



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

Intake

Intake ID: [REDACTED]

Intake Taken By: [REDACTED]

Intake Date/Time: 01/12/2023 07:32 AM [REDACTED]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [REDACTED]

Date Screened: 01/12/2023

Investigation

Investigation ID: [REDACTED]

First County/Region: [REDACTED]

Date/Time Assigned : 01/12/2023 10:00 AM

First Team Leader Assigned: [REDACTED] Date/Time 01/12/2023 12:00 AM

First Case Manager: [REDACTED] Date/Time 01/12/2023 12:00 AM

Allegations

| Alleged Victim | Age | Allegation | Severe ? | Alleged Perpetrator | Relationship to Alleged Victim |
|----------------|------------------|---------------------|----------|--|--------------------------------|
| | | | CSEM ? | | |
| [REDACTED] | 1 Yr 4 Mos (Est) | Lack of Supervision | Yes | Unknown Participant [REDACTED] Unknown | |

Preliminary Near Death: [REDACTED]

Referent(s)

Referent Name: [REDACTED]

Role to Alleged Victim(s): [REDACTED]

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: NON-CUSTODIAL PRELIMINARY NEAR DEATH

Family Case IDs: [REDACTED]

Associated Case IDs: None

Family Case ID Detailed History:

Open Court Custody/FSS/FCIP None

Closed Court Custody [REDACTED] 7-23-21 to 4-8-22 [REDACTED] [REDACTED] 7-3-96 to 3-19-97

Pending: [REDACTED]/LOS/1-12-23 ([REDACTED])

Awaiting Screening: None

Submitted: None



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

Open CPS: None

Substantiated: [REDACTED] /NUN, LOS, DEC/ [REDACTED], [REDACTED] ASPS, AUPU/5-2-10

Death: None

Screen Outs: None

History (not listed above): None

County of Jurisdiction: [REDACTED]

School/ Daycare: None

Active Military: No

Reporter's Name/Relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (2), [REDACTED] (1), [REDACTED] (1), and [REDACTED] (2 months) reside with their birth mother, [REDACTED] and their birth father, [REDACTED] in [REDACTED] County.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
No

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

Last night, the family was staying the night at a friend's home ([REDACTED] cell [REDACTED], address [REDACTED] TN [REDACTED]. At 3:54 am today (1-12-23), [REDACTED] woke up to go to work, realized that [REDACTED] did not wake up in the middle of the night for a bottle, and went to the playpen to check on [REDACTED]. [REDACTED] picked [REDACTED] up and took him to another room and yelled for [REDACTED]. When [REDACTED] came to the room, she started performing CPR. At 3:54 am, [REDACTED] called 911 because [REDACTED] didn't have a pulse. EMS arrived at 3:59 am and took over CPR. EMS was able to get a pulse and took [REDACTED] to [REDACTED]. EMS picked [REDACTED] up and he is in route to [REDACTED]. At this time, it is unknown why [REDACTED] became unresponsive. It is also unknown what medical staff will be doing to treat [REDACTED]. At this time, it is unknown if [REDACTED] will survive. [REDACTED] was asleep in his playpen this morning with [REDACTED]. [REDACTED] stated that he remembered [REDACTED] at [REDACTED] feet when he woke up to check on them. It is unknown if its common that [REDACTED] sleeps with [REDACTED]. No foul play is suspected at the moment. [REDACTED] didn't have any bruises on his body. The parents were "torn up" and their reaction was appropriate. The family was staying the night with [REDACTED] because [REDACTED] works in construction, and they are working close to [REDACTED] this week. His boss picks him up and takes him to work. It is unknown if the family has DCS history.

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

No

-Anything additional to add to this initial report for the responding worker to know prior to response?
The children don't have any special needs or disabilities

CM Notation: None

Screener Notation: None

Emailed/Paged CPSI On Call: [REDACTED] County [REDACTED] Region was emailed notification at 9:54 am. Notification was received by both [REDACTED] and [REDACTED] at 9:54 am.

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

[REDACTED]
Region RA [REDACTED]

Per SDM: Investigation, P1. Intake is being Submitted per communication with CAH Director [REDACTED].



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

[REDACTED] TL on 1-12-23 @ 9:52 am



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

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:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

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:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 3 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 3 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 3 Mos (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 1 Yr 4 Mos (Est)

Address: [REDACTED] Tennessee [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: mom

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] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 2023-08-31 20:29:00.0 Contact Method:

Contact Time: 08:29 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 08/31/2023

Completed date: 08/31/2023 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: 08/31/2023 08:32 PM Entered By: [REDACTED] [REDACTED]

This case is approved for closure as reviewed by [REDACTED] [REDACTED] Executive Director. This case is unsubstantiated, but there is another case that is opened for services for environmental issues. Juvenile court and the district attorney will be notified with a copy of the case summary.



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: | 2023-08-29 11:35:00.0 | Contact Method: | Face To Face |
| Contact Time: | 11:35 AM | Contact Duration: | |
| Entered By: | [REDACTED] [REDACTED] [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 08/30/2023 |
| Completed date: | 08/30/2023 | Completed By: | [REDACTED] [REDACTED] [REDACTED] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | ACV Interview/Observation,Alleged Perpetrator Interview,Parent/Caretaker Interview | | |
| Contact Sub Type: | | | |

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/30/2023 10:47 AM Entered By: [REDACTED] [REDACTED] [REDACTED]
 8/29/23, 11:35 am, Face to Face Home Visit with [REDACTED] [REDACTED] [REDACTED] [REDACTED] and children- [REDACTED]
 [REDACTED] TN [REDACTED]

CM [REDACTED] arrived at the family home of [REDACTED] [REDACTED] mother of [REDACTED] [REDACTED] at 11:35 am on 8/29/23. Mr. [REDACTED] was outside in the driveway when CM pulled up to the home. Mr. [REDACTED] greeted CM and gave her permission to enter the family home on this day. Upon entering the home CM was greeted by [REDACTED] as well as Mrs. [REDACTED]. CM observed [REDACTED] and [REDACTED] standing in the living room area. CM notes [REDACTED] and [REDACTED] appeared to be healthy, alert, and active while wearing clothes which appeared to be clean and fit appropriately. CM did not observe any suspicious marks or bruises on the visible areas of [REDACTED] and/or [REDACTED] bodies on this day. [REDACTED] greeted CM and attempted to engage with her several times throughout the visit. This CM had difficulty understanding [REDACTED] while he was speaking at times but Ms. [REDACTED] assisted with the conversation when necessary.

CM asked if she could do a walk through of the home to which Mrs. [REDACTED] agreed. Ms. [REDACTED] then escorted CM through the family home. CM observed the home to have running water, working electricity, and functioning a/c units to ensure the safety and comfort of the family. CM observed the cabinets and refrigerator to be more than adequately stocked to ensure the nutritional needs of the family. CM observed an area on the ceiling in the bedroom of the family to appear to have water damage from a previous leak. CM observed the area to have mold or mildew present but did not appear to be wet or the results of an active leak. Mr. [REDACTED] advised he has plans to repair the area immediately as they are presently working on renovations of the home.

CM observed large sections of new dry wall sheets in the hallway which were reported to be sitting there while preparing for installation. CM observed the areas of the walls the have prep sections which are usually steps in



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

the renovation process. CM observed the flooring throughout the home to be made of sub flooring material which appeared to be stable and secure in nature. Mrs. [REDACTED] advised they have the linoleum but have not installed it at this time. Mr. [REDACTED] and Mrs. [REDACTED] that is also a project that is a work in process. When observing the family room CM observed what appeared to be a king size bed with a toddler bed beside it. Ms. [REDACTED] advised that [REDACTED] sleeps in the pack n play which was observed in the living room area while [REDACTED] sleeps on the toddler bed with [REDACTED] sleeping in the bed with his parents. Ms. [REDACTED] stated she is working on the piles of clothing observed on the empty area beside the bed as they are still going through stuff from the recent move. Ms. [REDACTED] states she will get everything organized to allow for more room on the open side of the bed immediately. CM notes the clutter in the room did not present as immediate safety or environmental concern but should be organized quickly to allow for more mobility in the area.

Ms. [REDACTED] reports she is not employed at this time due to the demanding schedule where it concerns services and medical appointments for the children. Ms. [REDACTED] went on to advise that Mr. [REDACTED] is employed at [REDACTED]. Ms. [REDACTED] states [REDACTED] and [REDACTED] have scheduled appointments in [REDACTED] to follow up on concerns due to being born prematurely. Ms. [REDACTED] states the doctors are assessing [REDACTED] to screen for a disorder called Pica stating there is concern because she seems to have a compulsion for swallowing or eating non food items like cigarette butts. Ms. [REDACTED] went on to state that the children have services with TEIS reporting [REDACTED] is currently being assessed for negative behaviors while looking for a pre-k program. Ms. [REDACTED] and Mr. [REDACTED] advised they will continue to follow all medical and service recommendations where it concerns the well-being and development of [REDACTED] and [REDACTED]

Mr. [REDACTED] and Ms. [REDACTED] state they are actively looking for a new residence while staying with Mr. [REDACTED] mother. CM notes Mr. [REDACTED] sister, [REDACTED] was also present in the home on this day. Ms. [REDACTED] advised [REDACTED] graduated high school early while being home schooled. CM notes [REDACTED] appeared to be healthy, alert, and well groomed while wearing clothes which appeared to fit appropriately. CM did not observe any suspicious marks or bruises on the visible areas of [REDACTED] body on this day. Ms. [REDACTED] states a family friend and her son currently reside in the home. Ms. [REDACTED] went on to state the family friend was recently approved for housing so two bedrooms will open up in about a month. Ms. [REDACTED] also advised she lives in the RV which is located beside the trailer home.

CM advised that [REDACTED] Housing is opening up appointments to be placed on waitlist starting September 6th until September 27th. CM advised [REDACTED] only opens an opportunity to be placed on wait list every few months. CM sent Mr. [REDACTED] and Ms. [REDACTED] the attachment advising as to the open dates as well as contact information for [REDACTED] via text as a reminder and each of them confirmed receipt. Ms. [REDACTED] states she will call on the first open date to set up an appointment in order to get on the waitlist for housing. CM notes the open dates are to allow for wait list options for 2, 3, and 4 bedroom options with [REDACTED] in the [REDACTED] area. There are also options mentioned in [REDACTED] and [REDACTED] on those open dates.

CM advised she will staff the case with her supervisor, TL [REDACTED] in order to determine the future of the case. CM advised she will let the family know if the case is closed since they have a stable home at this time or if there are need for more services. Mr. [REDACTED] advised they worked services with CM [REDACTED] when she had an open case with them where it concerns the death of their other son. Mr. [REDACTED] and Ms. [REDACTED] advised they do not have any other known needs, concerns, or questions at this time. CM thanked them for their time and exited the family property. CM notes she did not attempt private interviews with the children on this day due to the limitations of their ages as comprehension and understanding would not be possible where it involves motivational interviewing.



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: 2023-08-29 10:01:00.0 Contact Method:

Contact Time: 10:01 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 08/29/2023

Completed date: 08/29/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 08/29/2023 10:04 AM Entered By: [REDACTED] [REDACTED]

On January 12, 2023, the Department of Childrens Services (DCS) received the allegation of Lack of Supervision (Severe Abuse) concerning Alleged Child Victim (ACV) [REDACTED] [REDACTED] (Date of Birth: [REDACTED]) with the Alleged Perpetrator (AP) in this case listed as Unknown. On January 15, 2023, [REDACTED] passed away as a result of the allegation therefore an additional allegation of Abuse Death was added to the case. This investigation was assigned to case manager (CM) [REDACTED] [REDACTED]. This case was worked in conjunction with [REDACTED] Police Department and Detective [REDACTED] [REDACTED] Emergency Management Services (Ems), Assistant District Attorney (ADA) [REDACTED] and Team Leader (TL) [REDACTED] [REDACTED]

[REDACTED] [REDACTED] (2 months old) lived at home with his birth parents, [REDACTED] and [REDACTED]. Also living in the home were his siblings [REDACTED] and twin siblings [REDACTED] and [REDACTED]. At the time of [REDACTED] death, the family was staying with a friend of the family, [REDACTED] [REDACTED]

On January 12, 2023, [REDACTED] County Emergency Services and law enforcement responded to a call, in reference to an unresponsive infant, [REDACTED] [REDACTED]. At approximately 3:54am the father woke to get ready for work and checked on [REDACTED] because he noted [REDACTED] had not woken in the night for his feeding as was typical. The father found [REDACTED] on his back and unresponsive in a playpen he was sharing with his 1yo sibling. The father alerted the mother and immediately called 911 and the parents-initiated CPR until EMS arrived at 3:59am and took over. [REDACTED] was taken to [REDACTED] [REDACTED] where intubated, then transferred to [REDACTED] where intubated again and pic line inserted. There were no visible injuries or physical signs of abuse or neglect. [REDACTED] [REDACTED] was transported to [REDACTED] [REDACTED] before being flown to [REDACTED] Childrens Hospital.

On January 12, 2023, CM [REDACTED] interviewed [REDACTED] [REDACTED] birth mother. She reported her son [REDACTED] sleeps a lot. Ms. [REDACTED] reported [REDACTED] was put to bed around 9:30pm. She reported [REDACTED] was asleep in a pack and play with [REDACTED] but on opposite ends of the crib. Ms. [REDACTED] reported going to the bathroom early morning before her husband got up for the day and checked on the children when she was up.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Ms. [REDACTED] stated they were all fine. Ms. [REDACTED] denied there was anything in the pack and play with the children besides a little blanket on one end. Ms. [REDACTED] stated [REDACTED] weighs twenty pounds and [REDACTED] weighs twelve. She stated [REDACTED] had been admitted to the NICU after he was born in [REDACTED] Hospital in [REDACTED] as he swallowed fluids and had trouble breathing. Ms. [REDACTED] denied any other diagnosis but stated [REDACTED] rattled when he slept, and he slept on his back.

On January 12, 2023, CM [REDACTED] interviewed [REDACTED] [REDACTED] birth father. He stated on the night prior to the incident, [REDACTED] was put down to sleep as normal. Mr. [REDACTED] denied anything out of the ordinary. Mr. [REDACTED] reported normally the children sleep in their own pack and play but at this time, [REDACTED] (twelve pounds) was sleeping in a pack and play on one end and his sister [REDACTED] (twenty pounds) was asleep on the other end. When CM [REDACTED] expressed concern, Mr. [REDACTED] reported [REDACTED] does not roll much. Mr. [REDACTED] reported around 1:30am, the childrens aunt [REDACTED] checked on all the babies and they were reported to have been good. Mr. [REDACTED] reported he checked on the children around 3:30am and found [REDACTED] unresponsive. Mr. [REDACTED] stated the friend they were staying with, [REDACTED] [REDACTED] started chest compressions as 911 talked them through performing CPR. He reported CPR was continued until emergency services arrived at the home.

Detective [REDACTED] [REDACTED] and law enforcement with [REDACTED] Police interviewed the family and [REDACTED] [REDACTED] in the home of the incident on January 12, 2023 and reported there were no signs of abuse found and the story was consistent from Ms. [REDACTED] who assisted the family with CPR until medical services arrived at her home.

On January 16th, 2023, an autopsy was completed on [REDACTED] [REDACTED] [REDACTED] by [REDACTED], M.D., Center for Forensic Medicine, [REDACTED] Tennessee. The autopsy reported the cause of death was acute bronchiolitis due to rhinovirus infection with the manner of death being natural.

On June 22, 2023, Team Leader (TL) [REDACTED] [REDACTED] presented this case to the [REDACTED] County Child Protective Investigative Team. Those in attendance were Lead Investigator [REDACTED] Detective [REDACTED], Detective [REDACTED], Child Advocacy Center (CAC) director [REDACTED], CAC [REDACTED], CAC [REDACTED], Assistant District Attorney [REDACTED]. The team was in agreement that there is not a preponderance of evidence to support the allegation of Abuse Death.

Per DCS Policy Work Aid 1 Section F:

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

2. A near death, per Tennessee Code Annotated (TCA) 37-5-107(c)(4) is defined as a serious or critical medical condition resulting from abuse, neglect or child sexual abuse, as reported by a physician who has examined the child subsequent to the abuse or neglect.

NOTE: When an initial referral or a referral on an open case contains information that suggests the child is in a serious or critical medical condition as a result of the allegation(s) or has been determined to meet the criteria for an allegation of near death as defined above, the Child Abuse Hotline selects Preliminary Near Death (PND) Indicator in TFACTS on the participants tab on a new intake or the investigative persons tab on an active case. The information does not have to come from a physician.

NOTE: Preliminary near deaths are always treated as severe child abuse.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

There is not a preponderance of evidence to support the allegation of Abuse Death. This case will be closed and classified as Allegation Unsubstantiated, Perpetrator Unsubstantiated for the Abuse Death of ACV [REDACTED] [REDACTED] [REDACTED] against an Unknown 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: 2023-08-09 22:59:00.0 Contact Method:

Contact Time: 10:59 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 08/14/2023

Completed date: 08/14/2023 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: 08/14/2023 12:38 PM Entered By: [REDACTED] [REDACTED]

Case Manager (CM) [REDACTED] [REDACTED] staffed this case with Team Leader (TL) [REDACTED] [REDACTED] Closing case summary and checklist has been sent 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: | Created In Error |
| Contact Date: | 2023-07-26 12:30:00.0 | Contact Method: | Face To Face |
| Contact Time: | 12:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/27/2023 |
| Completed date: | 07/28/2023 | Completed By: | [REDACTED] [REDACTED] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Alleged Perpetrator Interview,Initial ACV Face To Face | | |
| Contact Sub Type: | | | |

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

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

Narrative Details

Narrative Type: Original Entry Date/Time: 07/28/2023 11:01 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] arrived at the home at [REDACTED]. CM [REDACTED] knocked on the door but there was no answer. CM [REDACTED] contacted the family to let them know CM was at the door. Ms. [REDACTED] stated they were just a few minutes away from the home, arriving soon after. CM explained the allegation that has been made in a new referral, asked for, and was given permission to enter the home by Ms. [REDACTED]. CM observed [REDACTED] and [REDACTED] eating chicken nuggets and fries. The current condition of the inside of the home has been observed today and needs some cleaning. The family reports going through clothes in the living room, but there was almost no walking space for the children due to the amount of clothes in the floor. There were dishes in the sink, on the counter, and on the stove. There were dishes and left-over food boxes on the kitchen table. There was a trash can sitting in the kitchen that was full and another one sitting in the living room that was also full. The father did empty the cans while CM was in the home and Ms. [REDACTED] started arranging the clothes. There is a bedroom, now a toy room that has toys from one end of the room to the other with no clear space in the floor. There are toys piled in the backyard, and tires by the front porch. There was some odor in the home and there are gnats. Ms. [REDACTED] appeared to be frustrated when CM [REDACTED] asked about the dishes in the kitchen. She stated Mr. [REDACTED] will say he is going to clean the kitchen, or do the dishes, and then he doesn't. She stated he doesn't help her as much as she needs him too. CM [REDACTED] asked Mr. [REDACTED] what he thought about what she said to which he stated he tries. CM asked the parents about their current status in counseling, remembering they seemed happier and more in-tune with one another when they were in counseling. Ms. [REDACTED] stated they were not at this time, but they needed to go back.

CM asked them about their current employment status as CM [REDACTED] was recently told Mr. [REDACTED] was working with [REDACTED]. Ms. [REDACTED] put her head down and stated she quit her job recently but did not explain why. Mr. [REDACTED] too stated he is no longer working with [REDACTED] either. CM [REDACTED] asked what happened. He stated they did not give him a check and took two months before he got his training check. CM [REDACTED] asked the parents what they now do for income. Mr. [REDACTED] stated he does various jobs and is



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

waiting to hear from Bojangles. He stated the manager is working to get hours put in and he hopes to be working on Monday.

CM [REDACTED] asked about their living situation and the home. Ms. [REDACTED] stated the rent is seven hundred dollars, but they have sent a certified letter letting their landlord, Mr. [REDACTED] know they will be withholding rent. CM [REDACTED] asked why. Ms. [REDACTED] stated Mr. [REDACTED] is telling them he has not received any payment from them. Ms. [REDACTED] showed CM [REDACTED] her pay pal transactions which did include a payment for seven hundred dollars to a person with the same name as Mr. [REDACTED] wife but there is no way to know that is the right account. CM [REDACTED] expressed concern for sending large payments through apps and not having a paper trail. Ms. [REDACTED] also expressed frustration with the home and the lease, saying there is a leak in the bedroom, the living room, and there is no washer and dryer. CM [REDACTED] asked if they have spoken with the landlord about the issues. She stated she has sent messages by text but is not sure what is going to happen. Ms. [REDACTED] gave CM [REDACTED] permission to speak with Mr. [REDACTED] about the house because she does not feel like he is able to evict her family. CM [REDACTED] agreed to speak with him, but also told her what is going on with them paying the rent or not, and withholding the rent, is not a DCS matter. CM [REDACTED] did express concern for the family being homeless in the coming weeks, which Ms. [REDACTED] does not think will happen.

Ms. [REDACTED] provided CM [REDACTED] with Mr. [REDACTED] number. CM [REDACTED] spoke with him and listened as he stated his frustration for the way the home seems to be from the outside. He stated neighbors have called him and told him the home is not looking good, that the children play in the road, and that the yard is high. CM [REDACTED] attempted to speak with Mr. [REDACTED] and told him the yard is high on one side of the home, but the family reported running out of gas in the lawnmower. He stated he left the family a riding lawnmower but is frustrated that it sounds like not only is his house not being taking care of but the family is not paying him rent. He stated, I guess I am going to have to fight them and DCS now. CM [REDACTED] asked why he thought that was the case. He stated he was told by several people that if DCS is involved it is hard to get people evicted from homes. CM [REDACTED] reported that was not the case and if people do not pay their bills they have to deal with the consequences. Mr. [REDACTED] asked if the family was using the air conditioner in the kitchen window as he feels it is a fire hazard. CM [REDACTED] explained it was not in use. Mr. [REDACTED] stated it might not be now, but they plug it up at night. CM [REDACTED] explained not being in the home at night, but that CM [REDACTED] will remind the parents of Mr. [REDACTED] concern for the air condition. Mr. [REDACTED] stated he is coming to home on Friday and would be serving the family with an eviction notice. CM thanked him for his time and ended the call.

CM [REDACTED] went back into the home and spoke with the family more. CM [REDACTED] observed [REDACTED] running back and forth through a pile of clothes the family is preparing to give away. Ms. [REDACTED] asked him several times to stop running and stating she was going to put him in time out or spank him. CM [REDACTED] asked Ms. [REDACTED] what she would do if CM [REDACTED] was not there. She smiled and stated they dont get a whipping. CM [REDACTED] asked [REDACTED] if he wanted to play a game as he started putting the clothes in the tote. [REDACTED] and [REDACTED] also helped put clothes in the tote until the clothes to be given away were packed up. Ms. [REDACTED] then took two hanging shoe organizers and filled them with shorts and t-shirts matched together for the children stating their dad is not good at mating their clothes. [REDACTED] reached for CM [REDACTED] to pick him up several times during the visit which he has not done during the course of the investigation. [REDACTED] also seemed comfortable reaching for CM [REDACTED] several times from mom and also walking through the home holding CM [REDACTED] fingers while observing the home.

CM [REDACTED] asked if the family had any other questions or concerns which they did not but continued to be adamant they were not being evicted from their home. CM [REDACTED] explained the case would be transferred to another worker in order to assist the family with ongoing services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Created In Error Entry Date/Time: 07/30/2023 03:36 PM Entered By: [REDACTED] [REDACTED]

Please mark this in error.

This should be an ACV entry.



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: | 2023-07-26 12:30:00.0 | Contact Method: | Face To Face |
| Contact Time: | 12:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/30/2023 |
| Completed date: | 07/30/2023 | Completed By: | [REDACTED] [REDACTED] |
| Purpose(s): | Permanency,Safety - Child/Community,Service Planning,Well Being | | |
| Contact Type(s): | Parent/Caretaker Interview,Sibling Interview/Observation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

100 200 300 400 500 600 700 800 900 1000

Narrative Details

Narrative Type: Original Entry Date/Time: 07/30/2023 03:39 PM Entered By: [REDACTED]
CM [REDACTED] arrived at the home at [REDACTED]. CM [REDACTED] knocked on the door but there was no answer. CM [REDACTED] contacted the family to let them know CM was at the door. Ms. [REDACTED] stated they were just a few minutes away from the home, arriving soon after. CM explained the allegation that has been made in a new referral, asked for, and was given permission to enter the home by Ms. [REDACTED]. CM observed [REDACTED] and [REDACTED] eating chicken nuggets and fries. The current condition of the inside of the home has been observed today and needs some cleaning. The family reports going through clothes in the living room, but there was almost no walking space for the children due to the amount of clothes in the floor. There were dishes in the sink, on the counter, and on the stove. There were dishes and left-over food boxes on the kitchen table. There was a trash can sitting in the kitchen that was full and another one sitting in the living room that was also full. The father did empty the cans while CM was in the home and Ms. [REDACTED] started arranging the clothes. There is a bedroom, now a toy room that has toys from one end of the room to the other with no clear space in the floor. There are toys piled in the backyard, and tires by the front porch. There was some odor in the home and there are gnats. Ms. [REDACTED] appeared to be frustrated when CM [REDACTED] asked about the dishes in the kitchen. She stated Mr. [REDACTED] will say he is going to clean the kitchen, or do the dishes, and then he doesn't. She stated he doesn't help her as much as she needs him too. CM [REDACTED] asked Mr. [REDACTED] what he thought about what she said to which he stated he tries. CM asked the parents about their current status in counseling, remembering they seemed happier and more in-tune with one another when they were in counseling. Ms. [REDACTED] stated they were not at this time, but they needed to go back.

CM asked them about their current employment status as CM [REDACTED] was recently told Mr. [REDACTED] was working with [REDACTED]. Ms. [REDACTED] put her head down and stated she quit her job recently but did not explain why. Mr. [REDACTED] too stated he is no longer working with [REDACTED] either. CM [REDACTED] asked what happened. He stated they did not give him a check and took two months before he got his training check. CM [REDACTED] asked the parents what they now do for income. Mr. [REDACTED] stated he does various jobs and is waiting to hear from Bojangles. He stated the manager is working to get hours put in and he hopes to be



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

working on Monday.

CM [REDACTED] asked about their living situation and the home. Ms. [REDACTED] stated the rent is seven hundred dollars, but they have sent a certified letter letting their landlord, Mr. [REDACTED] know they will be withholding rent. CM [REDACTED] asked why. Ms. [REDACTED] stated Mr. [REDACTED] is telling them he has not received any payment from them. Ms. [REDACTED] showed CM [REDACTED] her pay pal transactions which did include a payment for seven hundred dollars to a person with the same name as Mr. [REDACTED] wife but there is no way to know that is the right account. CM [REDACTED] expressed concern for sending large payments through apps and not having a paper trail. Ms. [REDACTED] also expressed frustration with the home and the lease, saying there is a leak in the bedroom, the living room, and there is no washer and dryer. CM [REDACTED] asked if they have spoken with the landlord about the issues. She stated she has sent messages by text but is not sure what is going to happen. Ms. [REDACTED] gave CM [REDACTED] permission to speak with Mr. [REDACTED] about the house because she does not feel like he is able to evict her family. CM [REDACTED] agreed to speak with him, but also told her what is going on with them paying the rent or not, and withholding the rent, is not a DCS matter. CM [REDACTED] did express concern for the family being homeless in the coming weeks, which Ms. [REDACTED] does not think will happen.

Ms. [REDACTED] provided CM [REDACTED] with Mr. [REDACTED] number. CM [REDACTED] spoke with him and listened as he stated his frustration for the way the home seems to be from the outside. He stated neighbors have called him and told him the home is not looking good, that the children play in the road, and that the yard is high. CM [REDACTED] attempted to speak with Mr. [REDACTED] and told him the yard is high on one side of the home, but the family reported running out of gas in the lawnmower. He stated he left the family a riding lawnmower but is frustrated that it sounds like not only is his house not being taking care of but the family is not paying him rent. He stated, I guess I am going to have to fight them and DCS now. CM [REDACTED] asked why he thought that was the case. He stated he was told by several people that if DCS is involved it is hard to get people evicted from homes. CM [REDACTED] reported that was not the case and if people do not pay their bills they have to deal with the consequences. Mr. [REDACTED] asked if the family was using the air conditioner in the kitchen window as he feels it is a fire hazard. CM [REDACTED] explained it was not in use. Mr. [REDACTED] stated it might not be now, but they plug it up at night. CM [REDACTED] explained not being in the home at night, but that CM [REDACTED] will remind the parents of Mr. [REDACTED] concern for the air condition. Mr. [REDACTED] stated he is coming to home on Friday and would be serving the family with an eviction notice. CM thanked him for his time and ended the call.

CM [REDACTED] went back into the home and spoke with the family more. CM [REDACTED] observed [REDACTED] running back and forth through a pile of clothes the family is preparing to give away. Ms. [REDACTED] asked him several times to stop running and stating she was going to put him in time out or spank him. CM [REDACTED] asked Ms. [REDACTED] what she would do if CM [REDACTED] was not there. She smiled and stated they dont get a whipping. CM [REDACTED] asked what they were going to put the clothes in, to which Mr. [REDACTED] picked up an empty tote. CM [REDACTED] asked [REDACTED] if he wanted to play a game as he started putting the clothes in the tote. [REDACTED] and [REDACTED] also helped put clothes in the tote until the clothes to be given away were packed up. Ms. [REDACTED] then took two hanging shoe organizers and filled them with shorts and t-shirts matched together for the children stating their dad is not good at mating their clothes. [REDACTED] reached for CM [REDACTED] to pick him up several times during the visit which he has not done during the course of the investigation. [REDACTED] also seemed comfortable reaching for CM [REDACTED] several times from mom and also walking through the home holding CM [REDACTED] fingers while observing the home.

CM [REDACTED] asked if the family had any other questions or concerns which they did not but continued to be adamant they were not being evicted from their home. CM [REDACTED] explained the case would be transferred to another worker in order to assist the family with ongoing services.



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: 2023-07-26 09:43:00.0 Contact Method:

Contact Time: 09:43 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/26/2023

Completed date: 07/27/2023 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type: Closing

Children Concerning

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2023 09:48 AM Entered By: [REDACTED] [REDACTED]

A new case was received in regard to the [REDACTED] family.

CM [REDACTED] will make contact with the family.

Child/Family Identification and Relationship Introduction Paragraph:

Three unknown children, ages unknown reside in the home with their mother, [REDACTED] [REDACTED] (est. 25) and father, [REDACTED] [REDACTED] (est. 25) in [REDACTED] County.

-Does the child have any special needs or disabilities?

Unknown

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

[REDACTED] stated that one of her babies died and DCS cant do anything to us because its too much like Sids. It is unknown when this happened. There is an open case due to the unknow child dying. No other information was provided. The neighbors stated that the children are in the streets, and they must holler at [REDACTED] to get them. It is unknown how often this is. [REDACTED] grass looks like it hasnt been mowed for two months, and like no one lives there. There is an air conditioner in the kitchen window and [REDACTED] was told it cant be plugged into the socket. This may cause the air conditioner to burn up because the cord doesnt match the socket. It was reported that last Friday 07/21/23 that the air conditioner is still in the window, and it is being held in place with old rags and towels between the spaces. The conditions of the inside of the home are unknown and I couldnt imagine what the inside looks like.

[REDACTED] and [REDACTED] were given the keys to the home they currently live in but was told not to move into the home until the utilities were in their name. They moved into the home on May 26 before switching the electric into their names.

[REDACTED] and [REDACTED] havent paid rent at all since they have lived there. The landlord had to pay the electric bill and was told by The Justice Center to file for an eviction. Rent is due on the 1st of the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

month but if they dont pay by the grace period on the 5th, they will be given 30 days to move out. [REDACTED] and [REDACTED] no longer have a job at [REDACTED] but it is unknown why. The home is filthy and there are concerns for the childrens safety. The landlord provided them a lawn mover to cut the grass and when it ran out of gasoline [REDACTED] left it sitting there for two weeks. There is debris and trash around the house.

[REDACTED] is said to be on drugs because of the way she acts and is loud and has a smart mouth. It is believed she is taking pills. [REDACTED] has sent text messages stating that they cant do nothing to them while living in the house. It was said that the children are playing out in the grass that has ticks in it. All the neighbors are questioning what is going on with the property. It is believed [REDACTED] is doing drugs as well because [REDACTED] is doing them. They are irresponsible people. The were put out of their last place and it is unknown why. [REDACTED] and [REDACTED] go from house to house and dont pay rent and get put out.

-Does the child have any injuries from the abuse or neglect?

Unknown

-When did the abuse or neglect occur?

In May

-Where did the abuse or neglect occur?

At home

-Has the child made a disclosure of the abuse or neglect?

No

-What do the childs parents/caregivers say about the abuse/neglect?:

[REDACTED] has sent text messages stating that they cant do nothing to them while living in the house.

-Are there any concerns for Domestic Violence in the home that pose a danger to the childs safety?

Unknown

-Is anyone in the home protective of this child? If yes, who?:

Unknown

-Where is the child currently located?:

Home

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

Currently, unknown

-Are there any concerns for the safety of a Department of Childrens Services Case Manager responding to the childs home?:

[REDACTED] carrys a pistol on his right side in a holster.



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: 2023-07-25 12:22:00.0 Contact Method:

Contact Time: 12:22 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/25/2023

Completed date: 07/25/2023 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: 07/25/2023 12:23 PM Entered By: [REDACTED] [REDACTED]

Case reviewed for Health Department Fatality Review. A new referral was received on the surviving siblings but screened out due to not meeting criteria. Autopsy has been received and the case is being updated and prepared for closure.



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: 2023-07-20 09:15:00.0 Contact Method: Phone Call

Contact Time: 09:15 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/26/2023

Completed date: 07/26/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2023 09:57 AM Entered By: [REDACTED] [REDACTED]

CM spoke with Ms. [REDACTED] on this date. CM asked how the children and family were doing. CM asked Ms. [REDACTED] about occupational and physical therapy of the children after she reported the family was doing well in the new home. Ms. [REDACTED] reported TEIS is still in the home and they will be working to complete a plan for the family. Ms. [REDACTED] reported she spoke with the new doctor at [REDACTED] Pediatrics about [REDACTED] hernia, and he will be scheduled for surgery. She stated she was also given medication for his eczema. Ms. [REDACTED] stated she has been given information for a GI specialist to assist her in [REDACTED] eating habits. CM explained watching her eat at McDonalds to which she stated [REDACTED] will eat nuggets and fries from McDonalds and she will eat Cheese Puffs but is very picky otherwise. CM suggested the food pouches from Gerbers and other baby food producers. Ms. [REDACTED] has attempted those, and [REDACTED] doesn't like them. She added she has also given her and the boys Danimals which they liked. She stated if it comes to anything vegetable besides fries, [REDACTED] will not eat them. CM asked about the children going to the dentist and back to the NICU specialist. She stated the NICU specialist are not sure that [REDACTED] feels pain and she has been told by TEIS that he has ADHD and also like CM noted his behaviors. CM asked how things have been with [REDACTED] to which she stated he is a bully to his siblings. CM asked if she was going to sign up for school. She stated they are looking to get him in Head Start or early Pre-K to possibly help with more socializing with children his own age. Ms. [REDACTED] stated the separation anxiety seems to be a thing with him. She stated she is not able to leave the room without him coming right behind her. She stated they attempted a new babysitter, but it only lasted a couple of days because of his separation issues. CM commended her for speaking up with the therapists and new doctors office and glad she is getting better feedback than she was before. She was somewhat frustrated the case is still opened which CM apologized for and explained getting things updated. Ms. [REDACTED] stated she is not mad because she knows CM has been able to see the children and knows they are taken care of but that she would like to see her case closed. CM explained feeling like monthly visits are reminders of what has happened but that they are also not easy to work from this side as well.

CM thanked Ms. [REDACTED] and vice versa for the family taking care of the children and trying to do better. They continue to enjoy the new home and are keeping them safe. Ms. [REDACTED] reported the boys have been moved into a different room in the home due to [REDACTED] being mean to the twins. Ms. [REDACTED] welcomed CM to the



Tennessee Department of Children's Services
Case Recording Summary

Case Id:

Case Name:

Case Status: Close

Organization: [REDACTED] Region

home for a visit. Ms. [REDACTED] stated they are usually in training on Tuesday and Thursday and on the 31st they have an appointment but will be available any other day.



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: 2023-07-12 15:24:00.0 Contact Method:

Contact Time: 03:24 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/12/2023

Completed date: 07/12/2023 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: 07/12/2023 03:33 PM Entered By: [REDACTED] [REDACTED]

Intake [REDACTED] was received

ncident County: [REDACTED]

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

Child is being followed by specialists for risks associated with birthweight less than or equal to 1500 grams, birthweight: 1.26 kg and gestational age less than or equal to 30 weeks. The twins have been lost to follow up since January. Children need Pt/Ot and were receiving therapy at [REDACTED] mom stopped therapies approx one month ago stating that the commitment of 2-3 hours twice a week was difficult.

Referral for swallow study, no one was able to reach parent to schedule with [REDACTED] Childrens. parent reports that her MIL took the children to a swallow study follow up in [REDACTED] but does not know the result. (we are working on getting those records).

Parent describes the children as "not a people person: because they whine constantly. Parent states that children only drink almond milk and eat chicken nuggets and that [REDACTED] chokes every time she eats or drinks.

Concern for twins with older brother who reportedly hits the kids heads into the baby gate repeatedly leaving bruising. Mom reports that [REDACTED] "does not feel pain." she reports finding blisters (like he had been burnt) on him and not knowing where they came from because he did not cry out. Another instance he had a nail stuck in his foot that was dripping blood, per mom, and he had not made a sound when it had happened.

Team concerned for kids wellbeing at home, and hence the referral. Reportedly they also receive TEIS services at this time.

When did the abuse or neglect occur?:

Concern for ongoing neglect.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Does the child have any injuries from the abuse or neglect? If yes, please describe the injuries to the child.:
Can see the scars from above stated physical injuries to [REDACTED]

Does the child need medical care? Has the child received medical care? If so, where?:
Yes, children need Pt/Ot.

Describe in detail how the child has been affected or harmed by the abuse or neglect.:
Concern for development and safety at home.

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

Has the child made a disclosure of the abuse or neglect? If yes, what did the child disclose? Who did the child tell?:
Child is 18 months.

What do the child's parents/caregivers say about the abuse/neglect?:
Parent detailed all the above.

Is anyone in the home protective of this child? If yes, who?:
Unknown, parent feels she is protective, but it is unclear at this time.

When will the alleged perpetrator have access to the child again? Is the child currently safe for the next 24 hours to 3 business days?:
Parents with Custody.

Does the child have any special needs or disabilities? Please describe.:
.

Are there any concerns for the safety of a Department of Children's Services Case Manager responding to the child's home?:
Unknown at this time.

END WEB REPORT

Per SDM: Screen out/ Does not meet the definition of abuse or neglect as established by Tennessee Law and Rules/
[REDACTED] CM2/ 07.12.2023 @ 12:02PM



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: 2023-07-11 08:00:00.0 Contact Method:

Contact Time: 08:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/30/2023

Completed date: 07/30/2023 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: 07/30/2023 03:21 PM Entered By: [REDACTED] [REDACTED]

Team Leader (TL) [REDACTED] [REDACTED] requested local background checks. These have been uploaded under documents.



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: 2023-06-22 14:00:00.0 Contact Method: Face To Face

Contact Time: 02:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Other Community Site Created Date: 07/03/2023

Completed date: 07/03/2023 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: 07/03/2023 08:59 AM Entered By: [REDACTED] [REDACTED]

Team Leader (TL) [REDACTED] presented this case to CPIT.

Present was Detective [REDACTED] [REDACTED] Detective [REDACTED], CAC [REDACTED], CAC [REDACTED], CAC [REDACTED], ADA [REDACTED].

CPIT was in agreement with the classification of Allegation Unsubstantiated Perpetrator Unsubstantiated.



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: 2023-06-20 09:07:00.0 Contact Method:

Contact Time: 09:07 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 07/03/2023

Completed date: 07/03/2023 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: 07/03/2023 08:57 AM Entered By: [REDACTED] [REDACTED]

Case Manager (CM) [REDACTED] staffed this case with Team Leader (TL) [REDACTED] CM reported that autopsy is back. CM needs to complete CPIT, Closing Summary and Checklist. CM will also do a follow up with the family.



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: 2023-06-06 08:33:00.0 Contact Method:

Contact Time: 08:33 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:38 AM Entered By: [REDACTED] [REDACTED]

CM Tucker provided CM [REDACTED] with resource information for the [REDACTED] Center in [REDACTED] CM [REDACTED] provide the resource information to Ms. [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: 2023-06-01 12:30:00.0 Contact Method: Face To Face

Contact Time: 12:30 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Family Home Created Date: 07/27/2023

Completed date: 07/27/2023 Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 12:04 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] received a message from Ms. [REDACTED] who stated if you have time and just want to swing by anytime the address is [REDACTED] [REDACTED] living room is a wreck, but we are working on it.

CM asked for and was given permission to enter the home by Ms. [REDACTED] CM observed boxes broken down to the left of the room where the family has emptied their belongings. They report still working on getting more big furniture but like that they are no longer in a trailer. [REDACTED] was observed playing with a play sink that makes bubbles, while [REDACTED] and [REDACTED] were playing with toys in the floor with their dad. The home was clean and appeared safe. The twins had their own room with two toddler beds while [REDACTED] has his own room but sleeps in the bed with his parents. There is food observed in the home, and the childrens needs are being met at this time. CM asked if the parents were still working with Mr. [REDACTED] reporting he was, and Ms. [REDACTED] stated she is working at [REDACTED] or [REDACTED] CM asked if the children and family is still working with Tennessee Early Intervention Services. It was reported the assessment has been completed and the family will be seeing another working in a few days. CM asked again about childrens services and maintaining their therapies.



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: 2023-06-01 10:06:00.0 Contact Method: Correspondence

Contact Time: 10:06 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/31/2023

Completed date: 07/31/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2023 10:30 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] received a message from Ms. [REDACTED] who stated if you have time and just want to swing by anytime the address is [REDACTED] [REDACTED] living room is a wreck, but we are working on it.



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: 2023-05-30 14:59:00.0 Contact Method:

Contact Time: 02:59 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:37 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] asked CM [REDACTED] if she could help CM get groceries for the family as they have just moved.

CM [REDACTED] responded yes we can.



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: 2023-05-30 14:00:00.0 Contact Method:

Contact Time: 02:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/31/2023

Completed date: 07/31/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2023 11:02 AM Entered By: [REDACTED] [REDACTED]

Medical records have been received on [REDACTED] and [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: 2023-05-30 09:30:00.0 Contact Method: Correspondence

Contact Time: 09:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 12:01 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] responded to Ms. [REDACTED] letting her know CM [REDACTED] was going to work on getting the family some food.

Ms. [REDACTED] reported she is going to apply for food stamps as well.



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: 2023-05-29 17:08:00.0 Contact Method: Correspondence

Contact Time: 05:08 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:58 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] receive a message from Ms. [REDACTED] Ms. [REDACTED] asked if it is legal for CM [REDACTED] to provide her a copy of [REDACTED] health records you have. Im trying to get them all but everywhere is wanting me to pay them \$30-50 for his medical records.



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: 2023-05-29 17:08:00.0 Contact Method: Correspondence

Contact Time: 05:08 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 12:00 PM Entered By: [REDACTED] [REDACTED]

CM received a message from Ms. [REDACTED] who reported we have signed the lease and are moving in should have our stuff in by the end of the week dont know when we will start staying there because we used everything, we had on paying to get in so got to save up some money for groceries.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
Contact Date: 2023-05-26 15:00:00.0 Contact Method:
Contact Time: 03:00 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 07/31/2023
Completed date: 08/01/2023 Completed By: System Completed
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Notation
Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

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



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: 2023-05-26 12:45:00.0 Contact Method:

Contact Time: 12:45 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 05/30/2023

Completed date: 05/30/2023 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: 05/30/2023 01:44 PM Entered By: [REDACTED] [REDACTED]

Case Manager (CM) [REDACTED] staffed this case with Team Leader (TL) [REDACTED] CM reported that the Autopsy is back. CM is going to follow up with the family, present case to CPIT, complete a closing FAST, submit closing summary 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: System Completed
Contact Date: 2023-05-24 14:05:00.0 Contact Method:
Contact Time: 02:05 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Created Date: 07/31/2023
Completed date: 08/01/2023 Completed By: System Completed
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: Entered By:
null



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: 2023-05-24 12:30:00.0 Contact Method: Face To Face

Contact Time: 12:30 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Other Community Site Created Date: 07/27/2023

Completed date: 07/27/2023 Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]
[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:53 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] spoke with Ms. [REDACTED] and agreed to meet with the family at McDonald's in [REDACTED] CM observed [REDACTED] and [REDACTED] to be sitting in booster seats at the table with their parents. Mr. [REDACTED] asked if CM [REDACTED] wanted lunch to which CM [REDACTED] declined but thanked him for the offer. The twins were eating chicken nuggets and fries, while [REDACTED] was eating a chicken sandwich. Several times [REDACTED] got out of his seat and walked around the table to talk to his dad and also had to be reprimanded for hitting on the twins.

CM [REDACTED] spoke to the twins, and [REDACTED] smiled while [REDACTED] laid her head over on her mothers arm. CM Asked [REDACTED] if he liked his sandwich. He said yes before he dropped it on the floor and proceeded to pick at his fries and other food on the table. The children appeared healthy on this date. Mr. and Ms. [REDACTED] report they should be moving soon and hope to sign the lease for the new home over the next few days. CM asked if they were in need of anything to which she stated they were not at the moment. Ms. [REDACTED] reported she was not contacted about totes which CM again agreed to work on supplying her with some but Ms. [REDACTED] stated she might be able to purchase them on her own. CM asked if the parents were still going to counseling. Mr. and Ms. [REDACTED] stated they are still working through things but want to get moved as it has put a strain on them. CM asked if they were in need of anything to which they stated they were not at the moment but agreed to contact CM if needed. Mr. [REDACTED] and CM discussed work and income. He reported he has a new job and makes commission on top of pay. CM [REDACTED] asked what he was doing, to which Mr. [REDACTED] reported he rides around and checks with people about getting their roofs repaired and turns them into jobs for the employer. He reported liking the job, CM [REDACTED] commended him working to get a job he liked better. CM helped the parents clean up around the table and walked with them to get the children into the van and ended the visit.



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: 2023-05-24 12:03:00.0 Contact Method: Face To Face
Contact Time: 12:03 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Other Community Site Created Date: 07/25/2023
Completed date: 07/26/2023 Completed By: TFACTS, Person Merge
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/25/2023 12:44 PM Entered By: [REDACTED] [REDACTED]
CPSI

Narrative Type: Created In Error Entry Date/Time: 07/27/2023 12:17 PM Entered By: [REDACTED] [REDACTED]

Please mark this in error.



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: 2023-05-24 08:36:00.0 Contact Method:

Contact Time: 08:36 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/31/2023

Completed date: 07/31/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2023 10:27 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] received a fax with the autopsy for [REDACTED] [REDACTED]

CM [REDACTED] reviewed the autopsy:

On January 16th, 2023, an autopsy was completed on [REDACTED] [REDACTED] [REDACTED] by [REDACTED] with the Center for Forensic Medicine, [REDACTED] Tennessee. The autopsy reported the cause of death was acute bronchiolitis due to rhinovirus infection with the manner of death being natural.



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: 2023-05-16 11:53:00.0 Contact Method: Phone Call

Contact Time: 11:53 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:51 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] spoke with Ms. [REDACTED] and asked if the family has moved as CM [REDACTED] had not heard from the family. Ms. [REDACTED] reported they have not moved but hope to do at the end of the week and hope to be moved in next week. CM [REDACTED] asked if the family needed anything to get moved. Ms. [REDACTED] stated they have everything they need and are currently still in the trailer in [REDACTED]. CM [REDACTED] asked for the address of the new home they were moving too. Ms. [REDACTED] reported they were moving to [REDACTED] in [REDACTED]. She stated they may need help getting a toddler bed and a couple of mattresses. CM [REDACTED] asked for her to just let CM [REDACTED] know if that was the case and CM would assist.



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: 2023-05-11 15:20:00.0 Contact Method: Phone Call

Contact Time: 03:20 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/26/2023

Completed date: 07/26/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2023 10:01 AM Entered By: [REDACTED] [REDACTED]

CM spoke with Ms. [REDACTED] on this date. CM asked if the family had any needs to which the family reported needing help with groceries as they will be moving into their new home next week. They report they had not been able to pick up the totes told them about, but they would be looking for dressers now that they are moving into [REDACTED] County. The paternal grandmother reported the parents would clean the room as recommended by CM and it would be that way for a while, and they will let it go after CM completed a visit. CM asked if she felt the children were safe as they always appeared clean and healthy. She stated that her son and his wife take care of the children but get lazy. CM reminded her they are young parents and have a lot going on and on their hands. CM explained holding the case longer than it probably should be but wanting to make sure they are on their feet and have what they need and waiting on medical records that have been requested.



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: 2023-05-11 15:00:00.0 Contact Method:

Contact Time: 03:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:43 AM Entered By: [REDACTED] [REDACTED]

CM spoke with the paternal grandmother who stated the [REDACTED] were planning on moving into another home, hopefully this month. CM asked if she had concerns for the children. Ms. [REDACTED] reported the parents are good parents, but sometimes slack on cleaning. She stated Ms. [REDACTED] is sometimes lazy and just lets things go. CM stated to Ms. [REDACTED] that Ms. [REDACTED] has had a touch year and has her hands full still with three little ones, like having triplets. CM agreed to contact Ms. [REDACTED] and will help as possible.



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: 2023-04-24 07:58:00.0 Contact Method: Correspondence

Contact Time: 07:58 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:41 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] responded to Ms. [REDACTED] with information as to housing in [REDACTED] CM asked if something was wrong or if something happened.

Ms. [REDACTED] responded that nothing has happened, but she was afraid that her mother in law was going to be asking them to leave the home eventually and Ms. [REDACTED] is trying to plan in advance.

CM [REDACTED] that the family keep CM in the know and contact CM if there were changes.



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: 2023-04-22 17:39:00.0 Contact Method: Correspondence

Contact Time: 05:39 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:39 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] received a message from Ms. [REDACTED] asking if CM knew resources for emergency housing.



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 12:06:00.0 Contact Method:

Contact Time: 12:06 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/27/2023

Completed date: 07/27/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/27/2023 11:27 AM Entered By: [REDACTED] [REDACTED]
CM [REDACTED] contacted CM [REDACTED] with Resource Linkage asking for assistance to provide totes for the family.

Narrative Type: Addendum 1 Entry Date/Time: 07/27/2023 11:27 AM Entered By: [REDACTED] [REDACTED]
CM [REDACTED] later asked about assistance with a toddler bed and mattress as well.

CM [REDACTED] responded to CM [REDACTED] that a toddler bed was available, but that time was needed to look for a mattress. CM [REDACTED] thanked 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: 2023-03-28 15:08:00.0 Contact Method: Face To Face

Contact Time: 03:08 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Family Home 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): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/18/2023 11:51 AM Entered By: [REDACTED] [REDACTED]

CM arrived at the family home in order to see the children and assess for needs. The family has moved back to [REDACTED] Tennessee and residing now at [REDACTED]. CM observed a travel trailer upon entering the driveway and a larger single wide trailer sitting to the right of the camper. [REDACTED] was observed outside playing and his mother and grandmother were taking time about standing outside with him. CM spoke with [REDACTED] as he tried to ride on several motorized riding toys only to find the batteries were dead in them. He kicked around some toys and played a few more minutes before CM asked for and was given permission to enter the home with the family. [REDACTED] and [REDACTED] were observed in the home. [REDACTED] was mostly clean and wanted to be held by her grandmother, while [REDACTED] was sitting in a highchair finishing his and his sister's food left on her own tray. The home was observed to be small and cluttered, but it appeared the children's needs are being met.

CM spoke with Ms. [REDACTED] who seemed overwhelmed and seemed standoff-ish with CM. CM asked what was wrong, and how CM could help, but Ms. [REDACTED] denied a need. CM observed a large pile of clothes in the corner of the master bedroom and asked the plan for organizing the clothes in the room. Ms. [REDACTED] reported she had planned to use dressers but was not sure when she would have those available. CM offered to work on getting storage bins or totes to assist the family if needed but again Ms. [REDACTED] denied a need.

CM observed food, clothes, diapers, and wipes for the children during this visit.

The children's aunt was in the home with their grandmother and reported no concerns for the children at this time.

Ms. [REDACTED] continues to support the family but has concern for her son and daughter. CM asked about counseling, and she stated they were working on getting something set up.

CM thanked Ms. [REDACTED] for helping the parents as they are young parents and seem very overwhelmed with everything going on over the last few months and also with still having three children in the home aged two and under.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 04/18/2023 11:54 AM Entered By: [REDACTED] [REDACTED]

CM received a message after leaving the home. Ms. [REDACTED] sent a message letting CM know that Ms. [REDACTED] would like to get some totes if CM is able to get some for 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: 2023-03-15 15:08:00.0 Contact Method:

Contact Time: 03:08 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 03/30/2023

Completed date: 03/30/2023 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: 03/30/2023 09:14 AM Entered By: [REDACTED] [REDACTED]

Case Manager (CM) [REDACTED] staffed this case with Team Leader (TL) [REDACTED] CM reported that CM is still waiting on the Autopsy. CM is going to follow up with the family monthly since there is other children's in the home and present to CPIT once the Autopsy 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: Created In Error

Contact Date: 2023-01-30 10:15:00.0 Contact Method:

Contact Time: 10:15 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/12/2023

Completed date: 02/12/2023 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: 02/12/2023 04:01 PM Entered By: [REDACTED] [REDACTED]

Case Manager (CM) [REDACTED] staffed this case with Team Leader (TL) [REDACTED] [REDACTED] CM needs to prepare case for closure.

Narrative Type: Created In Error Entry Date/Time: 02/12/2023 04:19 PM Entered By: [REDACTED] [REDACTED]
entered in wrong 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: 2023-01-30 10:15:00.0 Contact Method:

Contact Time: 10:15 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 02/12/2023

Completed date: 02/12/2023 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: 02/12/2023 04:22 PM Entered By: [REDACTED] [REDACTED]

Case Manager (CM) [REDACTED] staffed this case with Team Leader (TL) [REDACTED] CM is still waiting on medical records and the autopsy; once received CM will present to CPIT and prepare for closure.



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: 2023-01-25 15:00:00.0 Contact Method:

Contact Time: 03:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/31/2023

Completed date: 07/31/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2023 10:51 AM Entered By: [REDACTED] [REDACTED]

Medical records were received for [REDACTED] [REDACTED] on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 2023-01-23 12:10:00.0 Contact Method:

Contact Time: 12:10 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 02/06/2023

Completed date: 02/06/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2023 04:43 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] spoke with Detective [REDACTED] as to the [REDACTED] [REDACTED] case and provided him with an update as to what CM [REDACTED] has completed at 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: 2023-01-17 17:22:00.0 Contact Method:

Contact Time: 05:22 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 02/06/2023

Completed date: 02/06/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2023 04:40 PM Entered By: [REDACTED] [REDACTED]

Medical records were requested for [REDACTED] from [REDACTED] Children's Hospital, [REDACTED] [REDACTED] in [REDACTED] and [REDACTED] Pediatrics. This will include birth records and medical records.



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: 2023-01-17 15:45:00.0 Contact Method: Face To Face

Contact Time: 03:45 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Family Home Created Date: 02/06/2023

Completed date: 02/06/2023 Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]
[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2023 04:37 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] and CM Selby asked for and was given permission to enter the home by Ms. [REDACTED] and Ms. [REDACTED]. The home was observed to be clean and free of safety hazards. The children have their own pack and play to sleep in and there is food in the home. The home was warm and has electricity. Also living in the home are Mr. [REDACTED] parents, great grandparents of the children. They report no concerns for the children being in the home or their parents ability to care for the children.

CM [REDACTED] spoke with Ms. [REDACTED] who reported she is doing okay and does not feel she needs services at this time. Mr. [REDACTED] reported the same. CM spoke with the family who reminded CM that [REDACTED] passing date was January 15th and that in the time after CM [REDACTED] left the hospital, [REDACTED] little body doubled in size. Ms. [REDACTED] and Mr. [REDACTED] sister [REDACTED] showed CM [REDACTED] pictures of [REDACTED] who was swollen compared to what he was when CM [REDACTED] saw him in the hospital on January 12th, 2023.

CM [REDACTED] and Ms. [REDACTED] discussed releases of information for the children and to also get medical records for which she signed.

[REDACTED] and [REDACTED] were observed on this date. The children were all fairly active with [REDACTED] playing all over the room during the visit. No concerns were reported and CM [REDACTED] spoke with Mr. and Ms. [REDACTED] about grief counseling before asking again if they felt they needed services from the department which they denied. Ms. [REDACTED] reported they will be speaking with [REDACTED] for [REDACTED] ("in case things possibly sick in his head") and the parents will also be seeking services there. CM [REDACTED] asked about the home visit in [REDACTED] but the family reported they will be staying in [REDACTED] in part so that Mr. [REDACTED] is closer to work and Ms. [REDACTED] has more help with the children.

This home visit took place at [REDACTED] in [REDACTED] County.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 07/26/2023 09:38 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] briefly spoke with the paternal aunt [REDACTED] teenaged, who had been with the family when [REDACTED] was found unresponsive. [REDACTED] spoke briefly denying having concerns for the children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 2023-01-17 15:00:00.0 Contact Method: Phone Call

Contact Time: 03:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 01/17/2023

Completed date: 01/17/2023 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]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/17/2023 03:23 PM Entered By: [REDACTED] [REDACTED]

CM spoke with Ms. [REDACTED] on this date. CM explained completing a home visit with the family. Ms. [REDACTED] reported the children had dentist appointments and WIC appointments today. She added they are going to the funeral home to discuss funeral arrangements for [REDACTED] this afternoon as well. CM will visit with the family later this afternoon at the maternal grandmother's home. CM thanked Ms. [REDACTED] for the information and the call was ended.



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: 2023-01-17 15:00:00.0 Contact Method: Attempted Face To Face

Contact Time: 03:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Family Home Created Date: 02/06/2023

Completed date: 02/06/2023 Completed By: [REDACTED] [REDACTED]

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

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

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2023 02:24 PM Entered By: [REDACTED] [REDACTED]

CM attempted to set up a time to complete a home visit with the family and to see the other children. Ms. [REDACTED] reported the children have a WIC appointment and also a dentist appointment this afternoon. Ms. [REDACTED] added the family was then going to the funeral home in order to make arrangements for the funeral. CM agreed to meet with the family after they were finished with their errands.



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: 2023-01-17 14:00:00.0 Contact Method:

Contact Time: 02:00 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 01/25/2023

Completed date: 01/25/2023 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: 01/25/2023 11:54 AM Entered By: [REDACTED]

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

The CPS investigation was initially assigned as a Preliminary Near Death (PND) investigation on 1/12/23 concerning allegations of Lack of Supervision for ACV [REDACTED] (2mo). [REDACTED] died on 1/15/23 as a result of this incident with an Abuse Death allegation added on 1/17/23. It was reported [REDACTED] resided with his birth mother [REDACTED] birth father [REDACTED] and three siblings [REDACTED] 1yo/twin, [REDACTED] 1yo/twin, and [REDACTED] 2yo]. The family has no history with DCS, although the parents do have history as minors.

On 1/12/23 at approximately 3:54am the father woke to get ready for work and checked on [REDACTED] because he noted [REDACTED] had not woken in the night for his feeding as was typical. The father found [REDACTED] on his back and unresponsive in a playpen he was sharing with his 1yo sibling. The father alerted the mother and immediately called 911 and the parents initiated CPR until EMS arrived at 3:59am and took over. [REDACTED] was taken to [REDACTED] where intubated, then transferred to [REDACTED] where intubated again and pic line inserted. There were no visible injuries or physical signs of abuse or neglect. The parents have signed releases and CM took the family gas cards over the past week. [REDACTED] passed away on 1/15/23. LE did not report any concerns with the home or environment at the scene. Other adults present were interviewed. The family was staying with a friend at the time of the incident as it was closer to the fathers current construction site. The parents reported no current health concerns for [REDACTED] but stated at birth he had swallowed fluid and had to stay in the hospital a few days as a result. The parents reported developmental, sensory, and feeding issues with the 1yo female twin, and they receive services through TEIS and NICU through [REDACTED]. The 1yo male twin also had physical and occupational therapy but was cleared of any needs according to the parents. CM discussed safe sleep with the family. The family has a strong support network.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Next Steps:

- CM will request current incident medical records for ACV, as well as birth and PCP. Records will be reviewed and uploaded to TFACTS.
- CM will request medical/PCP records for the twins and request Safety Nurse review records to determine if any needs are present to address with services.
- CM will complete home visit and face to face contact with the siblings and parents.
- 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 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: 2023-01-13 09:00:00.0 Contact Method:

Contact Time: 09:00 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/31/2023

Completed date: 07/31/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/31/2023 10:36 AM Entered By: [REDACTED] [REDACTED]

Family Composition for the family:

Children:

ACV: [REDACTED] DOB: [REDACTED]
 DOB: [REDACTED]
 DOB: [REDACTED] DOB: [REDACTED]

Mother:

[REDACTED], [REDACTED]
 Contact: [REDACTED]

Father:

[REDACTED], [REDACTED]
 Contact: [REDACTED]

Currently staying in the home with paternal grandparents [REDACTED] and [REDACTED]

[REDACTED]
 TN
 [REDACTED]

There was no TFACTS history located on the [REDACTED] children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 08/02/2023 11:23 AM Entered By: [REDACTED] [REDACTED]

Household Composition at incident home:

Mother: [REDACTED]

children in the home: [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: 2023-01-12 10:42:00.0 Contact Method: Face To Face

Contact Time: 10:42 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Hospital Created Date: 01/17/2023

Completed date: 01/17/2023 Completed By: [REDACTED] [REDACTED]

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

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

Children Concerning

[REDACTED] [REDACTED] [REDACTED]

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/17/2023 11:15 AM Entered By: [REDACTED] [REDACTED]

Case Manager [REDACTED] (CM) observed [REDACTED] briefly on this date. He is in the Pediatric Intensive Care Unit at [REDACTED] hospital. CM is not able to enter the room at this time as the medical team is attempting to change his intubation tubing and put a new IV lead in his hand per Doctor [REDACTED]. CM will be allowed to observe [REDACTED] in the room once the procedures are 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: | 2023-01-12 10:42:00.0 | Contact Method: | Face To Face |
| Contact Time: | 10:42 AM | Contact Duration: | |
| Entered By: | [REDACTED] [REDACTED] | Recorded For: | |
| Location: | Hospital | Created Date: | 02/06/2023 |
| Completed date: | 02/06/2023 | 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: 02/06/2023 04:24 PM Entered By: [REDACTED] [REDACTED]

On January 12, 2023 CM [REDACTED] made introductions and attempted to speak privately with Mr. or Ms. [REDACTED] Mr. and Ms. [REDACTED] did not want to leave the presence of their parents. Also present at this time were the maternal grandmother [REDACTED], and paternal grandparents, [REDACTED] and [REDACTED]. CM [REDACTED] explained the referral received by the Department of Childrens Ms. [REDACTED] and Mr. [REDACTED] report they have three other children besides baby [REDACTED]. They have two-year [REDACTED] and one year old twins [REDACTED] and [REDACTED]. After making introductions to the family and explaining the referral, CM asked Ms. [REDACTED] how a normal day looks for the family. Ms. [REDACTED] reported the twins wake up around 7:30 am and take a bottle before they go back to sleep. Around 8:30 9:00 am, unless they are with their grandmother they have breakfast, take a bottle, and get diapers changed. She reported they have naps around 11a.m. and they sleep for about two hours. The twins go back down for naps around 3:30-4:00 and sleep for about an hour.

As to [REDACTED] Ms. [REDACTED] reported he sleeps a lot. Ms. [REDACTED] reported he wakes up to eat and eats every two hours on the dot. [REDACTED] wakes up and takes his milk and gets a diaper change. He plays for a bit and on a good day, will take a nap. According to Ms. [REDACTED] has shown signs of regression lately as to napping. She added he is working to be potty trained and will sometimes go to the bathroom voluntarily.

CM [REDACTED] asked if any of the children co-sleep to which Ms. and Mr. [REDACTED] reported [REDACTED] does co-sleep. Mr. [REDACTED] stated normally the other children sleep alone in their own pack and play. CM [REDACTED] discussed co-sleeping with the children and the cons of such which Mr. and Ms. [REDACTED] stated they understood.

CM [REDACTED] asked Mr. [REDACTED] about the incident that occurred this morning and asked him to walk through the night from the time [REDACTED] was put to bed, until the time Mr. [REDACTED] went in to check on him this morning. Mr. [REDACTED] reported putting [REDACTED] down for to sleep at 9:30pm. He denied there was anything out of the ordinary. Mr. [REDACTED] reported that around 1:30am [REDACTED] aunt [REDACTED] went in to check on him and his siblings and they were all good. Ms. [REDACTED] stated then she went to the bathroom some time after that and the children were all fine. Mr. [REDACTED] stated then, he checked on them at 3:30 am and found [REDACTED] to be unresponsive.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

CM [REDACTED] asked what happened next. Mr. [REDACTED] stated their friend, [REDACTED] [REDACTED] started chest compressions as 911 talked them through giving the baby mouth to mouth and also the compressions. CM [REDACTED] asked how long this was performed, to which Mr. and Ms. [REDACTED] were not sure, but stated it was continued until emergency services arrived at the home.

CM asked what was in the crib/pack and play that he was sleeping in. They denied there was anything in the bed besides a little blanket on one end. Mr. [REDACTED] then added his sister [REDACTED] was sleeping on the other end of the pack and play. CM [REDACTED] expressed concern for the babies sleeping in the same bed. Ms. [REDACTED] reported [REDACTED] was born at twenty-five weeks and weighs twenty pounds. CM [REDACTED] asked how much [REDACTED] weighs to which he reported [REDACTED] weighs twelve pounds. Mr. and Ms. [REDACTED] stated again the children were at opposite ends of the pack and play. Ms. [REDACTED] reported because [REDACTED] was born premature and is not rolling very well yet.

CM [REDACTED] asked about the birth of the twins and also of [REDACTED]. Ms. [REDACTED] reported the twins were in Neonatal Intensive Care Unit NICU for two months. Ms. [REDACTED] reported [REDACTED] was admitted to the NICU after he was born in [REDACTED] Hospital in [REDACTED] as he swallowed fluids and had trouble breathing. CM [REDACTED] asked if he had been diagnosed with anything to which Mr. and Ms. [REDACTED] reported they had not. Mr. [REDACTED] reported [REDACTED] rattles while he sleeps and he sleeps on his back. CM [REDACTED] asked to have that explained, to Ms. [REDACTED] stated he breathes heavy and also kind of shallow. CM [REDACTED] asked if any of the other children were diagnosed with any medical needs. Ms. [REDACTED] reported [REDACTED] possibly has asthma. CM [REDACTED] asked it runs in the family to which Ms. [REDACTED] stated Mr. [REDACTED] was diagnosed when he was younger but grew out of it and both of his parents were diagnosed as well. She also reported [REDACTED] and [REDACTED] have season allergies. CM [REDACTED] spoke with the parents as to Tennessee Early Intervention Services to which [REDACTED] has been assessed in the past for Physical therapy and Occupational therapy and also speech but was cleared for no services. As to the twins, they are currently in a NICU program. [REDACTED] has feeding therapy as she has sensory issues and more of a newborn gag reflex.

CM [REDACTED] spoke with Mr. and Ms. [REDACTED] about counseling as this has to be a lot for them to go through having four babies ages two and under. Ms. [REDACTED] reported they do not need it at this time and they have a good support system.

CM [REDACTED] asked Mr. [REDACTED] where the family currently lives to which he stated they live in [REDACTED]. CM [REDACTED] asked Mr. and Ms. [REDACTED] if they received any government assistance. Ms. [REDACTED] reported she would be reapplying for food stamps. CM [REDACTED] asked if the family was in need of anything else at this time. Ms. [REDACTED] then spoke privately with CM [REDACTED] and stated the home they live in has flooring, but it is plywood, but there are no holes in the floor. She reported the walls are sheet rock, but the family is in the middle of making repairs to the home. CM explained mainly making sure the children are safe and the home is safe. Ms. [REDACTED] thanked CM [REDACTED] for explaining things and making her feel comfortable. CM [REDACTED] offered gas cards to the family for gas as they are not sure how long she will be traveling to and from [REDACTED].

CM [REDACTED] asked Ms. [REDACTED] if she had any other questions or concerns. Ms. [REDACTED] reported she had spoken to a detective before leaving for [REDACTED] who told her this cannot be a SIDS case as the baby was brought back. Ms. [REDACTED] reported however Dr. [REDACTED] with [REDACTED] told her that was medically wrong. CM [REDACTED] explained not having an answer as to what happened until the autopsy was complete and that it is possible they would still not be able to say what happened. With no additional questions or concerns CM [REDACTED] thanked the family and left 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: 2023-01-12 10:30:00.0 Contact Method:

Contact Time: 10:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 02/06/2023

Completed date: 02/06/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2023 02:18 PM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] spoke with social worker [REDACTED]. She reported having spoken the family and them reporting they had spent the night with friends last night. She reports no trauma was reported or has been found at this time. She reported it had been stated that [REDACTED] had been sleeping in the bed (pack and play or play pen) with his sister, [REDACTED]. She reported the paternal aunt had gone in to check on the children at 1:30 a.m. and she stated the children were fine at that time.

According to Ms. [REDACTED] the father went into the room around 3:30 or 3:45 and he found [REDACTED] unresponsive. It was reported to her that the children were on separate ends of the play pen they were in. Ms. [REDACTED] stated it had been reported to her that [REDACTED] had breathing problems when he was born.

At 3:30 the father was awake and went back to check on all the children around 3:50 a.m. and [REDACTED] was not breathing. He reportedly went and got his wife who called 911. There was reportedly ten minutes of CPR. The family reported he was running a fever a week ago but nothing is being reported at this time. The family reported living in [REDACTED] but were supposedly staying with friends in [REDACTED] at the time [REDACTED] was found unresponsive.

CM [REDACTED] and the social worker stopped by room 5311.

Dr. [REDACTED] and a host of nurses were working on [REDACTED] and changing his intubation tube. No immediate signs of trauma were reported at 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: 2023-01-12 09:45:00.0 Contact Method: Phone Call

Contact Time: 09:45 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/26/2023

Completed date: 07/26/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 07/26/2023 09:40 AM Entered By: [REDACTED] [REDACTED]

CM [REDACTED] spoke with Detective [REDACTED] and Assistant District Attorney [REDACTED] in order to convene CPIT.



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: 2023-01-12 09:41:00.0 Contact Method: Phone Call

Contact Time: 09:41 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 02/06/2023

Completed date: 02/06/2023 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)**

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/06/2023 02:15 PM Entered By: [REDACTED] [REDACTED]

CM spoke with the referent on this date. No additional information was provided at 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: 2023-01-12 08:30:00.0 Contact Method:

Contact Time: 08:30 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 01/25/2023

Completed date: 01/25/2023 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: 01/25/2023 10:16 AM Entered By: [REDACTED] [REDACTED]

Case Manager (CM) [REDACTED] was assigned to this investigation.

The intake date is 1/12/2023. The priority is a 3. The response due date is 1/13/2023.

The Alleged Child Victim (ACV) is listed as [REDACTED] [REDACTED] The Alleged Perpetrator (AP) is listed as Unknown.

Other persons listed as [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

The Allegation is listed as Lack of Supervision, Severe.

CM will initiate the investigation.

The Referent has been notified per policy and protocol.

The Juvenile Court Judge has been notified per policy and protocol.

The District Attorney has been notified per policy and protocol.

This investigation is marked as PND.



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: 2023-01-12 07:32:00.0 Contact Method:

Contact Time: 07:32 AM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: DCS Office Created Date: 06/12/2023

Completed date: 06/12/2023 Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type: Opening

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

Narrative Type: Original Entry Date/Time: 06/12/2023 01:31 PM Entered By: [REDACTED]

Central Intake received this case on (1/12/2023) as a priority response (1) with allegations of (Lack of Supervision). The victim is listed as [REDACTED] and the perpetrator is (Unknown Participant). The referral was assessed and assigned to CM [REDACTED]. Response is due on (1/13/2023)

Referral Summary: County of Jurisdiction: [REDACTED]

School/ Daycare: None

Active Military: No

Reporters Name/Relationship: [REDACTED]

-Child/Family Identification and Relationship Introduction Paragraph:

[REDACTED] (2), [REDACTED] (1), [REDACTED] (1), and [REDACTED] (2 months) reside with their birth mother, [REDACTED] and their birth father, [REDACTED] in [REDACTED] County.

-Are you requesting immediate assistance from DCS to your location, or only an immediate phone call?
No

-Please provide a brief summary of the concerns and why DCS is needed to respond immediately.

Last night, the family was staying the night at a friends home ([REDACTED] cell [REDACTED], address [REDACTED], [REDACTED] TN [REDACTED]). At 3:54 am today (1-12-23), [REDACTED] woke up to go to work, realized that [REDACTED] did not wake up in the middle of the night for a bottle, and went to the playpen to check on [REDACTED] [REDACTED] picked [REDACTED] up and took him to another room and yelled for [REDACTED]. When [REDACTED] came to the room, she started performing CPR. At 3:54 am, [REDACTED] called 911 because [REDACTED] didn't have a pulse. EMS arrived at 3:59 am and took over CPR. EMS was able to get a pulse and took [REDACTED] to [REDACTED] EMS picked [REDACTED] up and he is in route to [REDACTED]. At this time, it is unknown why [REDACTED] became unresponsive. It is also unknown what medical staff will be doing to treat [REDACTED]. At



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

this time, it is unknown if [REDACTED] will survive. [REDACTED] was asleep in his playpen this morning with [REDACTED] [REDACTED] stated that he remembered [REDACTED] at [REDACTED] feet when he woke up to check on them. It is unknown if its common that [REDACTED] sleeps with [REDACTED]. No foul play is suspected at the moment. [REDACTED] didnt have any bruises on his body. The parents were "torn up" and their reaction was appropriate. The family was staying the night with [REDACTED] because [REDACTED] works in construction, and they are working close to [REDACTED] this week. His boss picks him up and takes him to work. It is unknown if the family has DCS history.

-Are there any concerns for the safety of a Department of Childrens Services Case Manager responding to the childs home?

No

-Anything additional to add to this initial report for the responding worker to know prior to response?
 The children dont have any special needs or disabilities

CM Notation: None

Screener Notation: None

Emailed/Paged CPSI On Call: [REDACTED] County, [REDACTED] Region was emailed notification at 9:54 am. Notification was received by both [REDACTED] and [REDACTED] at 9:54 am.

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

Region RA [REDACTED]

Per SDM: Investigation, P1. Intake is being Submitted per communication with CAH Director [REDACTED]. [REDACTED], TL on 1-12-23 @ 9:52 am

Notification of referral was sent to the Judge.

Severe Abuse Notification is made to the District Attorneys Office

Notification of the referral was mailed to the referent.



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

A. Investigation

Case Name: [REDACTED] [REDACTED]
 Referral Date: 01/12/2023
 Street Address: [REDACTED]
 City/State/Zip: [REDACTED] Tennessee [REDACTED]

Investigation ID: [REDACTED]
 Assignment Date: 04/18/2023

B. Allegation

| # | Children's Name | DOB | Specific Allegation for Each Child | Alleged Perpetrator's Name | DOB | Classification | Severe Abuse CSEM | Classified By Classified Date |
|---|-----------------|------------|------------------------------------|--------------------------------------|------------|--|----------------------|----------------------------------|
| 1 | [REDACTED] | [REDACTED] | Lack of Supervision | Participant [REDACTED] Unknown | [REDACTED] | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [REDACTED] 06/27/2023 |
| | | | | Participant [REDACTED] Unknown | | | Yes | [REDACTED] 06/27/2023 |
| 2 | [REDACTED] | [REDACTED] | Abuse Death | Participant [REDACTED] Unknown | [REDACTED] | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [REDACTED] 06/27/2023 |
| | | | | Participant [REDACTED] Unknown | | | Yes | [REDACTED] 06/27/2023 |

Preliminary Near Death: [REDACTED] [REDACTED] [REDACTED]

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: On January 16th, 2023, an autopsy was completed on [REDACTED] [REDACTED] by [REDACTED], M.D., Center for Forensic Medicine, [REDACTED] Tennessee. The autopsy reported the cause of death was acute bronchiolitis due to rhinovirus infection with the manner of death being natural.

D. Case Workers

Case Worker: [REDACTED] [REDACTED]

Date: 06/27/2023

Team Leader: [REDACTED] [REDACTED]

Date: 06/27/2023

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] was observed briefly in the Pediatric Intensive Care Unit at [REDACTED] hospital. CM is not able to enter the room at this time as the medical team is attempting to change his intubation tubing and put a new IV lead in his hand per Doctor [REDACTED]. CM will be allowed to observe [REDACTED] in the room once the procedures are completed.

[REDACTED] and [REDACTED] have been observed on several occasions to be clean and appeared healthy.

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

On January 16th, 2023, an autopsy was completed on [REDACTED] [REDACTED] by [REDACTED], M.D., Center for Forensic Medicine, [REDACTED] Tennessee. The autopsy reported the cause of death was acute



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

Case Name : [REDACTED]

Investigation ID: [REDACTED]

bronchiolitis due to rhinovirus infection with the manner of death being natural.

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

There is an unknown perpetrator listed in this case.

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

On January 12, 2023, the Department of Children's Services (DCS) received the allegation of Lack of Supervision (Severe Abuse) concerning Alleged Child Victim (ACV) [REDACTED] (Date of Birth: [REDACTED]) with the Alleged Perpetrator (AP) in this case listed as Unknown. On January 15, 2023, [REDACTED] passed away as a result of the allegation therefore an additional allegation of Abuse Death was added to the case.

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**

| | |
|------------------------------|------------------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED] |

OVERVIEW

| | |
|--|--|
| Safety Level: Immediate Intervention Not Recommended | Assessed at Location: hospital |
| Risk Level: No Need/Risk | |
| Event Start Date: 08/31/2023 | Last Assessed Date: |
| Assessment Status: Approved | Assessor: null |
| Date Approved: 01/25/2023 | Approver: [REDACTED] [REDACTED] |

PARTICIPANTS

| Name | Age | Role | Gender | Person ID | Trauma Score | CSEM Risk |
|------------|-------------|-------------------|--------|------------|--------------|-----------|
| [REDACTED] | 1 Yr | Youth | F | [REDACTED] | 0 | Low |
| [REDACTED] | 21 Yrs | Primary Caregiver | F | [REDACTED] | N/A | N/A |
| [REDACTED] | 21 Yrs | Caregiver | M | [REDACTED] | N/A | N/A |
| [REDACTED] | 2 Yrs 1 Mos | Youth | M | [REDACTED] | 0 | Low |
| [REDACTED] | 1 Yr | Youth | M | [REDACTED] | 0 | Low |

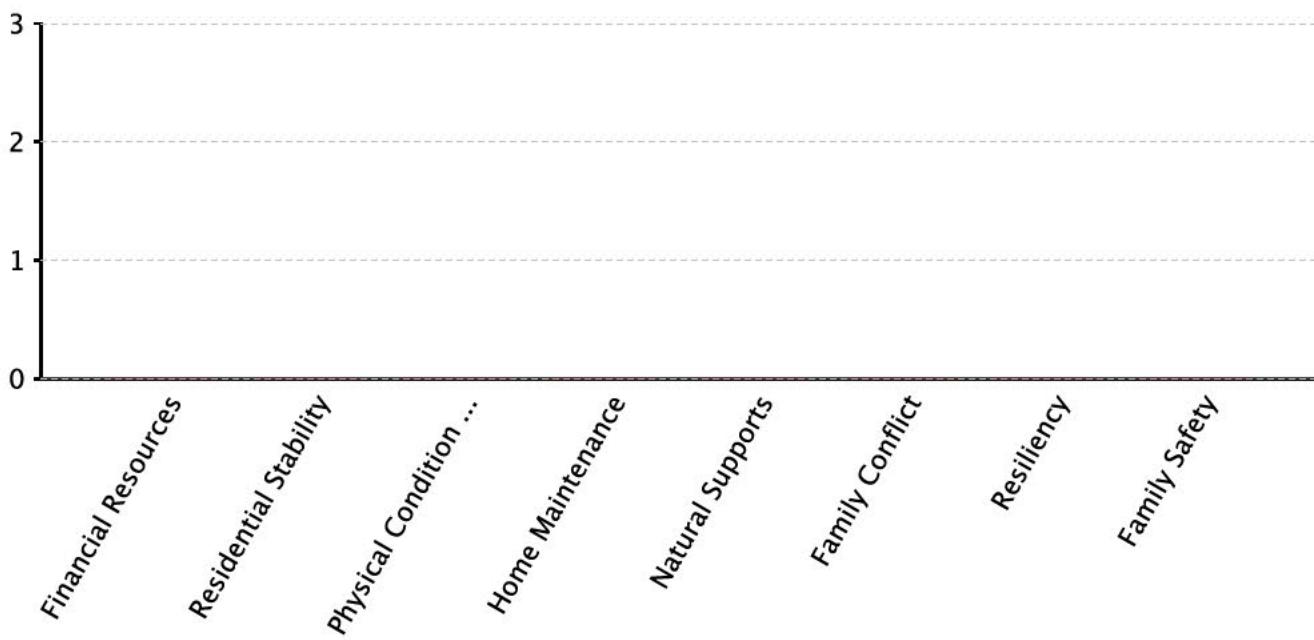


Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

| | |
|-----------------------|-----------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| 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 | There are no concerns in this area at this time. |
| Residential Stability | 0 | There are no concerns in this area at this time. |
| Physical Condition of Home | 0 | There are no concerns in this area at this time. |
| Home Maintenance | 0 | There are no concerns in this area at this time. |
| Natural Supports | 0 | There are no concerns in this area at this time. |
| Family Conflict | 0 | There are no concerns in this area at this time. |
| Resiliency | 0 | There are no concerns in this area at this time. |
| Family Safety | 0 | There are no concerns in this area at this time. |



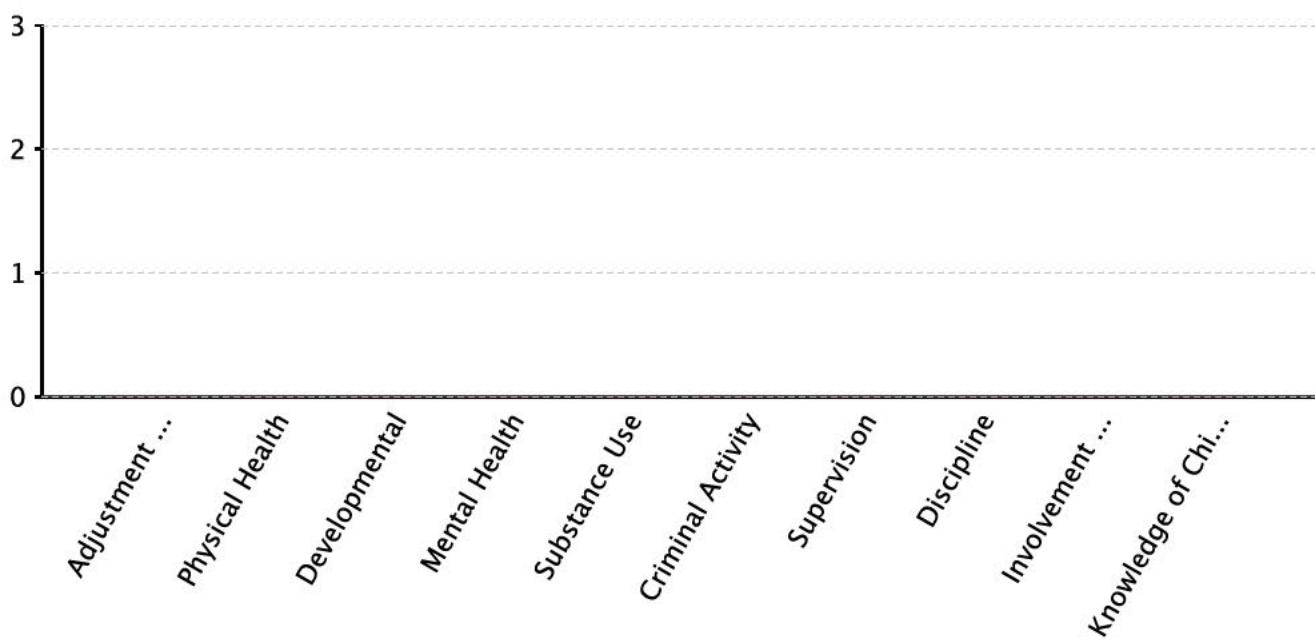
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

| | |
|-----------------------|-----------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED] |

CAREGIVERS

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

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



| Item | Score | Justification/Narrative |
|-------------------------------------|-------|--|
| Adjustment to Traumatic Experiences | 0 | There are no concerns in this area at this time. |
| Physical Health | 0 | There are no concerns in this area at this time. |
| Developmental | 0 | There are no concerns in this area at this time. |
| Mental Health | 0 | There are no concerns in this area at this time. |
| Substance Use | 0 | There are no concerns in this area at this time. |
| Criminal Activity | 0 | There are no concerns in this area at this time. |
| Supervision | 0 | There are no concerns in this area at this time. |
| Discipline | 0 | There are no concerns in this area at this time. |
| Involvement in Caregiving Functions | 0 | There are no concerns in this area at this time. |
| Knowledge of Child and Family Needs | 0 | There are no concerns in this area at this time. |



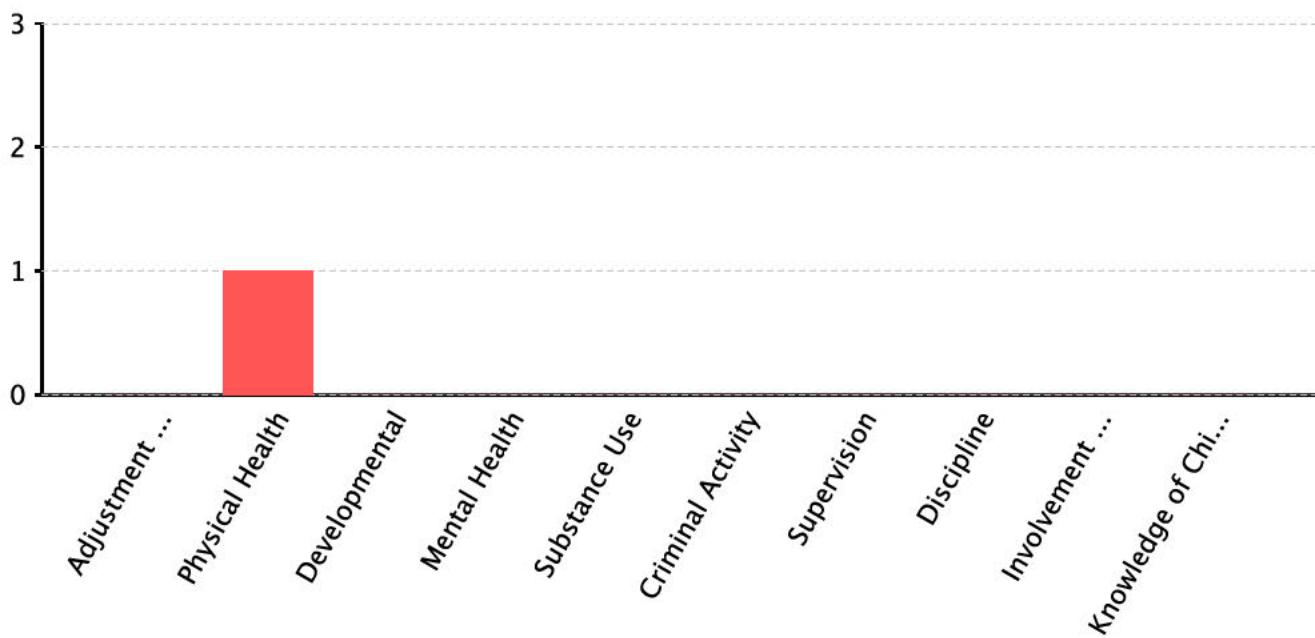
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

| | |
|-----------------------|-----------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| 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 | 0 | There are no concerns in this area at this time. |
| Physical Health | 1 | There are no concerns in this area at this time. |
| Developmental | 0 | There are no concerns in this area at this time. |
| Mental Health | 0 | There are no concerns in this area at this time. |
| Substance Use | 0 | There are no concerns in this area at this time. |
| Criminal Activity | 0 | There are no concerns in this area at this time. |
| Supervision | 0 | There are no concerns in this area at this time. |
| Discipline | 0 | There are no concerns in this area at this time. |
| Involvement in Caregiving Functions | 0 | There are no concerns in this area at this time. |
| Knowledge of Child and Family Needs | 0 | There are no concerns in this area at this time. |



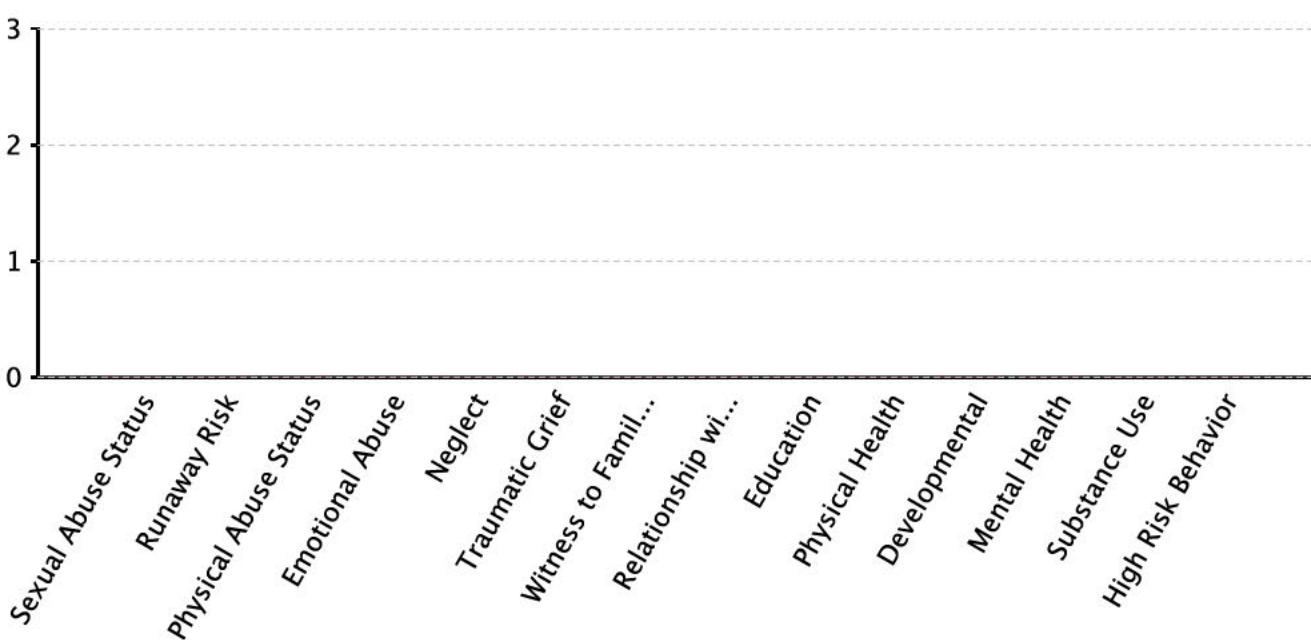
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

| | |
|-----------------------|-----------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED] |

YOUTH

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

| | | |
|-------------------------|-----------------------|------------------|
| Participant: [REDACTED] | Person ID: [REDACTED] | Age: 2 Yrs 1 Mos |
|-------------------------|-----------------------|------------------|



| Item | Score | Justification/Narrative |
|---|-------|--|
| Sexual Abuse Status | 0 | There are no concerns in this area at this time. |
| Runaway Risk | 0 | There are no concerns in this area at this time. |
| Physical Abuse Status | 0 | There are no concerns in this area at this time. |
| Emotional Abuse | 0 | There are no concerns in this area at this time. |
| Neglect | 0 | There are no concerns in this area at this time. |
| Traumatic Grief | 0 | There are no concerns in this area at this time. |
| Witness to Family, School or Community Violence | 0 | There are no concerns in this area at this time. |
| Relationship with Primary Caregiver | 0 | There are no concerns in this area at this time. |
| Education | NA | There are no concerns in this area at this time. |
| Physical Health | 0 | There are no concerns in this area at this time. |
| Developmental | 0 | There are no concerns in this area at this time. |



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

| | |
|------------------------------|------------------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED] |

| | | |
|--------------------|---|--|
| Mental Health | 0 | There are no concerns in this area at this time. |
| Substance Use | 0 | There are no concerns in this area at this time. |
| High Risk Behavior | 0 | There are no concerns in this area at this time. |



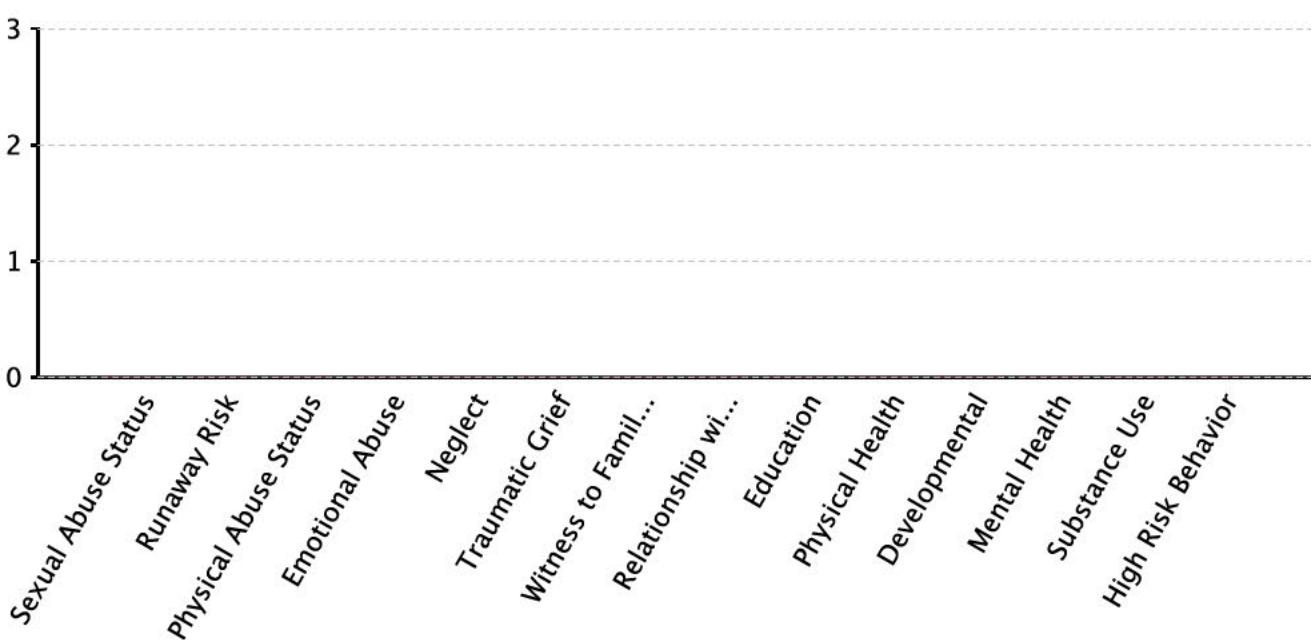
Tennessee Department of Children's Services
FAST 2.0 Assessment Detail Report

| | |
|-----------------------|-----------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED] |

YOUTH

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

| | | |
|-------------------------|-----------------------|-----------|
| Participant: [REDACTED] | Person ID: [REDACTED] | Age: 1 Yr |
|-------------------------|-----------------------|-----------|



| Item | Score | Justification/Narrative |
|---|-------|--|
| Sexual Abuse Status | 0 | There are no concerns in this area at this time. |
| Runaway Risk | 0 | There are no concerns in this area at this time. |
| Physical Abuse Status | 0 | There are no concerns in this area at this time. |
| Emotional Abuse | 0 | There are no concerns in this area at this time. |
| Neglect | 0 | There are no concerns in this area at this time. |
| Traumatic Grief | 0 | There are no concerns in this area at this time. |
| Witness to Family, School or Community Violence | 0 | There are no concerns in this area at this time. |
| Relationship with Primary Caregiver | 0 | There are no concerns in this area at this time. |
| Education | NA | There are no concerns in this area at this time. |
| Physical Health | 0 | There are no concerns in this area at this time. |
| Developmental | 0 | There are no concerns in this area at this time. |



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

| | |
|------------------------------|------------------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED] |

| | | |
|--------------------|---|--|
| Mental Health | 0 | There are no concerns in this area at this time. |
| Substance Use | 0 | There are no concerns in this area at this time. |
| High Risk Behavior | 0 | There are no concerns in this area at this time. |



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

| | |
|-----------------------|-----------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED] |

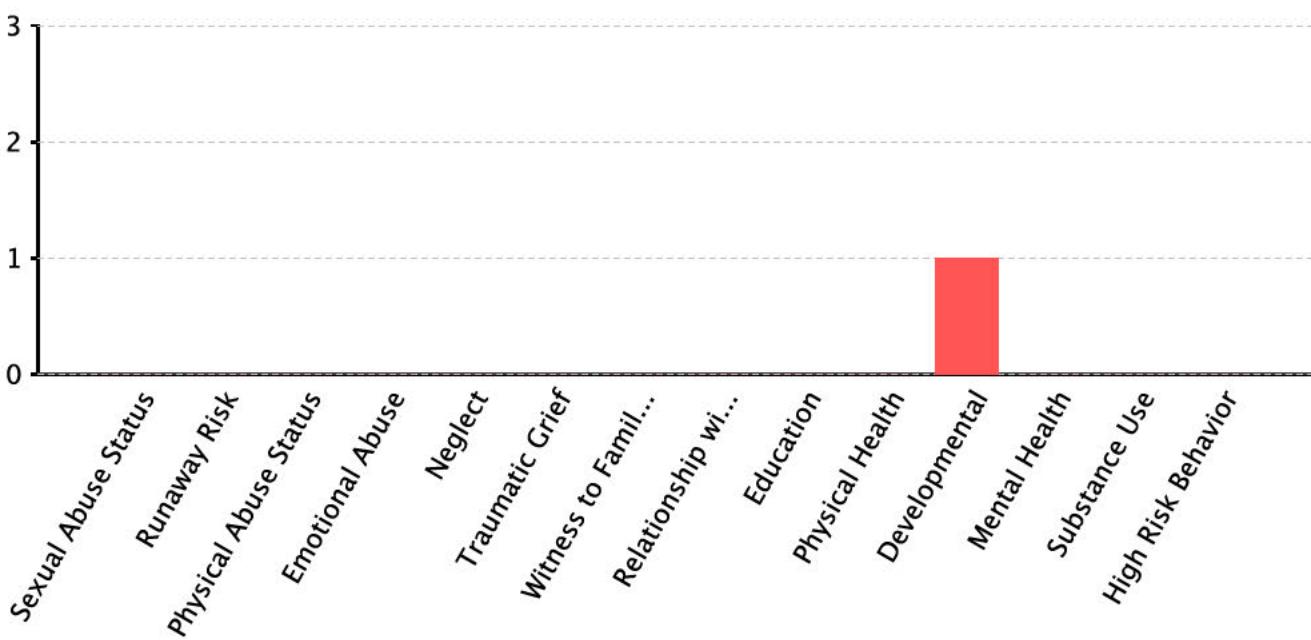
YOUTH

This section is used to describe the strengths and needs of all children and youth whose age, at the time of the assessment, is 0 to 18 years.

Participant: [REDACTED]

Person ID: [REDACTED]

Age: 1 Yr



| Item | Score | Justification/Narrative |
|---|-------|--|
| Sexual Abuse Status | 0 | There are no concerns in this area at this time. |
| Runaway Risk | 0 | There are no concerns in this area at this time. |
| Physical Abuse Status | 0 | There are no concerns in this area at this time. |
| Emotional Abuse | 0 | There are no concerns in this area at this time. |
| Neglect | 0 | There are no concerns in this area at this time. |
| Traumatic Grief | 0 | There are no concerns in this area at this time. |
| Witness to Family, School or Community Violence | 0 | There are no concerns in this area at this time. |
| Relationship with Primary Caregiver | 0 | There are no concerns in this area at this time. |
| Education | NA | There are no concerns in this area at this time. |
| Physical Health | 0 | There are no concerns in this area at this time. |
| Developmental | 1 | She is currently receiving therapy..OT and PT. |



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

| | |
|------------------------------|------------------------------------|
| Event Type: CPS Case | Assessment Date: 01/12/2023 |
| Assessment Type: FAST | CPS Case ID: [REDACTED] |

| | | |
|--------------------|---|--|
| Mental Health | 0 | There are no concerns in this area at this time. |
| Substance Use | 0 | There are no concerns in this area at this time. |
| High Risk Behavior | 0 | There are no concerns in this area at this time. |