3, and 4 months) reside with their mother, [redacted] and father, [redacted] in [redacted] County. On October 23, 2024, at 1742 hours, [redacted] was transported to [redacted] Childrens Hospital via EMS with Ms. [redacted] Ms. [redacted] reported that she left the children in Mr. [redacted] care while she went to the store. When Ms. [redacted] returned home, the 3-year-old child approached her and told her that [redacted] was asleep in the bathtub. Ms. [redacted] went to the bathroom and found [redacted] unresponsive in the bathtub. 911 was called at that time. There was no adult present in the bathroom when Ms. [redacted] found [redacted] unresponsive in the bathtub. Ms. [redacted] reported that the children were only in the bathroom for approximately 10 minutes. Mr. [redacted] told Ms. [redacted] that he placed [redacted] in the bathtub with the 3-year-old because he had a dirty diaper. Ms. [redacted] is unaware of any falls or accidents that occurred while [redacted] was in the bathtub. There are no visible injuries on [redacted] body.

On October 23, 2024, CM [redacted] made face to face contact with Ms. [redacted] (mother) and Mr. [redacted] (father) at the [redacted] Childrens Hospital located in [redacted] TN. CM [redacted] introduced herself and discussed the reason for the department being involved. Ms. [redacted] reported the household consists of herself, Mr. [redacted] and their four children ([redacted] 4, [redacted] 3, [redacted] 2, and [redacted] 4mths). Ms. [redacted] reported that [redacted] attends school at [redacted] Center, and the other children stay at home with her and Mr. [redacted] Ms. [redacted] reported she and Mr. [redacted] work alternating schedules, so someone is always home to supervise the children.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

Ms. [redacted] and Mr. [redacted] stated they are unsure what happened with [redacted] Ms. [redacted] reported she left work today about 2:30 p.m. to pick [redacted] up from school and afterwards dropped him off at home. She reported she then left home and went to the store to purchase a few things. Ms. [redacted] stated she was back at home no later than 4:00 p.m. Ms. [redacted] reported when she returned home, everything appeared to be fine. She reported [redacted] was his normal self and was running around playing as usual. Ms. [redacted] reported after being home for a while, [redacted] had a dirty diaper and needed to be cleaned up. She reported Mr. [redacted] ran a small amount of bath water and put him in the tub. Ms. [redacted] stated as [redacted] was being put in the tub, [redacted] asked to get in the tub also. Ms. [redacted] reported [redacted] was placed in the tub with [redacted]

Mr. [redacted] reported that he was in the backroom cleaning up while the children were in the bathtub. He stated they were only in the tub a short period of time. Ms. [redacted] reported she was in the kitchen cleaning up, so that she could prepare to cook dinner. Ms. [redacted] reported while she was in the kitchen, she could hear the children in the tub splashing water and playing. Ms. [redacted] reported the children were in the tub about 10 minutes, when [redacted] came into the kitchen and stated [redacted] was asleep in the tub. Ms. [redacted] reported she immediately ran to the bathroom where she found him unresponsive. She reported she started CPR and called 911.

Ms. [redacted] denied there being any blood or anything in or near the tub that would give the impression that [redacted] had fallen or had passed out while in the tub. Ms. [redacted] denied there being any marks observed prior to [redacted] getting in the tub. She reported that there was not a lot of water in the tub, so even if he slipped, he would have been able to just sit up or lay on his back. Ms. [redacted] denied [redacted] having any medical problems and denied him being sick. Ms. [redacted] reports that the children would often bathe together and be left alone to play in the tub for a little while before being bathed. Ms. [redacted] reports that the children could always be heard playing.

[redacted] was observed by CM [redacted] to be laying in the hospital bed. CM [redacted] was unable to go into the room due to a medical procedure being performed on him at the time.

Face to face contact was made with the siblings, [redacted] 4, [redacted] 3, and [redacted] 4mths, at the hospital. CM [redacted] observed [redacted] laying on the couch asleep. [redacted] was observed running around the waiting room playing. [redacted] was observed being held by Mr. [redacted]

CM [redacted] observed all the children to be free from any visible marks or bruises. All the children were observed to be clean and groomed. Medical staff reported no foul play with there being no marks or injuries and that incident involving [redacted] is deemed to be a drowning. [redacted] prognosis is currently unknown, but according to medical staff, it does not look good. Medical staff stated the birth mothers story does line up with the injuries and the only concern is child being left in bathtub unattended.

A safety plan was agreed and signed by Ms. [redacted] and Mr. [redacted] to supervise the children properly, especially when its bath time. The children are to be given baths separately and baths are to be given by parents.

On October 30, 2024, [redacted] was pronounced deceased at [redacted] Childrens Hospital by Dr. [redacted]. Medical records obtained from [redacted] Children's Hospital documented that [redacted] cause of death has been determined to be cardiac arrest secondary to drowning.

An autopsy was completed by Dr. [redacted] Regional Forensic Center, [redacted] TN. The cause of death is undetermined. The manner of death is undetermined.

CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT) on April 17, 2025. The team agreed to the substantiation of Allegation Substantiated Perpetrator Unknown for the allegation of Abuse Death. The team agreed to substantiation of Allegation Substantiated Perpetrator Substantiated for the allegation of Lack of Supervision

Tennessee Department of Children's Services

Case Recording Summary

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

against Mr. [redacted] birth father, and Ms. [redacted] birth mother.

On June 12, 2025, CM [redacted] spoke to [redacted] and [redacted] Both [redacted] and [redacted] stated he has two homes with one being with his mother and the other being with his father. Both [redacted] and [redacted] reported they feel safe in both homes and that their parents take good care of him. They stated they are not scared of anyone who lives in either of the homes. During the investigation, no additional safety or risk concerns were identified for the surviving family members. Grief counseling and other resources were offered to the family. Family declined needing counseling or any other services.

CM [redacted] spoke to Mr. [redacted] on June 12, 2025, regarding the gun in the home. CM [redacted] discussed gun safety with Mr. [redacted] Mr. [redacted] reported he no longer has a gun in the home. He stated that he sold his gun.

According to DCS Policy Chapter 14, 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's failure to stop another person's direct action that resulted in the child's death. Child deaths are always treated as severe abuse.

According to DCS Policy Chapter 14, Lack of Supervision is defined as:
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 to support the allegations of Abuse Death and Lack of Supervision. Accordingly, this case will be closed and classified as Allegation Substantiated Perpetrator Substantiated for Lack of Supervision of [redacted] and Allegation Substantiated Perpetrator Unknown for Abuse Death of [redacted]

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-08-12 16:00:00	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	08/12/2025
Completed date:	08/12/2025	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: 08/12/2025 04:01 PM Entered By: [redacted]

This case has been approved for closure, and the summary will be entered.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-07-24 08:50:00	Contact Method:	Face To Face
Contact Time:	08:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/24/2025
Completed date:	07/31/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/24/2025 09:59 AM Entered By: [redacted]

Date of Contact: July 24, 2025
Begin Time: 08:50 a.m.
End Time: 09:15 a.m.
Location: [redacted] TN [redacted]

Purpose: Parent/Caretaker Interview, Sibling Interview/Observation

Content:
Case Manager (CM) [redacted] completed a parent/caretaker interview and sibling interview/observation at [redacted] Ms. [redacted] and [redacted] were present for the interview.

Ms. [redacted] reported [redacted] and [redacted] are no longer in daycare. She stated [redacted] will be in kindergarten at [redacted] Elementary School and [redacted] will be in prekindergarten at [redacted] School of [redacted]

[redacted] and [redacted] reported they are excited about starting school in August 2025. They reported they are still getting enough to eat and feel safe in their home.

Due to the child's age, CM [redacted] was unable to interview [redacted]

Observations:
The children were clean and well groomed. The children was seen to be without visible marks or bruises to their faces, hands, and arms.

The home was appropriate for the family. The home was clean and free of clutter. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2025-07-21 08:03:00	Contact Method:	
Contact Time:	08:03 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/21/2025
Completed date:	08/01/2025	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: 07/21/2025 10:04 AM Entered By: [redacted]

Director, [redacted] reviewed case for closure. Closing summary was sent to Executive Director [redacted] for final approval off 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:	2025-07-14 12:00:00	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/14/2025
Completed date:	07/14/2025	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: 07/14/2025 12:42 PM Entered By: [redacted]

This case has been returned for further review regarding the secure storage of the weapon in the home. CM [redacted] conducted a home visit and confirmed that the family's firearm was removed from the premises. They indicated that there are no other weapons in the home at this time. This information has been documented in Tfacts and included in the summary. The case is now submitted for final evaluation.

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:	2025-07-03 12:00:00	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	07/03/2025
Completed date:	07/03/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/03/2025 11:47 AM Entered By: [redacted]

[redacted] age 2 y/o.
This case was followed up on, and the CM completed a visit on June 12, 2025. She verified that the family no longer has a gun in the home. The father sold the weapon.

Next steps:
Update the notation and summary and resubmit by July 9th.

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 16:00:00	Contact Method:	Face To Face
Contact Time:	04:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/09/2025
Completed date:	07/09/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/09/2025 10:49 PM Entered By: [redacted]

Mr. [redacted] reported he does not have a gun in the home. He stated he sold his gun.

Date of Contact: June 12, 2025
Begin Time: 04:00 p.m.
End Time: 04:30 p.m.
Location: [redacted] TN [redacted]

Purpose: Parent/Caretaker Interview, Sibling Interview/Observation

Content:
Case Manager (CM) [redacted] completed a parent/caretaker interview at [redacted]. Mr. [redacted] and [redacted] were present for the interview.

Mr. [redacted] reported he does have a gun in the home. He stated he sold his gun.

Mr. [redacted] reported he does not need grief counseling. He stated the kids may benefit from grief counseling. CM [redacted] explained she sent information on grief counseling to the childrens mother.

CM [redacted] introduced herself to the child and explained her job role in an age-appropriate manner. CM [redacted] and the youth discussed what feeling safe means. CM [redacted] asked the child if he felt safe at home and he stated yes. [redacted] reported he is five years old and will be in kindergarten for the 2025-2026 school year. [redacted] stated one of his homes consists of himself, his birth father, his birth fathers paramour, grandmother, grandfather, and siblings. [redacted] reported he gets enough to eat and eats three meals a day. He stated his favorite food is pancakes. He explained he cannot cook. He

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

said he shares a room and a bed with his brother. When asked about discipline, [redacted] explained his father spanks him on the bottom with a belt when he gets into trouble. [redacted] reported he feels safe in his home and his father takes good care of him. He stated he is not scared of anyone who lives in the home.

[redacted] stated his other home consists of himself, his birth mother, and siblings. [redacted] reported he gets enough to eat and eats three meals a day. He stated his favorite food is pancakes. He explained he cannot cook. He said he shares a room with his brother, but he has his own bed. When asked about discipline, [redacted] explained his mother spanks him on the bottom when he gets into trouble. [redacted] reported he feels safe in his home and his mother takes good care of him. He stated he is not scared of anyone who lives in the home.

CM [redacted] introduced herself to the child and explained her job role in an age-appropriate manner. CM [redacted] and the youth discussed what feeling safe means. CM [redacted] asked the child if he felt safe at home and he stated yes. [redacted] reported he is four years old and will be in prekindergarten for the 2025-2026 school year. [redacted] stated one of his homes consists of himself, his birth father, his birth fathers paramour, grandmother, grandfather, and siblings. [redacted] reported he gets enough to eat and eats three meals a day. He stated his favorite food is chips. He explained he cannot cook. He said he shares a room and a bed with his brother. When asked about discipline, [redacted] explained he does not get into trouble. [redacted] reported he feels safe in his home and his father takes good care of him. He stated he is not scared of anyone who lives in the home.

[redacted] stated his other home consists of himself, his birth mother, and siblings. [redacted] reported he gets enough to eat and eats three meals a day. He stated his favorite food is chips. He explained he cannot cook. He said he shares a room with his brother, but he has his own bed. When asked about discipline, [redacted] explained his mother cusses at him when he gets into trouble. [redacted] reported he feels safe in his home and his mother takes good care of him. He stated he is not scared of anyone who lives in the home.

Due to the childs age, CM [redacted] was unable to interview [redacted]

Observations:
The children were clean and well groomed. The children was seen to be without visible marks or bruises to their faces, hands, and arms.

The home was appropriate for the family. The home was clean and free of clutter. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Plan:
CM [redacted] will continue to investigate the allegation.

Narrative Type: Addendum 1 Entry Date/Time: 07/14/2025 11:06 AM Entered By: [redacted]

Mr. [redacted] reported he does not have a gun in the home. He stated he sold his gun.

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 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:	07/09/2025
Completed date:	07/09/2025	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: 07/09/2025 10:26 PM Entered By: [redacted]

Date of Contact: June 12, 2025
Begin Time: 03:30 p.m.
End Time: 03:45 p.m.
Location: [redacted] TN [redacted]

Purpose: Parent/Caretaker Interview

Content:
Case Manager (CM) [redacted] completed a parent/caretaker interview at [redacted]. Ms. [redacted] was present for the interview.

Ms. [redacted] reported [redacted] and [redacted] are no longer in daycare. She stated [redacted] will be in kindergarten at [redacted] Elementary School and [redacted] will be in prekindergarten at [redacted] School of [redacted]

Ms. [redacted] reported she is currently in counseling with her aunt. CM [redacted] resent the family information regarding grief counseling.

Ms. [redacted] reported there is not gun in the home. She stated the childrens father sold the gun.

Ms. [redacted] reported she and the childrens father are no longer together. She stated the childrens father lives with the paternal great grandmother.

Observations:
The home was appropriate for the family. The home was clean and free of clutter. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2025-06-06 15:35:00	Contact Method:	Phone Call
Contact Time:	03:35 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/15/2025
Completed date:	07/15/2025	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: 07/15/2025 11:24 AM Entered By: [redacted]

Purpose: Parent/Caretaker Interview

Content:
Case Manager (CM) [redacted] contacted Ms. [redacted] at [redacted]. The maternal grandfather answered the phone and reported he was not around Ms. [redacted] The maternal grandfather agreed to have Ms. [redacted] contact CM [redacted]

Ms. [redacted]) contacted CM [redacted] regarding the open case on the family. Ms. [redacted] reported she and the children's father, Mr. [redacted] are no longer together and are living separately. Ms. [redacted] stated she and the children are residing at [redacted] TN [redacted] A home visit is set for June 12, 2025 at 3:30 p.m.

Observations:

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2025-06-06 15:25:00	Contact Method:	Attempted Face To Face
Contact Time:	03:25 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	07/15/2025
Completed date:	07/15/2025	Completed By:	[redacted]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type: Attempted Home Visit/Home Visit

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/15/2025 11:22 AM Entered By: [redacted]

Purpose: Good Faith Effort, Sibling Interview/Observation

Content:
Case Manager (CM) [redacted] attempted to complete a sibling interview/observation at [redacted]; however, no one was home. The apartment appeared to be vacant. A card was left containing her contact information.

Observations:

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2025-06-03 11:05:00	Contact Method:	Attempted Phone Call
Contact Time:	11:05 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/03/2025
Completed date:	06/03/2025	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: 06/03/2025 11:08 AM Entered By: [redacted]

Purpose: Parent/Caretaker Interview

Content:
Case Manager (CM) [redacted] attempted to contact Ms. [redacted] regarding the open case on the family. Since no one answered the phone, CM [redacted] left a voicemail containing her contact information.

Observations:

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2025-06-02 10:50:00	Contact Method:	
Contact Time:	10:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		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)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/02/2025 11:03 AM Entered By: [redacted]

The final summary was returned for revision to incorporate additional information that was identified as necessary after the initial submission.

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:	2025-05-14 13:32:00	Contact Method:	
Contact Time:	01:32 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/14/2025
Completed date:	05/14/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/14/2025 01:35 PM Entered By: [redacted]

Summary was reviewed by Director, [redacted] on May 1, 2025. Director [redacted] requested additional information be documented regarding gun safety with family and making a notation in case documentation when medicals were received and summary of what medicals report.

Case summary was reviewed by Director, [redacted] on May 14, 2025. Case summary was sent via email to Executive Director, [redacted] on May 14, 2025, for final approval.

Narrative Type: Created In Error Entry Date/Time: 05/15/2025 03:21 PM Entered By: [redacted]

Summary was reviewed by Director, [redacted] on May 1, 2025. Director [redacted] requested additional information be documented regarding gun safety with family and making a notation in case documentation when medicals were received and summary of what medicals report.

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:	2025-05-14 13:32:00	Contact Method:	
Contact Time:	01:32 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/15/2025
Completed date:	05/15/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 05/15/2025 04:01 PM Entered By: [redacted]

Case summary was reviewed by Director, [redacted] on May 14, 2025. Case summary was sent via email to Executive Director [redacted] on May 14, 2025, for final approval.

Director [redacted] requested additional information be documented regarding gun safety with family and making a notation in case documentation when medicals were received and summary of what medicals report.

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 13:11:00	Contact Method:	
Contact Time:	01:11 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2025
Completed date:	04/23/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/23/2025 01:12 PM Entered By: [redacted]

Purpose: Notation

FAST 2.0 STATEMENT:
The Closing FAST was completed
Assessment Date: 04/23/2025
Safety Result: Immediate Intervention Not Recommended
Risk Result: No Need/Risk
Safety Assessment Completed: 04/23/2025

Observations:

Plan:

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 12:11:00	Contact Method:	
Contact Time:	12:11 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2025
Completed date:	04/23/2025	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: 04/23/2025 12:12 PM Entered By: [redacted]

On October 23, 2024, at 17:42 hours, [redacted] was transported to [redacted] and Childrens Hospital by EMS, accompanied by [redacted] reported that she left the children in [redacted] care while she went to the store. Upon returning home, the 3-year-old child informed her that [redacted] was asleep in the bathtub. [redacted] proceeded to the bathroom and discovered [redacted] unresponsive in the tub, at which point 911 was called. The identity of the person who made the call remains unknown, as does the exact time the call was placed and when officers arrived on the scene. The specifics regarding [redacted] positioning in the bathtub at the time [redacted] found him are also unclear. No adult was present in the bathroom at that moment. [redacted] stated that the children had only been in the bathroom for approximately 10 minutes, but the basis for her knowledge of this timeframe is uncertain.

[redacted] informed [redacted] that he had placed [redacted] in the bathtub with the 3-year-old to address a dirty diaper. Although was present in the home, it is unclear where he was during [redacted] return. [redacted] is not aware of any falls or accidents involving [redacted] while he was in the bathtub, and there are no visible injuries on his body. At this time, [redacted] prognosis is uncertain; his heart is beating, but he is intubated and unable to breathe independently, showing no response to stimuli. There are concerns regarding potential brain damage. [redacted] is being transferred to [redacted] Childrens Hospital for a higher level of care. An officer is currently at the family residence speaking with [redacted] and it is believed that the siblings remain at the residence with him. [redacted] is exhibiting appropriate emotional responses, and family members have been present at the hospital, offering supportive and respectful assistance. There are no indications of drug or alcohol abuse, domestic violence, or mental health issues within the homethe police report number is [redacted]

As of October 31, 2024, the case status transitioned from a near-preliminary death to an abuse death, with the classification updated from Lack of Supervision (LOS) to Abuse Death (AD). Case Manager [redacted] has been conducting monthly visits with the family. Grief counseling was offered but declined, with the information provided for future consideration should their decision change. The autopsy report, received and uploaded on March 12, 2025, indicates that the Cause of Death (COD) is Undetermined, and the Manner of Death (MOD) is also Undetermined. This classification was reviewed by CPIT and finalized on April 17, 2025, during the afternoon meeting. Assistant District Attorney (ADA) [redacted] and team members reached a consensus on the classification of Allegation Substantiated, Perpetrator Substantiated concerning the Lack of Supervision allegation, and Allegation Substantiated, Perpetrator Unknown regarding the Abuse Death allegation,

Tennessee Department of Children's Services

Case Recording Summary

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

based on testimonies from both biological parents. The closing FAST assessment resulted in Immediate Intervention Not Recommended, with no identified risk or safety concerns at this time.

This case is currently under review for closure and has been recommended for closure by the Team Leader.

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:	2025-04-22 10:20:00	Contact Method:	
Contact Time:	10:20 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/22/2025
Completed date:	04/22/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/22/2025 10:21 AM Entered By: [redacted]

Purpose: Notation

Content:
Case Manager (CM) [redacted] resubmitted corrected Death Summary to Team Leader (TL) [redacted]

Observations:

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2025-04-17 13:30:00	Contact Method:	Video Conference
Contact Time:	01:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/22/2025
Completed date:	04/22/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/22/2025 09:19 AM Entered By: [redacted]

Purpose: Child Protective Investigation Team (CPIT)

Content:
CPIT was completed on 04/17/2025 during afternoon CPIT review. Assistant District Attorney (ADA) [redacted] and team members agreed the classification of Allegation Substantiated, Perpetrator Substantiated regarding the allegations of Lack of Supervision and Allegation Substantiated, Perpetrator Unknown regarding the allegation of Abuse Death. Based on the birth fathers and the birth mothers testimonies, it was the decision of the team that the classification should be Allegation Substantiated, Perpetrator Substantiated and Allegation Substantiated, Perpetrator Unknown. It is unknown if the alleged perpetrator is being charged at this time because the Department was unable to get any information from [redacted] Police Homicide Department.

Observations:

Plan:

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:	2025-04-08 14:01:00	Contact Method:	
Contact Time:	02:01 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/08/2025
Completed date:	04/08/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

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

Household Composition:

[redacted] brother [redacted]

birth mother
birth father
brother
brother
sister

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:	2025-04-08 10:38:00	Contact Method:	Notation
Contact Time:	10:38 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/08/2025
Completed date:	04/08/2025	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/08/2025 10:41 AM Entered By: [redacted]

Purpose: Collateral Contact

Content:
Case Manager (CM) [redacted] contacted the Department's Law Enforcement Liasons to request a copy of all interviews and information/evidence collected by law enforcement in regards to the death [redacted] ([redacted]).

Observations:

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2025-04-08 10:17:00	Contact Method:	Attempted Phone Call
Contact Time:	10:17 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2025
Completed date:	04/09/2025	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2025 02:15 PM Entered By: [redacted]

Purpose: Good Faith Effort

Content:
Case Manager (CM) [redacted] attempted to contact both Ms. [redacted]) and Mr. [redacted]. CM [redacted] did not receive a response.

Observations:

Plan:
CM [redacted] will continue to investigate to the allegation.

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:	2025-03-31 14:00:00	Contact Method:	Attempted Phone Call
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/08/2025
Completed date:	04/08/2025	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: 04/08/2025 10:23 AM Entered By: [redacted]

Purpose: Parent/Caretaker Interview

Content: Case Manager (CM) attempted to contact Ms. [redacted] birth mother, [redacted]; however, no one answered the phone. CM [redacted] was unable to leave a voicemail.

Observation:

Plan: CM [redacted] will continue to investigate the allegation.

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:	2025-03-12 11:32:00	Contact Method:	
Contact Time:	11:32 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/12/2025
Completed date:	03/12/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/12/2025 01:35 PM Entered By: [redacted]

Purpose: Notation

Content:
Case Manager (CM) [redacted] requested medical records from [redacted] Children's Hospital and [redacted] on [redacted]

Observations:

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2025-03-12 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2025
Completed date:	04/23/2025	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: 04/23/2025 12:05 PM Entered By: [redacted]

-Autopsy Received: 03/12/2025
-
Name [redacted]
Date of Exam**: 10/31/2024 at 920am

-Location**: [redacted] County, TN
-Identification Method**: Visual (Witness)
-Pathologist**: [redacted]
-Autopsy Procedure**: Full
Authorized By**: [redacted] M.D.
Autopsy Assistant**: [redacted]
-Cause of Death (COD)**: Undetermined
-Manner of Death (MOD)**: Undetermined

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:	2025-03-05 11:59:00	Contact Method:	
Contact Time:	11:59 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/12/2025
Completed date:	03/12/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/12/2025 01:21 PM Entered By: [redacted]

[redacted] uploaded the autopsy on 03/05/2025.

Name: [redacted]
Date of Exam: 10/31/2024
Time of Exam: 09:20
County: [redacted] TN
Identification: Visual (Witness)
Pathologist: [redacted]
Autopsy Procedure: Full
Authorized By: [redacted], M.D.
Autopsy Assistant: [redacted]

COD: Undetermined
MOD: Undetermined

CM received the autopsy on the above indicated date and uploaded on 03/12/2025.

Narrative Type: Addendum 1 Entry Date/Time: 03/12/2025 01:33 PM Entered By: [redacted]

[redacted] uploaded the autopsy on 03/05/2025.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-18 15:30:00	Contact Method:	Attempted Phone Call
Contact Time:	03:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/20/2025
Completed date:	02/20/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2025 11:01 AM Entered By: [redacted]

Date: 2/18/2025
Time: 3:30 P.M.
Purpose: Sibling Observation
Content:
CM [redacted] attempted to contact Mr. [redacted] regarding the open case on the family. Since no one answered the phone, CM [redacted] left a voicemail containing her contact information.
Observations:
Plan: CM [redacted] will report attempt contact with BF with current worker, [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-18 15:15:00	Contact Method:	Phone Call
Contact Time:	03:15 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/20/2025
Completed date:	02/20/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2025 10:58 AM Entered By: [redacted]

Date: 2/18/2025
Time: 3:15 P.M.
Purpose: Sibling Observation
Content: CM [redacted] called BM at [redacted] to schedule a home visit. CM [redacted] was informed by the BM that she was at work. CM [redacted] discusses with the BM the reason for the call. CM [redacted] was informed by the BM that she wasnt sure if this week would be a good week for her to meet. BM stated that she would follow up by the end of the week on what day she could meet next week. BM stated that CM [redacted] will have to contact [redacted] (Birth Father) to schedule a visit to see the children [redacted] and [redacted] BM states that the other two children stay with the BF.BM states that [redacted] is the only child staying with her currently.

Observation:

Plan: CM [redacted] will report an attempt to contact the family with current worker [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-18 15:00:00	Contact Method:	Face To Face
Contact Time:	03:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	02/20/2025
Completed date:	02/20/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2025 10:34 AM Entered By: [redacted]

Date: 2/18/2025
Time: 3:00 P.M.
Purpose: Home Visit
Content:
CM [redacted] traveled to [redacted] TN. [redacted] to make a follow-up visit with [redacted] (birth mother) and children ([redacted] and [redacted] CM [redacted] was informed that the birth mother and children was not there.CM [redacted] was provided with a up to date number [redacted] on the BM.
Observation:
Plan: CM [redacted] will contact BM at the number [redacted] to schedule a 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:	2025-02-18 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/20/2025
Completed date:	02/20/2025	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/20/2025 01:48 PM Entered By: [redacted]

Background Checks Were Completed on The Household Adults and The Alleged Perpetrator (AP).

[redacted] BM; DOB: [redacted]
Tennessee Felony Offender Registry: No Records Found
TBI Drug Offender Registry: No Records Found
National Sexual Offender Registry: No Records Found
Tennessee Dept. of Health Vulnerable Person (Abuse Registry): No Records Found
[redacted] County Criminal Justice System: No Records Found
Sexual Offender Registry: No Records Found

[redacted] BF, AP; DOB: [redacted]
Tennessee Felony Offender Registry: No Records Found
TBI Drug Offender Registry: No Records Found
National Sexual Offender Registry: No Records Found
Tennessee Dept. of Health Vulnerable Person (Abuse Registry): No Records Found
[redacted] County Criminal Justice System: Case Number [redacted] Traffic Citation for Highway Patrol Not Mandatory
Sexual Offender Registry: No Records Found

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:	2025-01-15 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/23/2025
Completed date:	04/23/2025	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: 04/23/2025 12:03 PM Entered By: [redacted]

This case was staffed, and the following was completed. According to CM [redacted] Ms. [redacted] the birth mother, reported that her [redacted] and [redacted] healthy and have no medical concerns. They are up to date on vaccinations and visit Pediatric Consultants when sick. The children do not take any daily medications, either medical or mental health-related, although Ms. [redacted] mentioned experiencing symptoms of anxiety and suggested the family could benefit from grief counseling following [redacted] passing.

The family has lived in their current home since August 2024. Ms. [redacted] does not work outside the home, while her partner, Mr. [redacted] has been employed for six months. They do not receive government assistance and have Blue Care health insurance.

Education-wise, [redacted] and [redacted] attend [redacted] Center, while [redacted] is not school-aged. None of the children has an Individual Education Plan (IEP) or a 504 Plan.

CPS Investigator [redacted] conducted interviews with the family, observing that they have been coping since [redacted] death, though [redacted] appears to be particularly affected. The family possesses a locked gun for safety, and discipline methods involve physical corrections and discussions about behavior.

The home environment was deemed safe, clean, and appropriate, with adequate food and bedding available. The children's physical appearance showed no signs of neglect or abuse. Counseling resources were provided to Ms. [redacted] for both grief and marriage counseling. safety or risk factors observed in the home.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-03 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:	12/27/2024
Completed date:	12/27/2024	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/27/2024 11:53 AM Entered By: [redacted]

Child(ren): [redacted]

Date of Contact: 12-03-2024

Beginning Time: 03:30 p.m.

Ending Time: 04:15 p.m.

Location (address):
[redacted] TN [redacted]

Purpose for Contact/Meeting: Face to face

Allegations: Lack of Supervision (LOS)

Safety Assessment Score: Immediate Intervention Not Recommended

Family Risk Assessment Score: High Need/Risk

DCS History:
09/2022 DEC AUPU [redacted]

Medical:

Tennessee Department of Children's Services

Case Recording Summary

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

Ms. [redacted] birth mother, reported Alleged Child Victim (ACV), [redacted] did not have any medical concerns. Ms. [redacted] added the ACV's siblings, [redacted] and [redacted] do not have any medical concerns. Ms. [redacted] stated the children are up to date on their shots and see whoever is available at [redacted] on [redacted] when they are sick. Ms. [redacted] said the children are healthy and rarely get sick. Ms. [redacted] explained the children do not take any daily medical medications.

Mental/Behavioral Health: Ms. [redacted] reported the children do not have any mental health concerns. Ms. [redacted] stated the children do not take daily mental health medications. Ms. [redacted] explained she does have some symptoms of anxiety. Ms. [redacted] said everyone in the family would benefit from grief counseling since [redacted] passed away.

Independent living: Ms. [redacted] reported the family has been living in this home since August 2024. Ms. [redacted] stated she does not currently work outside of the home. Mr. [redacted] birth father, explained he is currently employed through [redacted] and has been for six months. Ms. [redacted] said the family does not receive government assistance. The children have Blue Care health insurance.

Substance Abuse: There is no evidence of drug or alcohol abuse.

Education: Ms. [redacted] reported [redacted] and [redacted] attend [redacted] Center. Ms. [redacted] stated [redacted] is not school aged and does not attend daycare. Ms. [redacted] explained no one has an Individual Education Plan (IEP) or a 504 Plan.

Diligent Efforts to locate parents/guardians/perpetrators: Ms. [redacted] birth mother, was present for the interview. Mr. [redacted] birth father, was present for the interview.

Documentation of Contact:
Child Protective Services Investigator (CPSI) [redacted] completed a sibling interview/observation and parent/caretaker interview at [redacted]. Ms. [redacted] Mr. [redacted] and [redacted] were present for the interview.

CPSI [redacted] observed the ACV's siblings ([redacted] and [redacted] the ACVs birth mother/parent/caretaker ([redacted] and the ACVs birth father/parent/caretaker ([redacted]

Ms. [redacted] reported the family has been doing okay since [redacted] passed away. Ms. [redacted] stated [redacted] seems to be effected the most by [redacted] death. Ms. [redacted] said [redacted] talks about [redacted] a lot and says he misses him. Ms. [redacted] explained [redacted] seems to be at the age where he understands what happened.

Ms. [redacted] reported the entire family would benefit from grief counseling. She stated she and Mr. [redacted] would benefit from marriage counseling as well. CPSI [redacted] said she will send Ms. [redacted] information on agencies for both counseling services.

Ms. [redacted] reported they do have a gun in the home, but it is locked in the closet in its holster. CPSI [redacted] and Ms. [redacted] discussed gun safety.

When asked about discipline, Ms. [redacted] reported she and Mr. [redacted] either pop the children or put them in the corner and make them squat with their hands up when they get into trouble. Mr. [redacted] stated he and Ms. [redacted] always talk with the children to make sure they understand what they did wrong.

Ms. [redacted] reported the infant does have a crib to sleep in. CPSI [redacted] and Ms. [redacted] discussed safe sleep.

Tennessee Department of Children's Services

Case Recording Summary

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

Ms. [redacted] reported all three children have a car seat. CPSI [redacted] and Ms. [redacted] discussed car seat safety.

CPSI [redacted] and Ms. [redacted] discussed the ACVs education, physical health, medical and mental health.

CPSI discussed and provided Ms. [redacted] with the following forms:
-Clients Rights Handbook
-Case Intake Packet Documents and Native American Heritage Verification (Signature obtained)
-HIPAA Notice of Privacy Practices- Client Acknowledgement (Signature obtained)
-Notification of Equal Access to Programs and Services and Grievance Procedures
-Authorization for Release of Information to the Department of Childrens Services: TennCare Eligibility and Authorization for the Department of Childrens Services to Release Information to TennCare (Signature obtained)
-Authorization for Release of Information and HIPAA Protected Health Information TO or FROM the Department of Childrens Services and Notification of Release (Signature obtained)

Due to the childrens ages, CPSI [redacted] could not interview [redacted] [redacted] and [redacted]

Worker Observations/Interaction between child and all household members:
The children were clean and well groomed. The children were seen to be without visible marks or bruises to their faces, hands, and arms.

The home was appropriate for the family. The home was clean and free of clutter. There were plenty of food in the cabinets and refrigerator. There was plenty of bedding in the home. There were no safety or risk factors observed in the home.

Summary of Agreements/Decisions Made:

Goals on the NCPP and what services are in place to address the goals:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-27 02:00:00	Contact Method:	Attempted Phone Call
Contact Time:	02:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/02/2024
Completed date:	12/02/2024	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort,Parent/Caretaker Interview

Contact Sub Type: Parent/Caregiver Interview

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/02/2024 11:40 AM Entered By: [redacted]

Purpose: Good Faith Effort

Content:
Child Protective Services Investigator (CPSI) [redacted] attempted to contact Ms. [redacted] ([redacted]) regarding the open case on the family. Since no one answered the phone, CPSI [redacted] left a voicemail containing her contact information.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-10-31 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/13/2024
Completed date:	11/13/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/13/2024 10:58 AM Entered By: [redacted]

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

The CPS investigation was assigned in TFACTS on 10/24/24 initially as a Preliminary Near Death (PND) concerning allegations of Lack of Supervision for ACV [redacted] (2yo). [redacted] then passed away on 10/30/24 as a result of this incident and at that time the allegation of Abuse Death was added to the open PND investigation. It was reported [redacted] resided with his birth mother [redacted] birth father [redacted] and three siblings [redacted] 4mo, [redacted] 3yo, and [redacted] 4yo] in [redacted] County.

On 10/23/24 911 was called from the family home upon [redacted] being found unresponsive in the bathtub. [redacted] was transported by EMS to [redacted] and Childrens Hospital before being transferred to [redacted] Childrens Hospital, intubated and in critical condition. There was initial concern for brain damage with no response to stimuli. [redacted] condition continued to decline with cardiac arrest and death occurring on 10/30/24.

The parents reported they were both home at the time of the incident. [redacted] had a very dirty diaper so the father ran bath water [water deep enough to cover bottom] and placed [redacted] inside tub. The 3yo sibling asked to get in the bath too and was allowed. The parents reported it was common for them to bathe the children together. The mother reported she was cleaning in the kitchen and the father was cleaning in the bedroom while [redacted] and the 3yo were in the tub without direct supervision for approximately 10 minutes. The mother reported she could hear the children playing in the tub from the kitchen. The 3yo then came and alerted the mother that [redacted] was sleeping in the tub. The mother then checked and found [redacted] unresponsive in the water. 911 was called and the mother started chest compressions. The parents both reported confusion on how [redacted] could have drowned in the water relative to the depth and that they were not aware of him falling in the tub or hitting his head.

Medical staff reported the parents have been appropriate at bedside. No physical injuries were found with [redacted] First responders and law enforcement reported no concerns of drug use or impairment at scene. The siblings were observed at

Tennessee Department of Children's Services

Case Recording Summary

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

the hospital with no immediate concerns. A NCPP was initiated with the parents agreeing to bathe the children separately in the future and to remain in the bathroom supervising at all times when a child is in the tub. Assigned CM is completing a home visit and follow-up safety assessment of the siblings and offering grief counseling.

Next Steps:
-- CM will request ACVs most recent PCP records and current incident medical records. Records will be reviewed and uploaded to TFACTS.
-- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
-- CM will complete home visit and discuss grief counseling with the parents. CM will photograph incident scene and upload pictures unless LE provides.
-- 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:	2024-10-30 12:55:00	Contact Method:	
Contact Time:	12:55 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/31/2024
Completed date:	10/31/2024	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/31/2024 04:11 AM Entered By: [redacted]

A notification regarding a screen-out was received on the specified date. On Wednesday, October 30, 2024, at 9:05 AM, [redacted] was pronounced deceased by Dr. [redacted]. The cause of death has been determined to be cardiac arrest secondary to drowning. [redacted] and [redacted] are currently at the hospital and have responded appropriately. The other children are with [redacted] and there are no details available concerning their living conditions.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-10-25 09:00:00	Contact Method:	Correspondence
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2025
Completed date:	04/09/2025	Completed By:	[redacted]

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

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

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2025 01:41 PM Entered By: [redacted]

Purpose: Child Protective Investigation Team (CPIT)

Content:
This case was staffed at morning CPIT by Team Leader (TL) [redacted]

This case is stamped Coordinate and Return (11/22/2024).

Assistant District Attorney (ADA): [redacted]

Law Enforcement: Lt. [redacted].

Observations:

Plan:

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:	2024-10-24 20:00:00	Contact Method:	
Contact Time:	08:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	10/31/2024
Completed date:	10/31/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/31/2024 04:07 AM Entered By: [redacted]

This CPS (Child Protective Services) Investigation was reviewed regarding the allegation (s) of NON-CUSTODIAL PRELIMINARY NEAR DEATH involving ACV (Alleged Child Victim) [redacted] (2 years old). The AP (Alleged Perpetrator) is listed as [redacted] biological father. CPSI (Child Protective Services investigation) [redacted] was assigned and responded to this case on 10/23/2024. TL [redacted] notified upper management. The response time was due by 10/24/2024 at 07:40 PM [redacted]). This case was transferred 10/24/2024 to CPSI [redacted] to complete the investigation.

According to the referent, on 10/23/24 at 1742 hours, [redacted] was transported to [redacted] Childrens Hospital via EMS with [redacted] reported leaving the children in [redacted] care while she went to the store. When [redacted] returned home, the 3-year-old child approached her and told her that [redacted] was asleep in the bathtub. [redacted] went to the bathroom and found [redacted] unresponsive in the bathtub. 911 was called at that time. It is unknown who called 911. It is unknown what time 911 was called or when officers arrived on scene. How [redacted] was positioned when [redacted] found him in the bathtub is unknown. There was no adult present in the bathroom when [redacted] found [redacted] unresponsive in the bathtub. [redacted] reported that the children were only in the bathroom for around 10 minutes, but how she knows that information is unknown. [redacted] told [redacted] that he placed [redacted] in the bathtub with the 3-year-old because he had a dirty diaper. [redacted] was in the home, but it is unknown where or when [redacted] returned home. [redacted] is unaware of any falls or accidents that occurred while [redacted] was in the bathtub. There are no visible injuries on [redacted] body.

It is unknown if [redacted] will survive. [redacted] heart is beating, but he is currently intubated because he cannot breathe on his own and he is not responding to any stimuli. There is a concern for brain damage. [redacted] is being transported to [redacted] Childrens Hospital for a higher level of care. There is an officer at the familys residence speaking with [redacted] It is believed that the siblings are at the residence with [redacted]
[redacted] is responding very appropriately. There have been family members at the hospital with [redacted] and they have been supportive and respectful. There are no concerns for drug/alcohol abuse, domestic violence, or mental health issues in the home. Police report number: [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

CPSI [redacted] will complete and document the results of the safety assessment. CM must complete TFACTS (TN Family & Child Tracking System) history and local background checks. CPSI will need to complete and document the results of the FAST (Family & Advocacy Support Tool) assessment, identify household composition and family supports/collaterals, offer grief services, staff cases with CPIT (Child Protective Investigative Team), and document results. CPSI will adhere to policy 14.7 & and Work Aids 2&3. This case will be reviewed once investigative tasks have been completed.

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:	2024-10-24 14:47:00	Contact Method:	Phone Call
Contact Time:	02:47 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/27/2024
Completed date:	12/27/2024	Completed By:	[redacted]

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

Contact Type(s): Good Faith Effort

Contact Sub Type: Collateral Contact

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/27/2024 11:42 AM Entered By: [redacted]

Purpose: Collateral Contact

Content:
Ms. [redacted], Social Worker at [redacted] Children's Hospital, contacted Child Protective Services Investigator (CPSI) [redacted] regarding the open case on the family. Ms. [redacted] reported [redacted] is not doing well. She stated only a small percentage of [redacted] brain is still working. She said [redacted] in still in the Pediatric Intensive Care Unit (PICU) and does not have a set discharge date. She explained she needs a copy of the safety plan completed for the family.

Observations:

Plan:
CPSI [redacted] will continue to investigate the allegation.

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:	2024-10-24 13:00:00	Contact Method:	Phone Call
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2025
Completed date:	04/09/2025	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)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2025 01:28 PM Entered By: [redacted]

Purpose: Referent Interview

Content:
Case Manager (CM) [redacted] spoke to the referent, who had no additional information to share.

Observations:

Plan:
CM [redacted] will continue to investigate the allegation.

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:	2024-10-24 09:00:00	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/09/2025
Completed date:	04/09/2025	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/09/2025 01:17 PM Entered By: [redacted]

Date: October 24, 2024

Purpose: Opening Summary

Intake: [redacted]

ACV-[redacted]

Allegation-Lack of Supervision (LOS)

AP-[redacted]

Summary: DCS received a referral w/ an allegation of LOS. ACV and APs are listed above. The referral alleges [redacted] (2) and his three siblings (names unknown/ ages 4, 3, and 4 months) reside with their mother, [redacted] and father, [redacted] in [redacted] County. On 10/23/24 at 1742 hours, [redacted] was transported to [redacted] Childrens Hospital via EMS with [redacted] reported that she left the children in [redacted] care while she went to the store. When [redacted] returned home, the 3-year-old child approached her and told her that [redacted] was asleep in the bathtub. [redacted] went to the bathroom and found [redacted] unresponsive in the bathtub. 911 was called at that time. It is unknown who called 911. It is unknown what time 911 was called or what time officers arrived on scene. It is unknown how [redacted] was positioned when [redacted] found him in the bathtub. There was no adult present in the bathroom when [redacted] found [redacted] unresponsive in the bathtub. [redacted] reported that the children were only in the bathroom for around 10 minutes, but it is unknown how she knows that information. [redacted] told [redacted] that he placed [redacted] in the bathtub with the 3-year-old because he had a dirty diaper. [redacted] was in the home, but it is unknown where, when [redacted] returned home. [redacted] is unaware of any falls or accidents that occurred while [redacted] was in the bathtub. There are no visible injuries on [redacted] body.

It is unknown if [redacted] will survive. [redacted] heart is beating, but he is currently intubated because he cannot breathe on his

Tennessee Department of Children's Services

Case Recording Summary

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

own and he is not responding to any stimuli. There is a concern for brain damage. [redacted] is being transported to [redacted] Childrens Hospital for a higher level of care. There is an officer at the familys residence speaking with [redacted] It is believed that the siblings are at the residence with [redacted]

[redacted] is responding very appropriately. There have been family members at the hospital with [redacted] and they have been supportive and respectful. There are no concerns for drug/alcohol abuse, domestic violence, or mental health issues in the home. Police report number: [redacted]

This case was assigned to Child Protective Services Investigator, [redacted] on 10-24-24.

The referent letter was sent via E Mail. Juvenile Court (Judge) and the District Attorney are notified of referrals and classification on a monthly basis per local protocol and policy.

A TFACTS search has been completed with the following results:
09/2022DEC AUPU [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:	2024-10-23 23:30:00	Contact Method:	
Contact Time:	11:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/28/2024
Completed date:	10/28/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2024 08:37 PM Entered By: [redacted]

A safety plan was agreed and signed by Ms. [redacted] and Mr. [redacted] to supervise the children properly, especially when its bath time. The children are to be given baths separately and baths are to be given by parents.

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:	2024-10-23 23:05:00	Contact Method:	
Contact Time:	11:05 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/28/2024
Completed date:	10/28/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2024 08:35 PM Entered By: [redacted]

CPSI [redacted] spoke with medical staff who reported no foul play seems to be involved and it is being deemed a drowning. [redacted] prognosis is currently unknown but according to medical staff, it does not look good. Medical staff stated the birth mothers story does line up with the injuries and the only concern is lack of supervision. Medical staff reported no visible marks or injuries on the ACV outside of what was caused during the medical efforts.

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:	2024-10-23 23:00:00	Contact Method:	Face To Face
Contact Time:	11:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/28/2024
Completed date:	10/28/2024	Completed By:	[redacted]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2024 08:20 PM Entered By: [redacted]

Date: 10/23/24
Time: 11:00 PM
Location: [redacted] Hospital

CPSI [redacted] observed [redacted] (2) in the hospital bed, through the door. CPSI was unable to go into the room due to a medical procedure being in process. CPSI was advised the procedure would take a few hours.

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:	2024-10-23 22:55:00	Contact Method:	Face To Face
Contact Time:	10:55 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/28/2024
Completed date:	10/28/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Other Child Living in the Home Interview/Observation,Sibling Interview/Observation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2024 08:45 PM Entered By: [redacted]

Date: 10/23/24
Time: 10:55 PM
Location: [redacted] Hospital

CPSI [redacted] made face to face contact with the siblings, [redacted] 4, [redacted] 3, and [redacted] 4mths, at the hospital. CPSI observed [redacted] laying on the couch asleep. [redacted] was observed running around the waiting room playing. [redacted] was observed being held by Mr. [redacted] The children were unable to be interviewed due to the ages.

CPSI observed all of the children free from any visible marks or bruises. All of the children were observed clean and groomed.

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:	2024-10-23 22:30:00	Contact Method:	Face To Face
Contact Time:	10:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/28/2024
Completed date:	10/28/2024	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
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: 10/28/2024 08:03 PM Entered By: [redacted]

Date: 10/23/24
Time: 10:30 PM
Location: [redacted] Hospital

CPSI [redacted] made face to face contact with [redacted] (mother) and [redacted] (father) at the hospital. CPSI introduced herself and discussed the reported concerns with the parents. CPSI asked the parents about the household. Ms. [redacted] reported the household consists of herself, Mr. [redacted] and their four children ([redacted] 4, [redacted] 3, [redacted] 2, and [redacted] 4mths). CPSI asked about childcare for the children. Ms. [redacted] reported [redacted] attends school at [redacted] Center, and the other children stay at home with them. Ms. [redacted] reported she and Mr. [redacted] work alternating schedules, so one of them is always home to supervise the children.

CPSI asked what occurred today with [redacted] Both Ms. [redacted] and Mr. [redacted] stated they are unsure what happened. Ms. [redacted] reported she left work today about 2:30 PM, picked [redacted] up from school, and dropped him off at home. She reported she then left home and went to the store for a few things. Ms. [redacted] stated she was back at home no later than 4:00 PM. Ms. [redacted] reported when she returned home everything was fine. She reported [redacted] was his normal self and was running around playing as usual. Ms. [redacted] reported after being home for a while, [redacted] had a dirty diaper and needed to be cleaned up. She reported Mr. [redacted] ran a small amount of bath water and put him in the tub. Ms. [redacted] stated as [redacted] was being put in the tub, [redacted] asked to get in the tub also. Ms. [redacted] reported [redacted] was placed in the tub with [redacted]

CPSI asked Ms. [redacted] and Mr. [redacted] where they were while the children were in the tub. Mr. [redacted] stated they were only in the tub a short period of time. He reported during that time he was in the back room cleaning up. Ms. [redacted] reported she was in the kitchen cleaning up, so that she could prepare to cook dinner. Ms. [redacted] reported while she was in the kitchen, she could hear the children in the tub splashing water and playing. Ms. [redacted] reported the children were in the tub about 10 minutes, when [redacted] came into the kitchen and stated [redacted] was asleep in the tub. Ms. [redacted] reported she immediately ran to the bathroom and found him unresponsive. She reported she started CPR and called 911.

Tennessee Department of Children's Services

Case Recording Summary

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

CPSI asked if there was any blood or anything in or near the tub that gave the impression that he fell or passed out in the tub. Ms. [redacted] stated no. CPSI asked about any marks observed on [redacted] that were not present prior to him getting into the tub. She reported everything looked normal and there was not a lot of water in the tub, so even if he slipped, he would have been able to just sit up or lay on his back. CPSI asked if [redacted] had any medical problems. Ms. [redacted] stated no. She reported he was completely healthy prior to today. CPSI if he felt sick or anything before getting in the tub. Ms. [redacted] stated no. She reported he was his normal playful self.

CPSI asked if it is normal for the children to bathe together and be left alone. Ms. [redacted] stated yes. She reported they put them in the tub and get things ready while the children play in the tub for a little while. She reported they can always be heard playing and there has never been a problem. Ms. [redacted] stated she is not sure what happened this time.

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: 10/23/2024

Assignment Date: 08/12/2025

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] / 04/21/2025
2	[redacted]	[redacted]	Abuse Death	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Unknown	Yes	[redacted] / 04/21/2025
3	[redacted]	[redacted]	Lack of Supervision	[redacted]	[redacted] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 04/21/2025

Preliminary Near Death: [redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: Lack of Supervision-Allegation Unsubstantiated, Perpetrator Unsubstantiated-There is not enough evidence to support this allegation. The child was accidently injured in the bathtub and passed away a few days later.

D. Case Workers

Case Worker: [redacted]

Date: 12/23/2024

Team Leader: [redacted]

Date: 04/21/2025

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:

CPSI [redacted] observed [redacted] (2) in the hospital bed, through the door. CPSI was unable to go into the room due to a medical procedure being in process. CPSI was advised the procedure would take a few hours.

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

CPSI [redacted] spoke with medical staff who reported no foul play seems to be involved and it is being deemed a drowning. [redacted] prognosis is currently unknown but according to medical staff, it does not look good. Medical staff stated the birth mother's story does line up with the injuries and the only concern is lack of supervision. Medical staff

TN Department of Children's Services

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

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

reported no visible marks or injuries on the ACV outside of what was caused during the medical efforts.

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

CPSI [redacted] made face to face contact with [redacted] (mother) and [redacted] (father) at the hospital. CPSI introduced herself and discussed the reported concerns with the parents. CPSI asked the parents about the household. Ms. [redacted] reported the household consists of herself, Mr. [redacted] and their four children ([redacted] 4, [redacted] 3, [redacted] 2, and [redacted] 4mths). CPSI asked about childcare for the children. Ms. [redacted] reported [redacted] attends school at [redacted] Center, and the other children stay at home with them. Ms. [redacted] reported she and Mr. [redacted] work alternating schedules, so one of them is always home to supervise the children.

CPSI asked what occurred today with [redacted] Both Ms. [redacted] and Mr. [redacted] stated they are unsure what happened. Ms. [redacted] reported she left work today about 2:30 PM, picked [redacted] up from school, and dropped him off at home. She reported she then left home and went to the store for a few things. Ms. [redacted] stated she was back at home no later than 4:00 PM. Ms. [redacted] reported when she returned home everything was fine. She reported [redacted] was his normal self and was running around playing as usual. Ms. [redacted] reported after being home for a while, [redacted] had a dirty diaper and needed to be cleaned up. She reported Mr. [redacted] ran a small amount of bath water and put him in the tub. Ms. [redacted] stated as [redacted] was being put in the tub, [redacted] asked to get in the tub also. Ms. [redacted] reported [redacted] was placed in the tub with [redacted]

CPSI asked Ms. [redacted] and Mr. [redacted] where they were while the children were in the tub. Mr. [redacted] stated they were only in the tub a short period of time. He reported during that time he was in the back room cleaning up. Ms. [redacted] reported she was in the kitchen cleaning up, so that she could prepare to cook dinner. Ms. [redacted] reported while she was in the kitchen, she could hear the children in the tub splashing water and playing. Ms. [redacted] reported the children were in the tub about 10 minutes, when [redacted] came into the kitchen and stated [redacted] was asleep in the tub. Ms. [redacted] reported she immediately ran to the bathroom and found him unresponsive. She reported she started CPR and called 911.

CPSI asked if there was any blood or anything in or near the tub that gave the impression that he fell or passed out in the tub. Ms. [redacted] stated no. CPSI asked about any marks observed on [redacted] that were not present prior to him getting into the tub. She reported everything looked normal and there was not a lot of water in the tub, so even if he slipped, he would have been able to just sit up or lay on his back. CPSI asked if [redacted] had any medical problems. Ms. [redacted] stated no. She reported he was completely healthy prior to today. CPSI if he felt sick or anything before getting in the tub. Ms. [redacted] stated no. She reported he was his normal playful self.

CPSI asked if it is normal for the children to bathe together and be left alone. Ms. [redacted] stated yes. She reported they put them in the tub and get things ready while the children play in the tub for a little while. She reported they can always be heard playing and there has never been a problem. Ms. [redacted] stated she is not sure what happened this time.

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

[redacted] (2) and his three siblings (names unknown/ ages 4, 3, and 4 months) reside with their mother, [redacted] and father, [redacted] in [redacted] County. On 10/23/24 at 1742 hours, [redacted] was transported to [redacted] Children's Hospital via EMS with Ms. [redacted] Ms. [redacted] reported that she left the children in Mr. [redacted] care while she went to the store. When Ms. [redacted] returned home, the 3-year-old child approached her and told her that [redacted] was asleep in the bathtub. Ms. [redacted] went to the bathroom and found [redacted] unresponsive in the bathtub. 911 was called at that time. There was no adult present in the bathroom when Ms. [redacted] found [redacted] unresponsive in the bathtub. Ms. [redacted] reported that the children were only in the bathroom for around 10 minutes. Mr. [redacted] told Ms. [redacted] that he placed [redacted] in the bathtub with the 3-year-old because he had a dirty diaper. Ms. [redacted] is unaware of any falls or accidents that occurred while [redacted] was in the bathtub. There are no visible injuries on [redacted] body.

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

Based on the birth father's and the birth mother's testimonies, it was the decision of the team that the classification should be Allegation Substantiated, Perpetrator Substantiated and Allegation Substantiated, Perpetrator Unknown. It is unknown if the alleged perpetrator is being charged at this time because the Department was unable to get any information from

Department of Children's Services

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

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

[redacted] Police Homicide Department.

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: 10/24/2024**
Assessment Type: SAFETY	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** In the Home
Event Start Date: 08/14/2025	**Last Assessed Date:**
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 10/28/2024	**Approver:** [redacted]

PARTICIPANTS

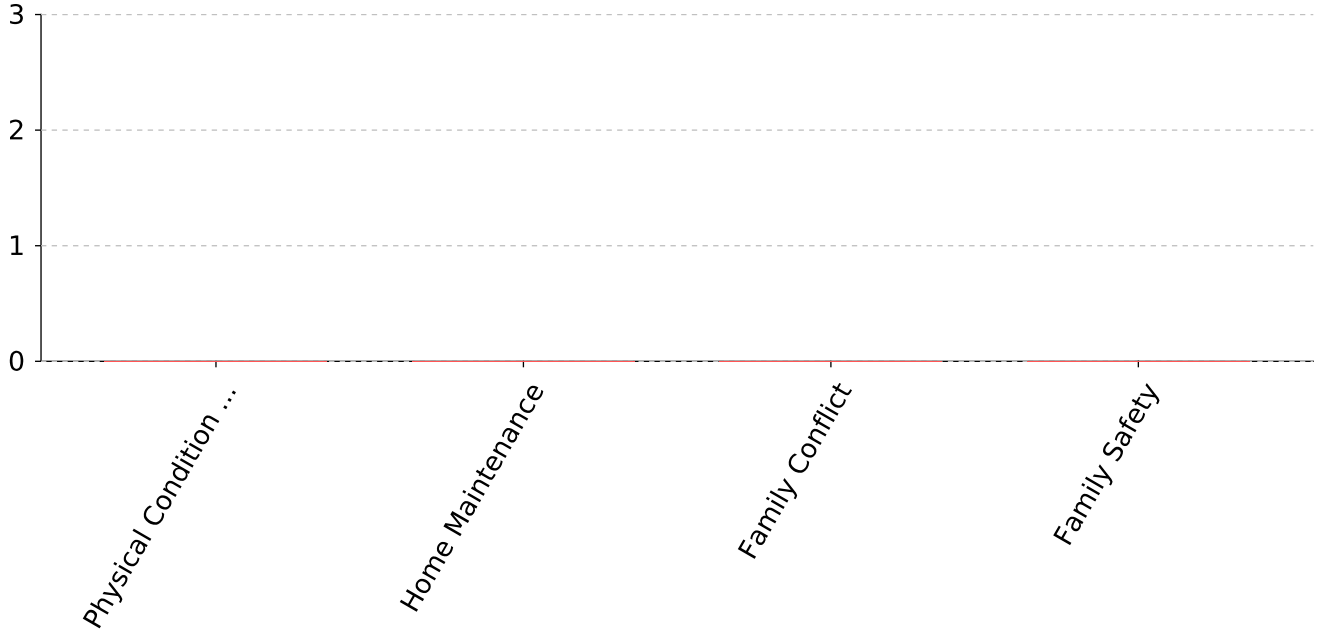
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted] (AP)	24 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] (ACV)	Deceased	Youth	M	[redacted]	N/A	
[redacted] (AP)	26 Yrs	Primary	F	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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).

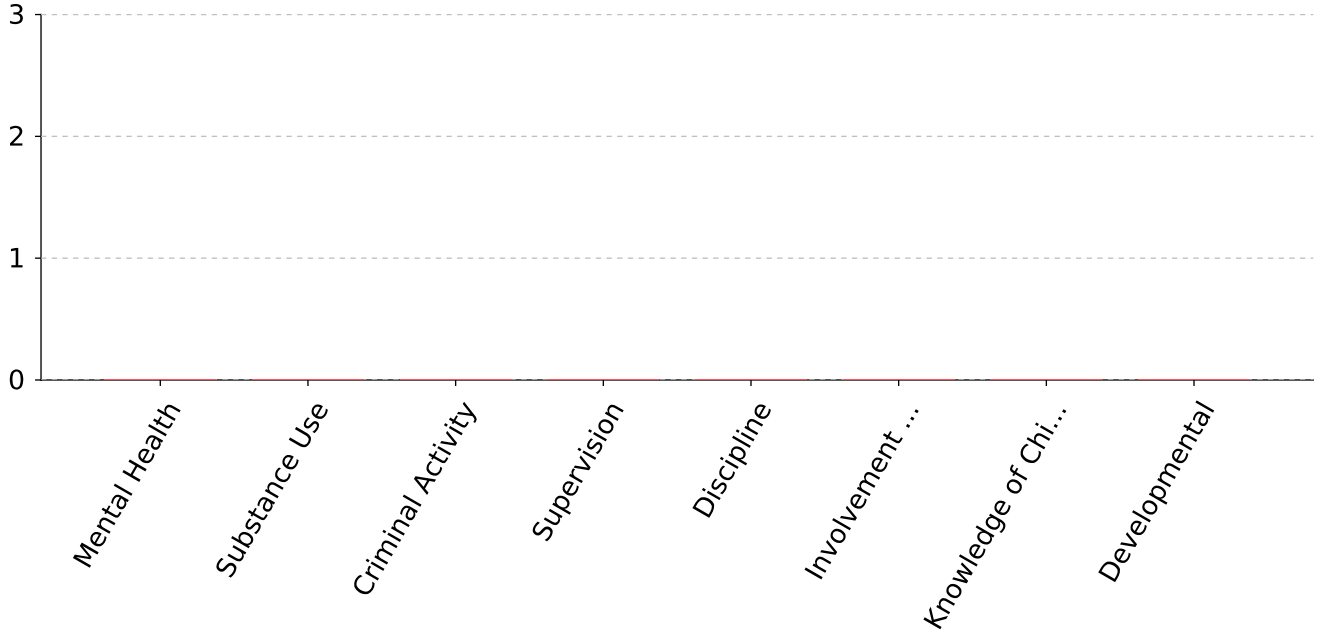


Item	Score	Justification/Narrative
Physical Condition of Home	0	
Home Maintenance	0	
Family Conflict	0	
Family Safety	0	

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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]	Person ID: [redacted]	Role: Caregiver

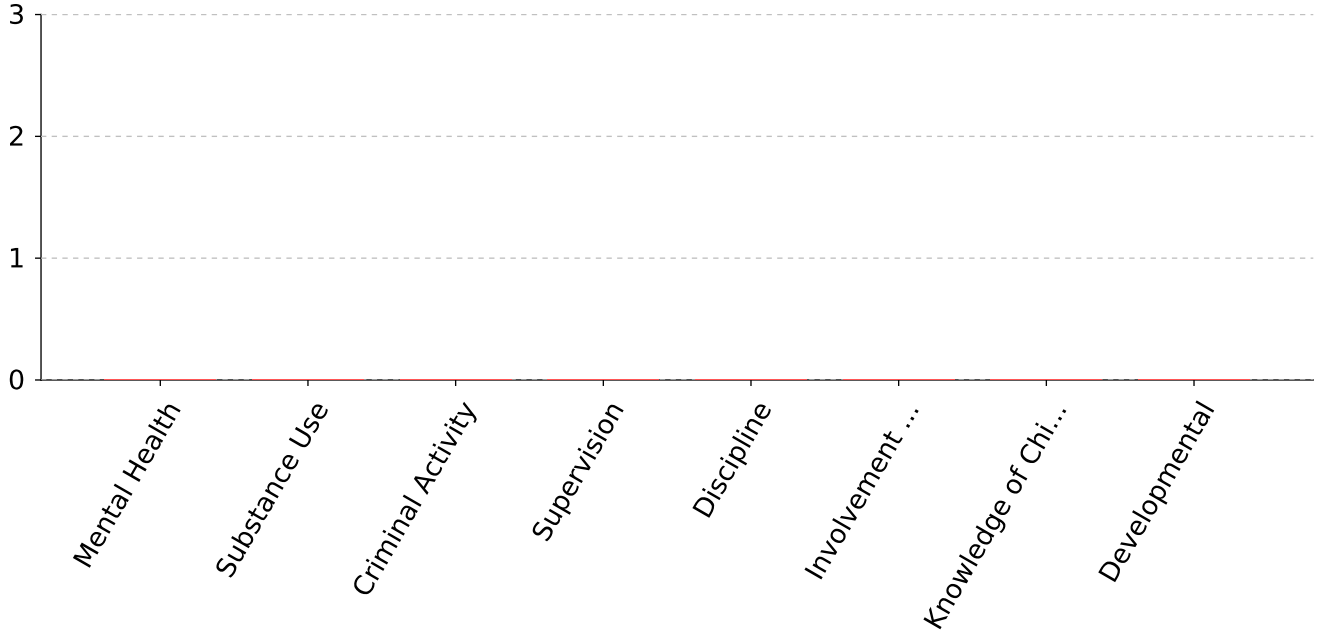


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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]	Person ID: [redacted]	Role Primary Caregiver

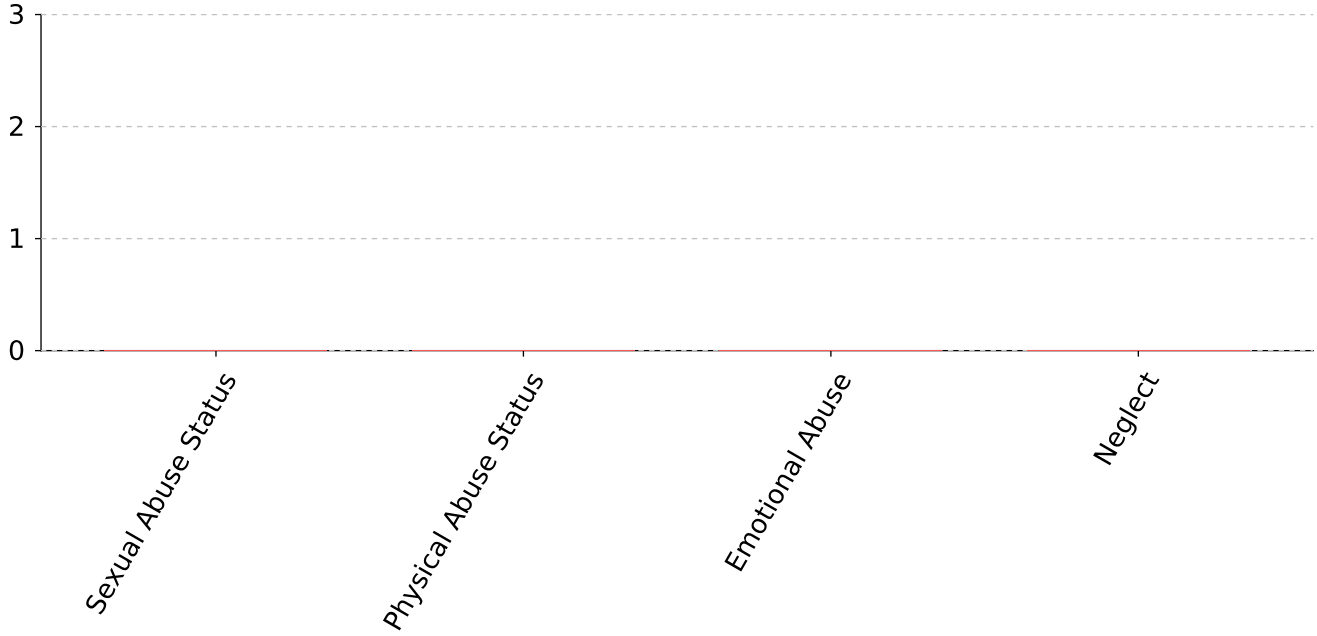


Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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	0	
Emotional Abuse	0	
Neglect	0	

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

Event Type: CPS Case	**Assessment Date: 10/24/2024**
Assessment Type: FAST	**CPS Case ID:** [redacted]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	**Assessed at Location:** In the Home
Risk Level: High Need/Risk	
Event Start Date: 08/14/2025	**Last Assessed Date:** 10/24/2024
Assessment Status: Approved	**Assessor:** [redacted]
Date Approved: 11/04/2024	**Approver:** [redacted]

PARTICIPANTS

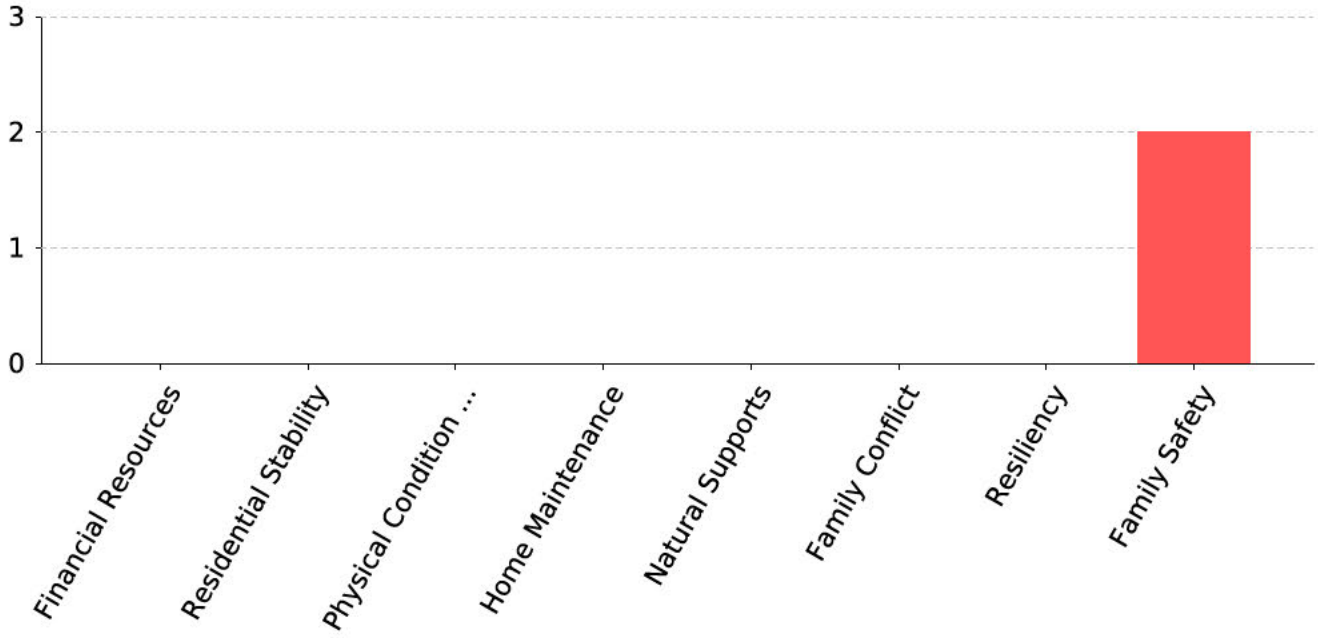
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[redacted]	4 Yrs	Youth	M	[redacted]	0	Low
[redacted]	3 Yrs	Youth	M	[redacted]	2	Low
[redacted]	4 Mos	Youth	F	[redacted]	0	Low
[redacted] (AP)	24 Yrs	Caregiver	M	[redacted]	N/A	N/A
[redacted] (ACV)	Deceased	Youth	M	[redacted]	2	Low
[redacted] (AP)	26 Yrs	Primary	F	[redacted]	N/A	N/A

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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).

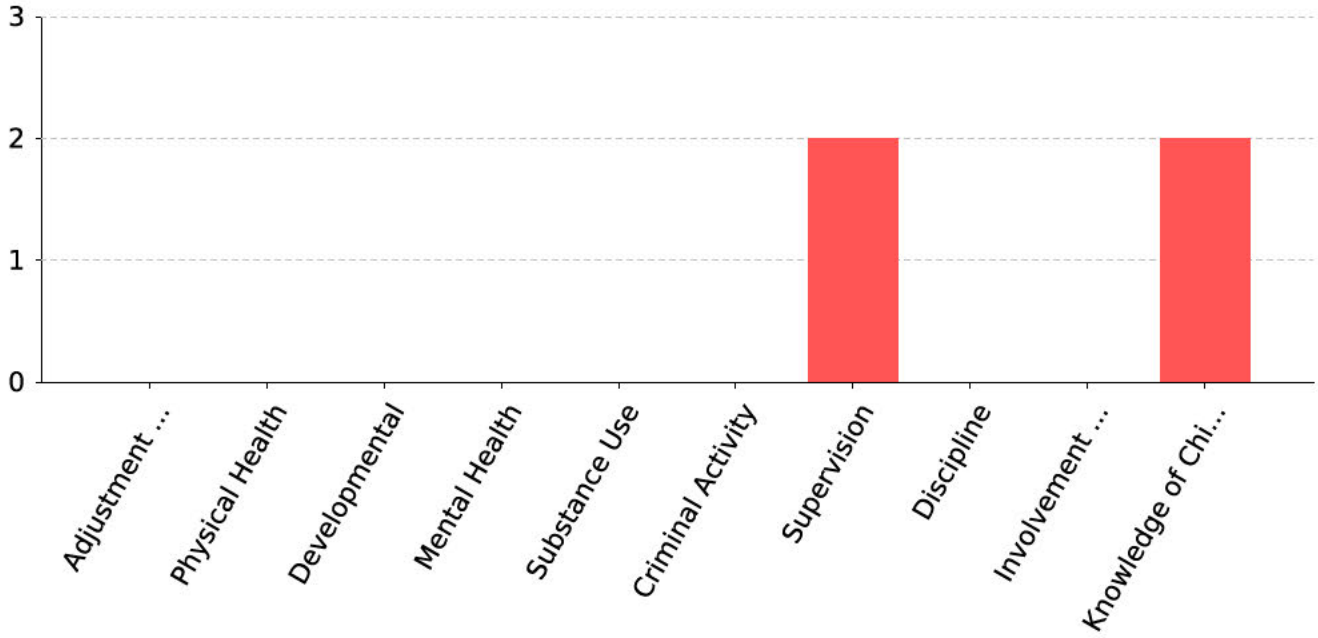


Item	Score	Justification/Narrative
Financial Resources	0	
Residential Stability	0	
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	2	The youth passed away on October 30, 2024 due to cardiac arrest due to drowning.

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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] [redacted]	Person ID: [redacted]	Role: Caregiver

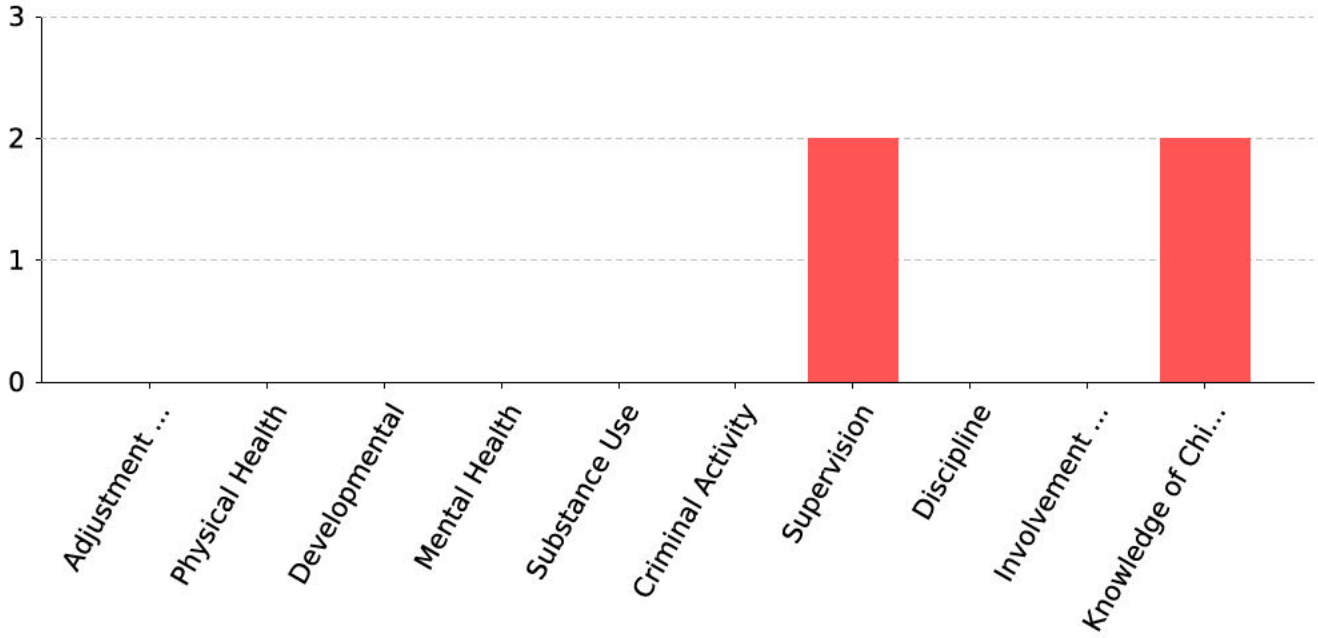


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	2	Two children were left unsupervised in a bath and one child drowned. The child passed away on 10/30/2024 due to cardiac arrest due to drowning.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	2	Two children were left unsupervised in a bath and one child drowned. The child passed away on 10/30/2024 due to cardiac arrest due to drowning.

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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

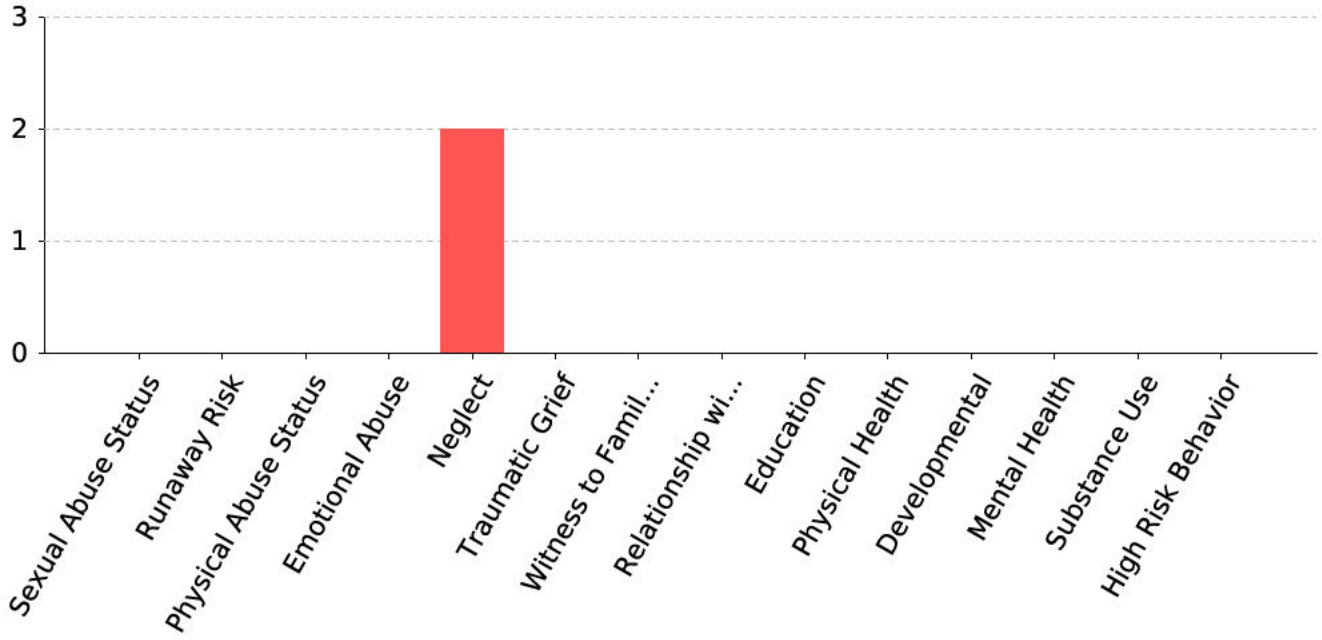


Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	2	Two children were left unsupervised in a bath and one child drowned. The child passed away on 10/30/2024 due to cardiac arrest due to drowning.
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	2	Two children were left unsupervised in a bath and one child drowned. The child passed away on 10/30/2024 due to cardiac arrest due to drowning.

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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]	Person ID: [redacted]	Age:3 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	2	Two children were left unsupervised in a bath and one child drowned. The child passed away on 10/30/2024 due to cardiac arrest due to drowning.
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

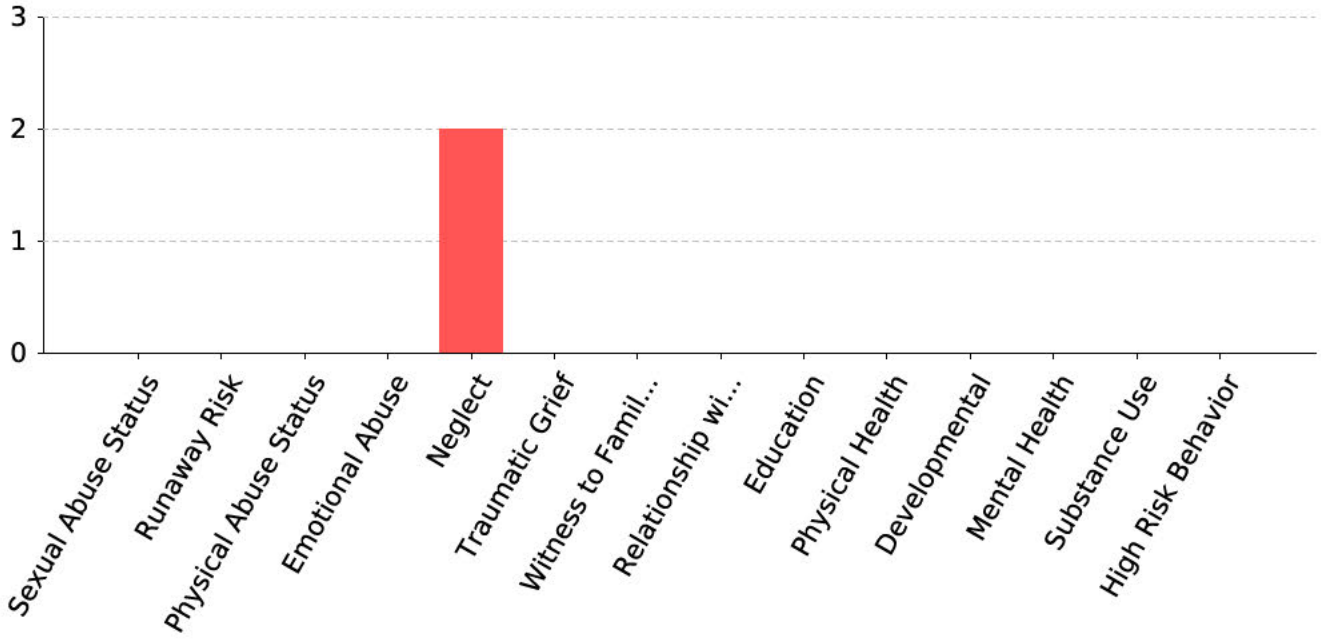
Event Type: CPS Case	**Assessment Date:** 10/24/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

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:** 10/24/2024
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]	Person ID: [redacted]	Age:Deceased



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	2	Two children were left unsupervised in a bath and one child drowned. The child passed away on 10/30/2024 due to cardiac arrest due to drowning.
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

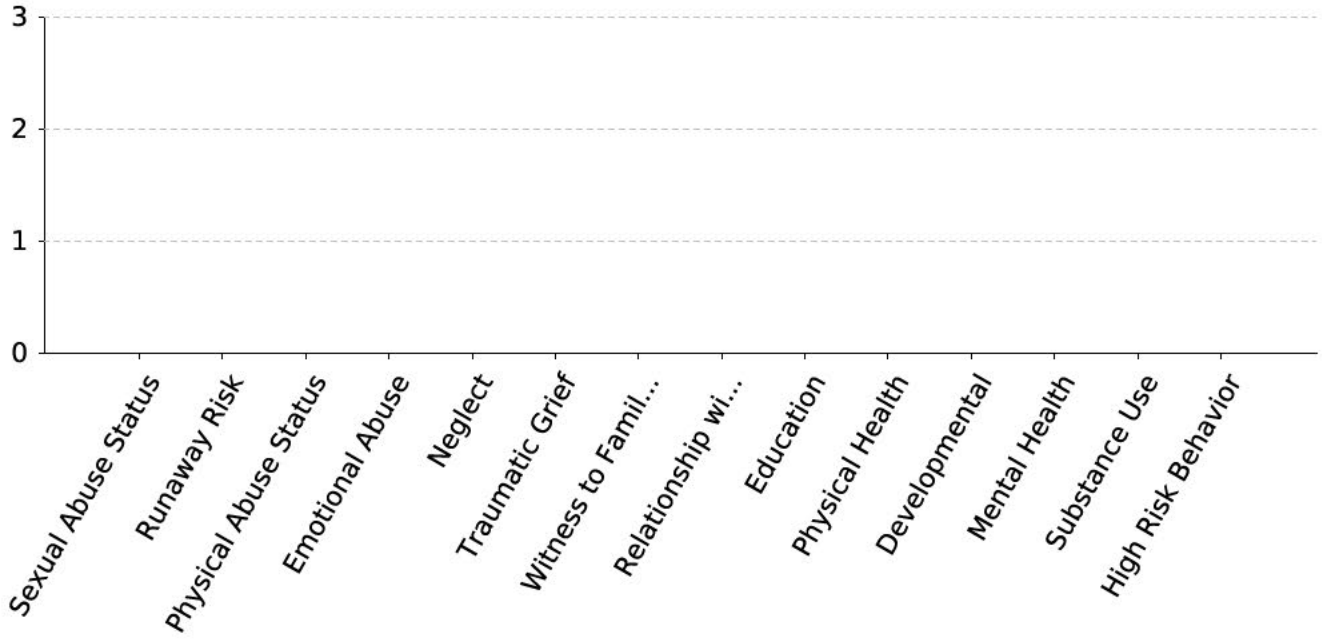
Event Type: CPS Case	**Assessment Date:** 10/24/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

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:** 10/24/2024
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]	Person ID: [redacted]	Age: 4 Mos



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:** 10/24/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	

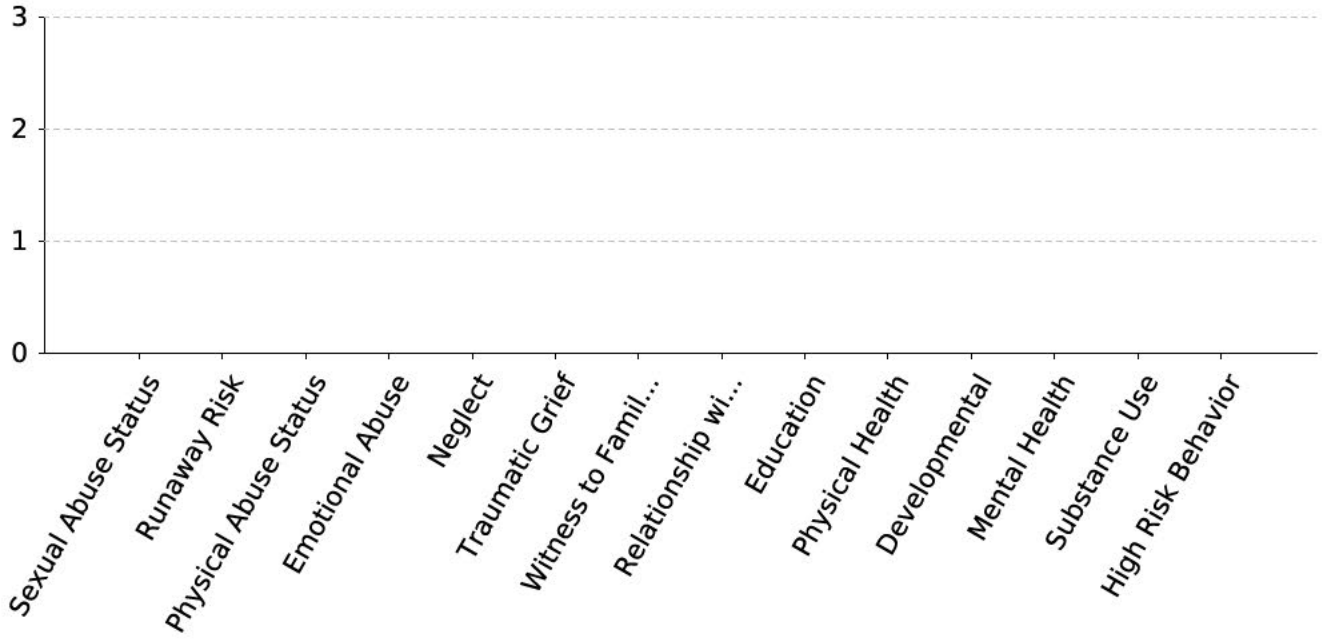
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	**Assessment Date:** 10/24/2024
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]	Person ID: [redacted]	Age:4 Yrs



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	0	
Physical Health	0	
Developmental	0	

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

Event Type: CPS Case	**Assessment Date:** 10/24/2024
Assessment Type: FAST	**CPS Case ID:** [redacted]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	