

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

Intake ID: [REDACTED]

Intake Taken By: [REDACTED]

Intake Date/Time: 03/19/2023 06:27 PM [REDACTED]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [REDACTED]

Date Screened: 03/20/2023

**Investigation**

Investigation ID: [REDACTED]

First County/Region [REDACTED]

Date/Time Assigned : 03/21/2023 08:38 AM

First Team Leader Assigned:

Date/Time 03/21/2023 12:00 AM

First Case Manager [REDACTED] [REDACTED]

Date/Time 03/21/2023 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED] [REDACTED]	1 Yr 2 Mos	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	Other Relative

Preliminary Near Death: [REDACTED] [REDACTED]

**Referent(s)**

Referent Name: [REDACTED] [REDACTED]

Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: NON-CUSTODIAL PRELIMINARY NEAR DEATH

Family Case IDs: [REDACTED]

Associated Case IDs: None

Family Case ID Detailed History:

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Pending: None

Awaiting Screening: None

Submitted: None

Open CPS: None



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

Substantiated: None  
Death: None  
Screen Outs: None

History (not listed above): YES

INV / [REDACTED] / SEE / Administrative Closure / 8.14.2018  
INV / [REDACTED] / SEE / AUPU / 12.9.2013  
INV / [REDACTED] / SEE / AUPU / 7.12.2012  
INV / [REDACTED] / SEE / AUPU / 5.10.2010

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

Reporter's Name/Relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (5 months old) resides with his mother (name and age unknown) and father (name and age unknown) in [REDACTED] County. [REDACTED] grandmother [REDACTED] (age unknown) may reside in [REDACTED] County.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?  
Immediate assistance is being requested to [REDACTED] Children's Hospital due to the grandparents not having any medical decision making. [REDACTED] currently does not have any brain activity.

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.  
Today, [REDACTED] was in a car accident in [REDACTED] County with both of his parents. [REDACTED] was transported to [REDACTED] hospital by Life Flight or EMS. Both of [REDACTED] parents were pronounced deceased at the scene of the accident. [REDACTED] was brought into [REDACTED] and he was under cardiac arrest. [REDACTED] has been at [REDACTED] since both of his parents passed away. [REDACTED] is expected to pass away due to his injuries. [REDACTED] currently does not have any brain activity, he has a severed spinal cord, and he is intubated.  
The current injuries that [REDACTED] has are consisted with the car accident. [REDACTED] does not have any injuries on his body that were not related to the car accident. It is unknown what caused the accident, but the accident occurred on [REDACTED]. There are at least two deaths at the scene and a possible third death. Sargent [REDACTED] is investigating the wreck and he can be contacted at [REDACTED] for further questions.

-Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?  
Did not ask.

-Anything additional to add to this initial report for the responding worker to know prior to response?  
Did not ask.

CM Notation: None

Screener Notation:

Emailed/Paged [REDACTED] County CPSI On Call through MIR3: [REDACTED] / 03-19-23 07:33:23 PM [REDACTED] / 03-19-23 07:34:33 PM [REDACTED] / [REDACTED] / Received

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

Region RA - [REDACTED]



Case #2023.031

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

Investigation Track - P1 - Preliminary Near Death  
[REDACTED] CAH Director, on 3/20/23 @ 6:14pm



Case #2023.031

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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Male

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:** 1 Yr 2 Mos

**Address:** [REDACTED], Tennessee [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** CELL

**Contact Comments:** Grandparents Cell

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2023.031

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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:**

**Participant ID:** [REDACTED]

**SSN:**

**Race:** White

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:**

**Contact Comments:**

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



Case #2023.031

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

**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**  
**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: 2023-05-25 08:00:00.0

Contact Method:

Contact Time: 08:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/25/2023

Completed date: 05/25/2023

Completed By: [REDACTED] [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: 05/25/2023 11:42 AM Entered By: [REDACTED] [REDACTED]

Case was reopened per request of Director [REDACTED]. TL [REDACTED] and CM [REDACTED] were instructed to add Abuse Death Allegation due to the child dying after the initial referral. All steps have been completed.



**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: 2023-04-18 10:10:00.0

Contact Method:

Contact Time: 10:10 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/18/2023

Completed date: 04/18/2023

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/18/2023 10:14 AM Entered By: [REDACTED] [REDACTED]

On this date and time this investigation was reviewed for closure by LI [REDACTED] All investigative tasks or good faith efforts have been completed and insufficient evidence was found to support the allegations. FAST was completed on 03/21/23 with results being immediate intervention not recommended moderate need/risk.





**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: 2023-04-17 10:02:00.0	Contact Method:
Contact Time: 10:02 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/17/2023
Completed date: 04/17/2023	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)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/17/2023 10:03 AM      Entered By: [REDACTED] [REDACTED]

The Department became involved with this family on 03/19/2023, when a referral was received alleging lack of supervision perpetrated by an unknown participant against [REDACTED] [REDACTED] age 5 months.

The referral sated the following: -Child/Family Identification and Relationship Introduction Paragraph:

NON-CUSTODIAL PRELIMINARY NEAR DEATH

Family Case IDs: [REDACTED]

Associated Case IDs: None

Family Case ID Detailed History:

Open Court Custody/FSS/FCIP No

Closed Court Custody No

Pending: None

Awaiting Screening: None

Submitted: None

Open CPS: None

Substantiated: None

Death: None

Screen Outs: None

History (not listed above): YES

INV / [REDACTED] / SEE / Administrative Closure / 8.14.2018

INV / [REDACTED] / SEE / AUPU / 12.9.2013

INV / [REDACTED] / SEE / AUPU / 7.12.2012

INV / [REDACTED] / SEE / AUPU / 5.10.2010

County of Jurisdiction: [REDACTED]

School/ Daycare: No

Active Military: No

Reporters Name/Relationship:

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] [REDACTED] (5 months old) resides with his mother (name and age unknown) and father (name and age



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

unknown in [REDACTED] County. [REDACTED] grandmother [REDACTED] [REDACTED] (age unknown) may reside in [REDACTED] County.  
 -Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?  
 Immediate assistance is being requested to [REDACTED] Children's Hospital due to the grandparents not having any medical decision making. [REDACTED] currently does not have any brain activity.  
 -Please provide a brief summary of the concerns and why DCS is needed to respond immediately.  
 Today, [REDACTED] was in a car accident in [REDACTED] County with both of his parents. [REDACTED] was transported to [REDACTED] hospital by Life Flight or EMS. Both of [REDACTED] parents were pronounced deceased at the scene of the accident. [REDACTED] was brought into [REDACTED] and he was under cardiac arrest. [REDACTED] has been at [REDACTED] since both of his parents passed away. [REDACTED] is expected to pass away due to his injuries. [REDACTED] currently does not have any brain activity, he has a severed spinal cord, and he is intubated.  
 The current injuries that [REDACTED] has are consisted with the car accident. [REDACTED] does not have any injuries on his body that were not related to the car accident. It is unknown what caused the accident, but the accident occurred on [REDACTED]. There are at least two deaths at the scene and a possible third death. Sargent [REDACTED] is investigating the wreck and he can be contacted at [REDACTED] for further questions.  
 -Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?  
 Did not ask.

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

Did not ask.

CM Notation: None

Screener Notation:

Emailed/Paged [REDACTED] County CPSI On Call through MIR3: [REDACTED] / 03-19-23 07:33:23 PM [REDACTED] / 03-19-23 07:34:33 PM [REDACTED] / [REDACTED] / Received

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

Region RA - [REDACTED]

Investigation Track - P1 - Preliminary Near Death

[REDACTED] CAH Director, on 3/20/23 @ 6:14pm

March 19, 2023 The Department received a P1 referral preliminary near death of [REDACTED] [REDACTED] age 5 months, by an unknown participant. [REDACTED] was life flighted to [REDACTED] Children's Hospital after suffering life threatening injuries as the result of a car wreck. Both parents of [REDACTED] Mr. [REDACTED] and Ms. [REDACTED] died in this wreck in [REDACTED] County. DCS filed for Maternal Grandmother, Ms. [REDACTED] to obtain custody of [REDACTED] to make needed medical decisions. [REDACTED] County Juvenile Court gave custody of [REDACTED] to Ms. [REDACTED]. [REDACTED] died as result of his injuries on March 23, 2023. An autopsy was not conducted as he was made an organ donor.

No physiological indicators of abuse or neglect were found to support the allegations.

No medical evidence was discovered during the investigation to support the allegation classification. No autopsy was performed on [REDACTED] [REDACTED] as he is an organ donor. [REDACTED] died as a result of his injuries from the wreck.

No physical evidence was discovered during the investigation to support the allegation classification. [REDACTED] [REDACTED] and [REDACTED] [REDACTED] were not able to be interviewed as they died in the wreck.

No other evidence was collected during the course of this investigation that supports the allegation classification.

No corroborating evidence was found during the investigation to support the allegation classification.

There is currently no safety, risk, or well-being concerns for the children involved.

No services were identified or provided during the investigation as no evidence was found to support the allegations.

4. Lack of supervision:



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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

- a) The child has been placed in a situation that requires actions beyond the child's level of maturity, physical ability, and/or mental ability; or
- b) Caregiver inadequately supervises a child. The caregiver is with the child, but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills).
- c) Any registered sex offender residing in the home with unrelated minor children or victim of offender and/or caregiver knowingly resides with and/or allows children to be unsupervised with a registered sex offender.

Allegations of lack of supervision perpetrated by unknown participant against [REDACTED] [REDACTED] are being classified as allegations unsubstantiated perpetrator unsubstantiated as supported by a preponderance of the evidence described above and any other relevant facts contained in the case record. The Child Protective Investigation Team was in agreement with this Classification decision.

Notification of case classification and findings is submitted to the Juvenile Court on a monthly basis per local protocol. For all severe abuse allegations case classification and findings are also submitted to the local DA's office per local protocol.



**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: 2023-04-10 09:15:00.0	Contact Method:
Contact Time: 09:15 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/10/2023
Completed date: 04/10/2023	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)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/10/2023 09:15 AM      Entered By: [REDACTED] [REDACTED]

On this date and time this investigation was reviewed by TL [REDACTED] Allegations of PND severe lack of supervision perpetrated against the ACV. Initial FAST/Safety assessment was completed on 03/21/2023 with results being immediate intervention not recommended moderate need/risk. This investigation was received after both parents were killed in a car accident while the child was in the vehicle. Investigation was screened in to allow the Department to assist with family obtaining custody to perform end of life decisions on the ACV as child was not expected to survive. A petition was filed, and custody granted to maternal grandparents. Child later passed away from injuries sustained during the accident. No autopsy was performed. Investigation findings have been presented to CPIT and allegations classified AUPU. Investigation is ready for closure and CM and TL were instructed to close investigation normally and to not follow PND and Death investigation protocol.



**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: 2023-04-05 14:00:00.0

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/17/2023

Completed date: 04/17/2023

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2023 08:49 AM Entered By: [REDACTED] [REDACTED]

The Child Protective Investigations Team convened on this date and the case was discussed. The team agreed to classify this case as Allegation of Lack of Supervision by Perpetrator Unknown as AUPU, Allegation Unsubstantiated and Perpetrator Unknown.



**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: 2023-03-24 12:00:00.0 Contact Method: Correspondence  
 Contact Time: 12:00 PM Contact Duration:  
 Entered By: [REDACTED] [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/17/2023  
 Completed date: 04/17/2023 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/17/2023 09:11 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] spoke with Detective [REDACTED] with the [REDACTED] County Sheriff's Office. Det [REDACTED] sent CM [REDACTED] the Crash Card from the family wreck which is uploaded.



**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: 2023-03-23 09:15:00.0

Contact Method:

Contact Time: 09:15 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/23/2023

Completed date: 03/23/2023

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/23/2023 10:32 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] received correspondence from [REDACTED] Children's Hospital Social Worker [REDACTED] [REDACTED]. She reported [REDACTED] is not going to have an autopsy since he is a donor. She will send all the death records she has via email later today once everything is signed.

[REDACTED] [REDACTED] LMSW



**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: 2023-03-22 09:24:00.0

Contact Method:

Contact Time: 09:24 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/22/2023

Completed date: 03/23/2023

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/22/2023 11:03 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] received an email from Ms. [REDACTED] [REDACTED] Social Worker with [REDACTED] Children's Hospital. She reports, "

I wanted to let you know that [REDACTED] was declared brain dead yesterday at 1726 (5:26pm). Please let me know if you need any documentation or death records (I can send when complete and signed). Thanks!

[REDACTED] [REDACTED] LMSW

Pediatric Intensive Care Unit (PICU) Social Worker

[REDACTED] Children's Hospital at [REDACTED]

[REDACTED] TN [REDACTED]

Office: [REDACTED]

Pager: [REDACTED]

[REDACTED] "

CM requested records from the hospital.





**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: 2023-03-22 09:00:00.0

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Court

Created Date: 03/22/2023

Completed date: 03/23/2023

Completed By: [REDACTED] [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] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/22/2023 11:06 AM Entered By: [REDACTED] [REDACTED]

The Preliminary Hearing was heard in [REDACTED] County Juvenile Court before Honorable Judge [REDACTED] Ms. [REDACTED] participated by video conference as she was still at [REDACTED] Children's Hospital with [REDACTED] Ms. [REDACTED] explained [REDACTED] brain scans came back without any brain activity and he was pronounced deceased last night. Ms. [REDACTED] explained [REDACTED] is on organ support to donate his organs. The court expressed their condolences to the family.

Custody was transferred to Ms. [REDACTED] [REDACTED] to care for [REDACTED] medical decisions. Judge [REDACTED] closed the court case.



**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: 2023-03-21 16:30:00.0

Contact Method:

Contact Time: 04:30 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/21/2023

Completed date: 03/23/2023

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/21/2023 04:51 PM Entered By: [REDACTED] [REDACTED]

CM searched [REDACTED] County General Sessions court history. Mr [REDACTED] [REDACTED] has two past charges of domestic assault against Ms. [REDACTED] [REDACTED] 2022 Case dismissed 2023 Guilty as charged



**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: 2023-03-21 09:00:00.0

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Court

Created Date: 03/21/2023

Completed date: 03/23/2023

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/21/2023 04:38 PM Entered By: [REDACTED] [REDACTED]

Honorable Judge [REDACTED] signed the non custody order giving Ms. [REDACTED] [REDACTED] Maternal Grandmother, custody of [REDACTED] [REDACTED] to make necessary medical decisions with [REDACTED] Children's Hospital

CM [REDACTED] emailed this court order to Ms. [REDACTED] [REDACTED] and [REDACTED] Children's Hospital.



**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: 2023-03-20 18:30:00.0

Contact Method: Face To Face

Contact Time: 06:30 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Hospital

Created Date: 03/21/2023

Completed date: 03/23/2023

Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)**

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

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/21/2023 04:48 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] and CM [REDACTED] went to [REDACTED] Children's Hospital in the PICU and met with [REDACTED] [REDACTED] age 5 months, and his maternal family including Ms. [REDACTED] [REDACTED] Maternal Grandmother. Ms. [REDACTED] had just been advised by hospital staff [REDACTED] first brain scan results came back with no brain activity. Ms. [REDACTED] was observed in much grief and cried uncontrollably. Ms. [REDACTED] had several other family members with her who were comforting her. [REDACTED] was observed intubated. [REDACTED] eyes were closed and his face including his eyes and mouth were observed with much swelling. An inch cut or gash was observed to his forehead.

Ms. [REDACTED] family advised DCS Mr. [REDACTED] [REDACTED] father of [REDACTED] was released from jail last week from a domestic assault charge against Ms. [REDACTED] [REDACTED]. The family reported concern with ongoing domestic violence between the birth parents. CM [REDACTED] was told Mr. [REDACTED] threatened to kill Ms. [REDACTED] in past arguments. Ms. [REDACTED] [REDACTED] was observed upset speaking of Mr. [REDACTED] being released from jail. It was reported the parents and [REDACTED] had been residing with her before this wreck occurred.

CM attempted to ask more questions; however, Ms. [REDACTED] continued to wail and cry in grief. CM offered condolences with the family and explained CM will meet with Judge [REDACTED] at 9am tomorrow for the possible signing of the non custody order to Ms. [REDACTED] [REDACTED]. Family thanked CM for support and aid during this time.



**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: 2023-03-20 09:00:00.0

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/21/2023

Completed date: 03/23/2023

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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/21/2023 04:37 PM Entered By: [REDACTED] [REDACTED]

March 20, 2023 CM [REDACTED] spoke with [REDACTED] staff and was told due to both parents of [REDACTED] being deceased medical decisions will need to be made for end of life such as donorship. CM [REDACTED] was told maternal Grandmother, Ms. [REDACTED] [REDACTED] has been at the hospital.

CM [REDACTED] contacted Ms. [REDACTED] [REDACTED] by phone. Ms. [REDACTED] was at [REDACTED] Childrens Hospital currently and is requesting custody of [REDACTED] be given to her to make needed decisions. Ms. [REDACTED] denied she and wife, Ms. [REDACTED] [REDACTED] have any criminal history. She explained [REDACTED] and his parents had been residing with her. Background checks were conducted on both without any findings.



**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: 2023-03-19 18:00:00.0	Contact Method:
Contact Time: 06:00 PM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 03/21/2023
Completed date: 03/23/2023	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)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 03/21/2023 04:36 PM      Entered By: [REDACTED] [REDACTED]

March 19, 2023 The Department received a referral regarding lack of supervision of [REDACTED] [REDACTED] 5 months old, by an unknown person.

This case was assigned to Child Protective Services Case Manager [REDACTED] [REDACTED] CM [REDACTED] for purpose of investigation.

CM [REDACTED] called and spoke with [REDACTED] Childrens Hospital Social Worker [REDACTED] [REDACTED] by phone. Ms. [REDACTED] explained [REDACTED] was in the Pediatric Intensive Care Unit currently and is not expected to survive. Ms. [REDACTED] explained, Today, [REDACTED] was in a car accident in [REDACTED] County with both of his parents. [REDACTED] was transported to [REDACTED] hospital by Life Flight or EMS. Both of [REDACTED] parents, Ms. [REDACTED] and Mr. [REDACTED] were pronounced deceased at the scene of the accident. [REDACTED] was brought into [REDACTED] and he was under cardiac arrest. [REDACTED] has been at [REDACTED] since both of his parents passed away. [REDACTED] is expected to pass away due to his injuries. [REDACTED] currently does not have any brain activity, he has a severed spinal cord, and he is intubated. [REDACTED] current injuries are consistent with the car accident.

CM [REDACTED] contacted Sgt. [REDACTED] with the [REDACTED] County Sheriffs Department. Sgt. [REDACTED] explained the wreck occurred this evening and was a single car wreck. It was explained Mr. [REDACTED] was the driver, Ms. [REDACTED] was in the passenger seat, and [REDACTED] was in his car seat in the back in the middle of the row. It is believed Mr. [REDACTED] over corrected after going into the left lane and wrapped around a tree. Sgt. [REDACTED] stated the scene is under investigation, but no narcotics have been found on scene and a blood sample has been taken from Mr. [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: 2023-03-19 17:30:00.0

Contact Method: Phone Call

Contact Time: 05:30 PM

Contact Duration:

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/17/2023

Completed date: 04/17/2023

Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/17/2023 09:32 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] spoke with the referent and confirmed the 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: 2023-03-19 08:00:00.0	Contact Method:
Contact Time: 08:00 AM	Contact Duration:
Entered By: [REDACTED] [REDACTED]	Recorded For:
Location: DCS Office	Created Date: 04/17/2023
Completed date: 04/17/2023	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**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 04/17/2023 09:31 AM      Entered By: [REDACTED] [REDACTED]

**CASE SUMMARY**

This intake was screened into [REDACTED] County on 03/19/2023 as a p1 as Preliminary Near Death for allegation(s) of Lack of Supervision. The alleged perpetrator(s) (AP) Unknown Participants The alleged child victim(s) (ACV) is [REDACTED] [REDACTED] age 5 months.

**HOUSEHOLD COMPOSITION (D.O.B./Age & Relationship)**

The ACV(s) primary household is comprised of the following individuals:

[REDACTED]	Maternal Grandmother
[REDACTED]	Casi [REDACTED] Maternal Aunt of [REDACTED]
[REDACTED]	Father
[REDACTED]	Mother
[REDACTED]	Child Victim

**BACKGROUND CHECKS**

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

[REDACTED] has a long history of DCS involvement including being in foster care several years. No history for [REDACTED]

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 results

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

Mr. [REDACTED] [REDACTED] has been charged with aggravated domestic assault twice and pled guilty in 2022 against Ms. [REDACTED] [REDACTED]

**REFERENT CONTACT**





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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

-- Notification of case assignment to the referent is automatically generated through the DCS CARAT System as requested.  
-- Case Manager contacted the referent to inquire about reported information and any additional case relevant information available.

**DCS REQUIRED FORMS & ASSESSMENTS**

The following required DCS legal forms and procedures were discussed and signed where applicable: Client's Rights Handbook, HIPAA, Equal Access/Grievance Procedures, Native American Heritage Veto Verification, and Releases of Information as needed.

The local Juvenile Court and the District Attorneys Office are notified of referrals at case initiation and case closures per local protocol.



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

### A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 03/19/2023

Assignment Date: 03/21/2023

Street Address:

City/State/Zip:

### B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
							CSEM	
1	[REDACTED]	[REDACTED]	Abuse Death	Participant, Unknown [REDACTED]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
								05/25/2023
2	[REDACTED]	[REDACTED]	Lack of Supervision	Participant, Unknown [REDACTED]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
								04/06/2023

Preliminary Near Death: [REDACTED]

### C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: March 19, 2023 The Department received a report concerning [REDACTED] 5 months of lack of supervision by an unknown participant. [REDACTED] was involved in a car wreck with his parents, [REDACTED] and mother, [REDACTED] being the caregivers. Both parents died in the wreck. The Child Protective Investigation Team agreed to classify the allegations as allegation and perpetrator unsubstantiated.

### D. Case Workers

Case Worker: [REDACTED]

Date: 05/25/2023

Team Leader: [REDACTED]

Date: 05/25/2023

### E. Investigation Summary

**Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.**

**Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:**

[REDACTED] age 5 months, resided with his parents and Maternal Grandmother, [REDACTED] and [REDACTED] Aunt. Ms. [REDACTED] obtained custody of [REDACTED] due to need of medical treatment at [REDACTED] Children's Hospital. [REDACTED] was observed at the hospital with critical and life threatening injuries from the wreck including traumatic brain injury and a severed spinal cord. [REDACTED] died as a result from his injuries.

**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 Tennessee Highway Patrol indicated in their report reckless driving and the cause of the wreck being an over corrected turn by Mr. [REDACTED]. The family hit a tree in the vehicle and the parents died at the scene of



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

**Case Name :** [REDACTED]

**Investigation ID:** [REDACTED]

the wreck.

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

The parents died at the scene of the wreck and were not able to be interviewed. See THP report.

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

It is unknown if the cause of the wreck was intentional. The parents had a long history of domestic violence with both parents being volatile at times as indicated by the District Attorney's Office. Ms. [REDACTED] Maternal Grandmother, indicated Mr. [REDACTED] threatened to kill her daughter, Ms. [REDACTED] in the past.

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

Ms. [REDACTED] Maternal Grandmother, was given custody of [REDACTED] by [REDACTED] County Juvenile court to make needed medical decisions. An autopsy was not performed on [REDACTED] due to Ms. [REDACTED] making him an organ donor.

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: 03/21/2023					
Assessment Type: FAST	CPS Case ID: [REDACTED]					
OVERVIEW						
Safety Level: Immediate Intervention Not Recommended	Assessed at Location: DCS					
Risk Level: Moderate Need/Risk						
Event Start Date: 05/25/2023	Last Assessed Date:					
Assessment Status: Approved	Assessor: [REDACTED] [REDACTED]					
Date Approved: 03/22/2023	Approver:					
PARTICIPANTS						
Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] [REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	2	Low
[REDACTED] [REDACTED] [REDACTED]	50 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A

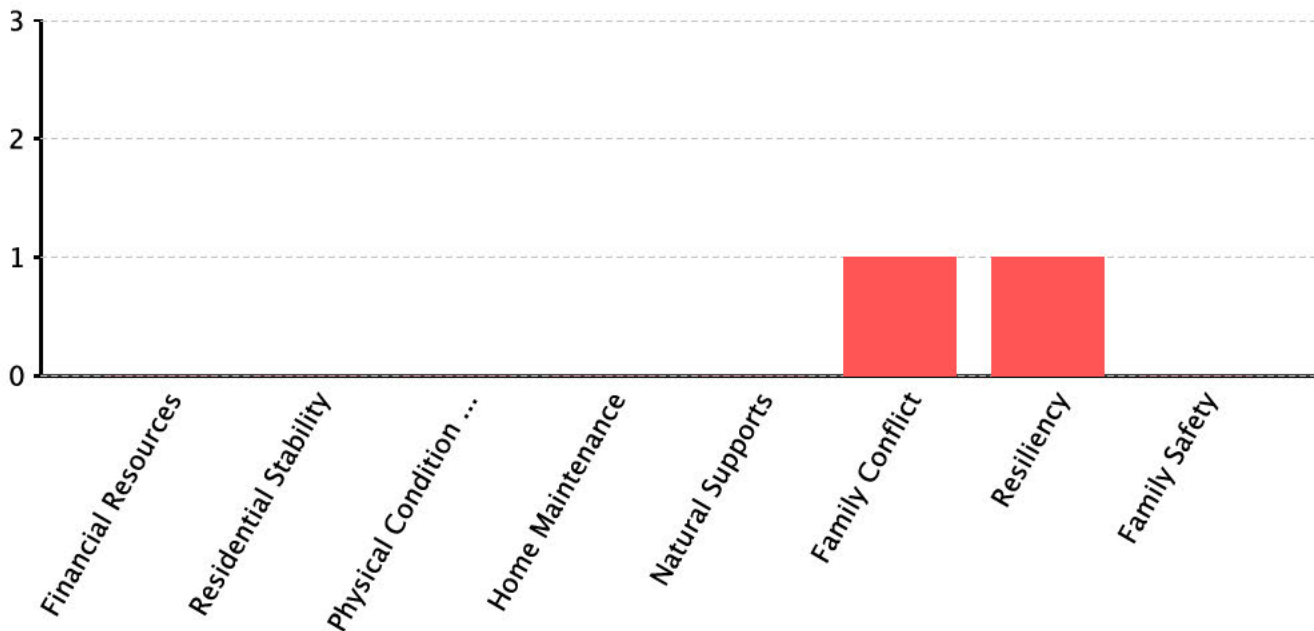


**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/21/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [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	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Residential Stability	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Physical Condition of Home	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Home Maintenance	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Natural Supports	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Family Conflict	1	History of domestic between [REDACTED] birth parents.
Resiliency	1	Ms. [REDACTED] is observed in much grief currently.
Family Safety	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.





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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/21/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

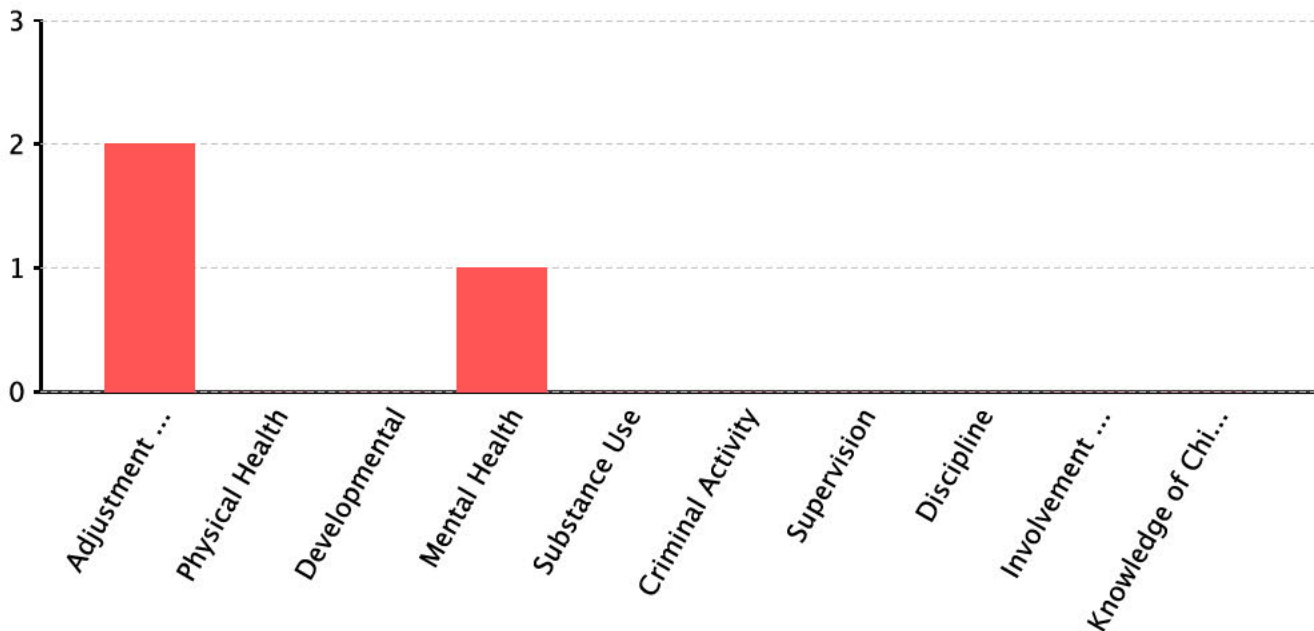
**CAREGIVERS**

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



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	2	Ms. [REDACTED] daughter was killed in a car wreck and [REDACTED] is currently in intensive care.
Physical Health	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Developmental	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Mental Health	1	Grief support needed.
Substance Use	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Criminal Activity	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Supervision	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Discipline	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Involvement in Caregiving Functions	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Knowledge of Child and Family Needs	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/21/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

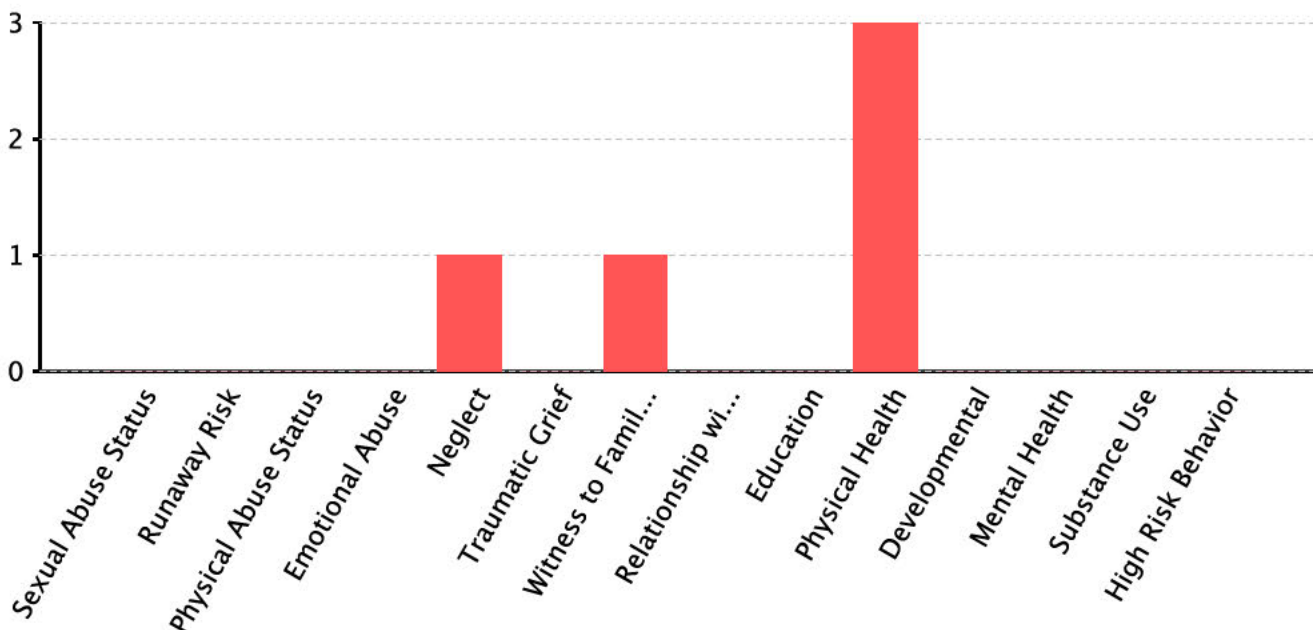
**YOUTH**

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	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Runaway Risk	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Physical Abuse Status	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Emotional Abuse	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Neglect	1	[REDACTED] was in a car wreck and sustained life threatening injuries.
Traumatic Grief	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Witness to Family, School or Community Violence	1	Family reports [REDACTED] parents had a history of domestic violence.
Relationship with Primary Caregiver	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Education	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Physical Health	3	[REDACTED] is currently in intensive care due to injuries sustained during this wreck in [REDACTED] County.



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 03/21/2023
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Developmental	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Mental Health	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
Substance Use	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.
High Risk Behavior	0	No evidence of need for services currently. Ms. [REDACTED] and [REDACTED] are at PICU at [REDACTED] Children's Hospital.