



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 06/09/2015 08:17 PM CT
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 06/09/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 06/10/2015 11:30 AM
 First Team Leader Assigned: [REDACTED] Date/Time 06/10/2015 11:30 AM
 First Case Manager [REDACTED] Date/Time 06/10/2015 11:30 AM

Allegations

| Alleged Victim | Age | Allegation | Severe ? | Alleged Perpetrator | Relationship to Alleged Victim |
|----------------|-------|---------------|----------|--|--------------------------------|
| [REDACTED] | 5 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: None
 Narrative: THIS CHILD IS NOT IN DCS CUSTODY
 TFACTS:
 Family Case IDs: None
 Open Court Custody/FSS/FCIP: None
 Prior number of INV/ASMT: 0
 Prior INV/ASMT within the last three years: No
 Number of Screen Outs: 0
 DUPLICATE REFERRAL: None



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

Sex Offender Registry: None

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: None

Directions: None

Note: Address, demographics and applicable phone numbers are listed under the child victim; [REDACTED]

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

Reporter states:

THIS CHILD IS NOT IN DCS CUSTODY

[REDACTED] (m/4) and Unknown (5 children) reside in the care of their mother, [REDACTED] and father, [REDACTED] in [REDACTED] County.

On June 9th, 2015 [REDACTED] was outside cutting the grass at the residence while the other six children were in the home. Shortly after starting the yard work, he heard a suspicious sound come from the home that was if a gun shot. He ran into the home and witnessed [REDACTED] deceased in the parent's bedroom. [REDACTED] is reported to have been lying on the bed dead as his father entered the bedroom. The other children were located in the home, but details are not readily available due to the family being overtaken with grief, [REDACTED] is reported to have been at the store at the time of the shooting and death of the child.

Law Enforcement was contacted on June 9th, 2015 at 18:32 hours regarding an accidental shooting involving a four year old. The father is believed to have called 911. The child's body remains untouched in the parent's bedroom.

The medical examiner's office has been contacted and an investigation is underway at this time. It is unknown if any of the children were involved in the shooting death of [REDACTED]. No other details were known by the referent due to just arriving on scene.

NOTE: Law enforcement request immediate assistance in the matter. They also request communication with the case worker upon receiving the page to establish ETA to scene. The referent requests communication with the supervisor of the case worker going out to the home.

[REDACTED] County Sheriff Office Case #: [REDACTED]

Special Needs or Disabilities: Unknown

Child's current location/is the child safe at this time: Home address supplied (deceased)

Perpetrator's location at this time: Unknown

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

Domestic Violence present in the home: Unknown

Per SDM: Investigative Track, P1. [REDACTED] Cm2 on 06/09/2015 @ 8:43pm

[REDACTED] 06-09-15 09:27:36 PM CDT 06-09-15 09:28:26 PM CDT PRIVATE Received

Notified Child Death Group: [REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 31 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age: 5 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type: CELL

Contact Comments: Father

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:** 32 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
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: 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: 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: 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: [REDACTED] **Date of Birth:** [REDACTED] **Participant ID:** [REDACTED]

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

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:

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: 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: 06/09/2015

Assignment Date: 06/11/2015

Street Address:

City/State/Zip:

B. Allegation

| # | Children's Name | DOB | Specific Allegation for Each Child | Alleged Perpetrator's Name | DOB | Classification | Severe Abuse | Classified By |
|---|-----------------|------------|------------------------------------|------------------------------|------------|--|--------------|--------------------------|
| | | SSN | | | SSN | | | |
| 1 | [REDACTED] | [REDACTED] | Neglect Death | Unknown Participant, Unknown | [REDACTED] | Allegation Unsubstantiated / Perpetrator Unsubstantiated | Yes | [REDACTED] 09/25/2015 |

C. Disposition Decision

Disposition Decision:

Comments:

D. Case Workers

Case Worker: [REDACTED]

Date: 09/25/2015

Team Leader: [REDACTED]

Date: 09/28/2015

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:

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:



**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 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 Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/15/2015 Contact Method:
 Contact Time: 04:04 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/15/2015
 Completed date: 10/15/2015 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: 10/15/2015 04:06 PM Entered By: [REDACTED]

The case has been reviewed by Deputy Director of Investigations [REDACTED] who granted approval for case closure via email. The case will be closed and the 740 will be forwarded to the Judge and the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 10/14/2015 Contact Method:
 Contact Time: 04:36 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 10/14/2015
 Completed date: 10/14/2015 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: 10/14/2015 04:38 PM Entered By: [REDACTED]

The case of [REDACTED] has been reviewed by IC, [REDACTED]. The case has been investigated and the classification has been approved by the DA as AUPU. This case will be submitted to the RID for further review.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 10/14/2015 | Contact Method: | |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | | Created Date: | 10/14/2015 |
| Completed date: | 10/14/2015 | 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: 10/14/2015 02:20 PM Entered By: [REDACTED]

This case has been reviewed by Regional Investigations Director [REDACTED] and feedback has been given to the team via email.



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: 10/13/2015 | Contact Method: |
| Contact Time: 04:45 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: | Created Date: 10/13/2015 |
| Completed date: 10/13/2015 | 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: 10/13/2015 05:04 PM Entered By: [REDACTED]

The investigation concerning [REDACTED] has been investigated by LI [REDACTED]. The mother, father and siblings have been interviewed by the investigator. The siblings that were of age completed a forensic interview at the [REDACTED] Child Advocacy Center and their stories did not change from what they originally reported. The Investigator observed all of the children in the home and provided a pack and play for the smallest child. The Investigator spoke with collaterals who had no concerns other than how sorry they were that this tragedy had happened to this family. Background as well as Department history checks were completed and there were no concerns noted. Grief counseling was provided to the family by the Department but after a period of time the mother felt that it was no longer needed but was informed how the services could start back up if desired. The SDM, FFA and FAST were all completed according to policy. The case was presented to CPIT and after the autopsy returned with the cause of death being a gunshot wound and the manner of death as an accident AG [REDACTED] decided on 9-28-15 that the allegation would be unsubstantiated and that there will be no charges filed. The family was visited on several occasions without any noted concerns. The 740 will be forwarded to the Judge and the AG per policy. The Child Death review checklist has been reviewed and completed, this case will now be forwarded to senior management for review.



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: 10/08/2015 | Contact Method: Face To Face |
| Contact Time: 02:30 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 10/13/2015 |
| Completed date: 10/13/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): CPIT (Child Protective Investigative Team) | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 10/13/2015 05:03 PM Entered By: [REDACTED]

This investigation was represented before the [REDACTED] County Child Protective Investigative Team (CPIT) on 10/08/2015. The investigation was reviewed by the Assistant District Attorney [REDACTED] and determined classification as Allegation Unsubstantiated / Perpetrator Unsubstantiated. The Child Protective Investigative Review form was signed by all attending CPIT members. (Child Advocacy Center, Department of Children Services, [REDACTED] Police Department, [REDACTED] County Sheriff Office, and Juvenile Court)



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: 10/05/2015 | Contact Method: |
| Contact Time: 11:18 AM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 10/05/2015 |
| Completed date: 10/05/2015 | Completed By: [REDACTED] |
| Purpose(s): Permanency, Safety - Child/Community, Well Being | |
| Contact Type(s): Case Summary | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 10/05/2015 11:18 AM Entered By: [REDACTED]

Final Case Summary:

DEATH/NEAR DEATH:

DCS Policy defines any unexplained death of a child when the cause of death is unknown or pending an autopsy report; 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.

On 6/09/2015 the Department received a P1 referral listing allegations of Neglect Death. The victim was listed as 4 year old [REDACTED] and the alleged perpetrator was listed as an Unknown Participant.

The victim was pronounced deceased upon receipt of referral to the Department. The parents and siblings were interviewed and observed. All siblings were observed to be healthy, free of any marks, injuries or bruises. This case was presented before the CPIT team on 6/09/2015 and it was stamped for Coordination with the Attorney General, Law Enforcement, DCS, CAC and [REDACTED] County Sherriff Office. A forensic interview was also requested. On 6/12/2015 the two older siblings [REDACTED] and [REDACTED] participated in a scheduled forensic interview. The children made no disclosure of abuse or harm. Both children reported hearing a loud noise and finding the victim [REDACTED], on the bed, bleeding from his eye and was not moving. The parents were interviewed and observed to be appropriately upset about the incident. The father has a safe to secure his firearms in the home.

The autopsy report was requested and received and it was determined by the Medical Examiner's office, this was an accidental death, no foul play determined. The initial SDM deemed the children to be conditionally safe. Counseling services were discussed and offered to the family. CPSI submitted a Purchase Service Agreement to provide in-home counseling services to the family [REDACTED]. The family accepted and completed the recommended services. The family was also given additional counseling services [REDACTED] counseling offered through [REDACTED] Hospital. The closing SDM deemed the children to be safe. This case was classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated. All investigative tasks have been completed. This case is being submitted for review.

A copy of the 740 will be mailed to the [REDACTED] County Juvenile Court Judge and notification to the District attorney.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Narrative Type: Addendum 1 Entry Date/Time: 10/13/2015 04:47 PM Entered By: [REDACTED]

This case was reviewed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated by ADA [REDACTED] Special Victims Unit on 9/24/2015. Submitted and approved in TFacts on 9/28/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 10/02/2015 | Contact Method: | |
| Contact Time: | 03:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/02/2015 |
| Completed date: | 10/02/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2015 03:57 PM Entered By: [REDACTED]
 SDM

The closing structure decision making (SDM) was completed, children are safe.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 10/02/2015 | Contact Method: | |
| Contact Time: | 03:00 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/02/2015 |
| Completed date: | 10/02/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2015 03:57 PM Entered By: [REDACTED]
 Notation:

CPSI [REDACTED] completed an closing FAST for the [REDACTED] family, a hard copy will be placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 10/02/2015 | Contact Method: | |
| Contact Time: | 02:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/02/2015 |
| Completed date: | 10/02/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2015 02:31 PM Entered By: [REDACTED]
 Notation:

A copy of the 740 will be mailed to the [REDACTED] County Juvenile Court Judge and notification to the District 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: Completed |
| Contact Date: 09/30/2015 | Contact Method: Phone Call |
| Contact Time: 03:30 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 10/02/2015 |
| Completed date: 10/02/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Parent/Caretaker Interview | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 10/02/2015 02:36 PM Entered By: [REDACTED]

CPSI [REDACTED] received a return call from [REDACTED] who reported that she had spoken to her husband regarding the investigation closure and findings. [REDACTED] reported that [REDACTED] asked her to call me back and inform this CPSI was welcome to come by the home anytime. [REDACTED] reported that there was upcoming family birthday parties and functions. This CPSI thanked Ms. [REDACTED] for the invitation. CPSI thanked [REDACTED] for being cooperative with the Department and encouraged her to make contact if needed.



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: 09/30/2015 Contact Method:
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 09/30/2015
 Completed date: 10/14/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Case Summary
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/30/2015 03:32 PM Entered By: [REDACTED]

On 06/09/2015 the Department of Children Services (DCS), Office of Child Safety (OCS) received a P1 referral listing allegations of neglect death. The alleged victim was listed as 4 year old [REDACTED]. Upon receipt of this referral, the victim was not in the Department's custody. The family has no previous history or involvement with the Department.

On June 9, 2015 [REDACTED], was outside cutting the grass at the home residence while the other 6 children ([REDACTED] 13, [REDACTED] 10, [REDACTED] 2, [REDACTED] 3, [REDACTED] 5 months, and [REDACTED] 4) were in the home. While the father was outside he heard a pop sound came from the home. He ran inside the home to his bedroom and found his 4 year old son [REDACTED], lying on the bed dead. The birth mother [REDACTED] was at the local Wal-Mart at the time of the shooting and death of the child. The other 5 siblings were within the home at the time of the incident. Law Enforcement was contacted regarding the accidental shooting of the 4 year old child. The medical examiner's office was also contacted and an investigation was initiated. [REDACTED], was officially pronounced deceased on 06/09/2015 at 9:20pm.

The investigation regarding this incident was conducted by the [REDACTED] County Sheriff's office, (Detective [REDACTED], DCS Investigators (on-call [REDACTED] and [REDACTED]) and [REDACTED]), the [REDACTED] County Forensic Medical Examiner's Office ([REDACTED] M.D.)

The alleged perpetrator was listed as an Unknown Participant. Interviews were conducted with all family members, persons at the home at the time of the incident.

Birth father [REDACTED], reported that he was outside spraying the yard when he heard a gunshot, he stated he immediately ran into the home and found his son [REDACTED] lying across their bed unresponsive. Mr. [REDACTED] reported that he usually keeps his door locked and guns in the safe. Mr. [REDACTED] reported that he called 911 and his wife Ms. [REDACTED]

Birth mother [REDACTED] reported that she was at the local Wal-Mart when the incident happened. Ms. [REDACTED] reported that she had exited the home to pick up a part her husband needed. Ms. [REDACTED] reported that the guns are usually locked up in the safe.

The oldest sibling [REDACTED] was interviewed and he reported that he and [REDACTED] were up around 11:00am that morning; they did chores together, ate breakfast, and later went to his room to watch television. [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

reported he thought [REDACTED] was watching television in the living room with brother [REDACTED] and the other two smaller children. [REDACTED] reported hearing a loud sound and he got up and ran to their parent's room and found [REDACTED] lying on the bed with his head up against the headboard. [REDACTED] reported that he went to get his father, who had already run into the home.

[REDACTED] reported that he was up with his brothers, [REDACTED] and [REDACTED] that morning. [REDACTED] reported [REDACTED] was in the living room with him but had left out of the room. [REDACTED] reported hearing a loud sound and went into his parent's room and found [REDACTED] lying on the bed bleeding.

DCS Policy Work Aid 1 (E):

1. Child death: Child death is defined as:

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

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

This investigation was initially presented before the [REDACTED] County Child Protective Investigative Team (CPIT) on 6/11/2015. The investigation was stamped for coordination with the Attorney General, Law Enforcement, Department of Children Services, Child Advocacy Center and the [REDACTED] County Sheriff's Office. The CPIT Team also requested a forensic interview be conducted.

A forensic interview was scheduled and conducted at the [REDACTED] Child Advocacy Center on 6/12/2015. [REDACTED] made a verbal disclosure that his 4 year old brother [REDACTED] had shot himself. [REDACTED] reported he heard the gun shot but thought it was a chair that fell. [REDACTED] reported that he and brother [REDACTED] in the hallway and they entered their father's room. [REDACTED] reported that [REDACTED] was on the headboard of the bed. [REDACTED] reported he saw blood coming out of [REDACTED] eye. [REDACTED] reported that [REDACTED] believed [REDACTED] was jumping on the bed and saw the gun on the headboard. He reported that his dad usually keeps the guns in the safe located in the bathroom closet. Child's behavior appeared to be developmentally appropriate for his age level.

Medical records were requested and received from assigned Primary Care Physician for victim [REDACTED] from Comprehensive Pediatrics. Medical records showed child had no major illness or diseases. Child was overall healthy with a good appetite, and meeting his developmental milestones.

Report of Investigation by County Medical Examiner, [REDACTED] M.D. was received by the Department of Children Services. The report of Autopsy Examination reported the Pathological Diagnoses was a gunshot wound to the face into the head, penetrating, intermediate range. Cause of Death: Gunshot Wound of the Head. Examination showed there is a close range gunshot wound of the face into the head, resulting in death. Based on findings, the manner of death is ruled accidental.

This case was reviewed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated by ADA [REDACTED] Special Victims Unit on 9/24/2015. Submitted and approved in Tfacts on 9/28/2015.

There is not a preponderance of evidence to substantiate the allegation of Child Neglect Death. The case will be closed and classified as Allegation Unsubstantiated for the allegation of Child Neglect Death.



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: 09/30/2015 | Contact Method: Phone Call |
| Contact Time: 11:45 AM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 10/02/2015 |
| Completed date: 10/02/2015 | 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: 10/02/2015 02:33 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with birth mother [REDACTED] to inform her that the Department had received the autopsy report and it had been reviewed the Assistant District Attorney [REDACTED] and it was decided there would be no prosecution, the child's death was ruled an accident. Ms. [REDACTED] was observed to be emotional and reported that she felt better. She reported that she was worried about how this would affect her family. Ms. [REDACTED] reported no current concerns or issues. Ms. [REDACTED] reported that they were doing okay, keeping the boys busy with sports and family activities. Ms. [REDACTED] reported [REDACTED] is playing varsity football at [REDACTED] High. She reported the younger children are in cub scouts. CPSI [REDACTED] asked Ms. [REDACTED] if she had received the counseling literature sent by the Department. Ms. [REDACTED] reported that she had received it but had not made contact at this time. [REDACTED] reported that the family completed the recommended counseling that was provided by the Department. [REDACTED] did express concern regarding the competency of the provider. Reporting that the children did not understand why the counselor was visiting the home. She reported the children stated they felt like they were constantly reliving the event/trauma over and over. [REDACTED] reported that she felt it was not helpful for her. She reported when the counselor finished her visits at the home, the children would be more upset. [REDACTED] reported that the family had taken family trips and was spending time with extended family. She reported that [REDACTED] was still working and taking it one day at a time. Ms. [REDACTED] reported that her son [REDACTED] reported that he had saw his little brother on the sidelines at one of his games. Ms. [REDACTED] reported that she believes her baby [REDACTED] is an angel watching over them. CPSI encouraged Ms. [REDACTED] to be open with her feelings and to make contact with this CPSI regarding any needs the family may have in the future. Ms. [REDACTED] thanked this CPSI for all the help received from the Department.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 09/28/2015 | Contact Method: | |
| Contact Time: | 05:00 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/02/2015 |
| Completed date: | 10/02/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2015 02:28 PM Entered By: [REDACTED]
 Classification

This case was classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated by ADA [REDACTED] Special Victims Unit. Submitted and approved in TFACTS on 9/28/2015.



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: 09/25/2015 | Contact Method: Attempted Face To Face |
| Contact Time: 05:00 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 10/02/2015 |
| Completed date: 10/02/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community, 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: 10/02/2015 02:31 PM Entered By: [REDACTED]

CPSI [REDACTED] attempted a home visit with the [REDACTED] family for follow up. CPSI knocked on the door and there was no answer. CPSI will attempt at a later date and time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/25/2015 Contact Method:
 Contact Time: 04:30 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/02/2015
 Completed date: 10/02/2015 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: 10/02/2015 12:58 PM Entered By: [REDACTED]
 Notation:

CPSI [REDACTED] completed an initial FAST for the [REDACTED] family, a hard copy will be placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 09/25/2015 | Contact Method: | |
| Contact Time: | 04:00 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/02/2015 |
| Completed date: | 10/02/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 10/02/2015 12:53 PM Entered By: [REDACTED]
 FFA

The family functional assessment (FFA) was initiated 09/25/2015



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 09/25/2015 Contact Method:
 Contact Time: 02:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 10/02/2015
 Completed date: 10/02/2015 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: 10/02/2015 02:30 PM Entered By: [REDACTED]
 Notation:

CPSI [REDACTED] completed an initial FAST for the [REDACTED] family, a hard copy will be placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 09/24/2015 | Contact Method: | |
| Contact Time: | 01:13 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/13/2015 |
| Completed date: | 10/13/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/13/2015 04:55 PM Entered By: [REDACTED]

This case was reviewed and classified as Allegation Unsubstantiated / Perpetrator Unsubstantiated by ADA [REDACTED] Special Victims Unit on 9/24/2015. Submitted and approved in TFacts on 9/28/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 09/22/2015 | Contact Method: | |
| Contact Time: | 03:41 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | | Created Date: | 09/22/2015 |
| Completed date: | 09/22/2015 | 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: 09/22/2015 03:44 PM Entered By: [REDACTED]

This case has been staffed with the LI [REDACTED] and this IC. LE has received the autopsy and a copy of the autopsy will be obtained and forwarded to the DA for classification approval.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 09/22/2015 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/05/2015 |
| Completed date: | 10/05/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 10/05/2015 03:13 PM Entered By: [REDACTED]
 Autopsy Report received by CPSI [REDACTED] on 9/22/2015.

Case Number: [REDACTED]
 Decedent: [REDACTED]
 Age: 4 years
 Race: Black
 Sex: Male
 Date of Autopsy Examination: 6/10/2015

Pathological Diagnosis: Gunshot wound of the face into the head, penetrating, intermediate range.
 Cause of Death: Gunshot Wound of the Head

Summary and Interpretation: This nearly 5 year old child was reportedly found in his parent's bed with a gunshot wound of the head and a handgun nearby. A law enforcement investigation revealed no evidence of foul play.

At postmortem examination, there is a close range gunshot wound of the face into the head, resulting in death. The manner of death is ruled as accident. The autopsy report was requested and received and it was determined by the Medical Examiner's office, this was an accidental death, no foul play determined.



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: 08/28/2015 | Contact Method: |
| Contact Time: 01:00 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 10/02/2015 |
| Completed date: 10/02/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Notation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 10/02/2015 02:16 PM Entered By: [REDACTED]

On 8/18/2015 CPS [REDACTED] requested medical records from the victim's Primary Care Physician (Comprehensive Pediatrics). Medical records were received on 8/28/2015 from the provider. The medical records were reviewed and there were no concerns or abnormalities noted in the child's medical records. There were no concerns or issues notated except for child having seasonal allergies. Records will be placed in the hard file and scanned into Tfacts.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 08/12/2015 | Contact Method: | |
| Contact Time: | 05:19 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 08/12/2015 |
| Completed date: | 08/12/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/12/2015 05:19 PM Entered By: [REDACTED]

There are no safety concerns at this time, the case remains open, CPSI is waiting on the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 07/21/2015 | Contact Method: | Phone Call |
| Contact Time: | 03:40 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/21/2015 |
| Completed date: | 07/21/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community, Service Planning | | |
| Contact Type(s): | Parent/Caretaker Interview | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 07/21/2015 03:50 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with birth mother [REDACTED] who reported that she had finally made contact with service provider for counseling. Ms. [REDACTED] reported that she could not remember the counselors name but states they told her there had been some mix up with who was supposed to receive the services. CPSI informed parent the authorization was the same as the last that requested services. CPSI informed parent that contact had been attempted in efforts of finding out when services would start for the family. Ms. [REDACTED] reported the counselor is supposed to be at their home on 7/22/2015 Wednesday at 6 pm.

Ms. [REDACTED] reported that all the children were keeping busy playing games and such. She reported she was taking one day at a time, that her husband was still working. Ms. [REDACTED] reported no current concerns or issues. She stated they would be getting the children back on their sleeping schedules and preparing for the start of school soon. CPSI encouraged parent to call the Department if she had any concerns or questions.



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: 07/10/2015 | Contact Method: Phone Call |
| Contact Time: 02:00 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 10/05/2015 |
| Completed date: 10/05/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Collateral Contact | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 10/05/2015 12:08 PM Entered By: [REDACTED]

Collateral

CPSI [REDACTED] made contact with paternal grandmother [REDACTED] who reported no current concerns or issues. Ms. [REDACTED] reported Ms. [REDACTED] as being a good, loving mother. Ms. [REDACTED] reported her son [REDACTED] as being a supportive and loving father. Ms. [REDACTED] reported this being an unfortunate incident that has hurt the family. Ms. [REDACTED] reported the victim [REDACTED]) as being a loving child and he will be missed dearly. Ms. [REDACTED] reported that the children had never touched the guns before and she was shocked by the incident. Ms. [REDACTED] reported the family was taking it one day at a time and she was a support person for the family.

Ms. [REDACTED] reported she was a friend of the family and was very hurt and sad regarding the death of [REDACTED] Ms. [REDACTED] reported that [REDACTED] and [REDACTED] were good parents and loved their children. Ms. [REDACTED] reported no current concerns or issues regarding the safety of the remaining children in the home. Ms. [REDACTED] reported that she is a support person for the family and will continue to be there for them. She reported Mr. [REDACTED] as being a hard working family man that took care of his family. Ms. [REDACTED] reported this incident has really caught them all off guard and it was really sad that [REDACTED] was now deceased.



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: 07/08/2015 | Contact Method: Face To Face |
| Contact Time: 06:00 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 07/21/2015 |
| Completed date: 07/21/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community, Service Planning | |
| Contact Type(s): Parent/Caretaker Interview, Sibling Interview/Observation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 07/21/2015 03:58 PM Entered By: [REDACTED]

CPSI [REDACTED] conducted a home visit with the family. CPSI [REDACTED] also delivered a pack and play for infant [REDACTED]. CPSI [REDACTED] discussed the importance of parent not co-sleeping with infant, to place child in his own sleeping bed. Ms. [REDACTED] reported that she understood and agreed. The home was observed to be clean, free of rodents and bugs. The home had evidence of working utilities, water and food.

CPSI observed the siblings [REDACTED] and [REDACTED] to be free of any marks, injuries or bruises. The children reported no current concerns or issues. Ms. [REDACTED] reported that it was still hard dealing with the loss of her son [REDACTED]. Ms. [REDACTED] reported that family had been helping with support and whatever they needed. Ms. [REDACTED] did express concern regarding negative feedback from the community regarding the incident. Ms. [REDACTED] expressed concerns regarding the news station consistently showing her home when doing news stories about children dying in [REDACTED]. Ms. [REDACTED] expressed feeling uncomfortable at home at time due to this. Ms. [REDACTED] expressed her grief over losing her son and informed this CPSI that scheduled services from the provider had not started yet. CPSI informed parent that a follow up would be made regarding this concern.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|-------------------------------|-------------------|------------------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 07/08/2015 | Contact Method: | Attempted Face To Face |
| Contact Time: | 12:00 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/08/2015 |
| Completed date: | 07/08/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Alleged Perpetrator Interview | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/08/2015 12:30 PM Entered By: [REDACTED]

The alleged perpetrator was listed as an Unknown Participant.



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: 06/30/2015 | Contact Method: Correspondence |
| Contact Time: 02:28 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 06/30/2015 |
| Completed date: 06/30/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community, Service Planning | |
| Contact Type(s): Collateral Contact | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 06/30/2015 02:31 PM Entered By: [REDACTED]

CPSI [REDACTED] submitted a PSG to the fiscal department for in-home counseling services for the [REDACTED] family. A PSG was resubmitted for the month of July 2015.



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: 06/30/2015 | Contact Method: Phone Call |
| Contact Time: 02:15 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 06/30/2015 |
| Completed date: 06/30/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Parent/Caretaker Interview | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 06/30/2015 02:29 PM Entered By: [REDACTED]

CPSI [REDACTED] made contact with birth mother Ms. [REDACTED] who reported that the family was still trying to get adjusted. She reported that they were trying to keep the other boys busy and occupied most of the time. Ms. [REDACTED] reported that the in-home counseling services had made contact with her but during that time her house was too busy with visitor and such. Ms. [REDACTED] reported that she called the provider and was told that she needed to make contact with DCS to submit a new request for services. Ms. [REDACTED] reported no other concerns or issues.



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: 06/12/2015 | Contact Method: |
| Contact Time: 05:00 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 06/17/2015 |
| Completed date: 06/17/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Notation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 06/17/2015 02:31 PM Entered By: [REDACTED]

CPSI [REDACTED] completed and forwarded Child Fatality Form to Lead Investigator [REDACTED] and was reviewed/approved by Investigative Coordinator [REDACTED]. Report was also reviewed/approved by Regional Investigative Director [REDACTED]. The fatality report was sent to Central Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|---|-------------------|--------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 06/12/2015 | Contact Method: | Face To Face |
| Contact Time: | 01:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/02/2015 |
| Completed date: | 10/02/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation, Sibling Interview/Observation | | |
| Contact Sub Type: | | | |

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2015 02:27 PM Entered By: [REDACTED]
 Forensic Interview:

[REDACTED] and [REDACTED] both participated and completed a forensic interview at the [REDACTED] Child Advocacy Center on 6/12/2015.

[REDACTED] disclosed being up with his brother [REDACTED] earlier that morning, eating breakfast, doing chores together. [REDACTED] reported that he was in his room watching television and heard a loud noise. [REDACTED] reported that he got up and went into his parents room and saw [REDACTED] lying up against the headboard with blood coming from his eye. [REDACTED] reported that he turned to get his father and he was entering the bedroom via the hallway and saw his brother on the bed. [REDACTED] reported that his father pulled [REDACTED] down from the headboard and left the room and called 911. [REDACTED] reported that he believed his brother had gotten the gun off the headboard. [REDACTED] reported that his father keeps the guns locked in the safe located in the bathroom. [REDACTED] made no disclosure of abuse or harm from his parents. The child was observed to be healthy, free of any marks, injuries or bruises.

[REDACTED] disclosed that he was at home watching television. [REDACTED] reported that he thought [REDACTED] was in the restroom, stating that he was gone a long time; he thought he was in the room with the other brother [REDACTED] reported he heard a loud pop, reporting that the sound made his ears ring. [REDACTED] reported that he and his brother [REDACTED] both saw their 4 year old brother [REDACTED] lying on the bed. [REDACTED] reported that his mother was gone to the store. [REDACTED] reported that his brother had shot himself in the eye. He reported that he believed [REDACTED] thought the gun was a toy. [REDACTED] reported that his dad usually keeps his guns in the safe in their room. [REDACTED] was observed to be free of any marks, injuries or bruises. [REDACTED] made no disclosure of anyone being hurt or harmed in his home by his parents.

Full forensic interview narratives will be placed in hard file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/11/2015 Contact Method:
 Contact Time: 05:00 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 07/08/2015
 Completed date: 07/08/2015 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Notation
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/08/2015 12:23 PM Entered By: [REDACTED]

Notation:

CPSI [REDACTED] submitted request for Autopsy report to the [REDACTED] County Medical Examiner Office.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 06/11/2015 | Contact Method: | |
| Contact Time: | 05:00 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 10/02/2015 |
| Completed date: | 10/02/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 10/02/2015 12:53 PM Entered By: [REDACTED]
 SDM

The Initial structure decision making (SDM) was completed, children are conditionally 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: 06/11/2015 | Contact Method: |
| Contact Time: 04:00 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 07/08/2015 |
| Completed date: 07/08/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community, Service Planning | |
| Contact Type(s): Notation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 07/08/2015 12:27 PM Entered By: [REDACTED]

Notation:

CPSI [REDACTED] and Lead Investigator [REDACTED] staffed investigation with Investigative Coordinator [REDACTED] Investigator [REDACTED] was instructed to obtain release of authorization for all the children 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: 06/11/2015 | Contact Method: |
| Contact Time: 10:46 AM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 07/08/2015 |
| Completed date: 07/08/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Notation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 07/08/2015 12:26 PM Entered By: [REDACTED]

Notation:

Notification information given to Central Office [REDACTED] and [REDACTED] Specialist Assistant to the Deputy Commissioner.

Custody-Status: Non-Custody

Age at Death: 4 years old

Date of Birth: [REDACTED]

Date of Death: 06/09/15

Gender: Male

Can you also provide a home address for the child? [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--|-------------------|----------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 06/11/2015 | Contact Method: | Correspondence |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/08/2015 |
| Completed date: | 07/08/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | CPIT (Child Protective Investigative Team) | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/08/2015 11:31 AM Entered By: [REDACTED]
 CPIT

This case went before the Child Protective Investigative Team on 6/11/2015, it was stamped Coordination with the Attorney General, Law Enforcement, DCS and the CAC. Also the team requested to complete a forensic interview.



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: 06/11/2015 | Contact Method: Face To Face |
| Contact Time: 08:24 AM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 07/08/2015 |
| Completed date: 07/08/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Sibling Interview/Observation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 07/08/2015 11:48 AM Entered By: [REDACTED]
 Sibling Interview/Observation:

CPSI [REDACTED] conducted an observation/interview with the siblings of deceased victim [REDACTED] CPSI [REDACTED] observed [REDACTED] and [REDACTED] at their home residence. The children were observed to be sleeping due to being up late the previous night. The children were observed to be free of any marks, injuries or bruises.



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: 06/10/2015 | Contact Method: Face To Face |
| Contact Time: 06:30 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 07/08/2015 |
| Completed date: 07/08/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Collateral Contact | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 07/08/2015 12:32 PM Entered By: [REDACTED]

Collateral:

[REDACTED] friend of the family reported no current concerns regarding the safety and well-being of the children. Mr. [REDACTED] reported that he was a support person for the family and was really hurt by the incident. Mr. [REDACTED] reported that the birth father was really upset and hurt because he loves his children. Mr. [REDACTED] reported [REDACTED] and Mr. [REDACTED] as being good loving parents. He reported no concerns or issues.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

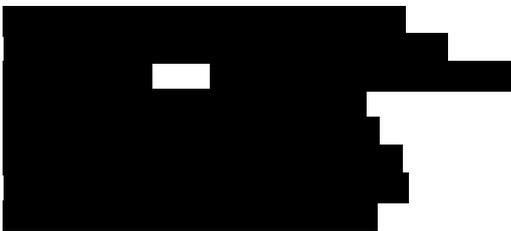
| | |
|--------------------------------------|--------------------------|
| Recording ID: [REDACTED] | Status: Completed |
| Contact Date: 06/10/2015 | Contact Method: |
| Contact Time: 06:00 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 07/08/2015 |
| Completed date: 07/08/2015 | Completed By: [REDACTED] |
| Purpose(s): Safety - Child/Community | |
| Contact Type(s): Notation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 07/08/2015 12:28 PM Entered By: [REDACTED]
 Initial paperwork:

Child Protective Service Investigator (CPSI) Little discussed the initial paperwork with signed the Acknowledgment of Receipt of the Clients' Rights Handbook, Notification of Equal Access to Programs and Services and grievance Procedures, Native American Heritage Veto Verification, Authorization for Release of Information and HIPPA Protected Health Information to the Department of Children's Services and Notification of Release, HIPPA Notice of Privacy Practices-Client Acknowledgement and Authorization for release of Medical Information. She also provided the family composition information.

Family Composition:



Background Checks:

The following Internet Records Clearance inquiries were completed on the date(s) indicated on:

Justice System Inquiry (JSSI): VIOL. FINANCIAL RESPOSIBILITY LAW; DISORDERLY CONDUCT; SPEED LIMIT 45 MPH ZONE

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found

The following Internet Records Clearance inquiries were completed on the date(s) indicated on: [REDACTED]

Justice System Inquiry (JSSI): no records found

Tennessee Felony Offender Registry: negative results

Methamphetamine Offender Registry: negative results

Tennessee Sexual Offender Registry: negative results

National Sexual Offender Registry: negative results

Tennessee Dept. of Health Vulnerable Person (Abuse Registry): negative results

SSMS Check: no results were found



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|----------------------------|-------------------|--------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 06/10/2015 | Contact Method: | Face To Face |
| Contact Time: | 05:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 07/08/2015 |
| Completed date: | 07/08/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Parent/Caretaker Interview | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 07/08/2015 12:20 PM Entered By: [REDACTED]

Parent Interview:

CPSI [REDACTED] interviewed birth parents [REDACTED] and [REDACTED] at their home residence.

Ms. [REDACTED] reported that she was at Walmart when the incident happened. Ms. [REDACTED] reported that she left the house sometime after 6pm. She reported that she could not give a definite time of departure. Ms. [REDACTED] reported her son as being a happy kid, always having her phone taking pictures of 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: 06/10/2015 | Contact Method: |
| Contact Time: 11:30 AM | Contact Duration: Less than 15 |
| Entered By: [REDACTED] | Recorded For: |
| Location: | Created Date: 06/10/2015 |
| Completed date: 06/10/2015 | 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: 06/10/2015 12:08 PM Entered By: [REDACTED]

The investigation was assigned to CPSI III [REDACTED] on 6-10-15 at 11:30 AM as a priority one. The case was received on 6-9-15 at 8:17 PM and was assigned to second shift Investigator [REDACTED]. The allegation is Neglect Death and the victim is [REDACTED] the perpetrator is listed as unknown at this time. Initial contact will be documented by CPSI [REDACTED] and instructions have been given to start working on the Fatality Report and to forward any paperwork that they family may have signed on yesterday. The assigned Investigator will make an attempt to make contact with the family on today. CPSI [REDACTED] and myself will also staff the case with CPSI [REDACTED] when she reports to work today. CPSI [REDACTED] is to complete background/TFACTS history checks on all adults living in the home. Collateral information, family composition, medical information on all children and statements are to be obtained as well as statements from the parents and the siblings. The family will be engaged and services will be offered. The Judge and the AG will be notified of the report per policy by local protocol and the case will be presented to CPIT on 6-11-15 at 9:00 AM. The case was assigned to this team at 9:44 AM by local intake after the daily CPIT meeting had taken place.



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: 06/10/2015 | Contact Method: Correspondence |
| Contact Time: 09:00 AM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: DCS Office | Created Date: 07/08/2015 |
| Completed date: 07/08/2015 | Completed By: [REDACTED] |
| Purpose(s): Service Planning | |
| Contact Type(s): Collateral Contact | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 07/08/2015 12:29 PM Entered By: [REDACTED]
Forensic Interview

[REDACTED] County Sherriff Office scheduled a forensic interviews for the [REDACTED] oldest children ([REDACTED] and [REDACTED]) for 6/12/2015 at the [REDACTED] Child Advocacy Center.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 06/10/2015 | Contact Method: | |
| Contact Time: | 09:00 AM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/08/2015 |
| Completed date: | 07/08/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Notation | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 07/08/2015 12:31 PM Entered By: [REDACTED]
 TFacts History:

The family has no previous DCS history or involvement.



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: 06/09/2015 | Contact Method: |
| Contact Time: 11:16 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 06/11/2015 |
| Completed date: 06/12/2015 | 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: 06/11/2015 10:24 PM Entered By: [REDACTED]

CPSI [REDACTED] staffed this case with IL [REDACTED]. At this time, there were not any harm factors for the children to remain in the home. The family decided to stay at the paternal step mother's, [REDACTED] home at [REDACTED] Ms. [REDACTED] telephone number is [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: 06/09/2015 | Contact Method: Face To Face |
| Contact Time: 11:13 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 06/11/2015 |
| Completed date: 06/12/2015 | Completed By: [REDACTED] |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being | |
| Contact Type(s): Sibling Interview/Observation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 06/11/2015 10:35 PM Entered By: [REDACTED]
Date: June 9, 2015
Time: 11:13 pm
Location: [REDACTED]

CPSI [REDACTED] observed [REDACTED] (5 months), [REDACTED] (2), and [REDACTED] (3) in the home on June . Due to the age of the children they could not be interviewed. CPSI [REDACTED] observed the children to be dressed appropriately and there were not any visible signs of concerns.



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: 06/09/2015 | Contact Method: Face To Face |
| Contact Time: 10:59 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 06/11/2015 |
| Completed date: 06/12/2015 | Completed By: [REDACTED] |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being | |
| Contact Type(s): Sibling Interview/Observation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 06/11/2015 10:32 PM Entered By: [REDACTED]
 Date: June 9, 2015
 Time: 10:59 pm
 Location: [REDACTED]

On 06/09/2015, Investigator [REDACTED] made face to face contact with [REDACTED]. [REDACTED] stated that he is in the 5th grade and he is an A/B student. He stated that likes to play games with his little brothers and he started crying. He stated that he got up this morning with his little brother, [REDACTED] and turned the TV on cartoons. He stated that he started cleaning up and when he finished, he sat down with his little brothers in the front room. He stated that his mom told the younger ones to go and take a nap. He stated that [REDACTED] was in there with him watching TV at first and then he left out. He stated that he heard a loud noise and he ran in there and saw him lying on the bed. He stated that he went up to him and saw him and bleeding and then he started crying. [REDACTED] stated that his dad ran in the room and was calling [REDACTED] name and was shaking him. He stated that his dad then left out and called 911. He stated that he left out of the room to get [REDACTED] because he was crying. He stated that a few minutes later, mom came home. He stated that his mom had gone to the store and dad was outside doing the grass. He stated that don't know how [REDACTED] knew where the gun was. [REDACTED] stated that he probably thought it was a toy. He stated that he didn't know the gun was up there because all the guns are in the safe and they can't get in it because it is locked. [REDACTED] began to cry again and say it was all his fault because he should have been watching him. Investigator gave [REDACTED] a hug and assured him that it was not his fault and told him not to blame himself.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/09/2015 Contact Method: Face To Face
 Contact Time: 10:55 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 06/11/2015
 Completed date: 06/12/2015 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: 06/11/2015 10:15 PM Entered By: [REDACTED]
 Date: June 9, 2015
 Time: 10:55 pm
 Location: [REDACTED]

CPSI [REDACTED] interviewed the father, [REDACTED] privately outside the home. CPSI [REDACTED] explained the allegations to Mr. [REDACTED] and expressed how sorry she was about his loss. CPSI [REDACTED] Mr. [REDACTED] to be very upset and did not want to discuss the incident with CPSI [REDACTED].

Mr. [REDACTED] stated that he was asleep until about 1 pm today. He expressed that he works at Fed Ex at night as well has his own lawn service and car detailing business. Mr. [REDACTED] stated [REDACTED] and [REDACTED] were asleep. He reported that [REDACTED] and [REDACTED] were sitting in the room watching TV with [REDACTED]. He stated that he asked his wife to go to the store to get a part for the water hose at Walmart. Mr. [REDACTED] reported that he did not think it would take her that long to come back.

Mr. [REDACTED] stated that he was spraying the yard and heard a gunshot. He stated that he went into the home saw his son got his gun from on top of the bed stand. Mr. [REDACTED] stated that he called 911.

Mr. [REDACTED] reported to CPSI [REDACTED] that he has the gun out over the night and he puts it up in the morning. Mr. [REDACTED] stated that he normally keeps his bedroom door locked as well as the gun being locked. When CPSI [REDACTED] asked about the gun, Mr. [REDACTED] stated that the gun was a 40 caliber.



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: 06/09/2015 | Contact Method: Face To Face |
| Contact Time: 10:45 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 06/11/2015 |
| Completed date: 06/12/2015 | Completed By: [REDACTED] |
| Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being | |
| Contact Type(s): Sibling Interview/Observation | |
| Contact Sub Type: | |

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

Narrative Type: Original Entry Date/Time: 06/11/2015 10:28 PM Entered By: [REDACTED]
 Date: June 9, 2015
 Time: 10:45 pm
 Location: [REDACTED]

On 06/09/2015, Investigator [REDACTED] made face to face contact with [REDACTED] sibling to [REDACTED] stated that he is in the 9th grade and he last attended [REDACTED] Middle School. He stated that they moved to this home about 3 months ago so he will go to a new school for the new school year. He stated that he is a B student and he likes to play sports and do flips. He stated that he and [REDACTED] woke up this morning around 11:00 am and he fed him some breakfast food. He stated that [REDACTED] helped him with his chore of washing the dishes and after finishing, he asked his mom if he could play the game. He stated that she told him no so he went in his room and got on his phone and watched TV. [REDACTED] stated that he thought [REDACTED] was in the front room watching TV with [REDACTED] and the other two little ones. He stated that he heard a loud sound and he looked up and [REDACTED] was standing in the hallway. He stated that he got up and ran in their parent's bedroom and that's when he saw [REDACTED] head up against the headboard. He stated that he went up closer and [REDACTED] head fell down to the pillow. He stated that he stopped at the footboard and then he went up closer and saw blood coming out of his eye and black gun powder was on his face. [REDACTED] stated that he turned to run and get his dad but he was already in the hallway, asking what happened. He stated that all he could say was [REDACTED] and his dad ran in the room and was shouting [REDACTED] name. He stated that his dad moved him to the end of the bed because he was folded up. He stated that his dad ran back outside and called 911 and their mom and then ran to get someone to come and help. He stated that he does not know how [REDACTED] got the gun because it was way up on the headboard. He stated that he must have been jumping on the bed and saw it and then started playing with it. He stated that sometimes the gun be up on the headboard and sometimes it is somewhere else. He stated that their dad bought them guns too and he said he was going to take them to the country to shoot them. He stated that their guns are locked up in the safe with the other big guns. [REDACTED] stated that [REDACTED] did not know where the gun was.



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: 06/09/2015 | Contact Method: Face To Face |
| Contact Time: 10:40 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 06/11/2015 |
| Completed date: 06/12/2015 | 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: 06/11/2015 10:14 PM Entered By: [REDACTED]

Date: June 9, 2015

Time: 10:40 pm

Location: [REDACTED]

CPSI [REDACTED] interviewed the mother, [REDACTED], outside privately in front of the home. CPSI [REDACTED] explained the referral received by the Department of Children's Services. CPSI [REDACTED] expressed her condolences to the mother. Mrs. [REDACTED] reported that she and her husband [REDACTED] have been married since 2012. Ms. [REDACTED] reported that there are 6 children in her home: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. Mrs. [REDACTED] stated that the children do not have any mental health or physical health problems. She expressed that the children are not currently on any medications. Mrs. [REDACTED] reported that [REDACTED] and [REDACTED] are a part of the Navajo Indian Tribe and both have census numbers.

Mrs. [REDACTED] stated the children have Blue Care Insurance. She expressed that she does receive \$ 700.00 dollars to \$800.00 dollars in food stamps. Mrs. [REDACTED] stated that she has been living in this home for about three months. She stated that they were living in [REDACTED]. Mrs. [REDACTED] provided CPSI [REDACTED] with two references: [REDACTED] (Mother in Law) [REDACTED] and [REDACTED] (Friend) [REDACTED].

CPSI [REDACTED] spoke with the mother about the incident today. CPSI [REDACTED] observed Mrs. [REDACTED] to have red eyes and in tears. She appeared to be very distraught when CPSI [REDACTED] interviewed her. Mrs. [REDACTED] reported that today her husband was watering the grass and she went to Walmart. Mrs. [REDACTED] stated that the children were sitting in the living room watching TV when she left the home. She stated that while she was at the store a lady called to see if she needed emergency services. Mrs. [REDACTED] reported that she did not know what the lady was talking about. Mrs. [REDACTED] stated that she came home and they told her what happened to [REDACTED].

When CPSI [REDACTED] asked about the gun in the home, Mrs. [REDACTED] stated that the gun is normally in a safe but the gun was sitting on top of the bed post. Ms. [REDACTED] could not recall if she saw the gun before she left the home. When CPSI [REDACTED] asked how many guns are in the home, Mrs. [REDACTED] stated that she did not know.

CPSI [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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 [REDACTED] obtained signed acknowledgements of such paperwork.



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: 06/09/2015 | Contact Method: |
| Contact Time: 10:30 PM | Contact Duration: |
| Entered By: [REDACTED] | Recorded For: |
| Location: Family Home | Created Date: 06/11/2015 |
| Completed date: 06/12/2015 | 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: 06/11/2015 10:19 PM Entered By: [REDACTED]

CPSI [REDACTED] and CPSI [REDACTED] arrived at the home on June 9, 2015 at 10:30 pm.

CPS [REDACTED] observed the home on June 9, 2015. There are 3 bedrooms and 2 bathrooms. The home was cluttered with clothing and toys throughout the home. CPSI [REDACTED] observed a gun safe in the parent's closet within their bedroom.

CPSI [REDACTED] observed the parent's bedroom where the incident happened. The blood was observed on the sheets near the left side of the head board.



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: 06/09/2015 Contact Method: Attempted Face To Face
Contact Time: 10:30 PM Contact Duration:
Entered By: [REDACTED] Recorded For:
Location: Family Home Created Date: 06/11/2015
Completed date: 06/12/2015 Completed By: [REDACTED]
Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
Contact Type(s): Initial ACV Face To Face
Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2015 10:40 PM Entered By: [REDACTED]
Date: June 9, 2015
Time: 10:30 pm
Location: [REDACTED]

CPSI [REDACTED] was unable to make face to face contact with [REDACTED] due to being deceased. The body was removed from the home when CPSI [REDACTED] arrived.

Narrative Type: Addendum 1 Entry Date/Time: 07/08/2015 11:29 AM Entered By: [REDACTED]
Per Work Aid 2; the worker is not required to make face to face with the deceased victim.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|--------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 06/09/2015 | Contact Method: | Face To Face |
| Contact Time: | 10:30 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | Family Home | Created Date: | 06/17/2015 |
| Completed date: | 06/17/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Initial ACV Face To Face | | |
| Contact Sub Type: | | | |

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/17/2015 02:26 PM Entered By: [REDACTED]
 Date: June 9, 2015
 Time: 10:30 pm
 Location: [REDACTED]

Response time met by 2nd Shift

[REDACTED], was deceased upon arrival to the home residence. His body was transported to the Medical Examiner's Office.

"Per Work Aid 2: It is not required for the DCS case manager to observe the deceased child"



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 06/09/2015 Contact Method: Phone Call
 Contact Time: 09:59 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 06/11/2015
 Completed date: 06/12/2015 Completed By: [REDACTED]
 Purpose(s): Permanency, Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Referent Interview
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/11/2015 10:27 PM Entered By: [REDACTED]

CPSI [REDACTED] contacted the referent on June 9, 2015 at 9:59 pm additional information.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED] Region

Case Recording Details

| | | | |
|-------------------|--------------------------|-------------------|------------|
| Recording ID: | [REDACTED] | Status: | Completed |
| Contact Date: | 06/09/2015 | Contact Method: | |
| Contact Time: | 08:17 PM | Contact Duration: | |
| Entered By: | [REDACTED] | Recorded For: | |
| Location: | DCS Office | Created Date: | 07/08/2015 |
| Completed date: | 07/08/2015 | Completed By: | [REDACTED] |
| Purpose(s): | Safety - Child/Community | | |
| Contact Type(s): | Case Summary | | |
| Contact Sub Type: | | | |

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

Narrative Type: Original Entry Date/Time: 07/08/2015 11:30 AM Entered By: [REDACTED]
 Initial Case Summary:

On 6/09/2015 the Department received a P1 referral listing allegations of Neglect Death. The victim was listed as 4 year old [REDACTED], and the alleged perpetrator was listed as an Unknown Participant.

Reporter states:

THIS CHILD IS NOT IN DCS CUSTODY

[REDACTED] (m/4) and Unknown (5 children) reside in the care of their mother, [REDACTED] and father, [REDACTED] in [REDACTED] County.

On June 9th, 2015 [REDACTED] was outside cutting the grass at the residence while the other six children were in the home. Shortly after starting the yard work, he heard a suspicious sound come from the home that was if a gun shot. He ran into the home and witnessed [REDACTED] deceased in the parent's bedroom [REDACTED] is reported to have been lying on the bed dead as his father entered the bedroom. The other children were located in the home, but details are not readily available due to the family being overtaken with grief, [REDACTED] is reported to have been at the store at the time of the shooting and death of the child.

Law Enforcement was contacted on June 9th, 2015 at 18:32 hours regarding an accidental shooting involving a four year old. The father is believed to have called 911. The child's body remains untouched in the parent's bedroom.

The medical examiner's office has been contacted and an investigation is underway at this time. It is unknown if any of the children were involved in the shooting death of [REDACTED] No other details were known by the referent due to just arriving on scene.

NOTE: Law enforcement request immediate assistance in the matter. They also request communication with the case worker upon receiving the page to establish ETA to scene. The referent requests communication with the supervisor of the case worker going out to the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

[REDACTED] County Sheriff Office Case #: [REDACTED]

Case Assignment: This case was assigned to CPSI [REDACTED] on 06/10/2015



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/9/15 8:17 PM

Date of Assessment: 6/10/15 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 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: _____