



Tennessee Department of Children's Services
Notice of Child Death/Near Death

Case # 2014.144

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	08/29/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	08/15/2014		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Hispanic or Latino	County/Region:	██████████
Parents' Names:	Mother:	██████████	Father:	██████████		
Alleged Perpetrator's Name:	██████████	Relationship to Victim:	Birth Father			
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						

Describe (in detail) circumstances surrounding death/near death:

The department received this referral on 8-29-2014 due to allegations of Lack of Supervision, Psychological Harm, and Abuse Death. According to the referral, on 8-15-2014, there was a verbal and physical altercation between ██████ and ██████. The referral stated that after the mother left the home and returned with the police, the father shot at the police. The referent stated that before the police could return fire, the father shot and killed ██████ and ██████. After shooting ██████ and ██████ the father shot and killed himself.

If this is a near death certified by a physician, identify physician by name and provide contact information:

Name of Physician:	██████████	Telephone #	() -
Street Address:	██████████	City/State/Zip:	██████████

Describe (in detail) interview with family:

According to the mother, her husband ██████, had received a phone call from his sister. She stated that when he got off the phone, her husband became very angry and started yelling at her. The mother reports that she is not sure what the sister said to him and he never told her. She stated that as the argument escalated, she decided to leave the home. She stated that she was going to pick her other two children (█████ and ██████) up from school. She stated that she tried to take ██████ and ██████ with her but the father refused to allow the children to go with her. The mother reports that after she picked the children up, she went over to a relatives home and contacted the police. The mother reports that when she and the police went back to the home, her husband started shooting at them. She stated that when everything was over, she realized that her husband had killed her oldest son, ██████ and her daughter, ██████. The mother stated that ██████ was able to escape the home along with her 19 month old grandson, ██████.

On 8-29-2014, this investigator made contact with ██████. This investigator did not conduct a verbal interview with the child at that time due to the fact that the child began to cry uncontrollably when this investigator asked how he was doing. This investigator also observed ██████ and ██████ during the visit but they also began to cry when ██████ started crying.

This investigator observed that ██████ had a forensic interview at the ██████ Child Advocacy Center on 8-15-2014. This investigator will obtain a copy of the child's statement during the interview.

This investigator interviewed ██████ during the home visit. According to ██████ her parents have a long history of domestic violence. ██████ stated that she recently moved out of the home due to conflict with her father. She stated that whenever her paternal aunt would tell her father negative things about her or her mother, he would get enraged and start a fight. ██████ stated that she was not at the home during the time of the incident.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

Describe disposition of body (Death):

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

Page 1

Intake #:		Investigation #:		Date of Report:	Case # 2014 144
Name of Medical Examiner/Coroner:			Was autopsy requested? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Was there DCS involvement at the time of Death/Near Death?			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type:			Case #:		
Describe law enforcement or court involvement, if applicable: It has been reported that [REDACTED] Homicide is involved. According to Lt. [REDACTED] Homicide has closed their case.					
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable): Counseling services will be placed in the home.					
Name:	[REDACTED]	Age:	11		
Name:	[REDACTED]	Age:	10		
Name:	[REDACTED]	Age:	9		
Name:	[REDACTED]	Age:	19 months		
Name:	[REDACTED]	Age:			
Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):					
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
05/03/2011	[REDACTED]	Physical Abuse	[REDACTED]	[REDACTED]	No Services Needed
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
Any media inquiry or is attention expected?			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes List organizations requesting information:		
Contact Person/Phone Number(s) (include CM, TL, and TC):					
Contact Person:			Telephone Number: () -		
Case Manager: [REDACTED]			Telephone Number: [REDACTED]		
Team Leader [REDACTED]			Telephone Number: [REDACTED]		
Team Coordinator [REDACTED]			Telephone Number: [REDACTED]		
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.					<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<p>Email to: [REDACTED]</p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): CHILD DEATH [secure email] or</p> <p>CHILD NEAR DEATH [secure email]</p>					



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 08/29/2014 10:22 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/29/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned: 08/29/2014 12:27 PM
 First Team Leader Assigned: [REDACTED] Date/Time: 11/17/2014 12:00 AM
 First Case Manager: [REDACTED] Date/Time: 11/17/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	12 Yrs	Lack of Supervision	No	[REDACTED]	Birth Father
[REDACTED]	12 Yrs	Psychological Harm	No	[REDACTED]	Birth Father
[REDACTED]	2 Yrs 3 Mos	Lack of Supervision	No	[REDACTED]	Birth Father
[REDACTED]	2 Yrs 3 Mos	Psychological Harm	No	[REDACTED]	Birth Father
[REDACTED]	Deceased	Abuse Death	Yes	[REDACTED]	Birth Father

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: TFACTS: Note that [REDACTED] last name is listed in TFACTS as [REDACTED]
 Open Court Custody/FSS/FCIP: No
 Family Case IDs: [REDACTED]
 Open Court Custody/FSS/FCIP: None
 Closed Court Custody: None



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

Open CPS None

Death None

Substantiated: None

Screened out None

History (not listed above):

█ / PHA / NSN / 4/29/11

SSMS check did not find any listings for the participants in this referral (either as child or as perpetrator).

County: █

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: None Given

Reporter's name/relationship: █

Reporter states the household consists of █ (mother, 42 years), █ (father, 42 years), █ (11 years), █ (6 years), █ (24 years), and █ (19 months). █ is thought to be Spanish-speaking only. █ and █ were married.

On 8/15/14 █ and █ had an argument. It is thought to have been both verbal and physical. At one point █ left the residence and called police. She returned with the police. █ had a gun, and he shot at the police. Before the police could fire back, █ shot █ (with a rifle and a pistol) and █ (with a rifle). █ and █ ran out the back before █ could shoot them. █ then shot himself (with a pistol). The reporter has learned that apparently no report was made to CPS about this matter. █ █ and █ have all had autopsies done. The cause of death for each one was the gunfire.

█ and █ and █ have returned to the home. It is not known if any counseling has been set up or is going to be set up for the family.

Any other safety concerns for the child(ren) or worker who may respond: none

Special Needs or Disabilities: none

Child's current location/is the child safe at this time: yes at home

Perpetrator's location at this time: deceased

Police Master Report # █ (several reports are contained within this file number)

Per SDM: Investigation Track / Priority 1 -- 8/29/14 @ 11:07 AM -- █, CM 2

Email notification sent to: █

CC: █, RA



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: Deceased

Address:

Deceased Date: 08/15/2014

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: 12 Yrs

Address: [REDACTED]

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: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: 2 Yrs 3 Mos

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: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: Deceased

Address:

Deceased Date: 08/15/2014

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: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race:

Age: Deceased

Address: [REDACTED]

Deceased Date: 08/15/2014

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: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 43 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
 Child Protective Service Investigation Summary
 and Classification Decision of Child Abuse/Neglect Referral**

A. Investigation

Case Name: [REDACTED]
 Referral Date: 08/29/2014
 Street Address:
 City/State/Zip:

Investigation ID: [REDACTED]
 Assignment Date: 11/17/2014

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By Classified Date
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Psychological Harm	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 01/23/2015
2	[REDACTED]	[REDACTED]	Psychological Harm	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 01/23/2015
3	[REDACTED]	[REDACTED]	Abuse Death	[REDACTED]	[REDACTED]	Allegation Substantiated / Perpetrator Substantiated	Yes	[REDACTED] 01/23/2015
4	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 01/23/2015
5	[REDACTED]	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED] 01/23/2015

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]
 Team Leader: [REDACTED]

Date: 01/23/2015
 Date: 03/05/2015

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.



**Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

Case Name : [REDACTED]

Investigation ID: [REDACTED]

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

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

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

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

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
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	03/05/2015	Contact Method:	
Contact Time:	05:27 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	03/05/2015
Completed date:	04/05/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/05/2015 05:33 PM Entered By: [REDACTED]

This case has received a final review from the Regional Investigations Director, [REDACTED] and is approved for closure



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 01/23/2015	Contact Method:
Contact Time: 02:15 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 01/23/2015
Completed date: 01/23/2015	Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being	
Contact Type(s): Case Summary	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 01/23/2015 02:15 PM Entered By: [REDACTED]

The Department of Children Services received this referral on 08/29/2014 for allegations of lack of supervision, psychological harm, and abuse death. The alleged child victims are [REDACTED] age 11, [REDACTED] age 1, and [REDACTED] age 6. [REDACTED] was pronounced dead by the Office of The Medical Examiner on 08/15/2014 at 11:20 p.m.

This case was investigated by the [REDACTED] Police Department Homicide Unit, DCS Investigations Lead Investigator, [REDACTED] and DCS Investigator, [REDACTED]. No further information could be provided by [REDACTED] pertaining to the details of the investigation. Confirmation was received that a report was taken and investigation was conducted by [REDACTED]

The report to DCS listed the alleged perpetrator as [REDACTED]. He could not be interviewed due to his death. Interviews were conducted with other persons residing in the home with this family.

According to the mother, her husband, [REDACTED] received a phone call from his sister. She stated her husband became very angry and started to yell at her when he got off the phone with his sister. The mother reported she is not sure what the sister said to him and he never told her. Mrs. [REDACTED] advised she decided to leave the home as the argument escalated between her and Mr. [REDACTED]. She stated she went to pick her other two children ([REDACTED] and [REDACTED]) up from school. She informed she tried to take [REDACTED] and [REDACTED] with her but the father refused to allow the children to go with her. The mother advised she went to a relative's home to contact the police after she picked the children up from school. The mother reported her husband started shooting at her and the police when they made to the home. She stated she realized that her husband had killed her oldest son, [REDACTED] and her daughter [REDACTED] when everything was over. The mother stated [REDACTED] and her grandson, [REDACTED] age 19 months was able to escape the home. [REDACTED] had a forensic interview on 08/15/2014 at 8:47 p.m. He disclosed his mother and father got into a verbal argument on 08/15/2014. [REDACTED] shared his father also became physical with his mother "putting his hands on her". He said his father shoved his mother into a wall and his mother screamed. [REDACTED] reported he tried to intervene but his father made him go to his room. He informed his mother left the home and went to [REDACTED] Elementary to make a police report. [REDACTED] explained his father's behavior to be "out of control" as his father acted as if he had "lost his mind". He informed his father shot his brother, [REDACTED] age 24 and sister [REDACTED] age 6. [REDACTED] explained his father was shooting from the inside of the front entrance of the home and later shot himself in the hallway of the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method: Face To Face

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/08/2015

Completed date: 01/08/2015

Completed By: [REDACTED]

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

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

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/08/2015 01:07 PM Entered By: [REDACTED]

Contact was made with Mrs. [REDACTED] on the above date. Mrs. [REDACTED] appeared to be irritated by LI [REDACTED] coming to the home. LI explained to Mrs. [REDACTED] that the Department has to check up on the family to see how they are doing and to offer services. Mrs. [REDACTED] reported that she is already receiving services, but when asked when and where, she stated that her son was receiving the services. She denied a need for individual services to address DV and Grief.

LI made contact with [REDACTED]. He was smiling. [REDACTED] was dressed in his school uniform. LI explained to him that she was just checking up on his family. [REDACTED] advised that he was doing good. He reported that he receives counseling every Tuesday from school. [REDACTED] reported that counseling was going fine. He mentioned no concerns about his home environment at the time and reported that he feels safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/07/2015

Contact Method:

Contact Time: 10:53 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/23/2015

Completed date: 01/23/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/23/2015 03:31 PM Entered By: [REDACTED]

Investigator received confirmation that an Investigation was conducted by [REDACTED] There was no other information that [REDACTED] was able to share with the Investigator.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 01/07/2015 Contact Method: Phone Call
 Contact Time: 08:30 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 01/08/2015
 Completed date: 01/08/2015 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/08/2015 12:20 PM Entered By: [REDACTED]

Contact was made with Mrs. [REDACTED] via phone. LI [REDACTED] advised Mrs. [REDACTED] of the past attempts to make contact with her and the importance of actually making contact with her and the children to move the case towards closure. Mrs. [REDACTED] advised that she works everyday and doesn't get off until late. LI [REDACTED] asked Mrs. [REDACTED] what her schedule was for today. Mrs. [REDACTED] informed that she wasn't at work yet. LI [REDACTED] asked Mrs. [REDACTED] if she could come to the home on today when all of the family is at home. Mrs. [REDACTED] said that she could see if she could get off early but didn't know. LI [REDACTED] advised her that she would come to her home by 3:30.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/10/2014	Contact Method:	Phone Call
Contact Time:	12:31 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/10/2014
Completed date:	12/10/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/10/2014 12:34 PM Entered By: [REDACTED]

Contact was made with Mrs. [REDACTED] via phone on the above date. Mrs. [REDACTED] was informed about the missed visit and attempted phone calls. She stated that she would save the number this time and get back with Ms. [REDACTED] because her mother and brother were out of town. Ms. [REDACTED] advised that she just needs to see her and the children and then Mrs. [REDACTED] reported the children have been out of town in [REDACTED] with other family for the Holidays. Ms. [REDACTED] advised her that a last visit was needed as discussed before. Mrs. [REDACTED] reported that the children wouldn't be back until maybe 12/28.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2014

Contact Method: Attempted Phone Call

Contact Time: 11:01 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/18/2014

Completed date: 11/18/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/18/2014 11:02 AM Entered By: [REDACTED]

An attempted phone call was made to reschedule the visit from last week. Mrs. [REDACTED] voice mail picked up and a message was left for her.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/12/2014 Contact Method: Attempted Face To Face
 Contact Time: 02:45 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/13/2014
 Completed date: 11/13/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Parent/Caretaker Interview
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)**Narrative Details**

Narrative Type: Original Entry Date/Time: 11/13/2014 08:31 AM Entered By: [REDACTED]

A follow up visit was attempted with teh family as scheduled. However, it was learned that Mrs. [REDACTED] reported she forgot about the appointment and had left the home to attend a funeral. It was asked if the visit could be rescheduled this week and Mrs. [REDACTED] informed that she is working for the rest of the week until after 4. She advised she would get back with Ms. [REDACTED] about another appointment. Ms. [REDACTED] advised that the Department is working to close her case and see if the family can benefit from grief counseling. Mrs. [REDACTED] didn't state that she felt a need for it. Ms. [REDACTED] advised her that she would contact her no later than Friday to reschedule the appointment.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/10/2014

Contact Method: Phone Call

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/10/2014

Completed date: 11/10/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/10/2014 02:06 PM Entered By: [REDACTED]

Ms. [REDACTED] was contacted on today to schedule a follow up visit and discuss services that may be beneficial for the family. Ms. [REDACTED] agreed to a visit on 11/13/2014 at 2:30p.m.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/10/2014 Contact Method:
 Contact Time: 04:00 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/23/2014
 Completed date: 10/23/2014 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: 10/23/2014 03:20 PM Entered By: [REDACTED]

The autopsy report results were sent to the Department. The cause of death is stated as multiple gunshot wounds.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/24/2014

Contact Method: Face To Face

Contact Time: 11:45 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 10/01/2014

Completed date: 10/01/2014

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/01/2014 04:35 PM Entered By: [REDACTED]

This investigator went to [REDACTED] Middle School to make contact with [REDACTED]. This investigator briefly spoke with the child alone in the office. This investigator did not ask the child anything about the incident due to how it has affected the child. This investigator spoke with the child about school. [REDACTED] stated that he is doing better in school. He stated that he is in counseling at the school and he likes his counselor. He stated that things are getting better for him at home. This investigator did not observe any marks or bruises on the child during the visit.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/24/2014	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	01/26/2015
Completed date:	01/26/2015	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:08 PM Entered By: [REDACTED]

This case was presented to the CPIT team on 09/24/2014. The CPIT team discussed the case. It was a team decision for the case to be handled as appropriate by the Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/03/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/03/2014

Completed date: 09/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 11:21 AM Entered By: [REDACTED]

This investigator submitted a request for the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/02/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/03/2014
Completed date:	09/03/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 09/03/2014 12:10 PM Entered By: [REDACTED]

This investigator received a copy of the forensic interview with [REDACTED] that was conducted at the Child Advocacy Center on 8-15-2014 by forensic interviewer [REDACTED]. According to the report: [REDACTED] disclosed as a witness during this interview. Child talked about an incident that occurred today between 4-5:30pm on today (08/15/14). [REDACTED] stated he witnessed his dad [REDACTED] shooting his 24y/o brother [REDACTED] in the living room at [REDACTED]. He said the second person he shot was his 7y/o sister [REDACTED] in her bedroom. [REDACTED] said prior to this incident, his mother ([REDACTED]) went to his siblings school at [REDACTED] Elementary School to "make a report to the police." Note: [REDACTED] was unaware as to what the report was about. Child said that day, his parents were arguing; stating he witnessed his dad physically "putting his hands on his mother." He said his mother was screaming and his dad shoved his mom against the wall." [REDACTED] said he tried to intervene, but his dad told him to go to his room. [REDACTED] said he'd never seen his dad in this way; stating "My dad started going crazy. He got out of control, like he lost his mind." He said his mom was still at [REDACTED] Elementary when the shooting actually occurred. [REDACTED] said he heard the commotion between his parents and immediately ran out to the backyard with his one-year-old nephew and called his uncles ([REDACTED] & [REDACTED]). According to child, his dad wasn't shooting yet. His uncle told him to leave the home before someone was hurt. [REDACTED] said he ran as fast as he could through the front entrance of the door, taking his 1y/o nephew [REDACTED] along with him. Child said he ran through the broken glass. [REDACTED] said his dad was shooting from the inside at the front entrance door. Child said his dad eventually shot himself in the hallway; stating he noticed him on the hallway floor as if he was gasping for breath, "I slick saw himHe was breathing like really bad." [REDACTED] said he couldn't give a description of the gun, possibly silver in color, but wasn't for sure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/02/2014

Contact Method:

Contact Time: 09:25 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/23/2014

Completed date: 10/23/2014

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: 10/23/2014 03:19 PM Entered By: [REDACTED]

The near death fatality report was reviewed and forwarded to [REDACTED].



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/30/2014

Contact Method: Phone Call

Contact Time: 12:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 10/01/2014

Completed date: 10/01/2014

Completed By: [REDACTED]

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

Contact Type(s): Other Persons Living in Home Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 10/01/2014 04:21 PM Entered By: [REDACTED]

This investigator spoke with [REDACTED] and asked her if she has been able to locate her nephew, [REDACTED] or his mother. According to [REDACTED] they have not been able to locate him or his mother. She stated again that [REDACTED] mother moved out of the home after the shooting and they are not sure where she is staying. She stated that she will continue to try and locate him and let the mother know that this investigator is looking for him.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/29/2014

Contact Method:

Contact Time: 06:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/03/2014

Completed date: 09/03/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 11:20 AM Entered By: [REDACTED]

This investigator submitted the Fatality report on [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/29/2014

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/03/2014

Completed date: 09/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 11:56 AM Entered By: [REDACTED]

This investigator completed the initial SDM safety assessment on the family. The score is conditionally safe/safe. The family has previous history with the department. In 2011 there was an allegation of physical abuse concerning [REDACTED] against the birth father, [REDACTED]. The case was classified as no services needed. The alleged perpetrator in the past referral and this incident is deceased and not a threat to the children. There were no safety concerns observed in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/29/2014 Contact Method: Attempted Face To Face
 Contact Time: 04:30 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 10/01/2014
 Completed date: 10/01/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/01/2014 04:37 PM Entered By: [REDACTED]

This investigator was not able to make initial contact with [REDACTED] due to the child not residing in the home. This investigator was informed by the paternal aunt, [REDACTED], that [REDACTED] was her brother that was killed child. She stated that she has not seen him since the funeral services. She stated that [REDACTED] mother moved out of the their home and they do not know where she is living at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/29/2014	Contact Method:	Face To Face
Contact Time:	04:15 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	09/03/2014
Completed date:	09/03/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Other Persons Living in Home Interview/Observation		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2014 10:16 AM Entered By: [REDACTED]

This investigator interviewed [REDACTED] during the home visit. According to [REDACTED] her parents have a long history of domestic violence. [REDACTED] stated that she recently moved out of the home due to conflict with her father. She stated that whenever her paternal aunt would tell her father negative things about her or her mother, he would get enraged and start a fight. [REDACTED] stated that when she was 15 years old, her father put her out of the home because her paternal aunt told him that she was skipping school and was pregnant. She stated that once her father found out that it was not true, he allowed her back in the home. [REDACTED] denied that the father was abusive to her or the other children. [REDACTED] stated that when she moved out this time, things seemed to settle down between her mother and father. She stated that she thought maybe her conflict with her father was causing problems for her mother. [REDACTED] stated that she is not sure what her aunt told her father. She stated that no one is talking with the aunt. [REDACTED] stated that she was not at the home during the time of the incident. [REDACTED] stated that she has moved back into the home to help her mother. She stated that she was supposed to start college but after the incident she has decided to wait. She stated that when her uncle comes back from [REDACTED] the family is going to decide what to do with her father's roofing business.



Tennessee Department of Children's Services

Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/29/2014 Contact Method: Face To Face
 Contact Time: 03:30 PM Contact Duration: Less than 45
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/03/2014
 Completed date: 09/03/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Parent/Caretaker Interview
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 10:10 AM Entered By: [REDACTED]

This investigator conducted the initial face to face with the mother, [REDACTED]. This investigator utilized an interpreter service to interview the mother. This investigator explained the referral and the investigation process with the mother. This investigator assisted the mother with completing the Client's Rights form, HIPAA form, Title VI form, and the Native American verification form. According to the mother, her husband, [REDACTED], had received a phone call from his sister. She stated that when he got off the phone, her husband became very angry and started yelling at her. The mother reports that she is not sure what the sister said to him and he never told her. She stated that as the argument escalated, she decided to leave the home. She stated that she was going to pick her other two children ([REDACTED] and [REDACTED]) up from school. She stated that she tried to take [REDACTED] and [REDACTED] with her but the father refused to allow the children to go with her. The mother reports that after she picked the children up, she went over to a relative's home and contacted the police. The mother reports that when she and the police went back to the home, her husband started shooting at them. She stated that when everything was over, she realized that her husband had killed her oldest son, [REDACTED] and her daughter, [REDACTED]. The mother stated that [REDACTED] was able to escape the home along with her 19 month old grandson, [REDACTED].

This investigator observed that the mother became very upset while talking. The mother stated that she has lost her son, daughter, and her husband. She stated that it has been difficult but she is trying to be strong for her remaining children. The mother reported that she was married for 25 years. She stated that he is the father of all of her children. The mother stated that the father was the bread winner in the home. She stated that he had his own roofing company and her son [REDACTED] worked with him. She stated that there are so many decisions to make now and she does not know where to begin. She stated that she has support from other family members. She stated that she is glad that her older daughter, [REDACTED] has moved back in the home to help her.

This investigator offered to assist the family with counseling services. According to the mother, she has a scheduled appointment at [REDACTED] school ([REDACTED] Middle) on Tuesday, 9-2-2014, to see if they can help him with counseling services. She also stated that she has contacted [REDACTED] and [REDACTED] school ([REDACTED] Elementary) and has an appointment with them on Wednesday, 9-3-2014, to discuss services for them. She stated that [REDACTED] is taking it hard because she helped so much with [REDACTED]. She stated that after her older daughter moved out of the home, [REDACTED] was a big help with [REDACTED]. According to the mother, when [REDACTED] was born she was diagnosed with Hydrocephalous. She stated that she was home-schooled. The mother reported that as soon as she can get help for her children then she will seek help. This investigator informed the mother that this investigator will assist her with counseling for



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

herself and the children if the school is not able to provide services. The mother stated that her husband's body was taken back to [REDACTED] for burial because his parents could not come for the funeral.

This investigator asked the mother to contact this investigator after her meetings with the schools.

This investigator also observed [REDACTED] and [REDACTED] during the visit but they also began to cry when [REDACTED] started crying. This investigator did not observe any marks or bruises on the children during this visit.

This investigator observed that the home appeared appropriate for the family. This investigator did not observe any safety concerns in the home. The home was appropriately furnished and had working utilities and food in the home.

Narrative Type: Addendum 1 Entry Date/Time: 01/26/2015 01:18 PM Entered By: [REDACTED]

Household Composition according to the mother and referral: [REDACTED] [REDACTED]

*note [REDACTED] was listed as part of household, but Investigator learned that the child was living somewhere when attempted to make contact with him and the whereabouts were unknown.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/29/2014 Contact Method: Face To Face
 Contact Time: 03:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 09/03/2014
 Completed date: 09/03/2014 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Initial ACV Face To Face
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2014 09:36 AM Entered By: [REDACTED]

This investigator conducted the initial face to face with [REDACTED] at the family's home. When this investigator arrived, this investigator observed that the child was just getting home from school. According to the mother, [REDACTED] has been having a difficult time since the incident and she checked him out of school early. This investigator explained this investigator's presence in the home to the child. This investigator did not conduct an extensive interview with [REDACTED] due to the child crying when this investigator asked him how he was doing. This investigator observed that the child appeared to be very upset and did not want to talk. This investigator did not observe any marks or bruises on the child during this visit.

[REDACTED] had a forensic interview at the Child Advocacy Center on 8-15-2014.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/29/2014

Contact Method:

Contact Time: 10:22 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/03/2014

Completed date: 09/03/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/03/2014 09:31 AM Entered By: [REDACTED]

The department received this referral on 8-29-2014 due to allegations of Lack of Supervision, Psychological Harm, and Abuse Death. According to the referral, on 8-15-2014, there was a verbal and physical altercation between [REDACTED] and [REDACTED]. The referral stated that after the mother left the home and returned with the police, the father shot at the police. The referent stated that before the police could return fire, the father shot and killed [REDACTED] and [REDACTED]. After shooting [REDACTED] and [REDACTED] the father shot and killed himself.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/29/2014

Contact Method:

Contact Time: 10:22 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 01/26/2015

Completed date: 01/26/2015

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/26/2015 01:13 PM Entered By: [REDACTED]

This investigation was assigned to Investigator, [REDACTED] on 08/29/2014. The alleged child victims are: [REDACTED] age 11, [REDACTED] age 1, and [REDACTED] age 6. The alleged perpetrator is the father, [REDACTED]. The allegations are lack of supervision, psychological harm, and abuse death. Notification of the referral is selected as none. Notification of the referral was sent to the D.A. and Judge.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/15/2014	Contact Method: Attempted Face To Face
Contact Time: 03:00 PM	Contact Duration: Less than 45
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 09/03/2014
Completed date: 09/03/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community, Service Planning, Well Being	
Contact Type(s): Initial ACV Face To Face	
Contact Sub Type:	

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 09/03/2014 09:53 AM Entered By: [REDACTED]

This investigator attempted to make contact with [REDACTED] but was informed that he does not reside at the home. According to [REDACTED], maternal aunt, [REDACTED] is the son of her older brother, [REDACTED], who was also killed by her father, [REDACTED] along with her younger sister [REDACTED]. She stated that the family has not heard from [REDACTED] mother since the funeral. She stated that her brother [REDACTED] and his family lived around the corner from them, but after the incident, her sister in law moved out of the home and in with some friends. According to [REDACTED] they have not heard from her since that time. She stated that her sister in law is not taking any phone calls and they do not know where she is living. This investigator explained to her that this investigator needed to make contact with [REDACTED] [REDACTED] stated that she would try to get some contact information on the family.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 8/29/14 10:22 AM

Date of Assessment: 8/29/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 4

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): _____

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____