



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 11/08/2014 02:55 PM [REDACTED]
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 11/08/2014

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 11/10/2014 09:31 AM
First Team Leader Assigned: [REDACTED] Date/Time 11/13/2014 12:00 AM
First Case Manager [REDACTED] Date/Time 11/13/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
			CSEM ?		
[REDACTED]	13 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]

Referent Address: [REDACTED]

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: E-mail

Narrative: ****The child is not in DCS custody.

TFACTS:

Family Case IDs: No

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: No

Substantiated: No

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

Death: No

Screened out: Yes [REDACTED]

History (not listed above): No

County: [REDACTED]

Notification: Email

School/ Daycare: [REDACTED]

Native American Descent: No

Directions: None provided

Reporter's name/relationship [REDACTED]
[REDACTED]

Reporter states: ****The child is not in DCS custody.

[REDACTED] (age 12) resided with his siblings, [REDACTED] (age 17), [REDACTED] (age 16), unknown male child (age 10), and mother, [REDACTED], in [REDACTED].

It was reported that [REDACTED] left the home last night and went out behind the home. It is believed that [REDACTED] left out of the home between 4:30 p.m. and 6:30 p.m. [REDACTED] was not seen again until this morning.

It was reported that [REDACTED] broke into a storage unit that was being used as an office by his grandfather, [REDACTED] and took a 22 caliber revolver as well as a box of ammunition from the storage unit. There was a padlock on the main entry of the door. [REDACTED] cut a hole in some insulation on an exterior wall to get inside. The insulation was a stiff board type of insulation that was at the foundation of the unit.

[REDACTED] went down into a dry creek bed where he discharged a round into his mouth. [REDACTED] was found this morning by [REDACTED]. It is believed that the family was out looking for [REDACTED] when [REDACTED] was found. [REDACTED] found [REDACTED] and then he went back to the home and got [REDACTED]. The family then called 911.

The family assumed that [REDACTED] had gone camping out in the back yard. [REDACTED] did this often and it was stated that [REDACTED] was a loner. When [REDACTED] was not found camping in the backyard [REDACTED] went down further behind the home searching for [REDACTED].

[REDACTED] was transported to [REDACTED] and will be transported to the State Examiner's office for autopsy tomorrow.

No one in the family could give any recent incidents that may have upset [REDACTED]. It was noted that about three (3) weeks ago there was a bullying incident at school where [REDACTED] ended up getting into a fight. The issue was resolved.

There is no previous history involving DCS with the family. There are no signs of abuse or neglect involved in the incident.

Law Enforcement report# [REDACTED]

Special Needs or Disabilities: None known

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

Perpetrator's location at this time: Unknown

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

Domestic Violence present in the home: None known



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

Per SDM: Investigative Track, P1 - [REDACTED] on 11-8-14 at 4:17 p.m.

County notified via MIR3

[REDACTED] - Time Issued: 03:53:30 PM // Completed: 03:54:30 PM

Notified Child Death Group via email: [REDACTED]
[REDACTED], was also copied on the notification email and the [REDACTED] notification group.



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 18 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: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 13 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

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:

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:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 17 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: Unknown Participant [REDACTED] Unknown

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age: 11 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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [REDACTED]

Investigation ID: [REDACTED]

Referral Date: 11/08/2014

Assignment Date: 07/31/2015

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN		CSEM	
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 02/01/2015

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being classified as (Allegation Unsubstantiated/Perpetrator Unsubstantiated) due to policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that the physical abuse existed and the alleged perpetrator named in the report was not found to be responsible for the reported maltreatment.

D. Case Workers

Case Worker: [REDACTED]

Date: 02/01/2015

Team Leader: [REDACTED]

Date: 02/02/2015

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.

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:

It is believed that [REDACTED] (ACV/ 12) died of a self-inflicted wound on this day.

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

The autopsy report is included in the chart.

Summary:

12 year old sustained a self-inflicted gunshot wound to the head either late in the evening yesterday or during this overnight hours earlier this date. Family discovered the decedent around 7:00am and called 911. EMS responded and [REDACTED] was on the scene to officially pronounce death at 8:15am. The decedent had no past medical history or prior suicidal threats/attempts.

Cause of death: intraoral gunshot wound, close range



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]

Manner of death: Suicide
 Circumstances of Death: Shot self
 Toxicology analysis is negative.

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

No AP interview was conducted.

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

According to the referral it was reported that [REDACTED] left the home last night and went out behind the home. It is believed that [REDACTED] left out of the home between 4:30 p.m. and 6:30 p.m. [REDACTED] was not seen again until this morning. It was reported that [REDACTED] broke into a storage unit that was being used as an office by his grandfather, [REDACTED] and took a 22 caliber revolver as well as a box of ammunition from the storage unit. There was a padlock on the main entry of the door. [REDACTED] cut a hole in some insulation on an exterior wall to get inside. The insulation was a stiff board type of insulation that was at the foundation of the unit. [REDACTED] went down into a dry creek bed where he discharged a round into his mouth. [REDACTED] was found this morning by [REDACTED]. It is believed that the family was out looking for [REDACTED] when [REDACTED] was found. [REDACTED] found [REDACTED] and then he went back to the home and got [REDACTED]. The family then called 911.

The family assumed that [REDACTED] had gone camping out in the back yard. [REDACTED] did this often and it was stated that [REDACTED] was a loner. When [REDACTED] was not found camping in the backyard [REDACTED] went down further behind the home searching for [REDACTED].

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

[REDACTED] spoke with [REDACTED] who worked the site. [REDACTED] stated that the [REDACTED] received the 911 call around 7:00am this morning. He stated that he arrived at the family home around 7:45am. [REDACTED] asked [REDACTED] if he could provide [REDACTED] with a picture of the child along with any notes as the entire case had already been investigated prior to DCS being notified. [REDACTED] stated that he was unaware of what information he could share and that he would check with his supervisor. [REDACTED] stated that the autopsy is scheduled for tomorrow and that he would be attending that. [REDACTED] stated that he had no concerns of this not being a self-inflicted injury and that there were no signs of abuse or neglect. At this time he could not say a time of death meaning if he thought [REDACTED] died Friday or Saturday.

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 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]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
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Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
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Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 09/11/2015 02:00 PM Entered By: [REDACTED]
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Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/09/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	09/11/2015
Completed date:	09/11/2015	Completed By:	[REDACTED]
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: 09/11/2015 02:00 PM Entered By: [REDACTED]
 This case has been reviewed by [REDACTED] and has been approved for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/09/2015

Contact Method:

Contact Time: 01:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For: [REDACTED]

Location:

Created Date: 09/11/2015

Completed date: 09/11/2015

Completed By: [REDACTED]

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: 09/11/2015 02:00 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 08/19/2015 Contact Method:

Contact Time: 03:37 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 08/19/2015

Completed date: 08/19/2015 Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/19/2015 03:40 PM Entered By: [REDACTED]

This case is awaiting for final approval for closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed

Contact Date: 07/01/2015 Contact Method:

Contact Time: 03:28 PM Contact Duration:

Entered By: [REDACTED] Recorded For:

Location: Created Date: 07/01/2015

Completed date: 07/01/2015 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: 07/01/2015 03:31 PM Entered By: [REDACTED]

This is a child death case, investigative tasks are complete at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/14/2015

Contact Method: Phone Call

Contact Time: 01:50 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/14/2015

Completed date: 05/14/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/14/2015 02:09 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] in the guidance office at [REDACTED]. [REDACTED] explained that she just wanted to check in and make sure that [REDACTED] was doing ok. [REDACTED] stated that the school is aware of what the family is going through and that [REDACTED] appears to be doing ok. [REDACTED] thanked her for her time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2015

Contact Method: Phone Call

Contact Time: 03:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/06/2015

Completed date: 05/06/2015

Completed By: [REDACTED]

Purpose(s): Well Being

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2015 03:39 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone. [REDACTED] stated that he currently lives in [REDACTED]. He stated that he was able to come down for the funeral and that he has been checking in with the children. [REDACTED] stated that the kids are doing ok and that he feels that his ex-wife is doing better. He stated that the grandfather has been staying at the home to help [REDACTED] out. [REDACTED] explained that she understands that [REDACTED] was not here when the incident occurred but asked about his relationship with [REDACTED] and if looking back there was anything he could think of that would be a red flag. [REDACTED] stated that sadly he was not close with [REDACTED]. He stated that he and [REDACTED] separated when [REDACTED] was five and that he later transferred to another base with the military. [REDACTED] stated that he kind of checked out and wasn't really communicating with the family. [REDACTED] stated that he does not know of any red flags with [REDACTED]. [REDACTED] stated that now he has been calling the children and that he has been checking in on [REDACTED]. [REDACTED] stated that [REDACTED] appears to be doing fine and has a level head. He stated that [REDACTED] has been talking to him about trade school. [REDACTED] thanked [REDACTED] for speaking with her and asked if there was anything that [REDACTED] thought [REDACTED] needed to know. [REDACTED] stated no.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

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

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

Narrative Type: Original Entry Date/Time: 05/03/2015 03:34 PM Entered By: [REDACTED].

This case was submitted and reviewed for closure, [REDACTED] returned for clarification in regards to the father's interview/where-about and clarity around collateral/witness interview.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	System Completed
Contact Date:	04/29/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/29/2015
Completed date:	05/30/2015	Completed By:	System Completed
Purpose(s):	Service Planning		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/29/2015 06:35 PM Entered By: [REDACTED]

P1 referral was assigned by [REDACTED] to [REDACTED] on 11/08/2014 with allegations of neglect death (NGD). The alleged perpetrator (AP) was Unknown and the alleged child victim (ACV) was [REDACTED] 12. The family has one previous case with the Department of Children Service's with the mother, [REDACTED] being the AP and the allegation was Lack of Supervision. The mother went to the store and allowed her 14 year old daughter to watch the younger siblings. This case was determined to be unsubstantiated.

On 11/08/2014 CPSI [REDACTED] received a referral for Neglect Death on [REDACTED] [REDACTED] contacted [REDACTED] [REDACTED] who initially responded to the 911 call. [REDACTED] stated that the [REDACTED] received the 911 call around 7:00am this morning. He stated that he arrived at the family home around 7:45am. [REDACTED] asked [REDACTED] if he could provide [REDACTED] with a picture of the child along with any notes as the entire case had already been investigated prior to DCS being notified. [REDACTED] stated that he was unaware of what information he could share and that he would check with his supervisor. [REDACTED] stated that the autopsy is scheduled for tomorrow and that he would be attending that. [REDACTED] stated that he had no concerns of this not being a self-inflicted injury and that there were no signs of abuse or neglect. At this time he could not say a time of death meaning if he thought [REDACTED] died Friday or Saturday.

[REDACTED] arrived at the family home on [REDACTED] [REDACTED] invited [REDACTED] into the home. [REDACTED] apologized for coming out to the home during this time and asked if there was some place private to talk as the family had company. [REDACTED] led [REDACTED] to the kitchen. [REDACTED] asked about Friday. [REDACTED] stated that she got home around 4:30 as she's a teacher at [REDACTED]. She stated that she had a sleep study scheduled so her father was over to watch the children for her. [REDACTED] stated that she actually came home because the computers went down. She stated that she was home around 8:00pm. [REDACTED] asked about [REDACTED] [REDACTED] stated that he had a habit of camping out because the family lives on 11 acres. She stated that she got up around 5:00am and checked to see if [REDACTED] came in since it got cold out. She stated that [REDACTED] wasn't in his room so she woke up [REDACTED] around 5:30/6:00 and asked them to go find [REDACTED] and tell him to get into the house. [REDACTED] stated that she could hear [REDACTED] crying out and she ran outside and found him. She stated that her father came with her and that he called 911 with his cell phone. [REDACTED] described [REDACTED] as a quiet, sweet child that liked to read a lot. [REDACTED] became upset because she stated that as a teacher they are taught to look for signs of suicide. She stated that she just didn't see any. [REDACTED] stated that a couple of weeks ago there was an incident at



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

school where another student was taking [REDACTED] belongings and [REDACTED] hit him. She stated that she was a little worried about [REDACTED] starting Middle School.

[REDACTED] did not speak with all the children on this day as the family was very upset about the incident. [REDACTED] did speak with [REDACTED] (17) as he is the one who found his brother [REDACTED] introduced herself and apologized for the families lost. [REDACTED] asked [REDACTED] if he was ok to talk about the events of the last two days. [REDACTED] stated that he could. [REDACTED] asked about Friday. [REDACTED] stated that it was a normal day. He stated that they got home from school and were all talking. He stated that he went to hang out in his room and that [REDACTED] went outside which was pretty typical. He stated that his mother woke him up around 6:00am and asked him to go find [REDACTED] stated that when his grandfather couldn't find him on the property he went to the creek bed. (Which was dry with just rocks) He stated that he saw [REDACTED] laying there and that he yelled for him to get him to get up. He stated that when [REDACTED] didn't get up he went closer and that's when he saw the blood and his face. [REDACTED] stated that he fell to his knees crying because he knew that his brother wasn't going to get up. [REDACTED] described his relationship with [REDACTED] as close. [REDACTED] stated that he caught [REDACTED] sneaking out of the barn once before. He stated that [REDACTED] didn't have anything that he saw and that he called him out on it but that he didn't tell on him. [REDACTED] stated that none of the other children saw [REDACTED]

On 11/12/14 [REDACTED] spoke with [REDACTED] in order to check in with the family [REDACTED] also provided [REDACTED] two groups to get in touch with for grief counseling. [REDACTED] dealing with grief and loss [REDACTED]

On 12/17/14 [REDACTED] completed a home visit in order to check on the family. [REDACTED] spoke with the children at this time. The children appeared to be doing fine.

On 1/16/15 [REDACTED] met with the Child Protective Investigation team to discuss this case. There was some discussion concerning this case as [REDACTED] has not been able to get any information from the [REDACTED] regarding the investigation. [REDACTED] reported that the autopsy has come back and that she will provide that report to [REDACTED] She also stated that she would provide [REDACTED] a letter stating that no information will be shared with the department due to confidentiality concerns. The team decided that this case would close as AUPU as the death was self-inflicted.

On 1/19/15 [REDACTED] received the letter from the District Attorney General's office. This is the statement that has been included in the chart:

The decision by the Department of Children's Services to publish child death investigation files online exceeds the requirements under the Tennessee Code Annotated. This procedure could adversely affect ongoing law enforcement investigations and raises confidentiality concerns. Accordingly, we will not be providing investigative documentation from either the [REDACTED] or the [REDACTED] as it pertains to a child death investigation.

The autopsy report is included in the chart.

Summary:

12 year old sustained a self-inflicted gunshot wound to the head either late in the evening yesterday or during this overnight hours earlier this date. Family discovered the decedent around 7:00am and called 911. EMS responded and medical examiner [REDACTED] was on the scene to officially pronounce death at 8:15am. The decedent had no past medical history or prior suicidal threats/attempts.

Cause of death: intraoral gunshot wound, close range

Manner of death: Suicide

Circumstances of Death: Shot self

Toxicology analysis is negative.

The closing SDM Safety Assessment was completed on (04/29/15). The Safety assessment score is "safe."

Classification

This case is being classified as (Allegation Unsubstantiated/Perpetrator Unsubstantiated) due to policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that the situation existed and the alleged perpetrator named in the report was not found to be responsible for the reported



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

maltreatment.

Child Fatality/Near Fatality

Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

2. Any child death caused by abuse resulting from direct action of the child's caretaker or the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child fatalities are always treated as severe child abuse.

3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/29/2015	Contact Method:	Correspondence
Contact Time:	09:41 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/29/2015
Completed date:	04/29/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/29/2015 10:20 AM Entered By: [REDACTED]

The autopsy report is included in the chart.

Summary:

12 year old sustained a self-inflicted gunshot wound to the head either late in the evening yesterday or during this overnight hours earlier this date. Family discovered the decedent around 7:00am and called 911. EMS responded and medical examiner [REDACTED] was on the scene to officially pronounce death at 8:15am. The decedent had no past medical history or prior suicidal threats/attempts.

Cause of death: intraoral gunshot wound, close range

Manner of death: Suicide

Circumstances of Death: Shot self

Toxicology analysis is negative.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/21/2015 Contact Method:
 Contact Time: 02:05 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/21/2015
 Completed date: 04/21/2015 Completed By: [REDACTED].
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/21/2015 02:06 PM Entered By: [REDACTED]

This is a child death case and awaiting final investigative tasks to be complete.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/04/2015	Contact Method:	Phone Call
Contact Time:	08:16 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	04/29/2015
Completed date:	04/29/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation, Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 04/29/2015 10:30 AM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] by phone. [REDACTED] stated that the family was doing well and that [REDACTED] was seeing a counselor. [REDACTED] stated that the family has been receiving a lot of support from their church [REDACTED] explained that the case would be submitted for closure but if the family needed anything to please contact the department. [REDACTED] thanked [REDACTED] for all her help.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/02/2015

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/02/2015

Completed date: 03/02/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/02/2015 09:37 AM Entered By: [REDACTED]

Investigation remains open at this time pending completion of all investigative tasks. Autopsy report has been obtained and final tasks will be completed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	02/02/2015	Contact Method:	
Contact Time:	04:20 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	02/02/2015
Completed date:	02/02/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/02/2015 04:25 PM Entered By: [REDACTED]

[REDACTED] conducted a case review on this date. The following information was discussed, strengths, barriers, services, compliance and next steps.

CPSI made a follow up visit to the family home and mother requested for [REDACTED] to please contact her via phone in the future as the family is trying to move on from the tragic incident. The mother was provided with information to address depression of her daughter and to assist with obtaining services. [REDACTED] provided CPSI with information about obtaining the autopsy report. [REDACTED] will request the records from [REDACTED]. Once the autopsy is obtained the case will be presented to CPIT and closed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/31/2015	Contact Method:	Face To Face
Contact Time:	12:26 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/01/2015
Completed date:	02/01/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 02/01/2015 01:11 PM Entered By: [REDACTED]

[REDACTED] arrived at the family home and knocked on the door. No one answered. Prior to leaving [REDACTED] pulled up. [REDACTED] met with [REDACTED] and the maternal grandfather in the front yard. [REDACTED] asked [REDACTED] how things were going. [REDACTED] stated that things are starting to get back to normal and with no disrespect but would prefer that [REDACTED] not come out to the home anymore. [REDACTED] stated that she understood that CPSI needed to check in with the family but would be fine with a phone call. [REDACTED] stated that she understood. [REDACTED] asked if the family was in need of anything or if they had any questions. [REDACTED] asked about the autopsy. [REDACTED] informed [REDACTED] that the report was completed and that [REDACTED] should have it this coming week. [REDACTED] stated that she would call [REDACTED] once it was received. [REDACTED] also asked about counseling for [REDACTED] [REDACTED] stated that [REDACTED] struggled with depression last year and with what's happened to [REDACTED] she isn't taking any chances [REDACTED] gave [REDACTED] some names of trauma counselors in [REDACTED] [REDACTED] stated that she would check back in with the family in a few days. [REDACTED] thanked [REDACTED] for the information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/16/2015	Contact Method:	Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	02/01/2015
Completed date:	02/01/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 02/01/2015 12:30 PM Entered By: [REDACTED]

[REDACTED] met with the Child Protective Investigation team to discuss this case. There was some discussion concerning this case as [REDACTED] has not been able to get any information from the [REDACTED] regarding the investigation. [REDACTED] reported that the autopsy has come back and that she will provide that report to [REDACTED]. She also stated that she would provide [REDACTED] a letter stating that no information will be shared with the department due to confidentiality concerns. The team decided that this case would close as AUPU as the death was self-inflicted.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/17/2014	Contact Method:	Face To Face
Contact Time:	07:30 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	12/29/2014
Completed date:	12/29/2014	Completed By:	[REDACTED]
Purpose(s):	Service Planning, Well Being		
Contact Type(s):	Parent/Caretaker Interview, Sibling Interview/Observation		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 12/29/2014 05:54 PM Entered By: [REDACTED]

[REDACTED] completed a home visit in order to check on the family. [REDACTED] was invited in the home by [REDACTED]. [REDACTED] spoke with [REDACTED] about how difficult it still is. She stated that often times she finds herself crying at night when the children are in bed. [REDACTED] stated that it's the little things, like buying for the children and realizing that she doesn't need to get something for [REDACTED]. [REDACTED] stated that she just wants to know if [REDACTED] death is ruled an accident. She stated that she it would be easier to think that this was just a terrible accident then something [REDACTED] did intentionally. [REDACTED] asked about the counseling/group. [REDACTED] stated that she and [REDACTED] are going during the Christmas break. [REDACTED] asked if it would be okay to speak with the children. [REDACTED] stated that would be fine.

[REDACTED] spoke with [REDACTED] (17). [REDACTED] stated that he's finishing up with exams. [REDACTED] asked about how he's sleeping or if he's struggling. [REDACTED] stated that he's sleeping ok and that he's not struggling. [REDACTED] stated "life goes on" and then went to his room.

[REDACTED] spoke with [REDACTED] (10). [REDACTED] stated that he's in the 5th grade and that school's ok but that he's not excited about going to middle school next year. He stated that he likes the school that he's at.

[REDACTED] spoke with [REDACTED] (16). [REDACTED] stated that he's in the 11th grade and that he's completing finals. [REDACTED] stated that he's doing ok.

[REDACTED] spoke with [REDACTED] stated that he's in the third grade and that schools ok but that sometimes he gets in trouble. [REDACTED] asked what he gets in trouble for and [REDACTED] stated that he doesn't pay attention.

[REDACTED] spoke with [REDACTED] stated that she's in the 8th grade and that she has all A's. [REDACTED] talked about wanting to be a doctor. [REDACTED] asked her how she's doing and [REDACTED] stated that she's ok.

[REDACTED] spoke with [REDACTED] prior to leaving and thanked her for her time. [REDACTED] reminded her to please call CPSI if the family needs anything.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/17/2014

Completed date: 11/17/2014

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/17/2014 08:12 PM Entered By: [REDACTED]

[REDACTED] spoke with [REDACTED] in order to check in with the family. [REDACTED] also provide [REDACTED] two groups to get in touch with for grief counseling. [REDACTED] dealing with grief and loss ([REDACTED])



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/08/2014

Contact Method:

Contact Time: 09:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/29/2015

Completed date: 04/29/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/29/2015 06:02 PM Entered By: [REDACTED]

Case Summary

On 11/08/14 at 2:55 p.m., a P (1) referral was called into Central Intake. The referral was screened into [REDACTED] with allegations of Neglect Death. The alleged perpetrator is Unknown. The alleged victim is [REDACTED]. The referral was assessed and assigned by [REDACTED] on 11/08/14 to [REDACTED]. Response is due 11/09/14 at 2:55 p.m. According to the referral it was reported that [REDACTED] left the home last night and went out behind the home. It is believed that [REDACTED] left out of the home between 4:30 p.m. and 6:30 p.m. [REDACTED] was not seen again until this morning.

It was reported that [REDACTED] broke into a storage unit that was being used as an office by his grandfather, [REDACTED] and took a 22 caliber revolver as well as a box of ammunition from the storage unit. There was a padlock on the main entry of the door. [REDACTED] cut a hole in some insulation on an exterior wall to get inside. The insulation was a stiff board type of insulation that was at the foundation of the unit.

[REDACTED] went down into a dry creek bed where he discharged a round into his mouth. [REDACTED] was found this morning by [REDACTED]. It is believed that the family was out looking for [REDACTED] when [REDACTED] was found. [REDACTED] found [REDACTED] and then he went back to the home and got [REDACTED]. The family then called 911.

The family assumed that [REDACTED] had gone camping out in the back yard. [REDACTED] did this often and it was stated that [REDACTED] was a loner. When [REDACTED] was not found camping in the backyard [REDACTED] went down further behind the home searching for [REDACTED].

[REDACTED] was transported to [REDACTED] and will be transported to the State Examiner's office for autopsy tomorrow.

No one in the family could give any recent incidents that may have upset [REDACTED]. It was noted that about three (3) weeks ago there was a bullying incident at school where [REDACTED] ended up getting into a fight. The issue was resolved.

There is no previous history involving DCS with the family. There are no signs of abuse or neglect involved in the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

incident.

It is unknown if [REDACTED] was of Native American decent. [REDACTED] Juvenile Court and the DA are notified of referrals and classification per local protocol and policy. The CPSI will contact the referent to seek additional information.

CPIT was convened and [REDACTED] [REDACTED] was assigned to the case.

The following TNKIDS/TFACTS search revealed the following for [REDACTED]

Investigation: [REDACTED] (2008)

ACV [REDACTED]

Allegation: Lack of Supervision

AP: [REDACTED]

Classification: AUPU

Internet Check

The following internet checks were not completed as AP was Unknown:

Methamphetamine Offender Registry Clearance. The Internet Website address is:

<http://www.tennesseeanytime.org/methor>

Sexual Offender Registry Clearance. The Website address for a TN search is:

http://www.ticic.state.tn.us/SEX_ofndr/search_short.asp

National Sexual Offender Registry Clearance. The Internet Web site address for a national search is:

<http://www.tennesseeanytime.org/foil/search.jsp>

Abuse Registry Clearance. The website address is:

<http://health.state.tn.us/AbuseRegistry/default.aspx>

Household Composition

The family address is: [REDACTED]

Phone number: [REDACTED]

[REDACTED]

Income and Employment

[REDACTED] is currently employed at [REDACTED] [REDACTED]

SDM

The initial SDM Safety Assessment was completed on (11/08/14). The Safety assessment score is "safe."



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 11/08/2014 Contact Method: Face To Face
 Contact Time: 06:00 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 11/12/2014
 Completed date: 11/17/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 11/17/2014 08:02 PM Entered By: [REDACTED]

Child Protective Services [REDACTED] [REDACTED] [REDACTED] made a home visit/face to face to initiate the investigation to insure safety, well-being and permanency.

People present during this visit:

[REDACTED] (mother)
 [REDACTED] (brother)

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Children's Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Client's Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

*Section I: Interview with the child

It is believed that [REDACTED] (ACV/ 12) died of a self-inflicted wound on this day.

[REDACTED] did not speak with all the children on this day as the family was very upset about the incident. [REDACTED] did speak with [REDACTED] (17) as he is the one who found his brother. [REDACTED] introduced herself and apologized for the families lost. [REDACTED] asked [REDACTED] if he was ok to talk about the events of the last two days. [REDACTED] stated that he could. [REDACTED] started the conversation with getting to know [REDACTED] stated that he was a senior at [REDACTED]. He stated that his grades were good and that he doesn't work and that he doesn't drive. [REDACTED] stated that he would like to go to college but unsure of what he wants to do. [REDACTED] asked about Friday. [REDACTED] stated that it was a normal day. He stated that they got home from school and were all talking. He stated that he went to hang out in his room and that [REDACTED] went outside which was pretty typical. He stated that his mother woke him up around 6:00am and asked him to go find [REDACTED] stated that when his grandfather couldn't find him on the property he went to the creek bed. (Which was dry with just rocks) He stated that he saw [REDACTED] laying



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

there and that he yelled for him to get him to get up. He stated that when [REDACTED] didn't get up he went closer and that's when he saw the blood and his face. [REDACTED] stated that he fell to his knees crying because he knew that his brother wasn't going to get up. [REDACTED] described his relationship with [REDACTED] as close. [REDACTED] stated that he caught [REDACTED] sneaking out of the barn once before. He stated that [REDACTED] didn't have anything that he saw and that he called him out on it but that he didn't tell on him. [REDACTED] stated that none of the other children saw [REDACTED]. [REDACTED] ended the conversation with asking about normal discipline in the home. [REDACTED] stated that he gets things taken away like his phone or computer time. [REDACTED] thanked [REDACTED] for speaking with her. [REDACTED] asked about counseling. [REDACTED] stated that he thinks he would like to do that.

*Section II: Interview with the family

[REDACTED] arrived at the family home on [REDACTED]. [REDACTED] invited [REDACTED] into the home. [REDACTED] apologized for coming out to the home during this time and asked if there was some place private to talk as the family had company. [REDACTED] led [REDACTED] to the kitchen. [REDACTED] asked about the children's father. [REDACTED] stated that her divorce will be final in January but stated that they have been separated since 2007. She stated that [REDACTED] has criminal charges here and in [REDACTED] for domestic violence and (huffing or glue sniffing). [REDACTED] stated that [REDACTED] has been in and out of rehab. [REDACTED] asked about Friday. [REDACTED] stated that she got home around 4:30 as she's a teacher at [REDACTED]. [REDACTED] stated that she had a sleep study scheduled so her father was over to watch the children for her. [REDACTED] stated that she actually came home because the computers went down. She stated that she was home around 8:00pm. [REDACTED] asked about [REDACTED]. [REDACTED] stated that he had a habit of camping out because the family lives on 11 acres. She stated that she got up around 5:00am and checked to see if [REDACTED] came in since it got cold out. She stated that [REDACTED] wasn't in his room so she woke up [REDACTED] around 5:30/6:00 and asked them to go find [REDACTED] and tell him to get into the house. [REDACTED] stated that she could hear [REDACTED] crying out and she ran outside and found him. She stated that her father came with her and that he called 911 with his cell phone. [REDACTED] described [REDACTED] as a quite, sweet child that liked to read a lot. [REDACTED] became upset because she stated that as a teacher they are taught to look for signs of suicide. She stated that she just didn't see any. [REDACTED] stated that a couple of weeks ago there was an incident at school where another student was taking [REDACTED] belongings and [REDACTED] hit him. She stated that she was a little worried about [REDACTED] starting Middle School. [REDACTED] stated that she and [REDACTED] went to [REDACTED] and were evaluated. She stated that she thinks grief counseling would be beneficial for the family. [REDACTED] stated that she would find some information on that and would get back with her. [REDACTED] thanked [REDACTED] for speaking with her and made sure [REDACTED] had [REDACTED] contact information just in case the family needed anything.

*Section III: Interview with collaterals

[REDACTED] spoke with [REDACTED] who worked the site. [REDACTED] stated that the [REDACTED] received the 911 call around 7:00am this morning. He stated that he arrived at the family home around 7:45am. [REDACTED] asked officer [REDACTED] if he could provide [REDACTED] with a picture of the child along with any notes as the entire case had already been investigated prior to DCS being notified. [REDACTED] stated that he was unaware of what information he could share and that he would check with his supervisor. [REDACTED] stated that the autopsy is scheduled for tomorrow and that he would be attending that. [REDACTED] stated that he had no concerns of this not being a self-inflicted injury and that there were no signs of abuse or neglect. At this time he could not say a time of death meaning if he thought [REDACTED] died Friday or Saturday.

CPSI observed:

Document: A picture was not taken.

1. Interactions between mother/father and child: N/A
2. Observation and presentation: N/A
3. Observation of interactions between mother/father and other children in home: [REDACTED] spoke with [REDACTED] privately. All the children in the home were quite.
4. Observation of physical environment (inside and outside) the home was cluttered. The home had working electricity and running water. There were safety concerns noted.

Next Steps:

[REDACTED] will provide the family with resource information for grief counseling.

IPA: note restrictions and visitation plans

None at this time.



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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: 11/8/14 2:55 PM

Date of Assessment: 11/8/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 6

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 or 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.



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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.



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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: _____