



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

Intake

Intake ID: [REDACTED]

Intake Taken By: Web Service

Intake Date/Time: 01/30/2022 01:31 AM [REDACTED]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [REDACTED]

Date Screened: 01/30/2022

Investigation

Investigation ID: [REDACTED]

First County/Region: [REDACTED]

Date/Time Assigned : 01/31/2022 08:35 AM

First Team Leader Assigned: [REDACTED] Date/Time 01/31/2022 12:00 AM

First Case Manager: [REDACTED] Date/Time 01/31/2022 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	Deceased	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: Role to Alleged Victim(s): Unknown

Referent Address:

Referent Phone Number:

Type of Contact: Web Referral

Notification: E-mail

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: None Found

Associated Case IDs: None Found

Family Case ID Detailed History:

Open Court Custody/FSS/FCIP None Found

Closed Court Custody None Found

Pending: None Found

Awaiting Screening: None Found

Submitted: None Found

Open CPS: None Found



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

Substantiated: None Found

Death: None Found

Screen Outs: None Found

History (not listed above): None

County of Jurisdiction: [REDACTED]

School/ Daycare: This is unknown

Active Military Status: This is unknown

Reporter's name/relationship: Anonymous

Reporter states:

Web Copied Verbatim

Victim:

Interpreter needed: No

Type of Interpreter:

First Name: [REDACTED]

Middle Name: [REDACTED]

Last Name: [REDACTED]

Deceased: Yes

Date of Death: 01/29/2022

Describe the Victim:

Native American Descent: No

Contact: [REDACTED]

Contact Address [REDACTED], TN, [REDACTED]

Directions:

School Name:

School Grade:

School Address:

School Contact:

Day Care Name:

Day Care Address:

Day Care Contact:

Perpetrator:

Interpreter needed: unknown

Type of Interpreter:

Anonymous Name: Unknown Perpetrator 0

Deceased: unknown

Date of Death: none

Describe the Perpetrator:

Native American Descent: unknown

Does the alleged perpetrator currently have access to the victim(s)?: unknown

Does the alleged perpetrator have a criminal record?: unknown

Does the alleged perpetrator have prior involvement with DCS?: unknown

Contact:

Contact Address:

Directions:

Employer Name:

Employer Address:

Employer Contact:

Incident County: [REDACTED]

Describe in detail what has happened to the child. What is the abuse or neglect?:



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patient sick for over a week no medical sought, patient brought to ED for nausea and vomiting became unresponsive, brought to pediatric intensive care unit after stabilized, became unresponsive again and passed away.

When did the abuse or neglect occur?:
Today

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:
autopsy in progress

Does the child need medical care? Has the child received medical care? If so, where?:
not anymore

Describe in detail how the child has been affected or harmed by the abuse or neglect.:
possible neglect not bringing to doctor, possible abdominal trauma, child is now deceased.

Are there any concerns for Domestic Violence in the home that pose a danger to the child's safety? If yes, please describe your concerns.:
unknown

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

What do the child's parents/caregivers say about the abuse/neglect?:
n/a

Is anyone in the home protective of this child? If yes, who?:
n/a

When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?:
n/a

Does the child have any special needs or disabilities? Please describe.:
no

Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?:
unknown

****End verbatim****

Additional information provided by [REDACTED] TC, [REDACTED]: "She died at [REDACTED] Came in last night. Had been complaining of stomach and back pain for a week. Did an ultrasound. Inflamed gallbladder. She reported feeling better after getting meds after about an hour. But then started to crash. She was then stabilized and sent to PICU. After awhile heart rate dropped and coded for awhile. Died at 10:08 pm. Both parents incarcerated. Child living with aunt who is pregnant with 3 kids. [REDACTED] [REDACTED]. Gma has poa, [REDACTED] [REDACTED]. Received this information from charge nurse [REDACTED] in PICU. She was not on shift when this occurred [REDACTED] [REDACTED] hospital at [REDACTED]

CM Notation: None

Screener Notation: Due to the referent being anonymous, CM3 [REDACTED] was unable to call and gather any other clarifying information



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Emailed/Paged CPSI On Call: [REDACTED]
PRIVATE Received

01-30-2022 09:38:53

01-30-2022 09:39:56

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

Region RA: [REDACTED]

Per SDM: INV, P1, Submitted by [REDACTED], CM3, 1.30.2022 @ 9:36am. Approved by CAH Director [REDACTED].



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

Participant(s)

Name: Unknown Participant [REDACTED] Unknown

Gender: Date of Birth:

Participant 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]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: Deceased

Address: [REDACTED], Tennessee [REDACTED]

Deceased Date: 01/29/2022

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-10-27 12:00:00.0 Contact Method:

Contact Time: 12:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 10/27/2022

Completed date: 10/27/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2022 12:08 PM Entered By: [REDACTED] [REDACTED]

Administrative Review:

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



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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: 2022-10-27 08:30:00.0 Contact Method:

Contact Time: 08:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/27/2022

Completed date: 10/27/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Closing

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2022 08:31 AM Entered By: [REDACTED] [REDACTED]

[REDACTED] [REDACTED] Death Closing Summary:

On January 30, 2022, the Department of Childrens Services (DCS) received a referral for an allegation of Abuse Death regarding Alleged Child Victim (ACV) [REDACTED] [REDACTED] (8). The alleged perpetrator was unknown at the time of the referral and it was later determined that no alleged perpetrator existed. This investigation was assigned to Child Protective Service Investigator (CPSI) [REDACTED] by Lead Investigator (LI) [REDACTED]. This case was worked in conjunction with [REDACTED] Police Department (PD) Youth Services Detective, [REDACTED].

[REDACTED] [REDACTED] (8) lived with maternal grandmother and legal guardian, [REDACTED] maternal aunt, [REDACTED] brother, [REDACTED] first cousin, [REDACTED] (11), first cousin [REDACTED] (7), [REDACTED] [REDACTED] (5). Parents [REDACTED] and [REDACTED] were incarcerated at the time of the incident.

On January 29, 2022, [REDACTED] was brought to [REDACTED] Children's Hospital emergency department by the grandmother for nausea and vomitting. It was reported that the child had been sick for the past week complaining of back and abdominal pain. [REDACTED] had some type of medical history and was a patient of Dr. [REDACTED] at [REDACTED] Pediatrics. During treatment at [REDACTED] became unresponsive and was brought to pediatric intensive care unit (PICU) after being stabilized in the emergency room, became unresponsive again and then passed away.

On January 30, 20122 CPSI [REDACTED] interviewed [REDACTED] in a private room at the family home. It was reported around 6:00 pm Ms. [REDACTED] transported [REDACTED] to the emergency room at [REDACTED] Children's Hospital. Once they got there, she was seen and given medicine which stopped the vomiting which made her feel better. Suddenly [REDACTED] reported not feeling good. The nurses and doctors asked Ms. [REDACTED] to step out of room while they began to work on [REDACTED]. Ms. [REDACTED] was informed later by hospital staff that [REDACTED] s heart had stopped but they revived her. Once she was stabilized, they transferred her upstairs to the intensive



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

care unit. Ms. [REDACTED] was not allowed to be in the room. Ms. [REDACTED] remembers hearing a code blue and later a doctor came out to tell them that [REDACTED] had died and that they could not save her. Ms. [REDACTED] stated she has legal guardianship of both [REDACTED] and [REDACTED] because both of their parents are incarcerated and would be getting out of jail within the next few weeks to possibly a month. The plan was for both children to return to their parents when they got out of jail because they have an apartment. She was questioned about any possible injuries to [REDACTED] and she stated there weren't any. She stated that she doesn't use any physical discipline nor does her daughter use any physical discipline on any of the children.

On January 30, 2012 CPSI [REDACTED] interviewed [REDACTED] in a private room at the family home. It was reported [REDACTED] tried to go to school Monday and Tuesday of last week and wasn't able to make it, everyone thought she had some type of stomach bug. [REDACTED] said her back had started hurting more and she started throwing up and they could not get her nausea and vomiting under control, and they were afraid she was going to dehydrate so her mother took [REDACTED] to the emergency room at [REDACTED] Childrens Hospital. Later in the evening her mother had called her and said that while in the emergency room that something had happened and that they were transferring [REDACTED] upstairs to intensive care. She said something about [REDACTED] s heart stopping while in the emergency room, and they were admitting her. She stated that she did not go up there because she had the kids and also that her mother had the car. She said around midnight or sometime thereafter her mother had called her and told her to come and get her at the hospital because something had happened, and [REDACTED] had died. She was asked if she had observed anyone hitting or abusing [REDACTED] and she stated no. She stated that she doesn't believe in physical punishment neither does her mother. She was asked if there had been any fighting between the children or if [REDACTED] had any type of accident that could account for any injuries. She stated nothing that she was aware of. She stated that she is devastated because she's lost her niece and she doesn't know why.

On May 5, 2022, the final autopsy was received for [REDACTED]. The autopsy reported that there was no evidence of abuse or trauma to [REDACTED]. The cause of death is myocarditis. The death is by natural causes.

On June 28, 2022, CPSI [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team (CPIT). Those in attendance were; TC [REDACTED], ADA [REDACTED], CAC Forensic Director [REDACTED], CAC Clinical Director [REDACTED], and [REDACTED] PD Detective [REDACTED]. The team was in agreement that there is not a preponderance of evidence that supports the substantiation of the Abuse Death.

Per DCS Policy Work Aid 1 Section E:

Child Death is defined as:

- a) Any child death caused by abuse or neglect.
- b) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.
- c) Any child death caused by abuse or neglect resulting from the parent or caretakers failure to stop another persons direct action that resulted in the death of the child. Child deaths are always treated as severe abuse.

There is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of [REDACTED]



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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: 2022-10-26 12:15:00.0 Contact Method:

Contact Time: 12:15 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/27/2022

Completed date: 10/27/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2022 07:56 AM Entered By: [REDACTED] [REDACTED]

Medical Records were received and uploaded this date.



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: 2022-09-21 10:45:00.0 Contact Method:

Contact Time: 10:45 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/27/2022

Completed date: 10/27/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2022 12:06 PM Entered By: [REDACTED] [REDACTED]

Administrative Review:

CM [REDACTED] awaiting medical records for [REDACTED] [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: 2022-09-21 10:40:00.0 Contact Method:

Contact Time: 10:40 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/26/2022

Completed date: 10/26/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/26/2022 03:57 PM Entered By: [REDACTED] [REDACTED]

CPIT determined it was not needed after initial decision to forensically interview other involved children.



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: 2022-08-24 08:50:00.0 Contact Method:

Contact Time: 08:50 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/27/2022

Completed date: 10/27/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2022 08:40 AM Entered By: [REDACTED] [REDACTED]

Administrative Review:

CM [REDACTED] to obtain medical records for [REDACTED] [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: 2022-07-21 12:00:00.0 Contact Method:

Contact Time: 12:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/27/2022

Completed date: 10/27/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2022 08:39 AM Entered By: [REDACTED] [REDACTED]

Administrative Review:

CM [REDACTED] to obtain medical records for [REDACTED] [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: 2022-06-28 10:00:00.0 Contact Method: Face To Face
Contact Time: 10:00 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Other Community Site Created Date: 07/07/2022
Completed date: 07/07/2022 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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/07/2022 07:02 AM Entered By: [REDACTED] [REDACTED]

This case was presented this date and based on the autopsy and interviews the team was in agreement with an AUPU classification as it was determined that the child died of natural causes.



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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: 2022-06-22 12:00:00.0 Contact Method: Face To Face
Contact Time: 12:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: DCS Office Created Date: 10/27/2022
Completed date: 10/27/2022 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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2022 08:35 AM Entered By: [REDACTED] [REDACTED]

Administrative Review:

CM [REDACTED] to present case during CPIT staffing AUPU
CM [REDACTED] to obtain medical records for [REDACTED] [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: 2022-06-22 12:00:00.0 Contact Method:

Contact Time: 12:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 10/27/2022

Completed date: 10/27/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/27/2022 08:38 AM Entered By: [REDACTED] [REDACTED]

Administrative Review:

CM [REDACTED] to present case during CPIT staffing AUPU

CM [REDACTED] to obtain medical records for [REDACTED] [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: 2022-06-21 10:00:00.0 Contact Method:

Contact Time: 10:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/07/2022

Completed date: 07/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/07/2022 06:57 AM Entered By: [REDACTED] [REDACTED]

Autopsy received on this date. Results indicate death by natural causes



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: 2022-05-06 10:56:00.0 Contact Method:
Contact Time: 10:56 AM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 05/06/2022
Completed date: 05/06/2022 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Administrative Review
Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 05/06/2022 10:57 AM Entered By: [REDACTED] [REDACTED]
Pending autopsy report.



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:	2022-02-04 10:30:00.0	Contact Method:	Phone Call
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/04/2022
Completed date:	02/04/2022	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Good Faith Effort		
Contact Sub Type:	Collateral Contact		

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/04/2022 11:00 AM Entered By: [REDACTED] [REDACTED]

CPSI spoke with [REDACTED] at [REDACTED] elementary. She stated that as far as [REDACTED] [REDACTED] there had not been any attendant issues with her last week she came to school and it was noted that she stated she was sick to her stomach. last Tuesday it is reported that she threw up on the bus coming to school and she had her grandmother come and pick her up. the child did not return to school for the rest of the week. it was stated that the grandmother had called the school first part of this week and stated that [REDACTED] had died over the weekend and they didn't know what had happened yet. Ms. [REDACTED] stated the school never had any concerns for [REDACTED] or her brother [REDACTED]. They were always clean, dressed appropriately and the mother and grandmother always were responsive to the school.



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:	2022-02-04 10:15:00.0	Contact Method:	Phone Call
Contact Time:	10:15 AM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/04/2022
Completed date:	02/04/2022	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/04/2022 11:41 AM Entered By: [REDACTED] [REDACTED]

CPSI spoke by phone to Ms. [REDACTED] [REDACTED] this date and did follow up in regard to the child. she advised the name of the parents and stated they both were locked up at [REDACTED] place. it was conveyed to CPSI that both parents were in process of trying to be released based on the death of the child. it was confirmed that the father has been locked up for about 13 months and the mother has been locked up since October. it was at that point in time when the power of attorney was put in place so that she could take care of [REDACTED] [REDACTED] and [REDACTED] Grief counseling was offered for all the children as well as miss [REDACTED] and the aunt miss [REDACTED] and her children. interest was expressed and possibly a few weeks. miss [REDACTED] stated they just wanted to get through the funeral and then after that they might consider this. CPSI requested that the two siblings be forensically interviewed and at this point in time that request is being rejected. at a future time the request will be resubmitted to see if it is accepted.



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:	Created In Error
Contact Date:	2022-02-04 09:30:00.0	Contact Method:	
Contact Time:	09:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	02/04/2022
Completed date:	03/07/2022	Completed By:	TFACTS, Person Merge
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: 02/04/2022 11:06 AM Entered By: [REDACTED]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [REDACTED] was debriefed with Case Manager (CM) [REDACTED] and Team Leader (TL) [REDACTED]. Also present was Team Coordinator (TC) [REDACTED], CPS Deputy Director (CPSDD) [REDACTED], CPS Director (CPD) [REDACTED], and Director of Critical Incident Support (DCIS) [REDACTED].

The CPS investigation was assigned on 1/31/22 concerning the death of ACV [REDACTED] (8yo). It was reported [REDACTED] was in the care of her legal guardian and grandmother [REDACTED] along with her 11yo sibling [REDACTED] due to the parents being incarcerated for the past 13 months. Also residing in the home was an aunt [REDACTED] and the aunts children [REDACTED] 5yo, [REDACTED] 5yo, and [REDACTED] 7yo]. The family resided together in [REDACTED] County.

On 1/29/22 the grandmother brought [REDACTED] to [REDACTED] ER due to complaints of consistent stomach and back pain for the past week that had worsened. An ultrasound was completed, and inflamed gallbladder was noted. [REDACTED] initially reported feeling better after receiving medication but then started to crash. She was stabilized and sent to PICU where her heart rate dropped and she coded, passing away at 10:08pm that same evening. There was initial concern for medical maltreatment/delay in seeking help for [REDACTED]

The grandmother reported [REDACTED] began complaining and having symptoms of stomach issues. An appointment was made with the child's PCP who felt the issue was stomach virus. The grandmother stated she was instructed to bring [REDACTED] back to the PCP or go to the ER if the condition worsened. The grandmother reported the level of nausea and throwing up increased on Saturday and she was concerned for dehydration, at which point she brought [REDACTED] to the ER at approximately 6pm for help. The grandmother reported no history of medical issues in the past. The aunt was interviewed with consistent timeline and account of previous week.

The 11yo sibling was present in the home that weekend and interviewed. She reported no information indicative of abuse or neglect and stated she and her sister were always taken to the doctor when sick. The minor cousins residing in the home were not present that weekend but visiting their father. They were interviewed also



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

reported not concerns or disclosure of abuse/neglect.

Hospital and ME reported no observable concerns of abuse/neglect with body. Lab results are pending, but preliminary results indicate natural causes as the cause of death currently.

Next Steps:

- CM will request current incident medical records and PCP records for ACV. Records will be reviewed and uploaded to TFACTS.
- CM will complete collateral with PCP regarding most recent visit alleged to have occurred within the week prior to ACVs death.
- CM will request FI for the sibling in the home who was present in the days leading up to ACVs death.
- CM will request information to locate and notify parents.
- CM will complete collateral with ACVs concern regarding absences and attendance in the week leading up to death and for global assessment.
- 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.

Narrative Type: Created In Error Entry Date/Time: 04/19/2022 12:59 PM Entered By: [REDACTED]

System completed. Reentered.



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: 39857428 Status: Completed

Contact Date: 2022-02-04 09:30:00.0 Contact Method:

Contact Time: 09:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 04/19/2022

Completed date: 04/19/2022 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: 04/19/2022 12:59 PM Entered By: [REDACTED]

The Abuse Death investigation regarding Alleged Child Victim (ACV) [REDACTED] was debriefed with Case Manager (CM) [REDACTED] and Team Leader (TL) [REDACTED]. Also present was Team Coordinator (TC) [REDACTED], CPS Deputy Director (CPSDD) [REDACTED], CPS Director (CPSD) [REDACTED], and Director of Critical Incident Support (DCIS) [REDACTED].

The CPS investigation was assigned on 1/31/22 concerning the death of ACV [REDACTED] (8yo). It was reported [REDACTED] was in the care of her legal guardian and grandmother [REDACTED] along with her 11yo sibling [REDACTED] due to the parents being incarcerated for the past 13 months. Also residing in the home was an aunt [REDACTED] and the aunts children [REDACTED] 5yo, [REDACTED] 5yo, and [REDACTED] 7yo]. The family resided together in [REDACTED] County.

On 1/29/22 the grandmother brought [REDACTED] to [REDACTED] ER due to complaints of consistent stomach and back pain for the past week that had worsened. An ultrasound was completed, and inflamed gallbladder was noted. [REDACTED] initially reported feeling better after receiving medication but then started to crash. She was stabilized and sent to PICU where her heart rate dropped and she coded, passing away at 10:08pm that same evening. There was initial concern for medical maltreatment/delay in seeking help for [REDACTED]

The grandmother reported [REDACTED] began complaining and having symptoms of stomach issues. An appointment was made with the childs PCP who felt the issue was stomach virus. The grandmother stated she was instructed to bring [REDACTED] back to the PCP or go to the ER if the condition worsened. The grandmother reported the level of nausea and throwing up increased on Saturday and she was concerned for dehydration, at which point she brought [REDACTED] to the ER at approximately 6pm for help. The grandmother reported no history of medical issues in the past. The aunt was interviewed with consistent timeline and account of previous week.

The 11yo sibling was present in the home that weekend and interviewed. She reported no information indicative of abuse or neglect and stated she and her sister were always taken to the doctor when sick. The minor cousins residing in the home were not present that weekend but visiting their father. They were interviewed also



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

reported not concerns or disclosure of abuse/neglect.

Hospital and ME reported no observable concerns of abuse/neglect with body. Lab results are pending, but preliminary results indicate natural causes as the cause of death currently.

Next Steps:

- CM will request current incident medical records and PCP records for ACV. Records will be reviewed and uploaded to TFACTS.
- CM will complete collateral with PCP regarding most recent visit alleged to have occurred within the week prior to ACVs death.
- CM will request FI for the sibling in the home who was present in the days leading up to ACVs death.
- CM will request information to locate and notify parents.
- CM will complete collateral with ACVs concern regarding absences and attendance in the week leading up to death and for global assessment.
- 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] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	2022-02-01 14:45:00.0	Contact Method:	Face To Face
Contact Time:	02:45 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/01/2022
Completed date:	02/01/2022	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Other Child Living in the Home Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/01/2022 03:59 PM Entered By: [REDACTED] [REDACTED]

CPSI made face to face contact with 7-year-old [REDACTED] [REDACTED] who stated that he lives with his mother [REDACTED] [REDACTED] and his brothers [REDACTED] [REDACTED] [REDACTED] and his cousin [REDACTED] [REDACTED] and [REDACTED] [REDACTED] and his granny [REDACTED]. He stated [REDACTED] had died over the weekend and he was sad. He was talked with privately he stated that the way him and his siblings and cousins were discipline if they got in trouble was, they got time out and at times they wouldn't be allowed to play on the video game and they would have to do more chores. He stated no one used alcohol or drugs. There was no one fought or argued in the home. police do not have to come to his home. he feels safe in his home. He stated that he is in the second grade at [REDACTED] Elementary. He says he likes school. [REDACTED] was questioned about [REDACTED] he stated that [REDACTED] had gotten sick last week with some type of stomach bug and had been sick. when he left to go to his daddy on Friday afternoon, she still was sick and when he got back yesterday from his visit was told that [REDACTED] had died and gone to heaven. he said he didn't understand that, and he was gonna miss her. In observing him there was no observation of any marks injuries and no concerns were seen by this case manager.

The next child that was spoken with was [REDACTED] [REDACTED] he stated he was six years old, and he went to school at Charlotte Park where he was in the first grade this was his first year in first grade. he said he lived with his mama and his brother [REDACTED] and his brother [REDACTED] Him and [REDACTED] are about the same age, but they are in different classes at school. he said also living in the home were his cousin [REDACTED] and his cousin [REDACTED] who doesn't live there any longer because they say she died. he doesn't understand why she had to die but she had gotten sick they said, and she just died. he was asked if he ever got in trouble or if his cousins or his brother ever got in trouble he said yes when they wouldn't mind mama or granny they would go to a timeout or not get to play with the PlayStation. He stated that no one ever got spanked or hit. This child had no marks bruises or injuries evident. He did not disclose domestic violence no drug abuse criminal history when he was asked if they were taken to the doctor, he said yes but he does not like going to the doctors because when he goes most times, he ends up getting stuck with a needle and getting a shot. Child evidently felt safe in the home and no concerns were seen by this case manager.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] was seen next in private he stated that he lives with his mom [REDACTED] [REDACTED] his granny [REDACTED] [REDACTED] he has two brothers [REDACTED] and [REDACTED] and his cousins [REDACTED] and [REDACTED] live with him but [REDACTED] doesn't live with them anymore because she got sick and died. he was asked if he knew what happened with [REDACTED] and he said she was sick of her stomach last week and when he went to his daddys when he came back, she wasn't here, and they said she wouldn't be coming back mommy and granny were sad and [REDACTED] was very sad because it was her sister. he reported no body fought in the home nobody used alcohol or drugs nobody fought in his home if he got in trouble hey couldn't play the PlayStation or watch TV or Netflix. he says he's happy at the home and everybody gets along he says nobody has been to jail and police don't come to his house he did not disclose any concerns.

Overall, in observing all these children there does not appear to be any signs of safety or risk issues CPSI thanked Ms. [REDACTED] and Ms. [REDACTED] for allowed CPSI to speak with these children for the collateral interviews



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: 2022-02-01 08:30:00.0 Contact Method: Correspondence

Contact Time: 08:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/03/2022

Completed date: 02/03/2022 Completed By: [REDACTED] [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] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/03/2022 09:50 AM Entered By: [REDACTED] [REDACTED]

CPIT convened:

Forensic Interview

[REDACTED] PD



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: 2022-01-31 21:28:00.0 Contact Method:

Contact Time: 09:28 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 01/31/2022

Completed date: 01/31/2022 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: 01/31/2022 09:40 PM Entered By: [REDACTED]

A P1 came in on 1/30/22 regarding child [REDACTED] [REDACTED] allegations abuse death and AP was unknown. TL was informed by TC [REDACTED] that the ACV [REDACTED] was deceased. Child passed away at 10:08pm of Cardio Pulmonary Collapse. CM [REDACTED] was contacted by TL and informed that he would be assigned to the case. CPSI [REDACTED] responded to the family home and found no one to be at home. He called the family and they stated that that they would not be home until later. The aunt Ms. [REDACTED] [REDACTED] stated that her children were with their father and she only had [REDACTED] with her. TL informed TC [REDACTED] of what CPSI [REDACTED] reported and TL was advised to have CPSI see the one child and follow up with the other kids once they return home. CPSI [REDACTED] made contact with the family on this day and interviewed the ACV [REDACTED] sibling [REDACTED] [REDACTED] age 11 and Aunt [REDACTED] [REDACTED] and Grandmother [REDACTED] [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: 2022-01-30 15:15:00.0 Contact Method: Face To Face

Contact Time: 03:15 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Family Home Created Date: 01/31/2022

Completed date: 01/31/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/31/2022 10:47 AM Entered By: [REDACTED] [REDACTED]

CPSI interviewed in private [REDACTED] age 11. She stated that she currently lives with her Aunt [REDACTED] [REDACTED] and that her granny was living with them at the moment. She stated that her mother and dad are both locked up right now and she doesn't know when they are going to be released. she stated that the other children in the house. Her sister [REDACTED] who died overnight she also has some cousins that live with her [REDACTED] who is 7 [REDACTED] who is 6 [REDACTED] who is 6. She stated that the way she is disciplined and the way that her cousins are disciplined is that they get time out but that they're never hit or spanked. In observing the child, she had no marks bruises or injuries and was expressing no fear of being in this home. She was questioned if her and the other children if they were sick and needed a doctor if her aunt and granny would take them to the doctor and she stated that yes, they all go to the doctor when they need it. She was asked about [REDACTED] and her being sick she stated that [REDACTED] had gotten sick about a week ago and that there had been a lot of stomach bug going around but that [REDACTED] kept getting sicker in the last day or two. she stated that yesterday [REDACTED] couldn't stop throwing up and that her grandmother took her to the emergency room and that when her grandmother came back, she stated that [REDACTED] had died and they didn't know why.

CPSI spoke briefly in private with Ms. [REDACTED] [REDACTED] she stated that when she was a child DCS had been involved but that DCS had never been involved with her or her children she stated that her children were all with their daddies this weekend and there are different fathers she says she has three children [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED]

She stated that there is no alcohol or drug issues in the home no criminal history and no domestic violence. when questioned about [REDACTED] she stated that [REDACTED] had been sick for the past week with no ja and that she had started throwing up about two or three days ago but nothing that couldn't be controlled until yesterday. she kept complaining about her back hurting her as well. she stated that yesterday about mid afternoon that [REDACTED] started throwing up and they could not control it. she stated that earlier in the week that [REDACTED] doctor had been called and the symptoms were given to the doctor but that the doctor didn't seem to be concerned. when [REDACTED] was unable to hold anything down yesterday her mother who is the grandmother to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] took her to the emergency room at [REDACTED] last night as she has power of attorney over the 2 girls, and they had admitted her when her mother had called her one time she stated that [REDACTED] was not doing good and they were going to admit her and later on her mother called her back and stated that [REDACTED] had passed away. in speaking with Ms. [REDACTED] she was emotionally shaken about the incident. she was questioned as to any concerns of any type of abuse or neglect, and she stated that she was not concerned that her mother and her took as good care of the children as they could since [REDACTED] and [REDACTED] parents both are locked up right now and it's not sure when they will be getting out.

CPSI spoke in private with Ms. [REDACTED] she stated that she currently is living with her daughter [REDACTED] [REDACTED] and her grandchildren she stated that she has power of attorney over [REDACTED] and [REDACTED] because her daughter who is the mother to the two children is currently locked up and it is not certain when she will be released she said there was a possibility of there being other charges that mother may have to face so she was uncertain when she might be getting out hand when the mother was arrested it was determined that a power of attorney would be signed and she did have power of attorney for both of the girls but did not have the documentation directly in front at the time that CPS I was speaking with her. she related that her form of discipline was time out and to talk with the children she said that she did not believe in actual physical discipline. she stated that she has no criminal history herself uses no alcohol or drugs. she expressed no domestic violence concerns. she related that [REDACTED] had been sick with what was believed to be a stomach bug 4 close to a week she related that she had been in touch with [REDACTED] pediatrician and from what the symptoms were the pediatrician did not seem overly concerned and did not have them bring her to an office visit. Up until yesterday [REDACTED] nausea and fever had been controlled with Tylenol and something for her stomach. she related the [REDACTED] had stated that she was having a lot of pain in her back and that had concerned her but when she had mentioned it to the doctor that he had not instructed them to bring her to the office or to the emergency room. yesterday afternoon she started throwing up and they could not stop the vomiting and she was concerned that [REDACTED] would get dehydrated so around 6:00 PM last night she took [REDACTED] to the emergency room where they examined her and while in the emergency room they said that [REDACTED] had an episode where she stopped breathing at that point in time they decided to admit her for observation and they got her to the floor and put her in the intensive care unit for kids. later, she stated that they told her that [REDACTED] had another episode where her heart stopped and this time, they were not able to bring her back. she stated that to her knowledge there had not been any injury she stated that the hospital didn't say anything about there being any marks bruises or any type of injuries to her and they had not expressed any concerns with her or ask her any questions that made her think that they thought anything was wrong. she stated that she knows they came and got her and took her and an autopsy is going be performed to see what happened to her granddaughter. this was everything at the moment that Ms. [REDACTED] stated.

A follow up with the other children who live in the home will be conducted in the next day or so when they are back in the home



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: 2022-01-30 13:30:00.0 Contact Method: Face To Face
Contact Time: 01:30 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Hospital Created Date: 01/31/2022
Completed date: 01/31/2022 Completed By: [REDACTED]
Purpose(s): Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Initial ACV Face To Face
Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/31/2022 10:43 AM Entered By: [REDACTED] [REDACTED]

Per DCS Policy, Chapter 14, Work Aid 2: It is not required for the DCS case manager to observe the deceased child



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: 2022-01-30 09:30:00.0 Contact Method:

Contact Time: 09:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/02/2022

Completed date: 02/02/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

Children Concerning

[REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Unknown; [REDACTED] [REDACTED]

Unknown Participant

Narrative Details

Narrative Type: Original Entry Date/Time: 02/02/2022 11:19 AM Entered By: [REDACTED] [REDACTED]

OPENING CASE SUMMARY

On 1/30/22 at 1:31 AM intake # [REDACTED] was called into the Department of Childrens Services (DCS) Child Abuse Hotline. The intake was screened into [REDACTED] County with allegation(s) of Neglect Death against alleged perpetrator (AP), Unknown. The alleged child victim(s) (ACV) is/are [REDACTED] [REDACTED]. The intake was assessed and assigned by Lead Investigator [REDACTED] [REDACTED] to Investigator [REDACTED] on 1/30/22. Initial face to face response is due on 1/31/22. It is unknown at this time if the child(ren) are of Native American decent. The local Juvenile Court and the District Attorneys Office are notified of referrals per local protocol. Notification of case assignment to the referent is automatically generated through the DCS CARAT System as requested.

Referent stated, Describe in detail what has happened to the child. What is the abuse or neglect patient sick for over a week no medical sought, patient brought to ED for nausea and vomiting became unresponsive, brought to pediatric intensive care unit after stabilized, became unresponsive again and passed away.

When did the abuse or neglect occur Today

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child. autopsy in progress

Does the child need medical care? Has the child received medical care? If so, where not anymore

Describe in detail how the child has been affected or harmed by the abuse or neglect.: possible neglect not bringing to doctor, possible abdominal trauma, child is now deceased.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Are there any concerns for Domestic Violence in the home that pose a danger to the child's safety? If yes, please describe your concerns.: unknown

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

What do the child's parents/caregivers say about the abuse/neglect n/a

Is anyone in the home protective of this child? If yes, who n/a

When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days n/a

Does the child have any special needs or disabilities? Please describe.: no

Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home unknown

Additional information provided by [REDACTED] TC, [REDACTED]: "She died at [REDACTED] Came in last night. Had been complaining of stomach and back pain for a week. Did an ultrasound. Inflamed gallbladder. She reported feeling better after getting meds after about an hour. But then started to crash. She was then stabilized and sent to PICU. After awhile heart rate dropped and coded for awhile. Died at 10:08 pm. Both parents incarcerated. Child living with aunt who is pregnant with 3 kids. [REDACTED] Gma has poa, [REDACTED] [REDACTED]. Received this information from charge nurse [REDACTED] in PICU. She was not on shift when this occurred [REDACTED]. Childrens hospital at [REDACTED]
[REDACTED]

BACKGROUND CHECKS

A TFACTS search was performed on 1/31/22 for DCS history on the family members and other involved individuals and the following results were found:

Investigation: # [REDACTED]

ACV: [REDACTED]

AP: [REDACTED]

Allegations: Lack of Supervision

Classification: Services Recommended and accepted

Date: 6/23/09

Family Composition:

Parent Name: [REDACTED] Grandmother\Legal Guardian

Name of Child 1: [REDACTED] ACV

Name of Child 2: [REDACTED] Sibling

Name of Child 3: [REDACTED] Cousin

Name of Child 4: [REDACTED] Cousin

Name of Child 5: [REDACTED] Cousin

Other Adult in the Home: [REDACTED] Aunt

The family currently resides at [REDACTED], TN [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Criminal History:

A search of the [REDACTED] County Criminal County Clerk Website was performed on the family members and other involved individuals; the following results were found: [REDACTED] [REDACTED]

No Record

[REDACTED] Possession or Casual Exchange, Theft of Merchandise under \$500,

A search of the National Sex Offender Public Website was performed on the family members and other involved individuals and the following results were found:

No Record Found

CPIT convened per local protocol Required



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 01/30/2022

Assignment Date: 01/31/2022

Street Address: [REDACTED]

City/State/Zip: [REDACTED] Tennessee [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
							CSEM	
1	[REDACTED]	[REDACTED]	Abuse Death	Unknown Participant [REDACTED]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	Fixes, Data 07/22/2022

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: AUPU per policy 14.7.

D. Case Workers

Case Worker: [REDACTED] Date: 06/27/2022

Team Leader: [REDACTED] Date: 06/28/2022

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:

Per work aid 2 CM [REDACTED] does not have to observe the deceased child [REDACTED]

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

Autopsy ruled [REDACTED] manner of death as natural.

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

AP unknown for this case.

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

[REDACTED] was sick a few days before being taken to the emergency room.

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

There was not enough evidence gathered to substantiate this case. [REDACTED] died while in the hospital after being sick a few days.

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: 01/31/2022
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	Assessed at Location: DCS Office
Event Start Date: 10/27/2022	Last Assessed Date:
Assessment Status: Approved	Assessor: null
Date Approved: 01/31/2022	Approver: [REDACTED] [REDACTED]

PARTICIPANTS

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED]	24 Yrs	Caregiver	F	[REDACTED]	N/A	N/A
[REDACTED]	11 Yrs	Youth	F	[REDACTED]	N/A	
[REDACTED]	46 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A
(ACV)	Deceased	Youth	F	[REDACTED]	N/A	
[REDACTED]	7 Yrs	Youth		[REDACTED]	N/A	
[REDACTED]	5 Yrs	Youth	M	[REDACTED]	N/A	
[REDACTED]	5 Yrs	Youth	M	[REDACTED]	N/A	

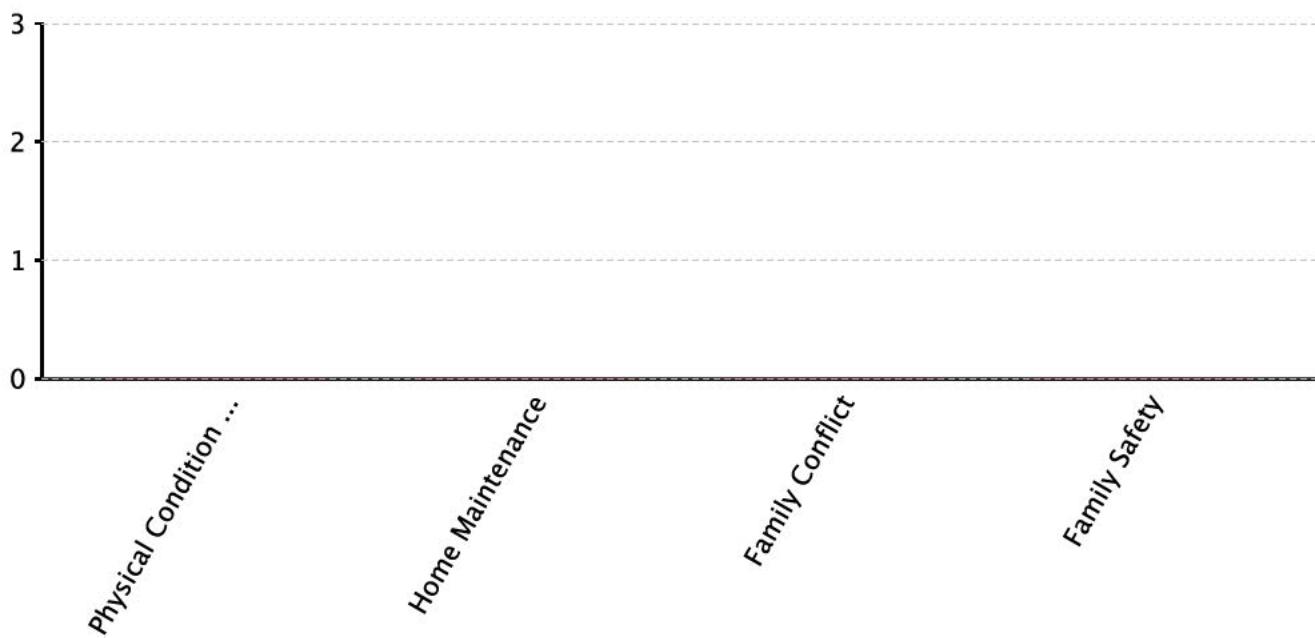


Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 01/31/2022
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	



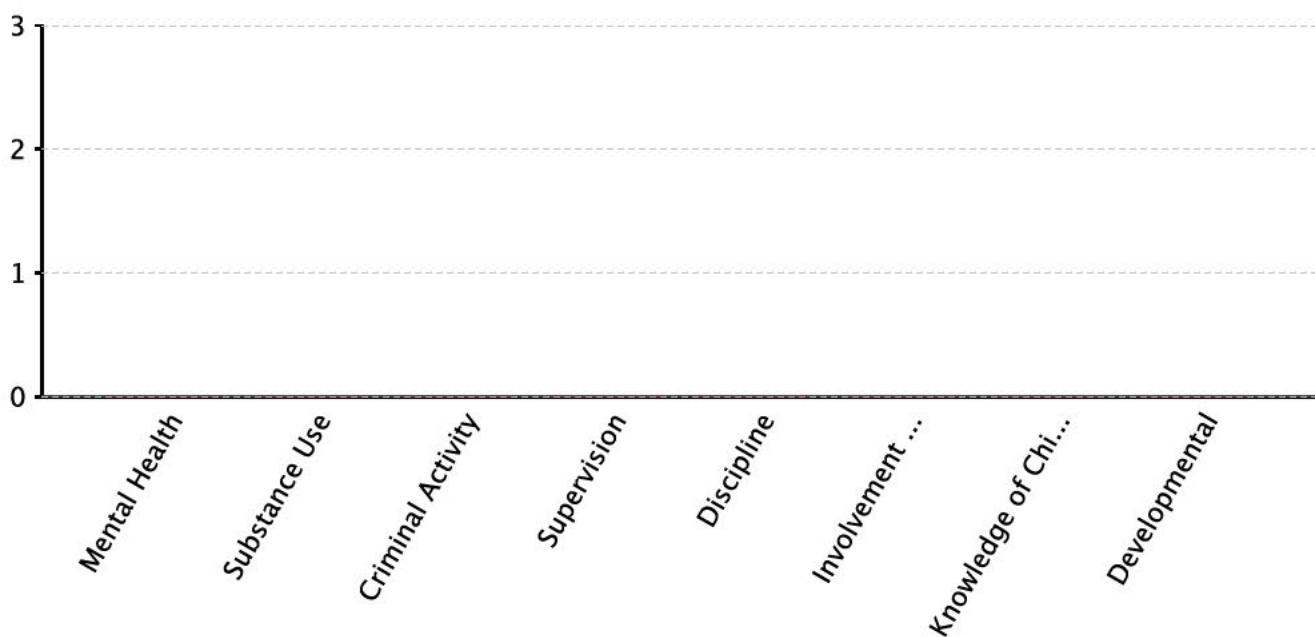
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 01/31/2022
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

CAREGIVERS

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED] [REDACTED]	Person ID: [REDACTED]	Role: Caregiver
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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	



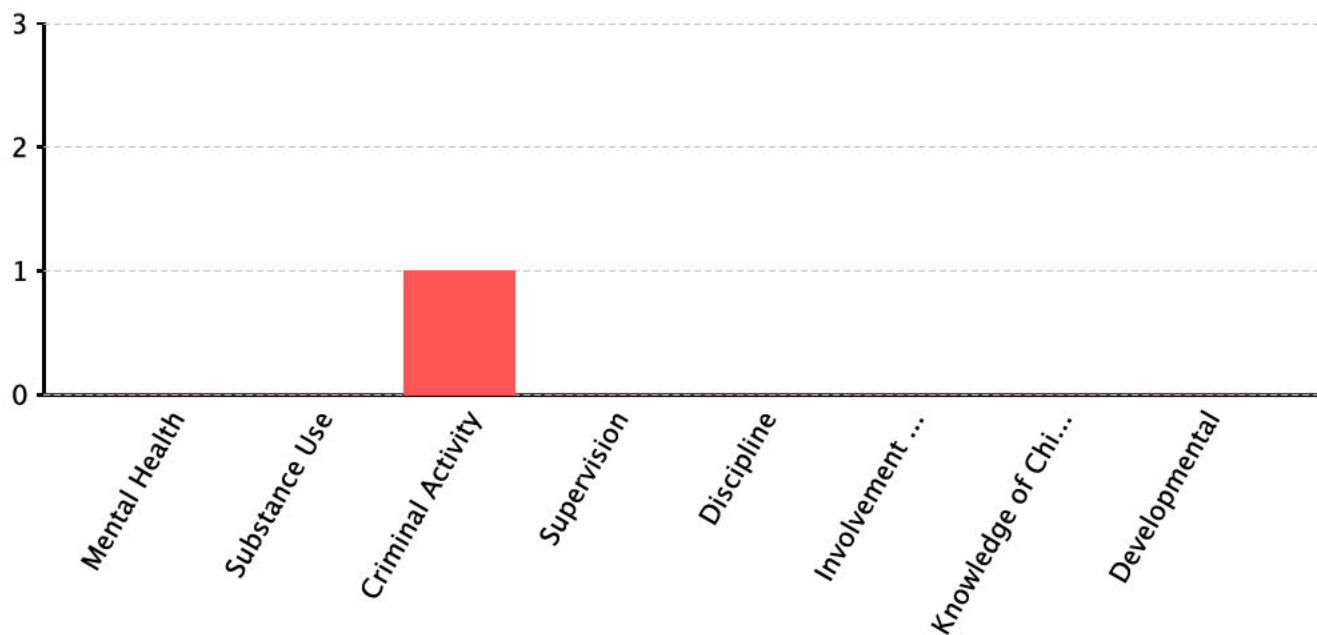
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 01/31/2022
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

CAREGIVERS

Each adult living in the family defined on the Summary Page who has any caregiver responsibilities would be rated separately in this section.

Participant: [REDACTED] [REDACTED] [REDACTED]	Person ID: [REDACTED]	Role Primary Caregiver
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Item	Score	Justification/Narrative
Mental Health	0	
Substance Use	0	
Criminal Activity	1	Last court activity was in 2013
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: 01/31/2022
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

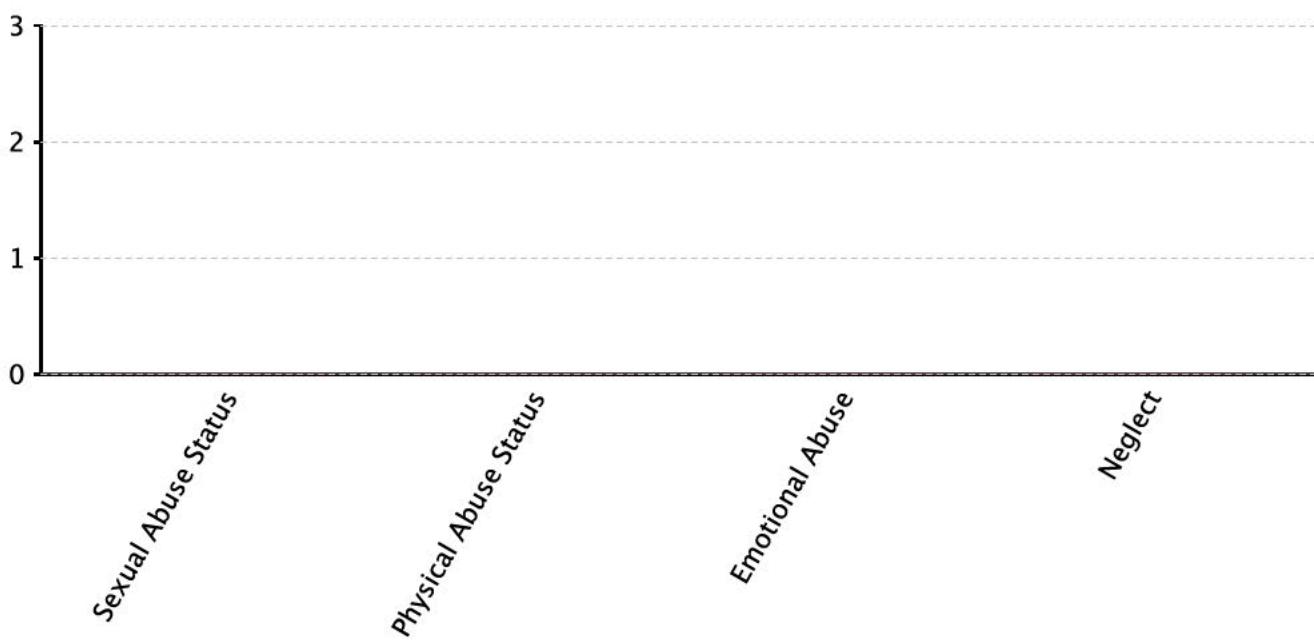
YOUTH

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] [REDACTED]

Person ID: [REDACTED]

Age: 11 Yrs



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



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

Event Type: CPS Case	Assessment Date: 01/31/2022
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

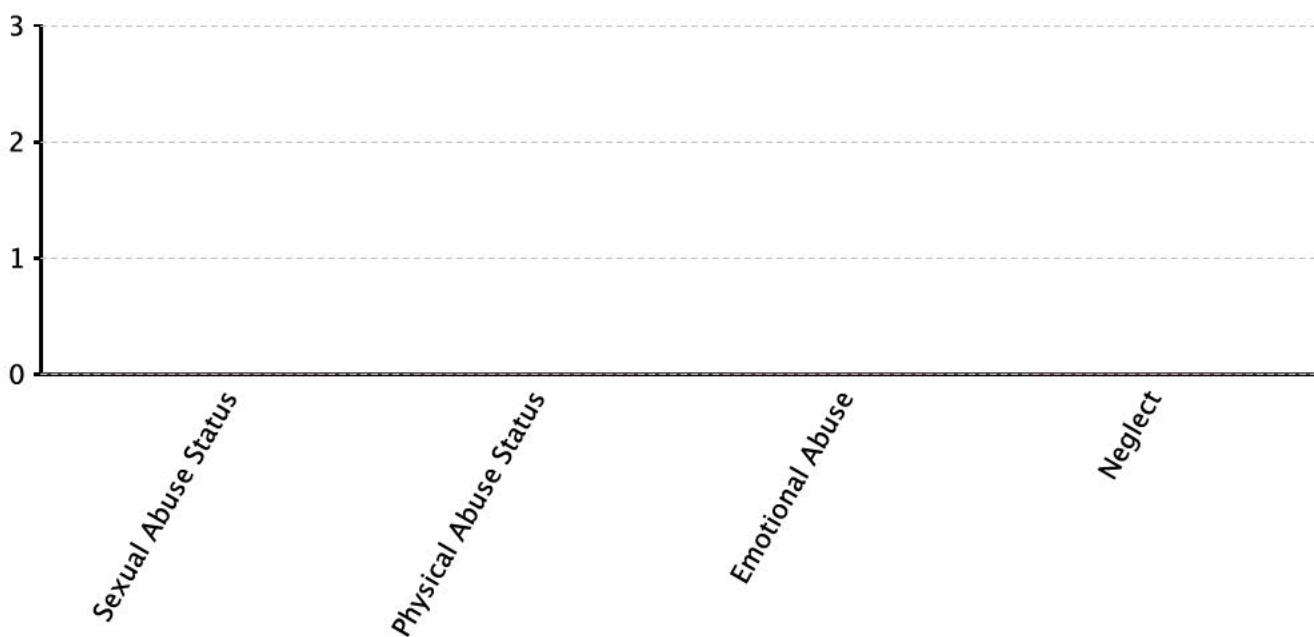
YOUTH

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: 7 Yrs



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



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

Event Type: CPS Case	Assessment Date: 01/31/2022
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

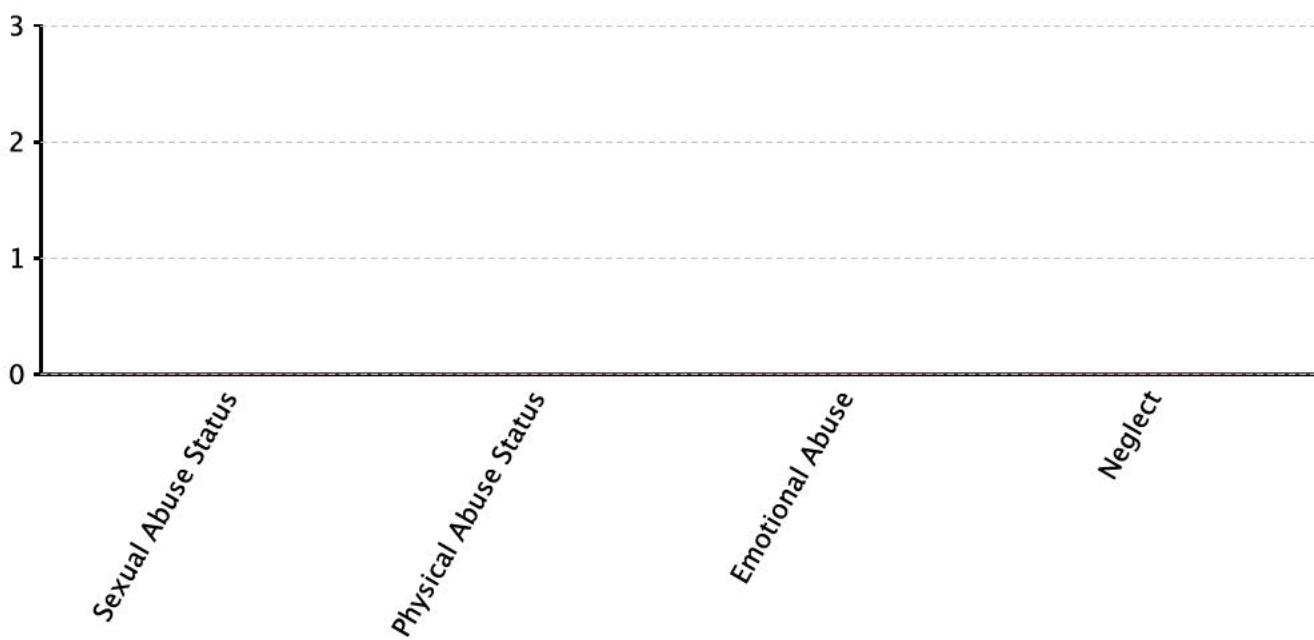
YOUTH

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] [REDACTED]

Person ID: [REDACTED]

Age: 5 Yrs



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



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

Event Type: CPS Case	Assessment Date: 01/31/2022
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

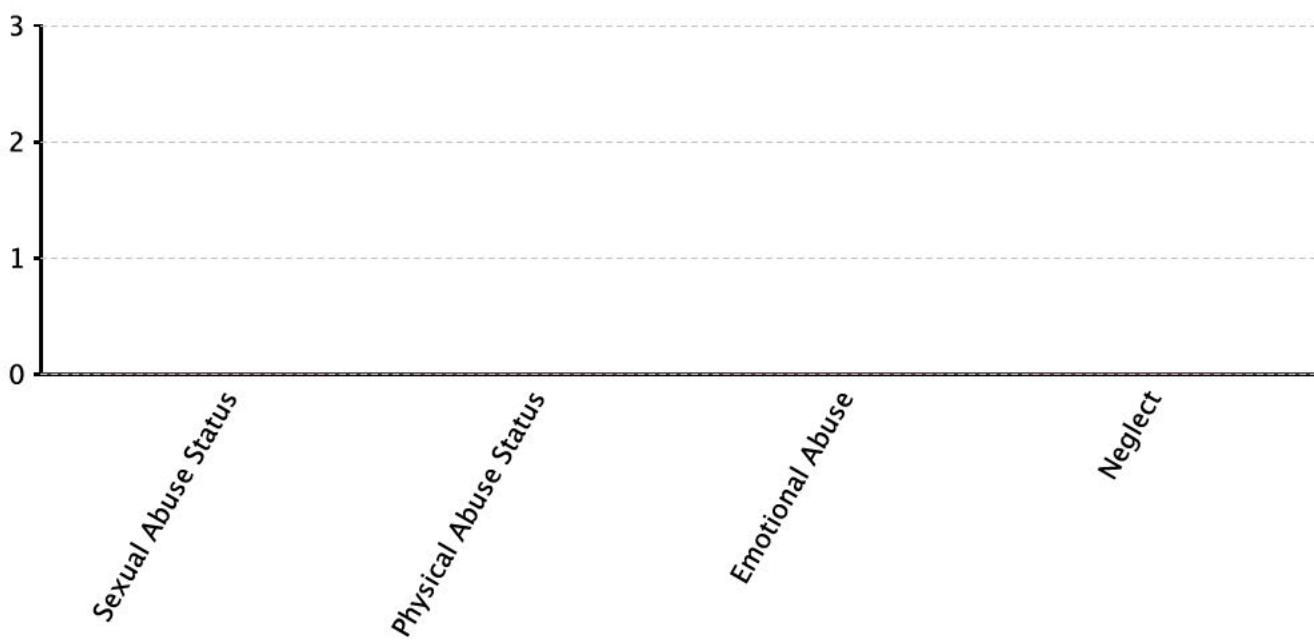
YOUTH

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] [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 Detail Report

Event Type: CPS Case	Assessment Date: 01/31/2022
Assessment Type: SAFETY	CPS Case ID: [REDACTED]

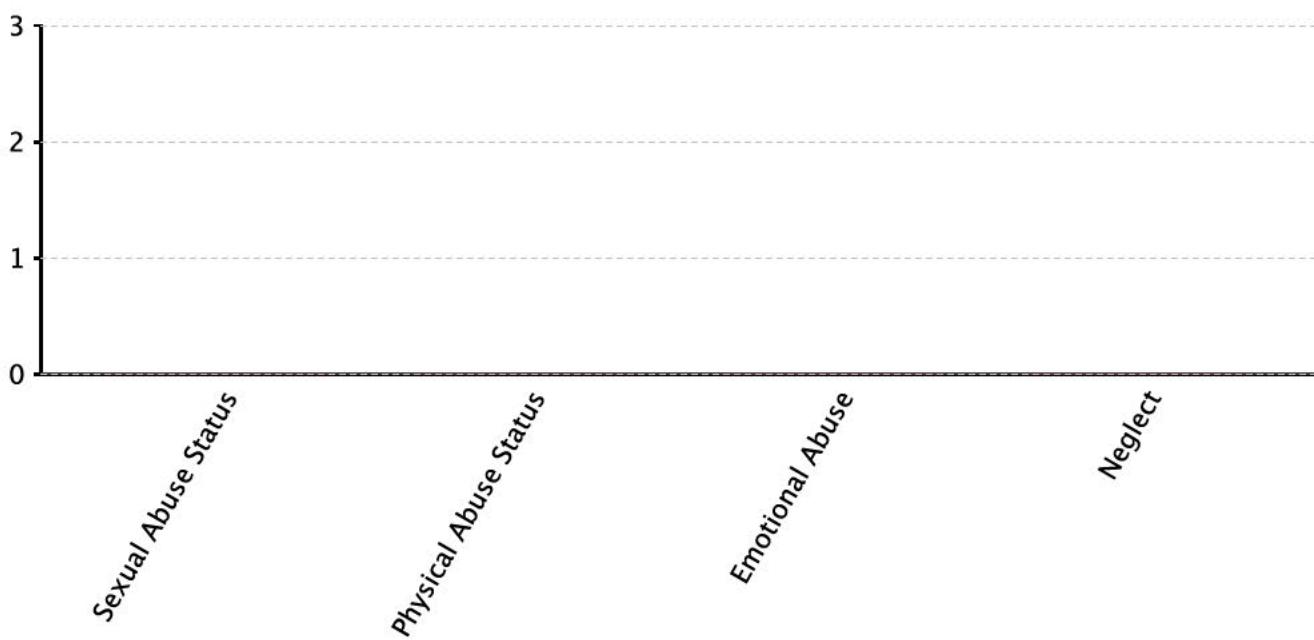
YOUTH

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] [REDACTED] [REDACTED]

Person ID: [REDACTED]

Age: 5 Yrs



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



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

Event Type: CPS Case	Assessment Date: 02/01/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

OVERVIEW

Safety Level: Immediate Intervention Not Recommended	Assessed at Location: In the Home
Risk Level: Moderate Need/Risk	
Event Start Date: 10/27/2022	Last Assessed Date: 01/31/2022
Assessment Status: Approved	Assessor: null
Date Approved: 02/01/2022	Approver: [REDACTED] [REDACTED]

PARTICIPANTS

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED]	11 Yrs	Youth	F	[REDACTED]	1	Low
[REDACTED]	24 Yrs	Caregiver	F	[REDACTED]	N/A	N/A
Terence	5 Yrs	Youth	M	[REDACTED]	1	Low
[REDACTED]	46 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A
[REDACTED]	7 Yrs	Youth		[REDACTED]	1	Low
[REDACTED] (ACV)	Deceased	Youth	F	[REDACTED]	0	Low
[REDACTED]	5 Yrs	Youth	M	[REDACTED]	1	Low

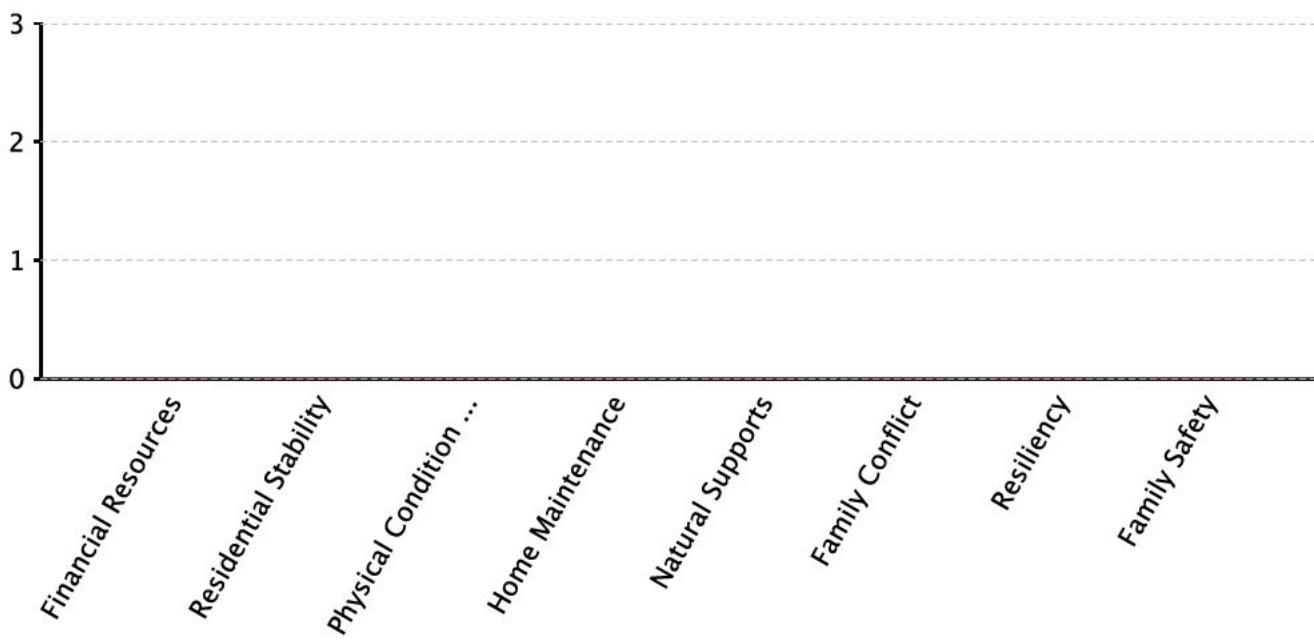


Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 02/01/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

THE FAMILY TOGETHER

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



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



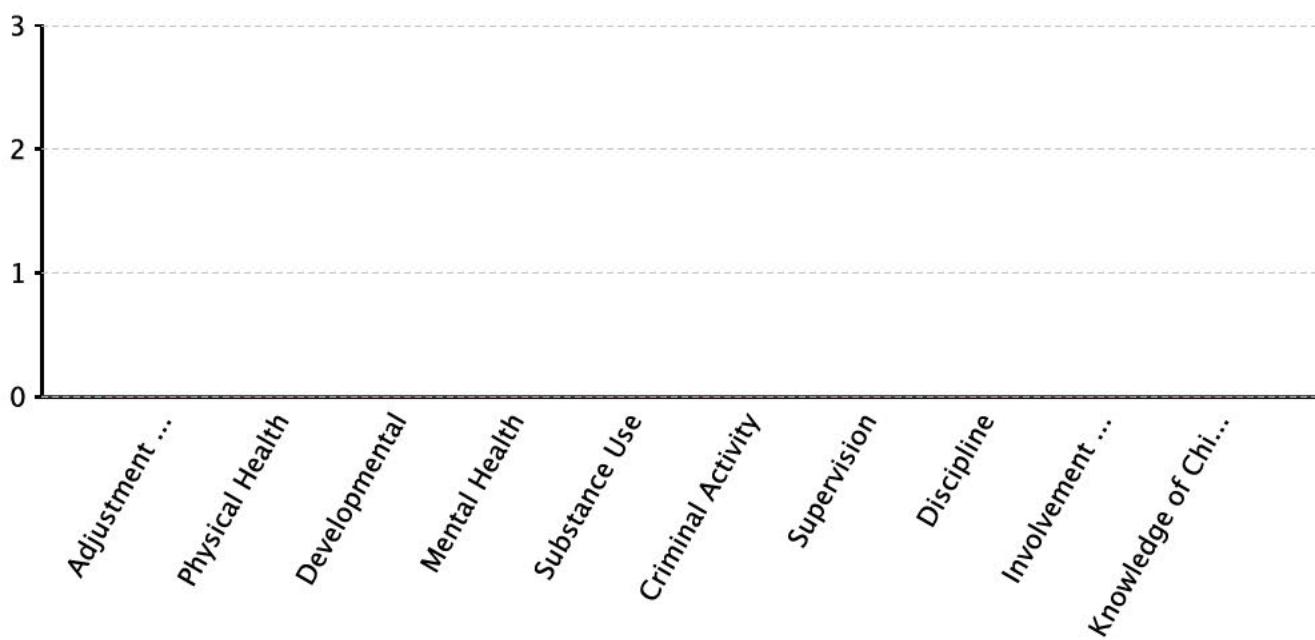
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 02/01/2022
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
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Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	0	
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



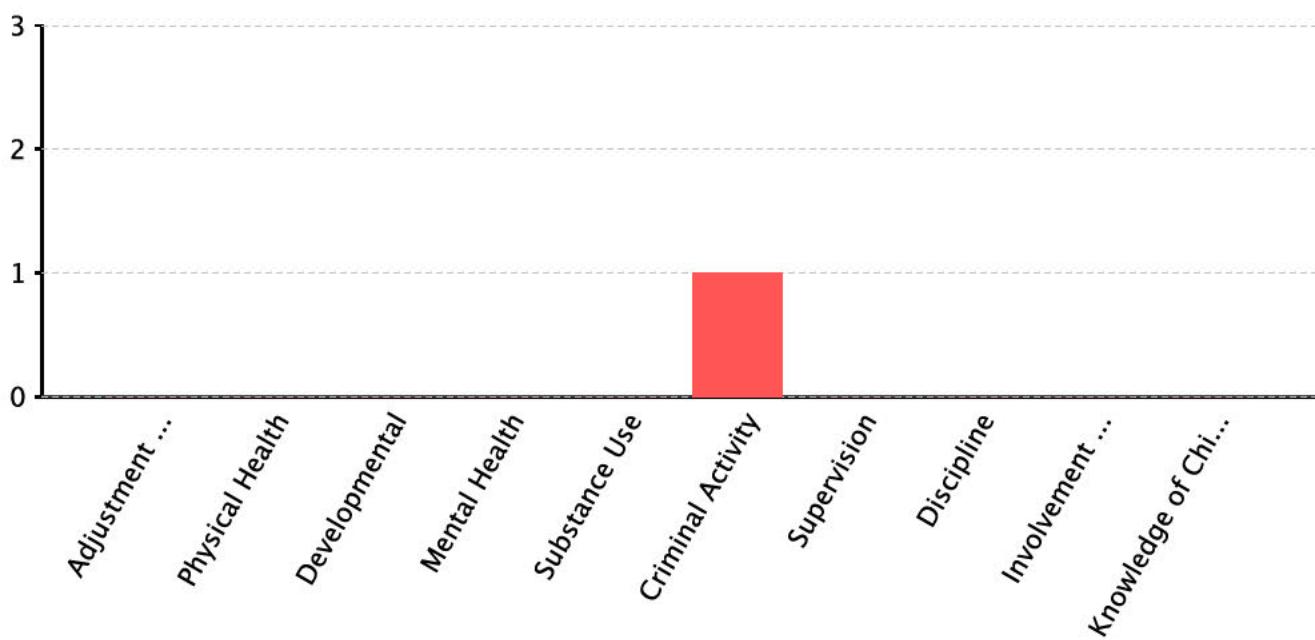
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

Event Type: CPS Case	Assessment Date: 02/01/2022
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] [REDACTED]	Person ID: [REDACTED]	Role Primary Caregiver
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Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	0	
Physical Health	0	
Developmental	0	
Mental Health	0	
Substance Use	0	
Criminal Activity	1	Last court activity was in 2013
Supervision	0	
Discipline	0	
Involvement in Caregiving Functions	0	
Knowledge of Child and Family Needs	0	



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

Event Type: CPS Case	Assessment Date: 02/01/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

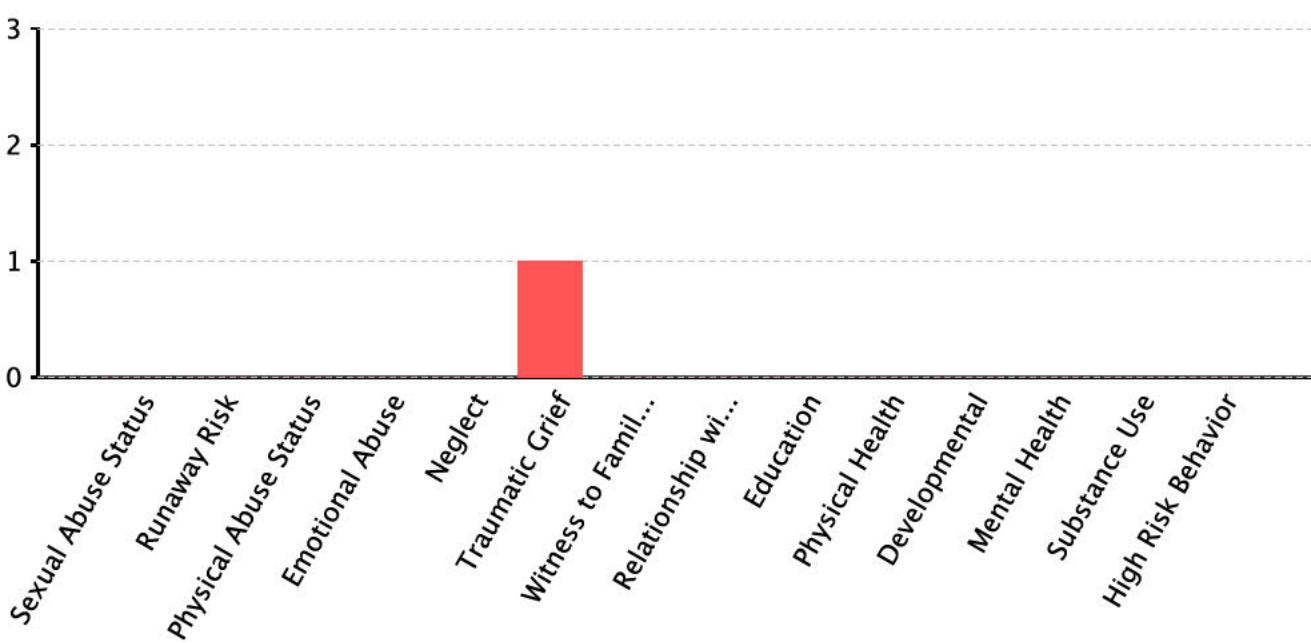
YOUTH

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] [REDACTED]

Person ID: [REDACTED]

Age: 11 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	1	The child lost their sibling over the weekend so the current emotional status can not be accurately assessed at this time
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: 02/01/2022
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: 02/01/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

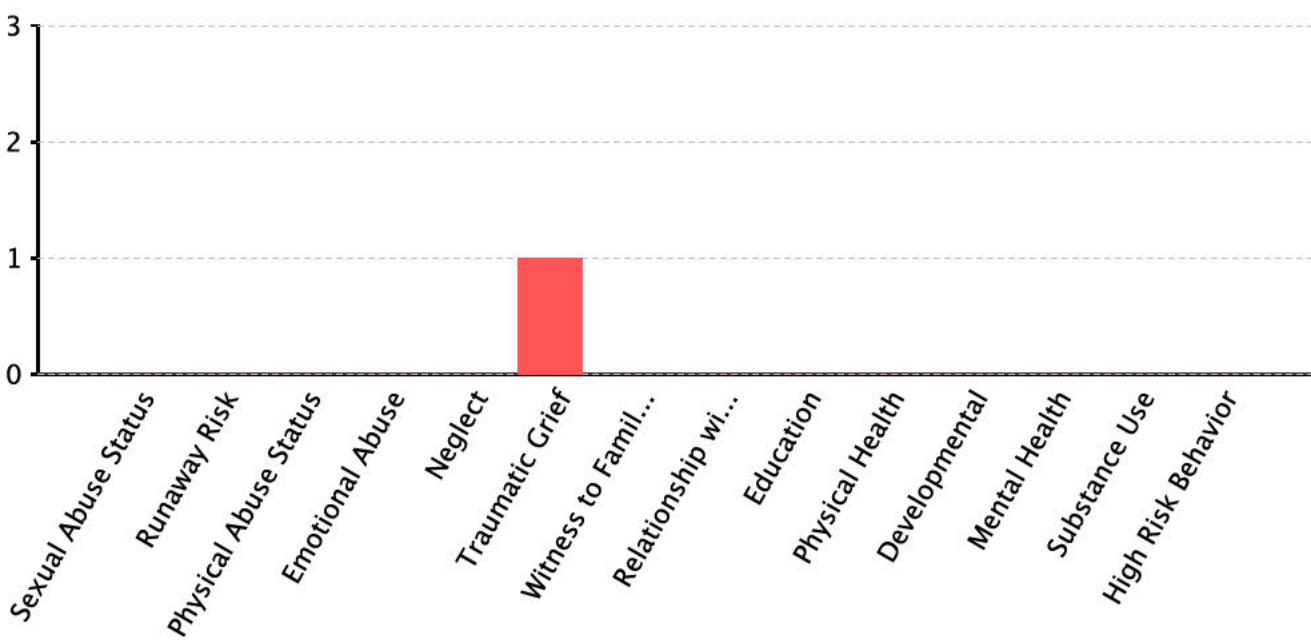
YOUTH

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: 7 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	1	The child lost a family member over the weekend so the current emotional status can not be accurately assessed at this time
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: 02/01/2022
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: 02/01/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

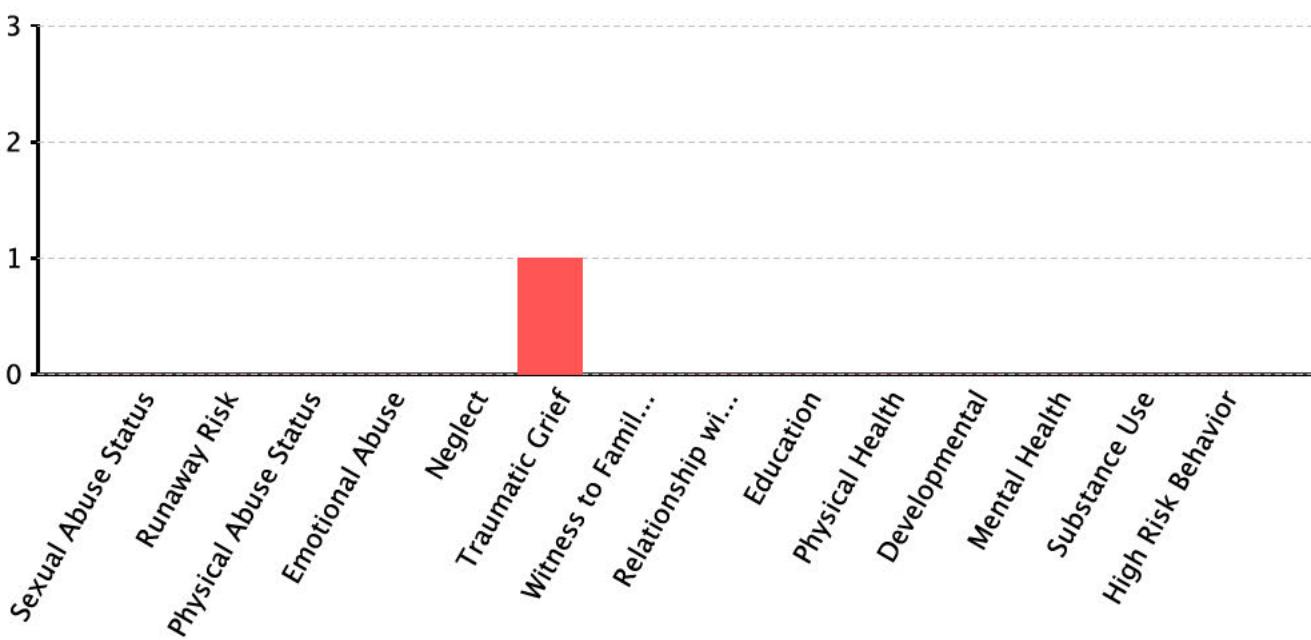
YOUTH

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] [REDACTED]

Person ID: [REDACTED]

Age: 5 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	1	The child lost a family member over the weekend so the current emotional status can not be accurately assessed at this time
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: 02/01/2022
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: 02/01/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

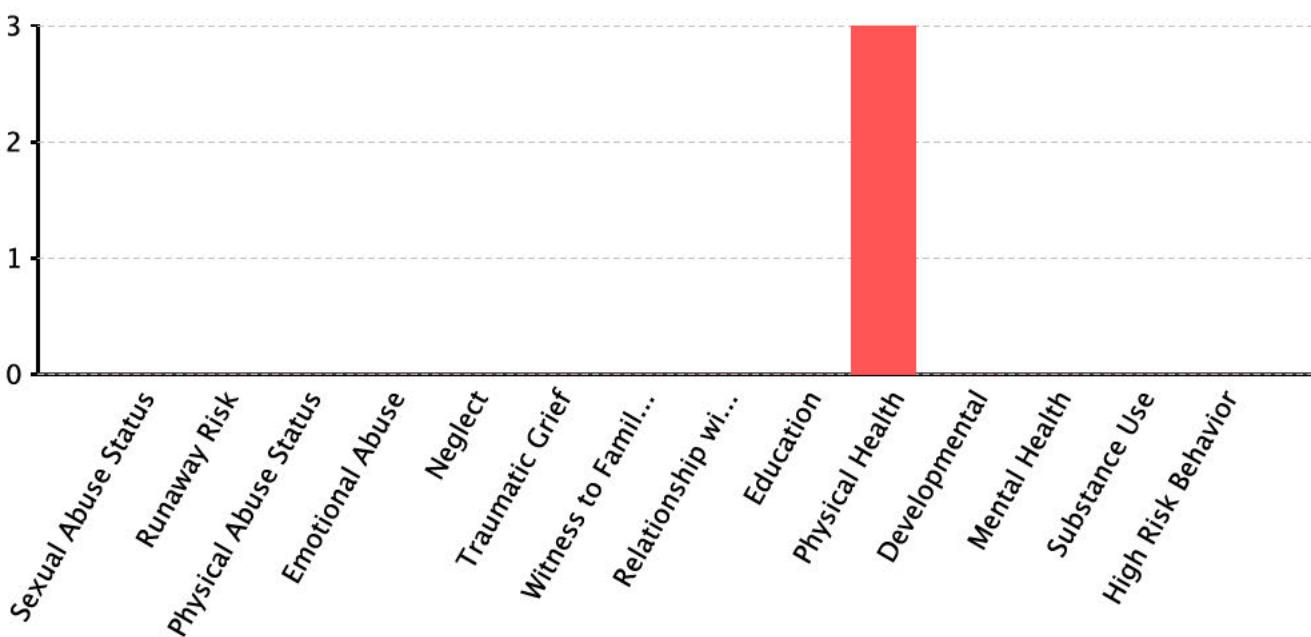
YOUTH

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] [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	0	
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	NA	Child is deceased
Physical Health	3	Child died over the weekend
Developmental	0	



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

Event Type: CPS Case	Assessment Date: 02/01/2022
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: 02/01/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

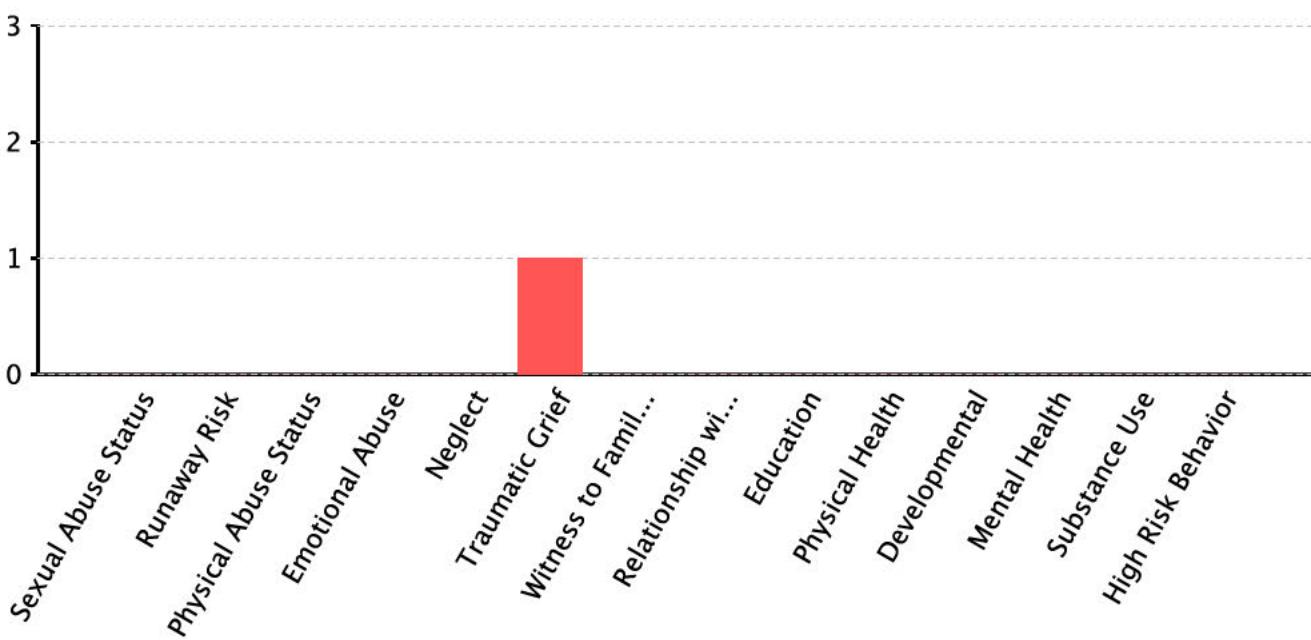
YOUTH

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: 5 Yrs



Item	Score	Justification/Narrative
Sexual Abuse Status	0	
Runaway Risk	0	
Physical Abuse Status	0	
Emotional Abuse	0	
Neglect	0	
Traumatic Grief	1	The child lost a family member over the weekend so the current emotional status can not be accurately assessed at this time
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: 02/01/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	