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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 11/27/2024 09:33 PM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 12/02/2024

Investigation

Investigation ID: [redacted]

First County/Region Assigned: [redacted]

Date/Time Assigned : 12/02/2024 10:44 AM

First Team Leader Assigned: [redacted]

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

First Case Manager Assigned: [redacted]

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

Allegations

Alleged Victim	Age	Allegation	Severe ? / CSEM ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	1 Yr 11 Mos	Drug Exposed Child	Yes	Unknown Participant [redacted] Unknown	

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: [redacted]

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP None
Closed Court Custody None

Pending: None
Awaiting Screening: None
Submitted: None

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Tennessee Child Abuse Hotline Summary

Open CPS: None
Substantiated: None
Death: None
Screen Outs: [redacted]

History:
ASMT/[redacted]/PHA/No Services Needed/7/11/2024

County of Jurisdiction: [redacted]
School/ Daycare: Unknown

Reporter's name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (1) lives with his mother, [redacted] (29) and father, [redacted] (31) in [redacted] Co. There are four other children (names unknown ages 8, 7, 6, 3) living in the home.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
Yes, an immediate phone call to [redacted].

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
This is near death. Today, the child was brought to [redacted] Children's Hospital by EMS. The child received extensive CPR and medication assistance. He is currently in critical care and intubated. His prognosis does not look promising. The child is still being evaluated. The child's urine is being tested. It is unknown if the child has any broken bones or wounds at this time. There is no known cause of the child's condition at this time. The parents reported that the child had dinner that evening and then went to his paternal grandmother's home. The child took a nap from 6 to 7. The mother informed one of the children to wake him up. The mother reported that the grandmother, [redacted] had brought the child to her in his state of unresponsiveness. It is unknown if the child has any bruises or marks. However, the child will have marks on his chest from CPR. It is unknown if the parent's story is consistent with the child's condition because the cause of the child's condition is unknown at this time. The location of the other children is unknown at this time. Law enforcement is involved. Law enforcement has not interviewed the parents as of yet. The living conditions of the home are unknown. There is no current issue with domestic violence, drug/alcohol abuse, or mental health concerns that pose a risk to the child and his siblings.

-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: None
Screener Notation: None

Emailed/Paged CPSI On Call:
[redacted] County CPS on-call was notified through MIR3 on 11.27.2024 @ 10:29pm [redacted]

Recipients	Time Issued	Response Received	Devices	Responses
[redacted]	11-27-24 10:29:48 PM			
[redacted]	11-27-24 10:32:30 PM	[redacted]		Received
[redacted]	11-27-24 10:29:48 PM	---		Left Message

Extended Intake Narrative:
[redacted] - Medical Social Worker) reports, [redacted] will pass away, however the timeline is unknown. There are no updates about his injuries or lab work. The medical team is giving the family the choice to do a brain death exam or a compassionate withdrawal of care. The family has not yet made a decision.

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CM who took the Ext. Intake, Date AND Time:
[redacted], Intake Specialist 11/28/2024 @ 9:50am
Emailed: [redacted], [redacted]

Additional info per TL [redacted] on 11/27/24:
I spoke with the hospital social worker. There is still no information regarding the cause of the child's condition. The family found him unresponsive around 7 pm tonight. They immediately called 911 and child was transported to [redacted] by EMS. Child received 60 minutes of CPR. There is concern of no brain activity. There is an order for a UDS; however, they have not been able to collect a sample so it is unknown when that will be completed. The UDS is routine since the cause of child's condition is unknown.
Hospital SW reiterated that there is are no current domestic violence, A&D, or mental health concerns that pose a risk to the child and his siblings.
CARE Team consult has not been ordered as "there is nothing sustainable" to suggest that a work up is needed.
Youth Services Detective [redacted] responded to the hospital and left. He did not relay any concerns to SW.
The parents are currently at bedside and there is additional family present at the hospital.

Additional info per TC [redacted] on 12/2/24:
Per on-call TL [redacted] this morning, child returned positive for fentanyl.

Investigation Track - P1 Preliminary Near Death
[redacted], CAH Director, on 12/2/24 @ 10:25am

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

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

Participant(s)

Name: [redacted] [redacted]

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

SSN: | Race: | Age: 52 Yrs

Address: [redacted] Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted]

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

SSN: | Race: Black/African | Age: 1 Yr 11 Mos

Address: [redacted] Tennessee

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type:

Contact Comments: mother's number

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

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

Name: [redacted] [redacted]

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

SSN: | Race: | Age: 32 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
Tennessee Child Abuse Hotline Summary

Name: [redacted] [redacted]

Gender: Female
Date of Birth: [redacted]
Partipant ID: [redacted]
SSN:
Race:
Age: 30 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
Tennessee Child Abuse Hotline Summary

Name: Unknown Participant [redacted] Unknown

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

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-08-05 12:30:00	Contact Method:	
Contact Time:	12:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	08/05/2025
Completed date:	08/05/2025	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/05/2025 12:30 PM Entered By: [redacted]

AC [redacted] approved case for closure.

[redacted] Closing Summary

The Department of Childrens Services (DCS) received a referral on November 27, 2024. The investigation initiated as a preliminary near death (PND) concerning allegations of Drug Exposed Child for ACV [redacted] (1yo). [redacted] died as a result of the PND incident on December 1, 2024, at which time allegations of abuse death was added to the open investigation. It was reported [redacted] resided with his birth mother [redacted] birth father [redacted] and siblings [redacted] 3yo, [redacted] 6yo, [redacted] 7yo, and [redacted] 8yo] in [redacted] County. Following the incident, the birth mother gave birth to her youngest child [redacted] newborn] on November 29, 2024.

The PND case was initially worked by CM [redacted] and TL [redacted] On December 1, 2024, CM [redacted] received the case when the allegation of Abuse Death was added. [redacted] Police Department ([redacted]PD) Youth Services Detective [redacted] was assigned to work the case.

On November 27, 2024, it was reported [redacted] was brought to [redacted] Childrens Hospital Emergency Department by EMS after the family had called 911 upon finding the child unresponsive following a nap at the grandmothers [redacted] home. At the time of arrival, [redacted] received extensive CPR and medication. He was in critical care and was intubated. His prognosis did not look promising per medical staff. The childs urine was tested where it was discovered that fentanyl was in his system. The child did not present with any broken bones or wounds. Upon admission, [redacted] was placed on life support. On December 1, 2025, he was removed from life support and passed away.

On November 27, 2024; CM [redacted] arrived at the hospital to initiate the investigation. CM [redacted] met with the parents, Ms. [redacted] and Mr. [redacted] They declined to speak to CM [redacted] privately. Ms. [redacted] stated she and Mr. [redacted] live in the home with the following children: [redacted] and [redacted] Ms. [redacted] stated [redacted] was born at [redacted] Medical Center. Ms. [redacted] stated [redacted] was delivered at full term with no pregnancy or birth complications. Ms. [redacted] stated there was no substance abuse during her pregnancy with the alleged child victim. Ms. [redacted] stated [redacted] had a cold recently, as well as the other children in the home, which lasted about two weeks. Ms. [redacted] stated the childrens pediatrician works at [redacted] According to Ms. [redacted] last pediatrician appointment was for his yearly exam back in October. Ms. [redacted] reported the only medical condition [redacted] had was eczema.

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Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

CM [redacted] asked Ms. [redacted] and Mr. [redacted] about the timeline of events for the 48 hours leading up to [redacted] hospitalization. Ms. [redacted] stated she and Mr. [redacted] were home with the children on Wednesday, November 27, 2024. Ms. [redacted] stated the older children were upstairs. Ms. [redacted] and Mr. [redacted] repeatedly stated it was a normal day. Mr. [redacted] stated he was asleep. Ms. [redacted] stated she had made dinner for the children. Ms. [redacted] stated [redacted] appeared to be acting normally. Ms. [redacted] stated [redacted] and his siblings ate. Afterwards, she, Mr. [redacted] and the children began to get ready to go to Mr. [redacted] mothers home. Ms. [redacted] stated she gave [redacted] a bottle and dressed him.

Ms. [redacted] stated the family was at Ms. [redacted] home between approximately 3:00 pm and 7:00 pm. Ms. [redacted] and Mr. [redacted] reported there were multiple family members in Ms. [redacted] home. Ms. [redacted] stated there was a cousin named [redacted] who is approximately 8-9 years old, a cousin named [redacted] who is believed to be 18 years old, and a cousin named [redacted] Ms. [redacted] stated [redacted] was acting normally at Ms. [redacted] home. Ms. [redacted] stated [redacted] put [redacted] in Ms. [redacted] room to take a nap. Ms. [redacted] stated the family spent time together eating, watching television, and playing on their phones. Ms. [redacted] stated Ms. [redacted] told her that [redacted] was going to be up all night if he didnt wake up from his nap. Ms. [redacted] stated [redacted] went to wake [redacted] up from his nap. Ms. [redacted] stated [redacted] vomited on [redacted] and appeared to be dangling. This was described as either mucus or saliva-based vomit.

Ms. [redacted] stated the family woke Mr. [redacted] up. Ms. [redacted] said everyone in the home called 911. Ms. [redacted] stated she arrived at the hospital and the nurse rushed her to get a piss test from her. Ms. [redacted] stated she was not initially told [redacted] had fentanyl in his system. Ms. [redacted] expressed frustration with how hospital personnel have handled [redacted] case, including the information shared among hospital staff and how she feels as though doctors are rushing her to remove [redacted] from life support. Ms. [redacted] stated [redacted] condition was critical, but he was not considered deceased. Mr. [redacted] Ms. [redacted] Ms. [redacted] and Ms. [redacted] stated [redacted] had been diagnosed with COVID-19, rhinovirus, and Respiratory Syncytial Virus (RSV). Ms. [redacted] repeatedly stated she did not know how [redacted] tested positive for fentanyl.

CM [redacted] notes Mr. [redacted] rarely spoke during the interview. At one point during the interview, Mr. [redacted] became emotional and was consoled by Ms. [redacted] an extended family member. Ms. [redacted] stated she stopped smoking marijuana approximately one month ago. She admitted to testing positive for THC during her last delivery. Ms. [redacted] stated marijuana was a plant and she did not consider THC use during her latest pregnancy to be significant. CM [redacted] asked Mr. [redacted] for a Urine Drug Screen (UDS). Initially, Mr. [redacted] agreed to a UDS. Moments later, Mr. [redacted] stated his family advised him not to consent to a UDS. Mr. [redacted] signed and initialed the drug screen refusal form.

Detective [redacted] reported they were not able to prosecute anyone due to having multiple people in the home and could not identify who the fentanyl belonged to. He reported he was not able to test the fentanyl because the scene had become stale and by the time he went to the home and tested it, it could not be certain the fentanyl found was the same fentanyl that led to this incident.

Detective [redacted] reported he tried interviewing the father, [redacted] who was incarcerated at the time of the interview for different charges, but he lawyered up before Det. [redacted] was able to speak to him. Detective [redacted] interviewed the mother as well. She reported she took the child to grandmothers and laid him down. When she went to check on [redacted] he was non-responsive. November 27, 2024, EMS brought [redacted] to [redacted] Childrens Hospital Emergency Department. The child received extensive CPR and medication assistance. At the time of arrival, the child was in critical care and was intubated. His prognosis did not look promising per medical staff. The childs urine was tested where it was discovered that fentanyl was in the childs system. The child did not present with any broken bones or wounds at the time of admission. The cause of the childs condition was unknown.

On December 2, 2024, an autopsy was completed on [redacted] by Dr. [redacted] Center for Forensic Medicine, [redacted] TN. The autopsy stated, The decedent was a 13-month-old boy who became unresponsive on November 27, 2024. Emergency medical personnel were contacted, and he was transported to [redacted] Medical, Center. Resuscitation was continued and successful. At the hospital, a drug screen was positive for fentanyl. Diagnoses include multiorgan failure, anoxic brain injury, and viral testing was positive for SARSCoV2, respiratory syncytial virus, and rhinovirus/enterovirus. Death was pronounced 4 days later. An autopsy was performed. Autopsy findings include congestion and edema of the lungs, swelling of the brain with separation of the bones of the skull and fluid collections in the

Tennessee Department of Children's Services

Case Recording Summary

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

chest and abdomen. Antemortem toxicology is positive for fentanyl. Given the investigative and autopsy findings, it is my opinion that the cause of death in this case is Acute Fentanyl Toxicity. The manner of death Could Not Be Determined. The Circumstances of Death is Ingested Fentanyl.

It could not be determined how [redacted] consumed Fentanyl, the two youngest siblings [redacted] and [redacted] were safety placed through IPA with family and supervised visitation only for the parents. The three oldest siblings [redacted] and [redacted] entered DCS custody due to lack of a viable placement option for them.

On April 22, 2025, CM [redacted] presented this case to the [redacted] County Child Protective Investigative Team (CPIT). Those in attendance were TL [redacted] ([redacted] PD), ADA [redacted] CPIT Coordinator [redacted] Juvenile Court Liaison [redacted] The team agreed there is a preponderance of evidence that supports the substantiation of the Abuse Death and Drug Exposed Child.
Per DCS Policy Work Aid 1 Section G:
Child Death is defined as:
a) Any child death caused by abuse or neglect.
b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

Per DCS Policy Work Aid 1 Section B:
Drug Exposed Child (Severe) is defined as:
Severe forms of this allegation include but is not limited to:
♦ The manufacturing of methamphetamine where children are present, or in close proximity;
♦ Infants born with a diagnosis of Fetal Alcohol Spectrum Disorder (FASD);
♦ Infants born with a diagnosis of Neo-Natal Abstinence Syndrome (NAS) where the diagnosis is not based on the mothers prescribed and appropriately followed Medication-
Assisted Treatment;
♦ Knowingly or with gross negligence allowing a child under eight (8) years of age to ingest an illegal substance or a controlled substance that results in the child testing positive on
a drug screen, except as legally prescribed to the child; and/or
♦ Knowingly allowing a child to be within a structure where a Schedule I controlled substance under TCA 39- 17-406, cocaine, methamphetamine and/or fentanyl are present and
accessible by the child.
There is a preponderance of evidence that supports the substantiation for all allegations. This case will be closed and classified as Allegation Substantiated, Perpetrator Substantiated for Drug Exposed Child against [redacted] and [redacted] This case is also being classified as Allegation Substantiated, Perpetrator Unknown for Abuse Death against [redacted]

Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-06-26 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	06/26/2025
Completed date:	06/26/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/26/2025 11:32 AM Entered By: [redacted]

TL [redacted] completed a case conference with CM [redacted] When approved, CM [redacted] will be able to close.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2025-05-15 08:00:00	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/12/2025
Completed date:	06/15/2025	Completed By:	System Completed

Purpose(s):

Contact Type(s):

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type:	Original	Entry Date/Time:	Entered By:

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2025-05-13 08:00:00	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	06/12/2025
Completed date:	06/13/2025	Completed By:	System Completed

Purpose(s):

Contact Type(s):

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: Entered By:

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 09:45:00	Contact Method:	Face To Face
Contact Time:	09:45 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	04/23/2025
Completed date:	04/23/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/23/2025 09:02 AM Entered By: [redacted]

Team met this date and was in majority agreement for the ASPK for Abuse Death with the Assistant D A disagreeing. The team was in full agreement for an ASPS on both parents for Drug Exposed Child

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

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

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

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

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted] Unknown Participant [redacted] Unknown

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2025 09:03 AM Entered By: [redacted]

Purpose: CM is updating the case for the month.

Content Currently all siblings are either in an IPA or DCS custody so, services and counseling for the siblings that are old enough to utilize it is being provided through their respective programs. CM was unable to make contact with the parents as the mother was unreachable and the father is incarcerated in Kentucky at present.

Observation As stated above all siblings are currently in either an IPA or in DCS custody

Planning/next steps CM will continue attempting to make contact with the parents to offer services and grief counseling on a monthly basis. The final autopsy report has came back and the case will be presented at CPIT and closed.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-04-04 08:30:00	Contact Method:	
Contact Time:	08:30 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	04/04/2025
Completed date:	04/04/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2025 09:07 AM Entered By: [redacted]

The autopsy results are back and the results are as follows:
Cause of Death: Acute Fentanyl Toxicity
Method of Death: Could Not Be Determined.

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:	2025-03-25 10:50:00	Contact Method:	Phone Call
Contact Time:	10:50 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	03/28/2025
Completed date:	03/28/2025	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Notation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/28/2025 12:10 PM Entered By: [redacted]

Purpose: CM is updating the case for the month.

Content Currently all siblings are either in an IPA or DCS custody so, services and counseling for the siblings that are old enough to utilize it is being provided through their respective programs. CM was unable to make contact with the parents as the mother was unreachable and the father is incarcerated in Kentucky at present.

Observation As stated above all siblings are currently in either an IPA or in DCS custody

Planning/next steps CM will continue attempting to make contact with the parents to offer services and grief counseling on a monthly basis until the final autopsy report come back and the case can be presented at CPIT and closed.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-27 12:45:00	Contact Method:	Attempted Face To Face
Contact Time:	12:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/27/2025
Completed date:	02/27/2025	Completed By:	[redacted]
Purpose(s):	Service Planning,Well Being		
Contact Type(s):	Notation,Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/27/2025 12:48 PM Entered By: [redacted]

Purpose: CM is updating the case for the month.

Content Currently all siblings are either in an IPA or DCS custody so, services and counseling for the siblings that are old enough to utilize it is being provided through their respective programs. CM was unable to make contact with the parents as the mother was unreachable and the father is incarcerated in Kentucky at present.

Observation As stated above all siblings are currently in either an IPA or in DCS custody

Planning/next steps CM will continue attempting to make contact with the parents to offer services and grief counseling on a monthly basis until the final autopsy report come back and the case can be presented at CPIT and closed.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-12 11:00:00	Contact Method:	
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	02/19/2025
Completed date:	02/19/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/19/2025 02:06 PM Entered By: [redacted]

TL [redacted] reviewed the case. This case is being transferred to FSS. CM [redacted] will complete the JHV and close case.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-02-07 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/07/2025
Completed date:	02/07/2025	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: 02/07/2025 02:29 PM Entered By: [redacted]

TL[redacted] completed JHV at the home of [redacted] and [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-31 13:20:00	Contact Method:	
Contact Time:	01:20 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	01/31/2025
Completed date:	01/31/2025	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 01/31/2025 01:19 PM Entered By: [redacted]

TL [redacted] reviewed file for case transfer to Special Investigator [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2025-01-31 11:00:00	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	01/31/2025
Completed date:	01/31/2025	Completed By:	[redacted]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/31/2025 12:27 PM Entered By: [redacted]

TL [redacted] and CM [redacted] saw [redacted] and [redacted] in the Fictive Kin Placement of [redacted] ([redacted])
Upon arrival to the home, [redacted] was awake in a bouncy seat located on the sectional. He was clean and dressed in PJ's. He appeared to have good eye contact . Ms. [redacted] reports he eats every 3 to 4 hours about 2 oz of formula. She reports he does not sleep through the night.
[redacted] was wearing a clean tee-shirt and leggings. She was watching an iPad. She was able to interact with TL [redacted] and say her ABC's. She is able to identify her brother by the name "brother" She showed TL [redacted] a pretty pony color book and was able to identify shapes on the page.
Ms. [redacted] reports things are going well and she has no concerns. She reports not liking the pack and play and we discussed safe Sleep guidelines and not allowing him to sleep in the bouncy seat, sofa or floor. She reports that her father's home recently burned down but is still willing and able to care for the children. She reports she is not working at the current time as the season has ended. She understands she will need to follow up on medical appointments with the children. we reviewed the IPA guidelines and she is committed to supervision of visits with the parent.

Ms. [redacted] was introduced to CM [redacted] and advised that her file would be transferring to a long term worker within the next couple of weeks. TL [redacted] walked through the entire house and observed sleeping arrangements for both children. working electricity and food in the fridge. There were no environmental issues identified

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:	2025-01-01 08:00:00	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/20/2025
Completed date:	05/20/2025	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2025 10:29 AM Entered By: [redacted]

Date of entry should be 12/1/24

NOTE:
Notification that the child died this date. Per Work Aid 2 it is noted the CM does not have to observe the dead child.

Narrative Type: Created In Error Entry Date/Time: 05/20/2025 10:31 AM Entered By: [redacted]

Date of entry should be 12/1/24

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-17 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/18/2024
Completed date:	12/18/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2024 02:37 PM Entered By: [redacted]

TL [redacted] TC [redacted] Director [redacted] TL [redacted] CM [redacted]

Participation in 48 hour debrief

Next Steps:
Request ACVs medical records to date, including birth, PCP, and current incident.
Request interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS. home visit
Schedule FIs for the three oldest siblings.
Attempt to identify and scheduled FI for the 9yo relative witness.
Request court order for drug screen for the father.
Request criminal history on both parents.
Document and upload autopsy into TFACTS once received.
FAST
CPIT

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-17 13:00:00	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	02/16/2025
Completed date:	02/16/2025	Completed By:	[redacted].
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 02/16/2025 09:57 PM Entered By: Brinkley, [redacted] D.

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], TC [redacted], CPS Director (CPSD) [redacted] Imhof, and Director of Critical Incident Support (DCIS) [redacted]

The CPS investigation was assigned in TFACTS on 12/2/24 from the associated Hotline intake reported on 11/27/24. The investigation initiated as a preliminary near death (PND) concerning allegations of Drug Exposed Child for ACV [redacted] (1yo). [redacted] died as a result of the PND incident on 12/1/24 at which time allegations of abuse death were added to the open investigation. It was reported [redacted] resided with his birth mother [redacted] birth father [redacted] and siblings [redacted] 3yo, [redacted] 6yo, [redacted] 7yo, and [redacted] 8yo] in [redacted] County. Following the incident the birth mother gave birth to her youngest child [redacted] newborn] on [redacted].

On 11/27/24 it was reported [redacted] was brought to the hospital ER by EMS after the family had called 911 upon finding the child unresponsive following a nap at the grandmothers [redacted] home. [redacted] had been placed in the grandmothers bed to nap. The parents and children had been visiting the home that day for the holidays. [redacted] was drug screened at the hospital as part of routine exploratory testing and found positive for fentanyl. The parents denied drug use; however, the father refused a drug screen. The mother was pregnant at the time of the incident and gave birth on 11/29/24 at which time she was drug screened and positive for THC only. The mother endorsed THC use during pregnancy up to a month prior to delivery. [redacted] was also diagnosed with RSV and COVID. His condition continued to decline with death occurring on 12/1/24. An autopsy was ordered.

The two youngest siblings were safety placed through IPA with family and supervised visitation only for the parents. The three oldest siblings entered DCS custody due to lack of a viable placement option for them. Forensic interviews are being scheduled for the three oldest siblings. There was reported to be a 9yo family member [possible cousin] in the grandmothers home at the time of the incident who found [redacted] unresponsive. The team is working to identify her and schedule a forensic interview if possible. Law enforcement is involved in the investigation and has interviewed the

Tennessee Department of Children's Services

Case Recording Summary

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

parents. Law enforcement informed the father has criminal history and both his and the mothers records are being requested. The parents reported the entire family had colds leading up to the incident but [redacted] was otherwise healthy and up-to-date with wellness checkups.

Next Steps:
-- CM will request ACVs medical records to date, including birth, PCP, and current incident. 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
-- CM will schedule FIs for the three oldest siblings.
-- CM will attempt to identify and scheduled FI for the 9yo relative witness.
-- CM will coordinate with LE to complete interview with the grandmother and request drug screen.
-- CM will request court order for drug screen for the father.
-- CM will request criminal history on both parents.
-- 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:	2024-12-03 08:15:00	Contact Method:	Face To Face
Contact Time:	08:15 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	12/03/2024
Completed date:	12/03/2024	Completed By:	[redacted]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2024 09:20 AM Entered By: [redacted]

CPIT Convened

DCS Follow-Up

Assigned to Detective [redacted] Complaint # [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-12-03 07:52:00	Contact Method:	
Contact Time:	07:52 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/03/2024
Completed date:	12/18/2024	Completed By:	[redacted]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/03/2024 07:53 AM Entered By: [redacted]

NON-CUSTODIAL CHILD DEATH

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

Family Case ID Detailed History:
Open Court Custody/FSS/FCIP No
Closed Court Custody 388860630 / 08-12-2015

Pending: No
Awaiting Screening: No
Submitted: No

Open CPS: Investigation # [redacted] / DEC (S) PND / CM [redacted] Sup. [redacted] / 11-27-2024

Substantiated: No

Death: No

Screen Outs: [redacted]

History (not listed above): Yes
Assessment # [redacted] / PHA / No Services Needed / 07-11-2024

County of Jurisdiction: [redacted]
School/ Daycare: Unknown

Tennessee Department of Children's Services

Case Recording Summary

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

Reporters name/relationship: [redacted]

-Child/Family Identification and Relationship Introduction Paragraph:
[redacted] (1), [redacted] (3), [redacted] (6), [redacted] (7), and [redacted] (8) reside with their parents, [redacted] (29) and [redacted] (31), in [redacted] County.

The grandfather is [redacted] (61), and he witnessed the death.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
No, LE does not need immediate assistance.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.
LE responded to a child not breathing or conscious on 11/27/24. The call came in as a deceased child. When LE arrived CPR was given to the child. The child did not have a pulse when they arrived. The child was transported to [redacted] Pediatrics Hospital and a pulse was later found. The parents were not spoken to due to them being at the hospital. The child had an illness, and he was asleep since 1p.m. that day. The parents were checking back and forth periodically with the child. When the parents noticed it had been a while, they checked on the child. That is when the child, [redacted] was not breathing and found with purple lips.

There was mention of the child having RSV. It is not believed [redacted] made it and has passed away. This would have happened at the home in [redacted] County. The date of death would be 11/27/24. It is unknown if abuse or neglect is the suspected cause of death. The cause of death is currently unknown. It is unknown if the child has been observed by medical examiners. There were no known injuries on the child. It is unknown where the childs body is at this time.

It is unknown if the parents were interviewed. Both parents have custody of [redacted] The parents both should be back at home. LE is treating this incident as a homicide and investigating the incident. LE has not made any arrests. The unknown grandmother and grandfather, [redacted] were witnesses to the death. There are no known child fatalities or injuries to other children in the home. There are 4 other children in the home. The other children are still in the home. The other children were not believed to be interviewed due to their age. There may be a forensic interview set up for the other children.

There were no known safety concerns or concerns for the living conditions. There were no other patterns of abuse in the home. The parents have past history with the police, but nothing child related (mainly driving charges.) The police have not responded to the home previously. There are no known concerns of domestic violence, drug abuse, or mental health concerns. It is unknown if DCS has any history with the family. The police report number is [redacted]

-Are there any concerns for the safety of a Department of Childrens Services Case Manager responding to the childs 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: Per TFACTS the familys last name is [redacted] The spelling of the mothers name was located as [redacted] & [redacted]

Per SDM: Investigation override to screen out-Has been referred for follow up to the DCS Case Manager who has an open case on the child and/or family | email sent to CM [redacted] Sup. [redacted] | [redacted] Intake TL @12:05a.m. on 12/3/2024 [Approved by CAH Director [redacted]]

Tennessee Department of Children's Services

Case Recording Summary

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

Next Steps:

CVC Contacts
FAST

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:	2024-12-01 08:00:00	Contact Method:	
Contact Time:	08:00 AM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/20/2025
Completed date:	05/20/2025	Completed By:	[redacted]
Purpose(s):	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: 05/20/2025 10:34 AM Entered By: [redacted]

NOTE:
Notification that the child died this date. Per Work Aid 2 it is noted the CM does not have to observe the dead child.

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	Completed
Contact Date:	2024-11-29 16:45:00	Contact Method:	Face To Face
Contact Time:	04:45 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	12/16/2024
Completed date:	12/16/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/16/2024 12:47 PM Entered By: [redacted]

CM [redacted] spoke to [redacted] and [redacted] in room [redacted] of [redacted] Childrens Hospital Pediatric Intensive Care Unit. CM [redacted] observed unidentified individuals in the hospital room with the family. CM [redacted] introduced herself to the family and offered condolences for their circumstances.

CM [redacted] asked to speak to Ms. [redacted] privately to ensure confidentiality. Ms. [redacted] and Mr. [redacted] declined to speak to CM [redacted] privately and stated the individuals would remain in the room for support. The individuals identified themselves as [redacted] and [redacted]

CM [redacted] asked Ms. [redacted] about the household composition. Ms. [redacted] stated she and Mr. [redacted] live in the home with the following children: [redacted] Ms. [redacted] stated the infant, [redacted] was born earlier that day at approximately 11:00 AM. Ms. [redacted] stated [redacted] and [redacted] father is [redacted] Ms. [redacted] stated paternity for [redacted] has not been established. Ms. [redacted] stated there is no formal custody or visitation arrangement with Mr. [redacted] Ms. [redacted] stated Mr. [redacted] does not pay child support for the children. Ms. [redacted] stated [redacted] and [redacted] father is [redacted] Ms. [redacted] stated she and Mr. [redacted] are not married.

Ms. [redacted] stated [redacted] was born at [redacted] Medical Center. Ms. [redacted] stated [redacted] was delivered at full term with no pregnancy or birth complications. Ms. [redacted] stated there was no substance abuse during her pregnancy with [redacted]

Ms. [redacted] stated [redacted] had a cold recently, as well as the other children in the home. Ms. [redacted] stated the children had a cold for the last two to three weeks. Ms. [redacted] stated the childrens pediatrician is [redacted] Ms. [redacted] stated [redacted] last pediaitricna appointment was for his yearly exam in October. CM [redacted] asked Ms. [redacted] is [redacted] was diagnosed with any medical conditions before his hospitalization. Ms. [redacted] stated [redacted] only known medical condition is eczema.

CM [redacted] asked Ms. [redacted] and Mr. [redacted] about the timeline of events for the 48 hours leading up to [redacted] hospitalization.

Ms. [redacted] stated she and Mr. [redacted] were home with the children on Wednesday, November 27, 2024. Ms. [redacted] stated the older children were upstairs. Mr. [redacted] stated he was asleep. Ms. [redacted] stated she gave [redacted] her phone. Ms. [redacted] stated [redacted] and [redacted] were watching television. Ms. [redacted] stated she had previously made alfredo and bread

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

for the children, and she fed the children after she finished doing hair. Ms. [redacted] and Mr. [redacted] repeatedly stated it was a normal day. Ms. [redacted] stated that [redacted] appeared to be acting normally. Ms. [redacted] stated that [redacted] ate the food she prepared and ate his siblings' food. Ms. [redacted] stated she, Mr. [redacted] and the children began to get ready to go to Mr. [redacted] mothers home. Ms. [redacted] stated she gave [redacted] a bottle and dressed him.
Ms. [redacted] stated she and the family went to Mr. [redacted] mothers home. Ms. [redacted] and Mr. [redacted] stated Mr. [redacted] mothers name is [redacted] [redacted] Ms. [redacted] stated she does know Ms. [redacted] address but knows she lives on [redacted]. Ms. [redacted] stated Ms. [redacted] phone number is [redacted]. CM [redacted] asked Ms. [redacted] and Mr. [redacted] who was at Ms. [redacted] home at this time. Ms. [redacted] and Mr. [redacted] reported there were multiple family members in Ms. [redacted] home. Ms. [redacted] stated there was a cousin named [redacted] who is approximately 8-9 years old, a cousin named [redacted] who is believed to be 18 years old, and a cousin named [redacted]
Ms. [redacted] stated [redacted] was acting normally at Ms. [redacted] home. Ms. [redacted] stated [redacted] put [redacted] in Ms. [redacted] room to take a nap. Ms. [redacted] stated the family spent time together eating, watching television, and playing on their phones. Ms. [redacted] stated Ms. [redacted] told her that [redacted] was going to be up all night if he didnt wake up from his nap. Ms. [redacted] stated [redacted] went to wake [redacted] up from his nap. Ms. [redacted] stated [redacted] vomited on [redacted] and appeared to be dangling. Ms. [redacted] stated the family woke Mr. [redacted] up. Ms. [redacted] said everyone in the home called 911. Ms. [redacted] stated the family was at Ms. [redacted] home between approximately 3:00 PM and 7:00 PM. Ms. [redacted] stated she arrived at the hospital and the nurse rushed her to get a piss test from her. Ms. [redacted] stated she was not initially told [redacted] had fentanyl in his system. Ms. [redacted] expressed frustration with how hospital personnel have handled [redacted] case, including the information shared among hospital staff and how she feels as though doctors are rushing her to remove [redacted] from life support. Ms. [redacted] stated [redacted] condition was critical, but he was not deceased. Ms. [redacted] Ms. [redacted] Ms. [redacted] and Ms. [redacted] stated [redacted] had been diagnosed with COVID-19, rhinovirus, and Respiratory Syncytial Virus (RSV). Ms. [redacted] repeatedly stated she did not know how [redacted] tested positive for fentanyl.
CM [redacted] notes that Mr. [redacted] rarely spoke during the interview. At one point during the interview, Mr. [redacted] became emotional and was consoled by Ms. [redacted]
Ms. [redacted] stated she tested positive for THC when she delivered [redacted] Ms. [redacted] stated she smoked marijuana throughout most of her pregnancy with [redacted] Ms. [redacted] stated she stopped smoking marijuana approximately one month ago. Ms. [redacted] stated marijuana was a plant and she did not consider THC use during her pregnancy to be significant.
CM [redacted] asked Mr. [redacted] for a Urine Drug Screen (UDS). Initially, Mr. [redacted] agreed to a UDS. Moments later, Mr. [redacted] stated his family advised him not to consent to a UDS. Mr. [redacted] signed and initialed the drug screen refusal form.

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:	2024-11-29 16:40:00	Contact Method:	Face To Face
Contact Time:	04:40 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	12/16/2024
Completed date:	12/16/2024	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/16/2024 12:43 PM Entered By: [redacted]

CM [redacted] observed [redacted] in room [redacted] of [redacted] Childrens Hospital Pediatric Intensive Care Unit (PICU). Due to the childs age and condition, an interview was unable to be conducted. The child was observed lying unconscious on the hospital bed. The child was observed to be attached to a ventilator. The childs body was covered with blankets, and he was wearing a brown hat on his head. CM [redacted] did not observe any visible marks or injuries.

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 22:30:00	Contact Method:	
Contact Time:	10:30 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:	DCS Office	Created Date:	05/20/2025
Completed date:	05/20/2025	Completed By:	[redacted]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:	Opening		

Children Concerning

[redacted]

Participant(s)

[redacted] Unknown Participant [redacted] Unknown

Narrative Details

Narrative Type: Original Entry Date/Time: 05/20/2025 10:19 AM Entered By: [redacted]

Referral History
The Department of Childrens Services received the referral on 11/27/24 as a response priority P1 regarding Drug Exposed Child with the Alleged Child Victim being [redacted] (1) and the Alleged Perpetrator being Unknown Person (unknown). PR is due by 11/28/24. CM [redacted] was initially assigned this case. This initially was a preliminary Near Death. The child passed away on 12/1/24 and the case was transferred to CM [redacted]

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

Referent Contacts
The referent was contacted and reiterated information in the referral. Referent preferred to receive no notification therefore no letter was mailed.

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

Inv. #[redacted]
Date: 1/26/17
Allegation: Physical Abuse
AP: [redacted]
ACV: [redacted]
Classification: No Services Needed
Summary: Based on the investigation and assessments, this case will be classified as No Services Needed. Mr. [redacted] alleges that he was actually holding his son, [redacted] and [redacted] mother, actually was hitting him. Mr. [redacted] and Ms. [redacted] both deny that [redacted] was harmed during their altercation. Ms. [redacted] now has an order of protection out against Mr. [redacted] and she is not allowing any contact between Mr. [redacted] and their son, [redacted]

Tennessee Department of Children's Services

Case Recording Summary

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

Inv. #[redacted]
Date: 5/15/17
Allegation: Drug Exposed Child Environmental Neglect
AP: [redacted]
ACV: [redacted]
Classification: No Services Needed
Summary: CPSA reported no concerns regarding drug use by the mother and no concerns with the home based on her case that was closed on 1/26/17.

Inv. #[redacted]
Date: 1/26/17
Allegation: Physical Abuse
AP: [redacted]
ACV: [redacted]
Classification: No Services Needed
Summary: Based on the investigation and assessments, this case will be classified as No Services Needed. Mr. [redacted] alleges that he was actually holding his son, [redacted] and Marshae [redacted] mother, actually was hitting him. Mr. [redacted] and Ms. [redacted] both deny that [redacted] was harmed during their altercation. Ms. [redacted] now has an order of protection out against Mr. [redacted] and she is not allowing any contact between Mr. [redacted] and their son, [redacted]

Inv. #[redacted]
Date: 8/31/18
Allegation: Drug Exposed Child, Lack of Supervision
AP: [redacted]
ACV: [redacted]
Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated
Summary: There was no evidence of substance abuse in the home. The child did not appear to be neglected or abused.

Inv. #[redacted]
Date: 7/11/24
Allegation: Drug Exposed Child, Lack of Supervision
AP: [redacted]
ACV: [redacted]
Classification: No Services Needed
Summary: CM [redacted] observed the child and noted no safety concerns. The AP denied the allegations.

Criminal Background Check

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

[redacted] dob: [redacted]

12/5/12 Weapon Possession misdemeanor
6/19/16 No Drivers License misdemeanor
5/25/16 Aggravated Robbery Weapon or Object Felony
6/13/16 Aggravated Robbery Weapon or Object Felony

Tennessee Department of Children's Services

Case Recording Summary

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

Case Status: Close Organization: [redacted] Region

10/21/16 Aggravated Robbery Felony
8/25/16 Aggravated Robbery Felony
6/13/16 Aggravated Robbery Felony
5/25/16 Weapon Possession in the Commission of a Dangerous Felony - employ firearm w/intent Felony
6/13/16 Weapon Possession in the Commission of a Dangerous Felony - employ firearm w/intent Felony
7/8/15 Aggravated Assault with a Deadly Weapon Felony

[redacted] dob: [redacted]

3/19/13 Resisting Arrest misdemeanor
10/31/14 Possession or Casual Exchange misdemeanor
6/8/15 Theft of Merchandise Under $500 misdemeanor

Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID:	[redacted]	Status:	System Completed
Contact Date:	2022-12-18 14:28:00	Contact Method:	
Contact Time:	02:28 PM	Contact Duration:	
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	12/18/2024
Completed date:	12/19/2024	Completed By:	System Completed
Purpose(s):			
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type:	Original	Entry Date/Time:	Entered By:

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: 11/27/2024

Assignment Date: 01/31/2025

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse / CSEM	Classified By / Classified
1	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 04/23/2025
2	[redacted]	[redacted]	Drug Exposed Child	[redacted]	[redacted], 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	Yes	[redacted] / 04/23/2025
3	[redacted]	[redacted]	Abuse Death	Unknown Participant 14299907677,		Allegation Substantiated / Perpetrator Unknown	Yes	[redacted] / 04/22/2025
4	[redacted]	[redacted]	Drug Exposed Child	Unknown Participant 14299907677,		Allegation Substantiated / Perpetrator Unknown	Yes	[redacted] / 04/22/2025

Preliminary Near Death: [redacted]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [redacted] and [redacted] are in DCS Custody and [redacted] and [redacted] are currently placed in an IPA. The mother [redacted] is currently residing in [redacted] County at an undisclosed location. The father [redacted] is currently incarcerated in Kentucky. Based of the death of the child [redacted] by fentanyl ingestion and the identity of the individual that has the fentanyl around the child or children the abuse death allegation is substantiated. The parents lack of supervision of allowing individuals or bringing drugs around the child or children is cause for substantiation of the parents.

D. Case Workers

Case Worker: [redacted] Date: 04/23/2025

Team Leader: [redacted] Date: 04/23/2025

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:

Department of Children's Services

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

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

The victim was too young to conduct a meaningful interview so, no interview was conducted. The other children did not give a disclosure as to the origin and knowledge of where the drug originated from.

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

The autopsy revealed acute fentanyl toxicity as the cause of death.

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

A perpetrator was not identified as to being the individual or individuals who had the drugs that resulted in the child ingesting fentanyl resulting in the eventual death of the child. The parents behavior as to supervision resulted in the set of circumstances that concluded in the death of the child. Neither parent gave a statement accepting responsibility for the series of events that led to the death of the child [redacted]

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

[redacted] (1) lives with his mother, [redacted] (29) and father, [redacted] (31) in [redacted] Co. There are four other children (names unknown ages 8, 7, 6, 3) living in the home. An immediate phone call to [redacted] is requested. This is near death. Today, the child was brought to [redacted] Children's Hospital by EMS. The child received extensive CPR and medication assistance. He is currently in critical care and intubated. His prognosis does not look promising. The child is still being evaluated. The child's urine is being tested. It is unknown if the child has any broken bones or wounds at this time. There is no known cause of the child's condition at this time. The parents reported that the child had dinner that evening and then went to his paternal grandmother's home. The child took a nap from 6 to 7. The mother informed one of the children to wake him up. The mother reported that the grandmother, [redacted] had brought the child to her in his state of unresponsiveness. It is unknown if the child has any bruises or marks. However, the child will have marks on his chest from CPR. It is unknown if the parent's story is consistent with the child's condition because the cause of the child's condition is unknown at this time. The location of the other children is unknown at this time. Law enforcement is involved. Law enforcement has not interviewed the parents as of yet. The living conditions of the home are unknown. There is no current issue with domestic violence, drug/alcohol abuse, or mental health concerns that pose a risk to the child and his siblings. [redacted] - Medical Social Worker) reports, [redacted] will pass away, however the timeline is unknown. There are no updates about his injuries or lab work. The medical team is giving the family the choice to do a brain death exam or a compassionate withdrawal of care. The family has not yet made a decision. TL [redacted] spoke with the hospital social worker. There is still no information regarding the cause of the child's condition. The family found him unresponsive around 7 pm tonight. They immediately called 911 and child was transported to [redacted] by EMS. Child received 60 minutes of CPR. There is concern of no brain activity. There is an order for a UDS; however, they have not been able to collect a sample so it is unknown when that will be completed. The UDS is routine since the cause of child's condition is unknown. Hospital SW reiterated that there is are no current domestic violence, A&D, or mental health concerns that pose a risk to the child and his siblings. CARE Team consult has not been ordered as "there is nothing sustainable" to suggest that a work up is needed. Youth Services Detective [redacted] responded to the hospital and left. He did not relay any concerns to SW. The parents are currently at bedside and there is additional family present at the hospital.

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

Based on the findings of the autopsy the case is classified and closed Allegation Substantiated Perpetrator Unknown for Abuse Death and Allegation Substantiated Perpetrator Substantiated for Lack of Supervision. This is per policy 14.6.

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