



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

**Intake**

Intake ID: [REDACTED]

Intake Taken By: [REDACTED]

Intake Date/Time: 12/31/2021 01:35 PM [REDACTED]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [REDACTED] [REDACTED]

Date Screened: 12/31/2021

**Investigation**

Investigation ID: [REDACTED]

First County/Region: [REDACTED]

Date/Time Assigned : 01/04/2022 09:53 AM

First Team Leader Assigned: [REDACTED] [REDACTED]

Date/Time 01/04/2022 12:00 AM

First Case Manager: [REDACTED] [REDACTED]

Date/Time 01/04/2022 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	

**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: None

Narrative: NON-CUSTODIAL CHILD DEATH

Family Case IDs: [REDACTED]

Associated Case IDs: [REDACTED]

Family Case ID Detailed History: No

Open Court Custody/FSS/FCIP Yes: On-going Non-Custodial/ Case # [REDACTED] ACV: [REDACTED] CM:  
[REDACTED] / CM Supervisor: [REDACTED]

Closed Court Custody Yes; Case- [REDACTED] ACV: [REDACTED] Dates: 11.29.2016-12.28.2018

Case- [REDACTED] / ACV: [REDACTED] / Dates: 07.30.2007-09.11.2008

Case- [REDACTED] / ACV: [REDACTED] Dates: 12.19.2006-05.30.2007

Case- [REDACTED] / ACV: [REDACTED] and [REDACTED] / Dates: 11.29.2016-12.28-



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2018 and 07.23.1999-03.05.2002

Pending: No

Awaiting Screening: No

Submitted: No

Open CPS: No

Substantiated: INV # [REDACTED] / PHA / AP: [REDACTED] / ACV: [REDACTED] ASPS Approved: 04.26.2013/ End Date: 04.29.2013

Death: Investigation # [REDACTED] / Substantial Risk Physical Injury, Drug Exposed Infant, and Neglect Death / AP: [REDACTED] ACV: [REDACTED] [REDACTED] [REDACTED] [REDACTED] (deceased), [REDACTED] [REDACTED] and [REDACTED] Administrative Closure, ASPU, and AUPU (in regards to the death) Approved: Unknown/ End Date: 08.31.2007

Screen Outs: Yes: [REDACTED] [REDACTED] [REDACTED]

History (not listed above): Yes

Track ASMT / Case # [REDACTED] MDM/ Services Required Approved: 09.12.2011/ ACV: [REDACTED] [REDACTED] End Date: 09.12.2011

Track ASMT / Case # [REDACTED] / PHA/ Services Recommended Approved: 01.10.2018/ ACV: [REDACTED] [REDACTED] End Date: 02.28.2018

Track INV / Case # [REDACTED] PHA/ AUPU Approved: 05.23.2013/ ACV: [REDACTED] [REDACTED] End Date: 04.29.2013

Track ASMT / Case # [REDACTED] PYA, PHA, and DEC/ No Services Needed, Services Recommended and Accepted Approved: 12.12.2011/ ACV: Alexus Harding/ End Date: 12.27.2011

Track INV / Case # [REDACTED] / LOS/ AUPU Approved: Unknown/ ACV: [REDACTED] [REDACTED] End Date: 01.05.2007

Track INV / Case # [REDACTED] Substantial Risk Physical Injury/ AUPU Approved: Unknown/ ACV: [REDACTED] [REDACTED] End Date: 01.05.2007

Track INV / Case # [REDACTED] LOS/ Unable to complete Approved: Unknown/ ACV: [REDACTED] [REDACTED] and [REDACTED] [REDACTED] End Date: 07.17.2006

Track INV / Case # [REDACTED] / LOS/ AUPU Approved: Unknown/ ACV: [REDACTED] [REDACTED] End Date: 04.25.2005

Track INV / Case # [REDACTED] / ABN/ Unable to complete Approved: Unknown/ ACV: [REDACTED] [REDACTED] End Date: 06.04.2002

County of Jurisdiction: [REDACTED]

School/ Daycare: Unknown

Active Military Status: Unknown

Reporter's Name/Relationship: [REDACTED] [REDACTED] Social Worker at [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (12) resides with his birth mother, [REDACTED] (38) in [REDACTED] County.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call? Immediate response isn't needed.

-Please describe in detail what has prompted your call today.

Today 12/31 at 12:36pm [REDACTED] was taken to [REDACTED] in Cardiac arrest by paramedics. The medical team worked on [REDACTED] until the time of death was called at 12:59pm.

[REDACTED] stated that [REDACTED] has a history of seizures. It is unknown if [REDACTED] has Epilepsy. Today



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bystanders (unknown names) found [REDACTED] outside the [REDACTED] Hotel unresponsive. The family is staying at the [REDACTED] Hotel. It is unknown why [REDACTED] was outside. It is unknown what time [REDACTED] was found. [REDACTED] was at work during the time and her sister (unknown name) was at the hotel with [REDACTED]. It is unknown what the maternal aunt was doing during the incident. It is unknown who contacted EMS and there are no further details.

[REDACTED] has been actively receiving treatment for the seizures at [REDACTED] prior to the incident. It is unknown if [REDACTED] was on any seizure medication. Law enforcement made the scene and took a report regarding the death (report# [REDACTED] ME). It is unknown if any foul play is suspected.

It is unknown if the family has DCS history. There is no further information.

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

Unknown

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

No

CM Notation: No

Screener Notation: No

Additional Information:

[REDACTED] responded to [REDACTED] Hospital on 12/31/2021 @ 4:30 PM. [REDACTED] was able to speak to a nurse who was involved in the treatment. The family has already left the hospital. It was reported that the mother was at work at [REDACTED] Restaurant located in [REDACTED] Ms. She had been at work for about 40 minutes when she decided to send her sister to check up on the deceased. He was left alone at the hotel where the family resides at the [REDACTED] Hotel on [REDACTED]. It is unknown who found the child on the parking lot. It is assumed that the aunt found him, but it is UNKNOWN. During the examination there were no concerns of abuse, but the child did have medical conditions that he was being treated for. Officer [REDACTED] was on the scene and did file a police report. The Medical Examiner did make the scene and removed the body from the hospital. In the home there are no other siblings. A set of twins passed at birth due to medical issues. The date is unknown. A 16-year-old passed because of an auto accident. The date is unknown.

Emailed/Paged CPSI On Call: [REDACTED] CPS

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	12-31-2021 19:24:34	---	desk phone	Operator Intercept
12-31-2021 19:24:34	12-31-2021 19:25:31		work cell	RECEIVED

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

Region RA (document name of RA or SIU IC CC'd on Email) [REDACTED]

Per SDM: INV P1. [REDACTED] CM3 12.31.21 @ 722pm, approved by CAH [REDACTED].



**Tennessee Department of Children's Services  
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**Participant(s)**

Name: [REDACTED], [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 39 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



**Tennessee Department of Children's Services  
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Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

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

Address: [REDACTED], Tennessee [REDACTED]

Deceased Date: 12/31/2021

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: moms

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED] Unknown

**Gender:** [REDACTED] **Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED] **Race:** [REDACTED]

**Age:** [REDACTED]

**Address:** [REDACTED]

**Deceased Date:** [REDACTED]

**School/ ChildCare Comments:** [REDACTED]

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:** [REDACTED]

**Contact Type:** [REDACTED]

**Contact Comments:** [REDACTED]

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-11-04 11:40:00.0 Contact Method:

Contact Time: 11:40 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 11/04/2022

Completed date: 11/04/2022 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: 11/04/2022 11:38 AM Entered By: [REDACTED]

This case, [REDACTED] was submitted for review on 11/4/22. The Fast was completed on 8/17/22 and the results were Immediate intervention Not Recommended. The CPS investigation was assigned on 1/4/22 concerning the death of ACV [REDACTED] (12yo). It was reported [REDACTED] resided with his mother [REDACTED] in [REDACTED] County. The case was assigned to Child Protective Services Investigator [REDACTED] by Lead investigator [REDACTED]. The identified alleged Perpetrator (AP) is Unknown. CPSI [REDACTED] completed all the investigative task in conjunction with [REDACTED] Police Department. On February 10, 2022, CPSI [REDACTED] made a notation that no autopsy was completed per Program Coordinator. TL [REDACTED] received an email on 8/11/2022, from Program Coordinator, [REDACTED] that no autopsy was completed. [REDACTED] was already being treated for medical conditions.

This case was presented to the [REDACTED] County Child Protective Investigative Team on August 17, 2022, by CPSI [REDACTED]. The Abuse Death classification is Allegation Unsubstantiated Perpetrator Unsubstantiated for Abuse Death. The Allegation Lack of Supervision was added due to [REDACTED] being left in the hotel by himself without any adult supervision. The classification for Lack of Supervision is Allegation Substantiated/Perpetrator Substantiated.

The following representatives were present:

Law Enforcement- Sgt. [REDACTED] DCS Supervisor-[REDACTED] District Attorney-[REDACTED] Child Advocacy Center- [REDACTED] and [REDACTED] The closing FAST and the 740 has been completed and Juvenile Court and the DA office will be notified. All investigative task has been completed. This case has been approved closure.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-11-04 11:00:00.0 Contact Method:

Contact Time: 11:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 11/04/2022

Completed date: 11/04/2022 Completed By: [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: 11/04/2022 10:42 AM Entered By: [REDACTED]

**[REDACTED] Death Summary**

On December 31, 2021, the Department of Childrens Services (DCS) received a referral with the allegation of Abuse Death regarding Alleged Child Victim (ACV) [REDACTED] age 13 years old. The alleged perpetrator listed in referral was Unknown. This investigation was assigned to Child Protective Service Investigator (CPSI) [REDACTED] by Team Leader,

[REDACTED] resided in the home ([REDACTED] Hotel) with his mother, [REDACTED] (38). There were no other children in the home. Ms. [REDACTED] gave birth to a set of twins that passed at birth due to medical issues and had a 16-year-old daughter to pass because of an automobile accident. The dates of these deaths are unknown.

On December 31, 2021, at 12:36 p.m., [REDACTED] was brought to [REDACTED] Childrens Hospital in [REDACTED] TN to the emergency room via ambulance. He was in full cardiac arrest. The medical team [REDACTED] worked on [REDACTED] until the time of death was called at 12:59p.m. [REDACTED] was found on the [REDACTED] Hotel property, where he and his mother resided, by unknown bystanders. The mother, [REDACTED] was not present at the time. She was at work. Ms. [REDACTED] worked for [REDACTED] Restaurant located in [REDACTED] Mississippi. Ms. [REDACTED] called her sister and asked her to go check on [REDACTED] while she was at work. The name of this maternal aunt is unknown. The hospital staff assume, but it is unknown if that the aunt called 911. Officer [REDACTED] with [REDACTED] Police Department was on the scene. A police report was filed ([REDACTED]). Prior to [REDACTED] death, [REDACTED] was treating him for seizures. It is unknown if [REDACTED] was prescribed any medication. During an examination there were no concerns of abuse.

On December 31, 2021, Child Protective Services Investigator [REDACTED] responded to [REDACTED] Childrens Hospital. CPSI [REDACTED] was able to speak to a nurse (name Unknown) who was involved in the treatment. The nurse advised that the family had already left the hospital. CPSI [REDACTED] was not able to contact the family as the phone line went straight to voicemail.

CPSI [REDACTED] made an attempted visit at the [REDACTED] Hotel to speak with Ms. [REDACTED]. The visit to the hotel was unsuccessful as Ms. [REDACTED] had already checked out of room. CPSI [REDACTED] has made phone calls and left messages asking for return calls to no avail. CPSI [REDACTED] was able to complete a school search for [REDACTED] and the last school he attended was [REDACTED] Elementary. The school record showed a transfer date of March 26, 2018. A certified letter to the last known address of [REDACTED], [REDACTED] TN [REDACTED] All good



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

faith attempts, and diligent searches have been unsuccessful in speaking with the mother. Attempts were made by visiting last known address, sending certified letter and also completing a clear search. CPSI [REDACTED] also attempted to make contact with the aunt but there was no identifying information listed for the aunt as an emergency contact in school personnel records.

On February 10, 2022, CPSI [REDACTED] made a notation that no autopsy was completed per [REDACTED] Program Coordinator. TL [REDACTED] received an email on 8/11/2022, from Program Coordinator, [REDACTED] [REDACTED] that no autopsy was completed.

This case was presented to the [REDACTED] County Child Protective Investigative Team on August 17, 2022, by CPSI [REDACTED]. The Abuse Death classification is Allegation Unsubstantiated Perpetrator Unsubstantiated for Abuse Death. The Allegation Lack of Supervision was added due to [REDACTED] being left in the hotel by himself without any adult supervision. The classification for Lack of Supervision is Allegation Substantiated/Perpetrator Substantiated.

The following representatives were present:

Law Enforcement- Sgt. [REDACTED] DCS Supervisor- [REDACTED] District Attorney- [REDACTED] Child Advocacy Center- [REDACTED] and [REDACTED]

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.

DCS Policy defines Lack of Supervision as a failure to provide adequate supervision by a parent or other caretaker, who can do so. A lack of supervision allegation or determination means that 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 the 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). Lack of Supervision is also defined as any registered sex offender residing in a 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. This case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for Abuse Death and Allegation Substantiated Perpetrator Substantiated for 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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-11-04 10:40:00.0 Contact Method:

Contact Time: 10:40 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 11/04/2022

Completed date: 11/04/2022 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 11/04/2022 10:44 AM Entered By: [REDACTED] [REDACTED]

TL [REDACTED] received the final approval for the submitted death summary on 11/4/22. CPSI [REDACTED] will insert the approved summary, complete the checklist, and submit to the TL for review and closure.



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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: 2022-10-31 18:00:00.0 Contact Method:

Contact Time: 06:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/31/2022

Completed date: 10/31/2022 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 10/31/2022 08:48 PM Entered By: [REDACTED] [REDACTED]

The final summary has been submitted. The case is approved to remain open until the final approval has been received from the Director.



**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: 2022-10-11 11:30:00.0 Contact Method:

Contact Time: 11:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/11/2022

Completed date: 10/31/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/11/2022 12:04 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] received a call from Sgt. [REDACTED] [REDACTED] Police Department (Homicide). Sgt. [REDACTED] reported the child was found unresponsive in the hotel room in the bed, by his maternal grandmother, who was reported to be bringing him food around noon on 12/31/22, while his mother was at work. Sgt. [REDACTED] stated she never spoke with the grandmother and does not have her name or contact information. Sgt. [REDACTED] stated the case was a "DOA Unknown" and the child was transported to the medical examiner's office due to the hospital refusing to sign the death certificate as those physicians were not his primary care doctor. Sgt. [REDACTED] stated she asked Ms. [REDACTED] (mother) about [REDACTED] PCP but Ms. [REDACTED] told her the child did not have a PCP and if something happened to him, she would always take him to the emergency room. Sgt. [REDACTED] said the medical examiner's never provided any information concerning foul play regarding the child's death and the case has been closed.



**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: 2022-10-04 16:00:00.0 Contact Method:

Contact Time: 04:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/07/2022

Completed date: 10/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2022 03:54 PM Entered By: [REDACTED] [REDACTED]

The medical records report the child presented to [REDACTED] Childrens Hospital in cardiac arrest. The child has a history of seizures and received three doses of epinephrine and two doses of Narcan from EMS. The mother reported to the hospital she last saw the child at 9pm and last spoke to him at 6 am. The child received CPR and was subsequently pronounced deceased.

Narrative Type: Addendum 1 Entry Date/Time: 10/10/2022 08:53 AM Entered By: [REDACTED] [REDACTED]

According to the medical records, the child's medications were listed as unknown.



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Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-09-30 11:00:00.0 Contact Method:

Contact Time: 11:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 09/30/2022

Completed date: 09/30/2022 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/30/2022 03:33 PM Entered By: [REDACTED] [REDACTED]

This case is approved to remain open until the final approval has been received. The final summary has been submitted for review and approval.



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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: 2022-09-23 10:00:00.0 Contact Method:

Contact Time: 10:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 09/23/2022

Completed date: 09/30/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/30/2022 03:16 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] sent a second request for medical records for [REDACTED] [REDACTED] to [REDACTED] [REDACTED] Healthcare.



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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: 2022-09-21 11:00:00.0 Contact Method:

Contact Time: 11:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/07/2022

Completed date: 10/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2022 03:46 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to make contact with Sgt. [REDACTED] [REDACTED] [REDACTED] Police Department. CPSI [REDACTED] left a message on the voicemail to return her call.



**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: 2022-08-29 10:00:00.0 Contact Method: Attempted Phone Call

Contact Time: 10:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 08/31/2022

Completed date: 08/31/2022 Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/31/2022 07:34 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to make contact with [REDACTED] [REDACTED] (mother) via phone however the number is no longer in service.



**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: 2022-08-19 16:00:00.0 Contact Method:

Contact Time: 04:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 08/30/2022

Completed date: 08/30/2022 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 08/30/2022 02:38 PM Entered By: [REDACTED] [REDACTED]

The Summary has been completed and submitted for approval to the TC. The checklist has also been submitted. The case is to remain open until approval from the Director has been received.



**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: 2022-08-17 16:00:00.0 Contact Method: Correspondence  
Contact Time: 04:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 08/26/2022  
Completed date: 08/26/2022 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Well Being  
Contact Type(s): Notification of Classification  
Contact Sub Type: Letter A - Notice of Indication to Perpetrator

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

Narrative Type: Original Entry Date/Time: 08/26/2022 09:01 AM Entered By: [REDACTED] [REDACTED]

The allegation of Abuse Death has been submitted to Lead Investigator for approval. The allegation will be classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated due to the child's medical history of seizures and an autopsy was not completed.

The allegation of Lack of Supervision has been submitted to Lead Investigator for approval. The allegation will be classified as Allegation Substantiated, Perpetrator Substantiated due to the child being left without adult supervision by the alleged perpetrator.



**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: 2022-08-17 09:00:00.0 Contact Method: Video Conference

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 08/17/2022

Completed date: 08/17/2022 Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,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: 08/17/2022 02:13 PM Entered By: [REDACTED] [REDACTED]

Child Protective Investigation Team was completed on 8/17/22 during CPIT Review. ADA [REDACTED] and team members agreed with classification of Allegation Unsubstantiated/Perpetrator Unsubstantiated in regards to allegations of Abuse Death.

Child Protective Investigation Team was completed on 8/17/22 during CPIT Review. ADA [REDACTED] and team members agreed with classification of Allegation Substantiated/Perpetrator Substantiated in regards to allegations of Lack of Supervision.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-08-11 15:00:00.0 Contact Method:

Contact Time: 03:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 08/16/2022

Completed date: 08/16/2022 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: 08/16/2022 08:40 AM Entered By: [REDACTED]

TL [REDACTED] received notice from the Program Coordinator that the ME is reporting no autopsy was completed. The CPSI will need to complete the final case summary, present the case to the CPIT Team, complete a closing FAST and submit the final checklist. TL [REDACTED] will review all documents and submit to TC Turner for approval.



**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: 2022-07-29 09:00:00.0 Contact Method: Attempted Phone Call

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/30/2022

Completed date: 07/30/2022 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]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 07/30/2022 10:59 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to make contact with [REDACTED] [REDACTED] (mother) via phone. CPSI [REDACTED] left a message on the voicemail however the mailbox is full.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-07-28 15:00:00.0 Contact Method:

Contact Time: 03:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/28/2022

Completed date: 07/28/2022 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: 07/28/2022 03:08 PM Entered By: [REDACTED]

This case is approved to remain open due to the Department not receiving the final autopsy report. The CPSI will make sure that all documents have been uploaded, and that services have been offered to the family. The CPSI should begin working on closing summaries and checklist.



**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: 2022-07-22 12:00:00.0 Contact Method: Correspondence  
Contact Time: 12:00 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 10/07/2022  
Completed date: 10/07/2022 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Well Being  
Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/07/2022 03:09 PM Entered By: [REDACTED] [REDACTED]  
CPSI [REDACTED] sent a certified letter to Ms. [REDACTED] at [REDACTED] [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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-07-15 09:00:00.0 Contact Method:

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 09/23/2022

Completed date: 09/23/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2022 09:01 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to make contact with [REDACTED] Elementary School ([REDACTED], Records Secretary) via phone.  
CPSI [REDACTED] left a message on the voicemail for Ms. [REDACTED] to return her call.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-06-30 15:45:00.0 Contact Method:

Contact Time: 03:45 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 06/30/2022

Completed date: 06/30/2022 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: 06/30/2022 03:41 PM Entered By: [REDACTED]

This case is approved to remain open as the Department has not received the final autopsy yet. The CPSI will keep the case updated on a monthly basis.



**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: 2022-06-29 09:00:00.0 Contact Method: Correspondence  
Contact Time: 09:00 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 06/30/2022  
Completed date: 06/30/2022 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Well Being  
Contact Type(s): Parent/Caretaker Interview  
Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/30/2022 08:31 PM Entered By: [REDACTED] [REDACTED]  
CPSI [REDACTED] sent a letter to contact [REDACTED] at [REDACTED] TN [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 08/17/2022 01:09 PM Entered By: [REDACTED] [REDACTED]  
The certified letter was sent to [REDACTED] TN [REDACTED] and never returned.



**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: 2022-06-20 09:00:00.0 Contact Method: Attempted Face To Face

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Family Home Created Date: 10/07/2022

Completed date: 10/07/2022 Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 10/07/2022 03:08 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to conduct a face to face with [REDACTED] at [REDACTED] TN [REDACTED] however no one answered the door. CPSI [REDACTED] left her contact information in the door for Ms. [REDACTED] to call her.



**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: 2022-06-16 09:00:00.0 Contact Method:

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/07/2022

Completed date: 10/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2022 03:05 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] completed a CLEAR search on [REDACTED] [REDACTED] An address for Ms. [REDACTED] was found at [REDACTED]  
[REDACTED]; [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

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-06-06 09:00:00.0 Contact Method:

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/07/2022

Completed date: 10/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2022 03:43 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] made contact with [REDACTED] Police Department, Homicide. CPSI [REDACTED] was informed that Sgt. [REDACTED] is no longer with the Department and the case was reassigned to Sgt. [REDACTED] [REDACTED] CPSI [REDACTED] was transferred to her voicemail and left her a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-05-31 11:00:00.0 Contact Method:

Contact Time: 11:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 05/31/2022

Completed date: 05/31/2022 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: 05/31/2022 11:21 AM Entered By: [REDACTED]

The case is approved to remain open as the Department has not received the autopsy.

Document all diligent searches

Document all good faith attempts

classify the case

Present to the CPIT Team; prepare to be en route to a close.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-05-27 09:00:00.0 Contact Method: Attempted Phone Call

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 05/31/2022

Completed date: 05/31/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 05/31/2022 06:15 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to make contact with [REDACTED] [REDACTED] (mother) via phone. CPSI [REDACTED] left a message on the voicemail to return her call.



**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: 2022-04-29 09:00:00.0 Contact Method: Attempted Phone Call

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 04/30/2022

Completed date: 04/30/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/30/2022 08:32 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to make contact with [REDACTED] [REDACTED] (mother) via phone.



**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: 2022-04-18 15:30:00.0 Contact Method:

Contact Time: 03:30 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/07/2022

Completed date: 10/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2022 03:41 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] made contact with [REDACTED] Police Department Homicide. CPSI [REDACTED] was able to determine that this case is assigned to Sgt. [REDACTED]. CPSI [REDACTED] was transferred to his voicemail and left a message.



**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: 2022-04-11 09:00:00.0 Contact Method:

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 09/23/2022

Completed date: 09/23/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2022 09:09 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] requested medical records from [REDACTED] [REDACTED] Healthcare 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: 2022-03-29 14:40:00.0 Contact Method:

Contact Time: 02:40 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 03/31/2022

Completed date: 03/31/2022 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 03/31/2022 02:47 PM Entered By: [REDACTED] [REDACTED]

The case is approved to remain open as the Department has not received the autopsy.

Document all diligent searches

Document all good faith attempts

classify the case

Present to the CPIT Team; prepare to be en route to a close.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-03-14 09:00:00.0 Contact Method:

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 10/07/2022

Completed date: 10/07/2022 Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/07/2022 03:39 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with Sgt. Chanel [REDACTED] MPD. CPSI [REDACTED] asked Sgt. [REDACTED] search the case in their system using the police report number [REDACTED]. Sgt. [REDACTED] reported she was not able to print the report out because her printer does not work but was able to inform CPSI [REDACTED] that the case is assigned to the homicide department. Sgt. [REDACTED] provided CPSI [REDACTED] with the number to PD Homicide at [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: 2022-02-25 16:00:00.0 Contact Method:

Contact Time: 04:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/28/2022

Completed date: 02/28/2022 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)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/28/2022 11:08 PM Entered By: [REDACTED] [REDACTED]

Document all diligent searches

Document all good faith attempts

classify the case

Present to the CPIT Team; prepare to be a close.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-02-25 09:00:00.0 Contact Method: Attempted Phone Call

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/28/2022

Completed date: 02/28/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/28/2022 07:30 PM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to make contact with the [REDACTED] [REDACTED] (mother) via phone. CPSI [REDACTED] left a message on the voicemail to return her call.



**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: 2022-02-10 11:15:00.0 Contact Method:  
Contact Time: 11:15 AM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 02/10/2022  
Completed date: 02/10/2022 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/10/2022 11:21 AM Entered By: [REDACTED] [REDACTED]  
CPSI [REDACTED] received notification from [REDACTED] [REDACTED] that no autopsy was performed on ACV [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: 2022-01-28 10:00:00.0 Contact Method:

Contact Time: 10:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/04/2022

Completed date: 02/04/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/04/2022 09:47 AM Entered By: [REDACTED] [REDACTED]

Background checks were completed and these are the results:

[REDACTED] [REDACTED]

Jssi: Theft of Property \$1000-\$10,000 Felony D, TennCare Fraud Felony E, Driving while License S/R/C, Forgery \$1000 Felony E, Forgery Felony E, Crim-Att-Theft of Property \$500-\$1000 Class A misdemeanor, Violation of vehicle registration Law Class C Misdemeanor, Speeding, Theft of Property \$500 or less Class A Misdemeanor, Theft of Property \$500-\$1000, Burglary Building, Poss. Marijuana w/I man/del/sell Felony E, Poss. Of Cont. Substance Marijuana, Class A Misdemeanor, No Driver License marijuana.

TN Felony: No records found

TN Health Abuse: No records found

TN Meth Offender: No records found

TN Sex Offender: No records found



**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: 2022-01-12 09:00:00.0 Contact Method:

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/13/2022

Completed date: 01/13/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/13/2022 09:22 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] completed a school check on [REDACTED] [REDACTED] with [REDACTED] County Schools. CS records show [REDACTED] "Transferred out from [REDACTED] elementary as of 03/26//2018".



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-01-07 15:30:00.0 Contact Method:

Contact Time: 03:30 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/07/2022

Completed date: 01/07/2022 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: 01/07/2022 09:20 PM Entered By: [REDACTED]

The 48 hour debriefing was held via zoom. Those present were Director [REDACTED] TC [REDACTED] TC [REDACTED] TL [REDACTED] CPSI [REDACTED] and PC [REDACTED] CPSI [REDACTED] has reached out to family and has received no answer. The mother's phone goes straight to voicemail. The mother has not been located as she has moved from the hotel. Diligent searches will be completed to locate the mother and other family members. The CPSI will search old TFACTS files, complete a school search and speak with the hotel manager about the family. There are no other siblings in the home. CPSI [REDACTED] will discuss grief counseling with the mother once she is located. TL [REDACTED] was able to locate Funeral arrangements. The arrangements are entrusted to [REDACTED] funeral Home located on [REDACTED]. The visitation is scheduled for Friday January 14 from 4-6 PM and services on 1/15/22 at 10 AM at [REDACTED] Funeral Chapel.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-01-07 15:30:00.0 Contact Method:

Contact Time: 03:30 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 02/01/2022

Completed date: 02/01/2022 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: 02/01/2022 12:52 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 Coordinators (TC) [REDACTED] and [REDACTED], CPS Director (CPSD) [REDACTED], and Director of Critical Incident Support (DCIS) [REDACTED].

The CPS investigation was assigned on 1/4/22 concerning the death of ACV [REDACTED] (12yo). It was reported resided with his mother [REDACTED] in [REDACTED] County.

The referral stated bystanders found [REDACTED] outside the [REDACTED] hotel unresponsive and 911 was called. It was reported [REDACTED] was taken to [REDACTED] by paramedics in cardiac arrest. The medical team continued resuscitation efforts until time of death was called at 12:59pm. The family had been staying at the hotel and the mother was at work at the time of the incident. It was reported the aunt was at the hotel when 911 was called. It was additionally reported that [REDACTED] had a history with seizures and was actively receiving treatment for the seizures.

CM met response at the hospital and was provided information by the hospital social worker and nursing staff. They reported the family had already left the hospital. The mother had informed the hospital she was working in [REDACTED] MS at the time of the incident, approximately 30 minutes outside of [REDACTED] and had been at work for about 40 minutes when she called her sister to check on [REDACTED] who was at the hotel by himself. Nursing staff reported no concerns of physical abuse as no marks, bruises or evidence of neglect were present.

The mother is reported to have no other living children. It was reported by medical staff the mother had a set of premature twins that passed at birth and a 16yo that died in an automobile accident. The most recent Hx with the family and Department is a 2018 CPS assessment case regarding physical abuse in which services were recommended.

CM has made attempts to contact the mother by phone and at the family's last known address at the hotel, but



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

efforts have been unsuccessful so far. CM has not been able to speak with the mother or aunt currently. It is unknown if [REDACTED] was prescribed medication for his seizures or when his last checkup or care regarding the seizures had occurred.

**Next Steps:**

- CM will request medical records to include PCP and other records regarding seizures and treatment. Records will be reviewed and uploaded to TFACTS.
- CM will request all interviews and information/evidence collected by LE within their investigation and review, summarize, and upload what is shared to TFACTS.
- CM will continue efforts to contact the mother and aunt and complete interviews with them.
- CM will follow-up with the hotel staff regarding any concerns for the family or information regarding timeline leading up to the incident.
- CM will request information regarding the birth father and attempt to engage if applicable.
- CM will offer grief counseling support and information the mother and family.
- CM will contact ACVs school for collaterals and information regarding any special needs or concerns.
- 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: 2022-01-05 11:00:00.0 Contact Method: Attempted Face To Face

Contact Time: 11:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Family Home Created Date: 01/07/2022

Completed date: 01/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2022 10:30 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to conduct a face to face with [REDACTED] [REDACTED] (mother) at [REDACTED] at [REDACTED] left  
 her contact information in the door for Ms. [REDACTED] to contact her.



**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: 2022-01-05 09:00:00.0 Contact Method: Video Conference

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/07/2022

Completed date: 01/07/2022 Completed By: [REDACTED] [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,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: 01/07/2022 03:19 PM Entered By: [REDACTED] [REDACTED]

CPIT was notified of this case on 1/5/22. ADA [REDACTED] was present. DCS is to handle and return on 1/19/22.



**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: 2022-01-04 12:15:00.0 Contact Method:  
Contact Time: 12:15 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: DCS Office Created Date: 01/04/2022  
Completed date: 01/04/2022 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,Well Being  
Contact Type(s): Notation  
Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/04/2022 12:25 PM Entered By: [REDACTED] [REDACTED]

Based on the safety and FAST assessments, immediate intervention is recommended and there is a moderate need/risk due to the child found unresponsive in a public parking lot and had no adult supervision. It was reported from medical staff the child has no other siblings. The family has DCS history involving child deaths.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2022-01-01 08:00:00.0 Contact Method:

Contact Time: 08:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/07/2022

Completed date: 01/07/2022 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: 01/07/2022 09:06 PM Entered By: [REDACTED]

This CPS (Child Protective Services) Investigation was reviewed regarding the allegation of Abuse Death involving Deceased ACV (Alleged Child Victim). [REDACTED] The AP (Alleged Perpetrator) is listed as Unknown. CPSI (Child Protective Services Investigator) [REDACTED] is assigned this case and responded while on call on 12/31/2021. It is reported that bystanders (unknown names) found [REDACTED] outside the [REDACTED] Hotel unresponsive. The family is staying at the [REDACTED] Hotel. It is unknown why [REDACTED] was outside. It is unknown what time [REDACTED] was found. [REDACTED] (Mother) was at work during the time and her sister (unknown name) was at the hotel with [REDACTED]. It is unknown what the maternal aunt was doing during the incident. It is unknown who contacted EMS and there are no further details. [REDACTED] has been actively receiving treatment for the seizures at [REDACTED] prior to the incident. CPSI [REDACTED] will complete and document results of the safety assessment. The CPSI will need to complete TFACTS (TN Family & Child Tracking System) history, local background checks. CPSI [REDACTED] will need to complete and document results of FAST (Family & Advocacy Support Tool) assessment, identify household composition and family supports/collaterals, offer services, staff case with CPIT(Child Protective Investigative Team) and document results. CPSI [REDACTED] will adhere to policy 14.7 & Work Aids 2&3. This case will be reviewed once investigative tasks have been completed.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed

Contact Date: 2021-12-31 18:00:00.0 Contact Method: Attempted Phone Call

Contact Time: 06:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/07/2022

Completed date: 01/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED] [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/07/2022 10:25 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] attempted to make contact with [REDACTED] [REDACTED] (mother) via phone. CPSI [REDACTED] left a message on the voicemail to return her call.



**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: 2021-12-31 17:00:00.0 Contact Method: Phone Call

Contact Time: 05:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/07/2022

Completed date: 01/07/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Referent Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/07/2022 10:23 AM Entered By: [REDACTED] [REDACTED]

CPSI [REDACTED] made contact with the referent via phone. The referent was able to provide additional information.



**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: 2021-12-31 13:35:00.0 Contact Method:

Contact Time: 01:35 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 08/16/2022

Completed date: 08/16/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

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

Narrative Type: Original Entry Date/Time: 08/16/2022 11:10 AM Entered By: [REDACTED] [REDACTED]

The Department of Childrens Services received a P1 referral on 12/31/21 with allegations of Abuse Death regarding ACV [REDACTED] [REDACTED] and AP Unknown Participant.

It was reported [REDACTED] was in cardiac arrest according to paramedics. [REDACTED] time of death was called at 12:59pm. It was also reported [REDACTED] has a history of seizures and is on medication. It was also reported [REDACTED] was found outside unresponsive at the [REDACTED] Hotel unresponsive where the family is staying. It was also reported [REDACTED] was at work during the time and her sister was at the hotel with [REDACTED]. A TFACTS search was completed. The family of [REDACTED] [REDACTED] has history with DCS. In 2017, Physical Abuse allegations were classified as Services Recommended regarding ACV [REDACTED] [REDACTED] and AP [REDACTED] [REDACTED]. In 2013, Physical Abuse allegations were classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated regarding ACV [REDACTED] [REDACTED] and AP [REDACTED] [REDACTED]. In 2007, Neglect Death allegations were classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated regarding ACV Nikya [REDACTED] and AP [REDACTED] [REDACTED] and Drug Exposed Infant allegations were classified as Allegation Substantiated, Perpetrator Unsubstantiated ACV Nikya [REDACTED] and AP [REDACTED] [REDACTED]. The referent was not notified upon request. The Judge (Juvenile Court) and the District Attorney have been notified of the referral.



**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: 2021-12-30 16:51:00.0 Contact Method:

Contact Time: 04:51 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/04/2022

Completed date: 01/04/2022 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/04/2022 12:13 PM Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] responded to [REDACTED] Hospital on 12/31/2021 @ 4:30 PM. The referent, social Worker [REDACTED] was already gone for the day. [REDACTED] was able to speak to a nurse who was involved in the treatment. The family has already left the hospital. It was reported that the mother was at work at [REDACTED] Restaurant located in [REDACTED] Ms. She had been at work for about 40 minutes when she decided to send her sister to check up on the deceased. He was left alone at the hotel where the family resides at the [REDACTED] Hotel on [REDACTED]. It is unknown who found the child on the parking lot it is assumed that the aunt found him, but it is UNKNOWN. During the examination there were no concerns of abuse, but the child did have medical conditions that he was being treated for. Officer [REDACTED] [REDACTED] was on the scene and did file a police report. The Medical Examiner did make the scene and removed the body from the hospital. In the home there are no other siblings. A set of twins passed at birth due to medical issues. The date is unknown. A 16-year-old passed because of an auto accident. The date is 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: 2021-12-30 16:45:00.0 Contact Method: Face To Face  
Contact Time: 04:45 PM Contact Duration:  
Entered By: [REDACTED] Recorded For:  
Location: Hospital Created Date: 01/04/2022  
Completed date: 01/04/2022 Completed By: [REDACTED]  
Purpose(s): Permanency,Safety - Child/Community,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: 01/04/2022 12:10 PM Entered By: [REDACTED] [REDACTED]

According to the Department of Children's Service Work Aid 2 Policy: 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:	Created In Error
Contact Date:	2021-12-30 14:00:00.0	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/04/2022
Completed date:	01/30/2022	Completed By:	TFACTS, Person Merge
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:	Opening		

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

Narrative Type: Original Entry Date/Time: 01/04/2022 12:12 PM Entered By: [REDACTED] [REDACTED]

The Department of Children's Services received a P1 referral on 12/30/2021 with allegations of Abuse Death regarding ACV [REDACTED] (12 years) and AP Unknown Participant.

Narrative Type: Created In Error Entry Date/Time: 08/16/2022 11:09 AM Entered By: [REDACTED] [REDACTED]

System 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:	Created In Error
Contact Date:	2021-01-04 12:15:00.0	Contact Method:	
Contact Time:	12:15 PM	Contact Duration:	
Entered By:	[REDACTED] [REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/04/2022
Completed date:	01/04/2022	Completed By:	[REDACTED] [REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 01/04/2022 12:24 PM      Entered By: [REDACTED] [REDACTED]

The safety and FAST assessments were completed. Immediate intervention is recommended and there is a moderate need/risk due to the child found unresponsive in a public parking lot and had no adult supervision. It was reported from medical staff the child has no other siblings. The family has DCS history involving child deaths.

Narrative Type: Created In Error      Entry Date/Time: 01/04/2022 12:25 PM      Entered By: [REDACTED] [REDACTED]

Incorrect contact date entered.



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

**A. Investigation**

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 12/31/2021

Assignment Date: 01/04/2022

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 Classified Date
							CSEM	
1	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED] 12:00 AM	Allegation Substantiated / Perpetrator Substantiated	No	[REDACTED]
								08/26/2022
2	[REDACTED]	[REDACTED]	Abuse Death	Unknown Participant, Unknown		*Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
								08/17/2022

\* = This allegation set has been reclassified.

**C. Disposition Decision**

Disposition Decision:

Comments:

**D. Case Workers**

Case Worker: [REDACTED]

Date: 08/26/2022

Team Leader: [REDACTED]

Date: 08/26/2022

**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:**

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

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

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



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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**

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 01/04/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

**OVERVIEW**

<b>Safety Level:</b> Immediate Intervention Recommended	<b>Assessed at Location:</b> hospital
<b>Risk Level:</b> Moderate Need/Risk	
<b>Event Start Date:</b> 11/04/2022	<b>Last Assessed Date:</b>
<b>Assessment Status:</b> Approved	<b>Assessor:</b> [REDACTED] / [REDACTED]
<b>Date Approved:</b> 01/04/2022	<b>Approver:</b> [REDACTED] / [REDACTED]

**PARTICIPANTS**

Name	Age	Role	Gender	Person ID	Trauma Score	CSEM Risk
[REDACTED] (ACV)	Deceased	Youth	M	[REDACTED]	3	Low
[REDACTED] (AP)	38 Yrs	Primary Caregiver	F	[REDACTED]	N/A	N/A

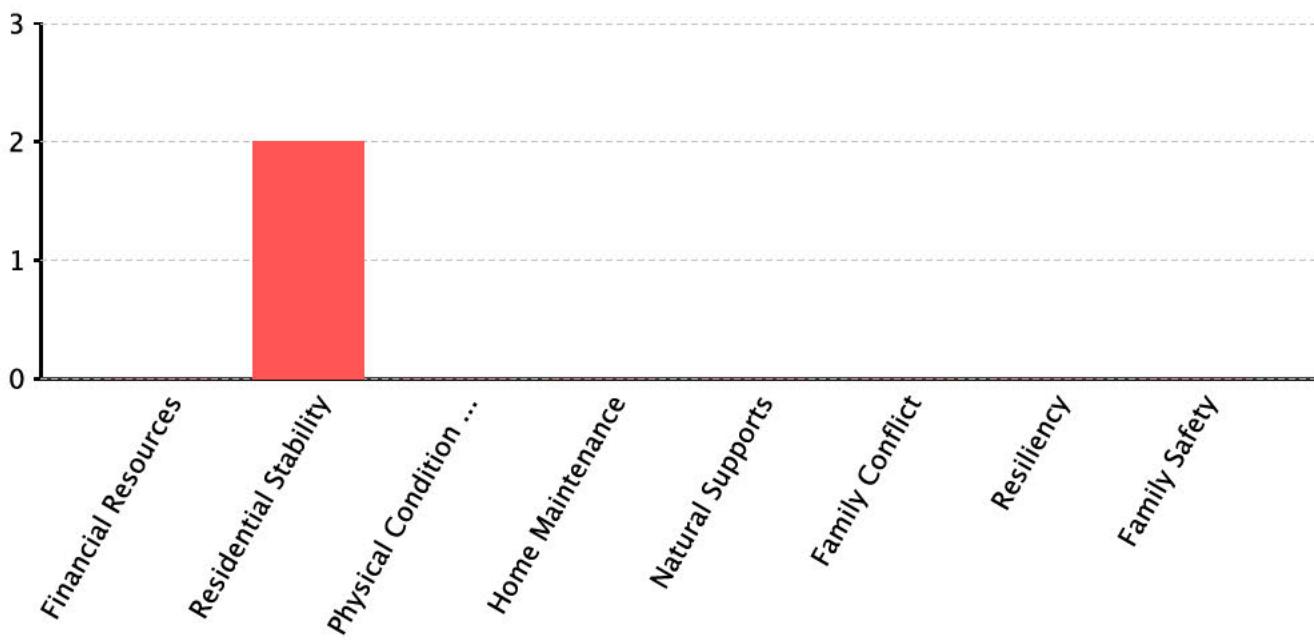


**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

Event Type: CPS Case	Assessment Date: 01/04/2022
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	2	The family has had to move in the past six months and is currently residing in a hotel.
Physical Condition of Home	0	
Home Maintenance	0	
Natural Supports	0	
Family Conflict	0	
Resiliency	0	
Family Safety	0	



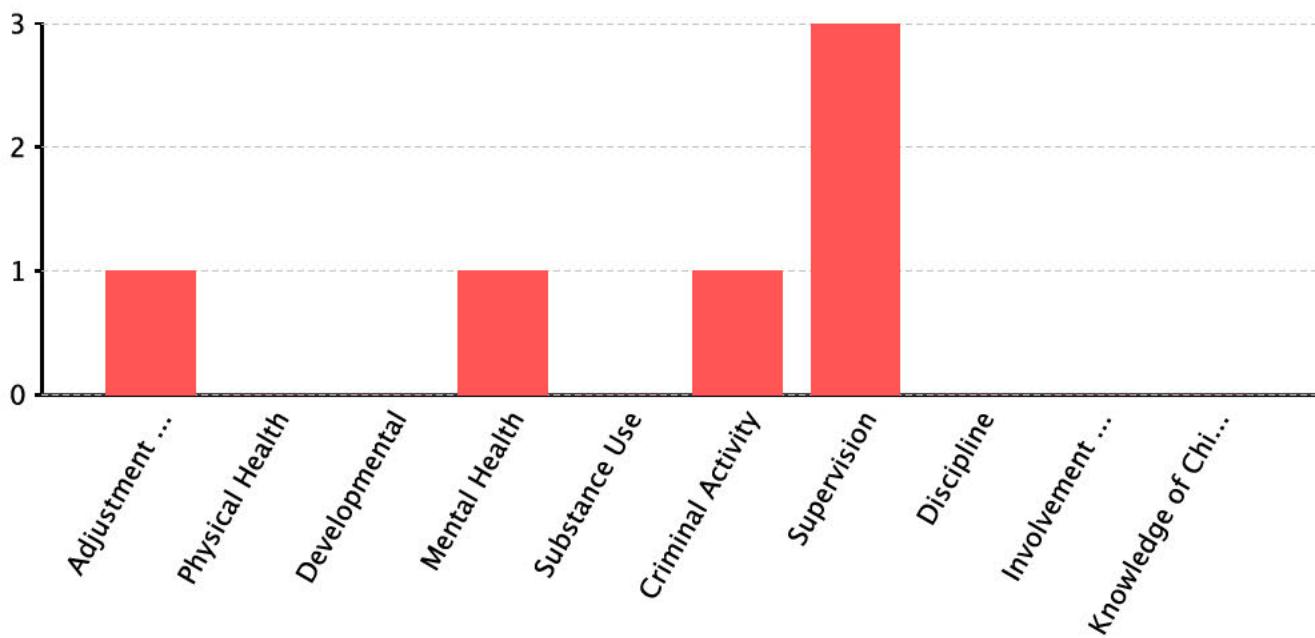
**Tennessee Department of Children's Services**  
**FAST 2.0 Assessment Detail Report**

Event Type: CPS Case	Assessment Date: 01/04/2022
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 Primary Caregiver
------------------------------------	-----------------------	------------------------



Item	Score	Justification/Narrative
Adjustment to Traumatic Experiences	1	The mother has experienced three previous deaths of her children.
Physical Health	0	
Developmental	0	
Mental Health	1	The mother may be experiencing post traumatic stress or grief due to the deaths of three other children.
Substance Use	0	
Criminal Activity	1	The mother has previous misdemeanor charges that have been disposed.
Supervision	3	There is a concern the child was found unresponsive and did not have any adult supervision at the time.
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: 01/04/2022
Assessment Type: FAST	CPS Case ID: [REDACTED]

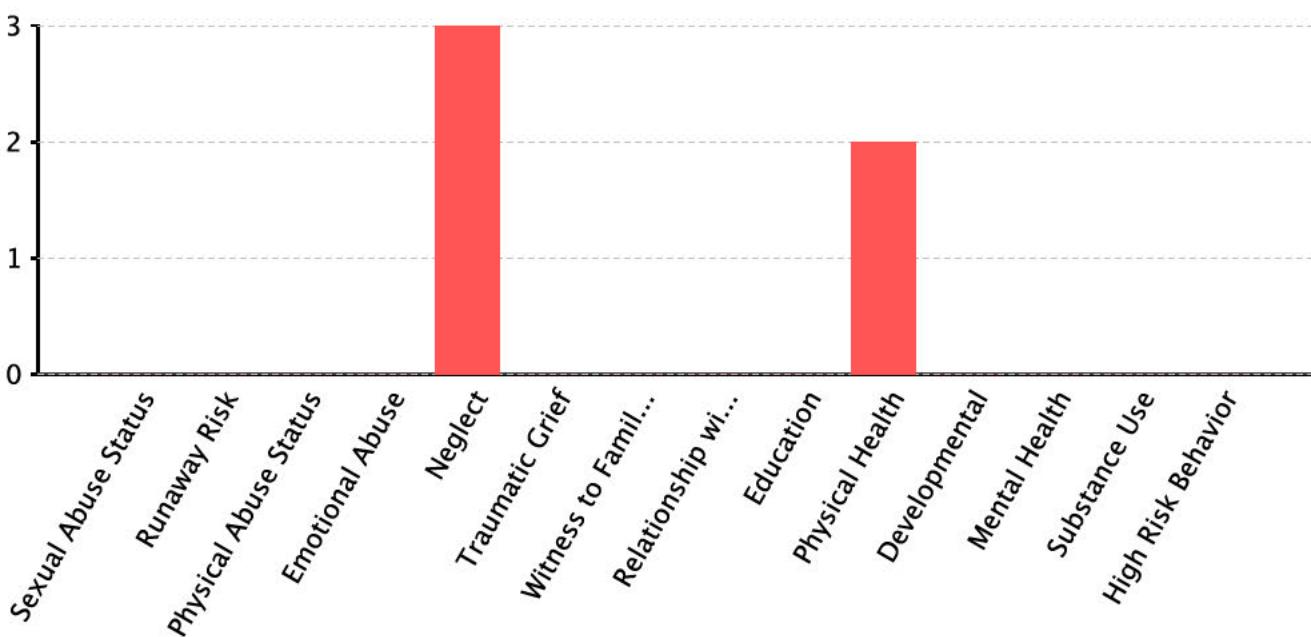
**YOUTH**

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	3	The child was found unresponsive and without any adult supervision.
Traumatic Grief	0	
Witness to Family, School or Community Violence	0	
Relationship with Primary Caregiver	0	
Education	0	
Physical Health	2	The child has a history of seizure disorder.
Developmental	0	



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

<b>Event Type:</b> CPS Case	<b>Assessment Date:</b> 01/04/2022
<b>Assessment Type:</b> FAST	<b>CPS Case ID:</b> [REDACTED]

Mental Health	0	
Substance Use	0	
High Risk Behavior	0	