



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

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 08/05/2015 09:34 AM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 08/05/2015

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 08/05/2015 10:58 AM
 First Team Leader Assigned: [REDACTED] Date/Time 08/05/2015 12:00 AM
 First Case Manager [REDACTED] Date/Time 08/05/2015 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	13 Yrs (Est)	Abuse Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative
[REDACTED]	15 Yrs (Est)	Environmental Neglect	No	[REDACTED]	Other Non-relative
[REDACTED]	15 Yrs (Est)	Environmental Neglect	No	[REDACTED]	Birth Mother

Referent(s)

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

Referent Address:

Referent Phone Number:

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: Yes

Family Case ID: [REDACTED] [REDACTED]

Open Court Custody/FSS/FCIP [REDACTED] (Listed as open, but no active court or case services are listed)

Closed Court Custody No

Open CPS - No



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

Substantiated None

Death No

Screened out 1

History (not listed above):

2-13-03/ # [REDACTED] PHA/ Unsubstantiated

County: [REDACTED]

Notification: None

School/ Daycare: [REDACTED]. High ([REDACTED])

Native American Descent: None

Directions: None Given

Reporter's name/relationship: [REDACTED]

Reporter states:

[REDACTED] (16) and [REDACTED] (13) live with their mother, [REDACTED], in [REDACTED] County. Also in the home is [REDACTED] boyfriend, [REDACTED]. The children are not in DCS custody.

This morning [REDACTED] committed suicide. [REDACTED] had been upset for a few days. On 8/3/15, [REDACTED] called the police department stating he was going to kill himself. When officers arrived, [REDACTED] said he wasn't going to kill himself, and just wanted to see how fast they (police) would respond. [REDACTED] was contacted. A safety check was performed on [REDACTED] [REDACTED] said that he was not going to hurt himself, so he was not taken anywhere for further evaluation. Sometime in the middle of the night last night (8/4/15), [REDACTED] went outside and hung himself in a tree. [REDACTED] was found possibly by [REDACTED] at 6:20 AM this morning. [REDACTED] was also home at the time. The [REDACTED] Police Department is at the home investigating. [REDACTED] body is being sent for an autopsy in [REDACTED] [REDACTED] and [REDACTED] are currently at home.

The condition of the home was disgusting when it was observed today. There are cockroaches, feces in the floor, and a bad odor in the home. There were no weapons observed in the home. There was excessive trash in the home. The home has utilities.

There were medication bottles everywhere which belonged to [REDACTED] and the children. It is unknown what medication [REDACTED] is prescribed for at this time. [REDACTED] was on Prozac and Clonidine as well as other unknown medications. [REDACTED] Prozac medication bottle could not be located. [REDACTED] diagnoses are unknown. [REDACTED] is on antidepressants. It is unknown if there are other mental health issues in the family.

There are no known alcohol or drug issues in the family.

Last year, [REDACTED] was charged with assault on [REDACTED] There are no other known incidents of domestic violence. There are no known prior abuse or neglect issues.

The local DCS office is already aware of the situation and planning to make response.

Special Needs or Disabilities: None known other than the above mentioned mental health issues.

Child's current location/is the child safe at this time: [REDACTED] is at home. [REDACTED] is deceased.

Perpetrator's location at this time: [REDACTED] is at home.

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

Domestic Violence present in the home: None known

Per SDM: Investigative Track / P1 - Child Death



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

[REDACTED], TC, on 8/5/15 @ 10:20am

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

[REDACTED]



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 13 Yrs (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race: White

Age: 15 Yrs (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 36 Yrs (Est)

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
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 42 Yrs (Est)

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
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: 08/05/2015

Assignment Date: 08/05/2015

Street Address: [REDACTED],

City/State/Zip: [REDACTED]

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
	[REDACTED]	[REDACTED]			11/17/2015			
2	[REDACTED]	[REDACTED]	Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	No	[REDACTED]
	[REDACTED]	[REDACTED]			11/17/2015			
3	[REDACTED]	[REDACTED]	Abuse Death	unknown, unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED]
	[REDACTED]	[REDACTED]			11/17/2015			

C. Disposition Decision

Disposition Decision: Refer for Other Services and Close

Comments: Parent Aide request completed for homemakers services. The family was already in therapy to address the death of [REDACTED] family is continuing counseling.

DCS history found

2007 PHA/AUPU

D. Case Workers

Case Worker: [REDACTED]

Date: 11/17/2015

Team Leader: [REDACTED]

Date: 11/23/2015

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:



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

Case Name : ██████████

Investigation ID: ██████████

08/05/2015 Interview with ██████████ was completed regarding the referral, ██████████ reported no concerns with any of the adults or with his brother ██████████. ██████████ stated he was up the night before on the computer however he wasn't paying any attention to ██████████ when he went outside. In regard to the condition of the home CPS I ██████████ finds the home does have environmental issues that were observed by referent however, worker doesn't find it poses an immediate threat to ██████████ age 16. CPS I ██████████ has observed ██████████ throughout the investigation and at no time has he reported any concerns. Recent visit was completed on 12/10/2015 CPS I ██████████ spoke with him and his mother about cleaning up together despite Mr. ██████████ lack of support.

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

Autopsy was received and documentation is consist to self harm by ██████████. In additions CPS I ██████████ has spoke with ██████████ current worker for ██████████ who actively works with ██████████ and his mother.

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

CPS I ██████████ spoke with Ms. ██████████ and Mr. ██████████ about the condition of the home, Ms. ██████████ reports she knows the condition is poor but she doesn't have the money to repair the home but Mr. ██████████ should be the person who makes the repairs because it his property. Mr. ██████████ has stated he is willing to fix the repairs around the first of the year.

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

This morning ██████████ committed suicide. ██████████ had been upset for a few days. On 8/3/15, ██████████ called the police department stating he was going to kill himself. When officers arrived, ██████████ said he wasn't going to kill himself, and just wanted to see how fast they (police) would respond. ██████████ was contacted. A safety check was performed on ██████████ said that he was not going to hurt himself, so he was not taken anywhere for further evaluation. Sometime in the middle of the night last night (8/4/15), ██████████ went outside and hung himself in a tree. ██████████ was found possibly by ██████████ at 6:20 AM this morning. ██████████ was also home at the time. The ██████████ Police Department is at the home investigating. ██████████ body is being sent for an autopsy in ██████████ and ██████████ are currently at home.

The condition of the home was disgusting when it was observed today. There are cockroaches, feces in the floor, and a bad odor in the home. There were no weapons observed in the home. There was excessive trash in the home. The home has utilities.

There were medication bottles everywhere which belonged to ██████████ and the children. It is unknown what medication ██████████ is prescribed for at this time. ██████████ was on Prozac and Clonidine as well as other unknown medications. ██████████ Prozac medication bottle could not be located. ██████████ diagnoses are unknown. ██████████ is on antidepressants. It is unknown if there are other mental health issues in the family.

There are no known alcohol or drug issues in the family.

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

CPIT team convened and agreed that autopsy support classification of AUPU as for classification of environmental neglect, CPS I ██████████ has reviewed policy and doesn't find rises to neglect for ██████████.

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:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	12/28/2015	Contact Method:	
Contact Time:	10:58 AM	Contact Duration:	
Entered By:	██████████	Recorded For:	
Location:		Created Date:	11/17/2015
Completed date:	12/28/2015	Completed By:	██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:	Closing		

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

Narrative Type: Original Entry Date/Time: 11/17/2015 11:19 AM Entered By: ██████████

Closing Summary:

The referral was received on 08/05/2015 with allegations of Abuse Death and Environmental Neglect. Case was assigned to Child Protective Services Investigator ██████████. Investigator ██████████ received initial call from ██████████ Officer ██████████. Workers agreed to meet at ██████████ Police Department. Upon arrival, Investigator ██████████ was staffed on the situation. Officer ██████████ stated that on 8/5/2015 he arrived at the home prior to 7:00 am and observed ACV ██████████ hanging from a tree in the family yard. Officer ██████████ stated several other local officers were also present at the home. It was reported that ██████████, Officer with ██████████ Police Department, had responded to a call to the ██████████ home on 08/04/2015. This was due to 911 call received from ACV ██████████ stating he was going to commit suicide. After Officer arrived at the home ██████████ stated he really didn't want to harm himself but wanted to see how long it would take Officer to arrive at the home. Officer ██████████ spoke with ██████████ mother who stated she was going to call his ██████████ Worker immediately.

Investigators Involved:

██████████ County Juvenile Court
 ██████████ Police Department
 ██████████ Police Department

Alleged perpetrator:

██████████ - Birth Mother
 ██████████ - Paramour

Interviews were completed with both adults. In regards to ██████████ death, Ms. ██████████ stated she had spoken with ██████████ prior to going to bed regarding any thoughts of self-harm. Ms. ██████████ stated they reviewed the suicide help information. Ms. ██████████ said she explained he could always speak with her. Ms. ██████████ did not feel that he was not a danger to himself. She advised she went to bed as normal and awakened to find her son outside in a tree.

██████████ reported he didn't get into any conversation with ██████████ but allowed his mother to talk with him. He stated he works multiple part time jobs and most of the time he isn't at home.

██████████ sibling was interviewed and he stated he was on the computer and not really paying much attention to ██████████ he reported ██████████ went outside but he didn't think anything of it. ██████████ reported not keeping track of time or paying any attention as to whether ██████████ came back inside of the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

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.

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

Child Protective Investigation Team was completed on 11/10/2015 at [REDACTED] County Child Advocacy Center. Team members agreed with classification of Allegation Unsubstantiated/Perpetrator Unsubstantiated in regards to allegations of Abuse Death.

Results of interviews:

Interviews included the mother [REDACTED], paramour [REDACTED], and sibling [REDACTED]. All interviewed reported they believed [REDACTED] was fine prior to the incident. The family's statements regarding [REDACTED] behavior were all consistent in that they did not believe [REDACTED] would have self-harmed. The family members all reported there was no conflict in the home. Interview with Officer [REDACTED] revealed he did not feel [REDACTED] was a risk to himself.

The preponderance of evidence from the autopsy and interviews are consistent that [REDACTED] death was self-inflicted. There is no evidence to substantiate that death was a result of caregiver's neglect.

The case would be closed and classified as unsubstantiated for the allegation of Child Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/22/2015	Contact Method:	
Contact Time:	02:30 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 02:38 PM Entered By: [REDACTED]

FFA has been updated on this case.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 12/18/2015 Contact Method: Phone Call
 Contact Time: 12:34 PM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 12/18/2015
 Completed date: 12/18/2015 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: 12/18/2015 12:35 PM Entered By: [REDACTED]
 CPS I [REDACTED] spoke with Mr. [REDACTED] regarding the completion of the referral and the expected date he would be removing and making repairs to the home. Mr. [REDACTED] states he has intention of fixing the home around the first of the year. CPS I [REDACTED] advised worker was told he no longer resided at the home, Mr. [REDACTED] states he doesn't primary live there day to day but he is at the home on a daily bases. CPS I [REDACTED] explained Ms. [REDACTED] had agreed to work with a Parent Aide inside of the home to improve condition of the home however he would need to continue to work on the exterior of the home. Mr. [REDACTED] said he has no problems with that.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/18/2015	Contact Method:	
Contact Time:	10:37 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/18/2015
Completed date:	12/18/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/18/2015 10:39 AM Entered By: [REDACTED]
 [REDACTED] records have been scanned into tfacts regarding intervention services on 08/03/2015 with [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 12/10/2015	Contact Method: Face To Face
Contact Time: 04:00 PM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 12/18/2015
Completed date: 12/18/2015	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): ACV Interview/Observation, Alleged Perpetrator Interview	
Contact Sub Type:	

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

Narrative Type: Original Entry Date/Time: 12/18/2015 10:54 AM Entered By: [REDACTED]

CPS I [REDACTED] went to the home regarding worker still not obtaining the mental health records, Ms. [REDACTED] stated she had spoken with Ms. [REDACTED] about sending them, CPS I [REDACTED] advised they hadn't been received. CPS I [REDACTED] also stated she wanted to speak with her again about the condition of the home. Ms. [REDACTED] stated she knows the condition is bad but legally the house doesn't belong to her it [REDACTED] and financially she doesn't have the money to fix the repairs. Ms. [REDACTED] states Mr. [REDACTED] had left the home about a month ago and she explained as soon as she able to get on her feet she will move out of the home. Ms. [REDACTED] states despite not being at the home he does pay the bills and give her money for [REDACTED]

CPS I [REDACTED] asked in the meantime will she work with a Parent Aide worker to assist her with the interior of the home. Ms. [REDACTED] states he would like some assistance to go through [REDACTED] room because she hadn't went in the room since his death. In the process of talking [REDACTED] arrived in his truck and worker spoke with him; he stated he was doing ok, his mother was also telling him about the conversation of the home, [REDACTED] stated Mr. [REDACTED] doesn't want to throw things away like the cans over the yard and all the washer and dryers in the yard. CPS I [REDACTED] explained worker didn't believe that he was unsafe however the condition of the home was very poor structurally and needed a lot of work. [REDACTED] stated he understood but he was in agreement with his mom they needed to move. CPS I [REDACTED] advised once the information is forwarded case will be closed.

CPS I [REDACTED] observation Ms. [REDACTED] was very talkative and upbeat, [REDACTED] was fine and worker observed no concerns.

Plan: Preparation of case closure.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/10/2015	Contact Method:	Phone Call
Contact Time:	10:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/10/2015
Completed date:	12/10/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/10/2015 02:58 PM Entered By: [REDACTED]

CPS [REDACTED] contacted [REDACTED] again to inquire about the need for mental health records, worker was finally able to speak with [REDACTED] and explained the information need. CPS I [REDACTED] was advised it would be forward, CPS I [REDACTED] will also return back to the home to complete task LI [REDACTED] discussed regarding Parent Aide Service services in the home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/30/2015	Contact Method:	
Contact Time:	02:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/01/2015
Completed date:	12/18/2015	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: 12/01/2015 02:20 PM Entered By: [REDACTED]
 Closing Fast and Safety Assessment has been completed score require no immediate action for safety.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/30/2015	Contact Method:	
Contact Time:	10:30 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/30/2015
Completed date:	11/30/2015	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: 11/30/2015 10:42 AM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/20/2015	Contact Method:	Correspondence
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/23/2015
Completed date:	11/23/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notification of Classification		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/23/2015 09:53 AM Entered By: [REDACTED].
 Autopsy received and it indicates that death was ruled a suicide.



Tennessee Department of Children's Services
Case Recording Summary

Case Id:	██████████	Case Name:	██████████
Case Status:	Close	Organization:	██████████

Case Recording Details

Recording ID:	██████████	Status:	Completed
Contact Date:	11/19/2015	Contact Method:	Face To Face
Contact Time:	04:30 PM	Contact Duration:	
Entered By:	████████████████████	Recorded For:	
Location:	Family Home	Created Date:	11/23/2015
Completed date:	11/23/2015	Completed By:	██████████
Purpose(s):	Safety - Child/Community		
Contact Type(s):	ACV Interview/Observation		
Contact Sub Type:			

Children Concerning

██████████

Participant(s)

██████████

Narrative Details

Narrative Type: Original Entry Date/Time: 11/23/2015 09:34 AM Entered By: ██████████

Home visit was completed follow up visit to the home and was able to talk with ██████████ told worker he was ok, worker asked about grades and ██████████ reported he was failing several subject. CPS I ██████████ asked him about attending tutoring for his algebra and computer skills class. ██████████ stated he was unable to attend tutoring before school because of having to be at school so early. CPS I ██████████ asked his mother about completing a meeting with his instructors, Ms. ██████████ expressed ██████████ had an IEP and therefore they would have to make some adjustment. CPS I ██████████ advised her to make a call promptly because the children would soon be on Holiday break and it didn't need to wait until the end of January before it was completed. In addition CPS I ██████████ asked her to make sure she spoke with ██████████ regarding the records that had been requested in August. Ms. ██████████ stated she would on Monday when she took ██████████ to counseling complete the release for records for ██████████

In regard to the home the condition of the home was unclean, however would wan't did find it caused risk to ██████████ during this visit. ██████████ appearance was adequate and worker was able to determine he does have what he needs. The family appeared comfortable in the environment.

Plan: Continue task for case.

Narrative Type: Addendum 1 Entry Date/Time: 11/30/2015 12:29 PM Entered By: ██████████

Correction is needed for the observation of condition of home. This worker did find environmental concerns present such as old food in containers , unwashed dishes, trash outside of the home in large amounts however none posed immediate threat to ██████████ safety. CPS I ██████████ found ██████████ appearance was adequate and worker was able to assess the home does meet his needs. No other safety concerns were noted.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/17/2015	Contact Method:	Correspondence
Contact Time:	10:54 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/17/2015
Completed date:	11/30/2015	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: 11/17/2015 11:00 AM Entered By: [REDACTED]

CPS I [REDACTED] received autopsy report , report has been uploaded into tfacts for review. CPS I [REDACTED] notes findings of autopsy had findings consistent with a hanging which led to [REDACTED] death. The manner of death is suicide.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/17/2015	Contact Method:	
Contact Time:	10:28 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 10:28 AM Entered By: [REDACTED]

DCS history check completed from review the family had one previous investigation in 2003 for physical abuse. AP was [REDACTED] case was unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/17/2015
Completed date:	11/17/2015	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: 11/17/2015 08:50 AM Entered By: [REDACTED]

CPS I [REDACTED] went to the home in an effort to advise the mother of the completion of the investigation along with advising her of the information from the autopsy report. Card was left for the family to contact worker.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/10/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	11/19/2015
Completed date:	11/19/2015	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: 11/19/2015 04:02 PM Entered By: [REDACTED]

CPS I [REDACTED] presented case with team members Lead Investigator [REDACTED], District Attorney [REDACTED] Juvenile Court Member [REDACTED] Mental Health Provider [REDACTED], [REDACTED] School Nurse, Child Advocacy Center Representative [REDACTED] all agreed classification of AUPU was appropriate. Autopsy information support case finding.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	10/13/2015	Contact Method:	
Contact Time:	01:22 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	10/13/2015
Completed date:	10/13/2015	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: 10/13/2015 01:33 PM Entered By: [REDACTED]

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



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/14/2015	Contact Method:	
Contact Time:	11:16 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/14/2015
Completed date:	09/14/2015	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: 09/14/2015 11:17 AM Entered By: [REDACTED]

Case needs to be staffed to discuss case classification and case documentation needs to be updated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 09/07/2015 Contact Method: Face To Face
 Contact Time: 11:00 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Other Community Site Created Date: 11/30/2015
 Completed date: 12/01/2015 Completed By: System Completed
 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: 11/30/2015 12:55 PM Entered By: [REDACTED]
 CPS I [REDACTED] saw [REDACTED] out and asked if she could speak with him about [REDACTED] stated that was sad what happened to [REDACTED] and he never thought he would do something like that. [REDACTED] reported he didn't have any conversation with [REDACTED] or [REDACTED] he allowed their mother to talk with them. CPS I [REDACTED] asked him about his role with the boys; [REDACTED] stated he and their mother date but he has never got in the middle of stuff with her kids. [REDACTED] said he has older children and doesn't like drama and sometime it was a lot of that going on between the boys. [REDACTED] said the night in question he didn't think anything strange. He stated they went to bed as usual and that morning that when they realized [REDACTED] had really hurt himself. He stated that was sad and he feels real bad. CPS I [REDACTED] in additions asked him about the condition of the home, [REDACTED] said the boys have never liked to clean up and that why it looks the way he does. [REDACTED] said he knows how to make repairs and do construction worker but it her house and he doesn't do anything unless she ok everything.

Narrative Type: Addendum 2 Entry Date/Time: 12/18/2015 11:05 AM Entered By: [REDACTED]
 In addition correction will be added to last sentence regarding willingness to repair home.

Narrative Type: Addendum 1 Entry Date/Time: 12/18/2015 10:41 AM Entered By: [REDACTED]
 Correction will be added regarding system completion of this recording.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	09/07/2015	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/18/2015
Completed date:	12/18/2015	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: 12/18/2015 11:02 AM Entered By: [REDACTED]

CPS I [REDACTED] saw [REDACTED] out and asked if she could speak with him about [REDACTED] stated that was sad what happened to [REDACTED] and he never thought he would do something like that. [REDACTED] reported he didn't have any conversation with [REDACTED] or [REDACTED] he allowed their mother to talk with them. CPS I [REDACTED] asked him about his role with the boys; [REDACTED] stated he and their mother date but he has never got in the middle of stuff with her kids. [REDACTED] said he has older children and doesn't like drama and sometime it was a lot of that going on between the boys. [REDACTED] said the night in question he didn't think anything strange. He stated they went to bed as usual and that morning that when they realized [REDACTED] had really hurt himself. He stated that was sad and he feels real bad. CPS I [REDACTED] in additions asked him about the condition of the home, [REDACTED] said the boys have never liked to clean up and that why it looks the way he does. [REDACTED] said he knows how to make repairs and do construction work. CPS I [REDACTED] advised the home had issues inside and outside, Mr. [REDACTED] state he is willing to make the repairs.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/25/2015 Contact Method: Phone Call
 Contact Time: 11:30 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/30/2015
 Completed date: 11/30/2015 Completed By: [REDACTED]
 Purpose(s): Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/30/2015 01:02 PM Entered By: [REDACTED]

Collateral was completed with [REDACTED] who stated she had worked with the family for sometime. CPS I [REDACTED] asked her about [REDACTED] she advised he had several issues. Ms. [REDACTED] advised neither she or his therapist were sure if his issues were related to his neurological condition of Torrents Syndrome or if it was a mental health issues that had not been diagnosed. She advised he was being treated for Op positional Defiant and Attention Deficit Disorder. Ms. [REDACTED] advised [REDACTED] was contacted and review of the suicide prevention pamphlet had been reviewed on 08/04/2015 and the plan was to complete a follow up on 08/05/2015.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/25/2015	Contact Method:	
Contact Time:	09:35 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	09/24/2015
Completed date:	09/24/2015	Completed By:	[REDACTED]
Purpose(s):	Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 09/24/2015 09:22 AM Entered By: [REDACTED]
 CPS [REDACTED] requested medical records, educational records and mental health records for [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name | [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/25/2015	Contact Method:	
Contact Time:	08:45 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/30/2015
Completed date:	11/30/2015	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: 11/30/2015 12:35 PM Entered By: [REDACTED]

Judge's Letter notation:

Judge's letter has been emailed to [REDACTED] County Juvenile Court to notify the court of the investigation that has been initiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/14/2015	Contact Method:	
Contact Time:	03:28 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	08/14/2015
Completed date:	08/14/2015	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 08/14/2015 03:31 PM Entered By: [REDACTED]
 Case needs to be staffed with LI to discuss next steps.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/05/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/30/2015
Completed date:	11/30/2015	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: 11/30/2015 12:43 PM Entered By: [REDACTED]

CPS [REDACTED] completed Notice of Child Death/Preliminary Near Death form on this day document was forwarded to necessary leadership staff.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/05/2015	Contact Method:	
Contact Time:	01:00 PM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	12/22/2015
Completed date:	12/22/2015	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: 12/22/2015 02:30 PM Entered By: [REDACTED]

District Attorney notification completed via email with ADA [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/05/2015	Contact Method:	Face To Face
Contact Time:	11:20 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	11/30/2015
Completed date:	11/30/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/30/2015 12:48 PM Entered By: [REDACTED]

CPS I [REDACTED] while at the home did complete initial paperwork with Ms. [REDACTED] CPS I [REDACTED] reviewed Client's right's, Equal Access to services, HIIPPA and Native American Veto. In addition worker spoke with the family about counseling and or family support while in the home. Ms. [REDACTED] advised services had been discussed with current worker Ms. [REDACTED] from [REDACTED] for she and [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/05/2015 Contact Method:
 Contact Time: 11:10 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 11/30/2015
 Completed date: 11/30/2015 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: 11/30/2015 12:40 PM Entered By: [REDACTED]
 Household Composition was completed on 08/05/2015 at the time of the referral the household consisted of [REDACTED], mother her paramour [REDACTED] and [REDACTED].



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/05/2015	Contact Method: Face To Face
Contact Time: 11:00 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 08/05/2015
Completed date: 08/13/2015	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: 08/13/2015 10:32 AM Entered By: [REDACTED]

I. Interview with child: Interview with [REDACTED] was completed inside of the home. [REDACTED] told worker he didn't observe anything strange with his brother. [REDACTED] reported on the last night [REDACTED] went outside but he didn't think anything about what he was doing. [REDACTED] stated since the summer [REDACTED] had been going outside between 9PM and 10PM at night. [REDACTED] told worker he and his brother didn't always get along.

I. Interview with [REDACTED] unable to be completed.

II. Interview with the mother: CPS I [REDACTED] spoke with the mother [REDACTED] who stated she had no idea [REDACTED] would harm himself. Ms. [REDACTED] stated [REDACTED] had some issues and they had been working with [REDACTED]. Ms. [REDACTED] stated [REDACTED] was scheduled for an evaluation to find out if something else was going on with him. CPS I [REDACTED] asked her about issues at home, Ms. [REDACTED] reported on 08/03/2015 [REDACTED] had dialed 911 and Officer [REDACTED] had come to the home. She stated she believed he told the dispatch operator he wanted to harm myself but once the officer came to the home he stated he just wanted to see how long it would take for someone to come to the home. Ms. [REDACTED] said after the incident she called his worker and she was given instruction about how to make the home safe. Ms. [REDACTED] stated she keep talking with [REDACTED] about his safety and the fact that there were people he could call if he didn't want to talk with her that would listen to him. She stated so that night she spoke with him prior to her going to bed and he appeared happy. She stated she had no idea she would wake up to her son not being alone. CPS I [REDACTED] asked her about any other problems [REDACTED] had. She reported he was diagnosed with Tourette Syndrome. Ms. [REDACTED] also reported he was taking psychotropic medication and he had not taken his medication on Monday. CPS I [REDACTED] asked her about his medication routine. Ms. [REDACTED] reported he typically took his medication on his own and she would normally check them afterward. Ms. [REDACTED] said when he didn't take his medication on Monday she did talk with him about it and he stated he just didn't want to take them.

III: Interview with the father: N/A

IV: Interview with other household members:

V: CPSI observed: In regard to the condition of the home it is an older home with warn paint. The exterior of the home



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

is in need of repair. The interior condition of the home was of adequate upkeep. The home was fully furnished with upstairs. [REDACTED] room was adjacent to the living room. There is one bath down stairs. CPS I [REDACTED] did observe the home does have an infestation of cock roaches. Both Ms. [REDACTED] and [REDACTED] appeared to be coping and had plenty of family support in the home.

VI: Next Steps: Investigative task will continue.

Narrative Type: Addendum 1 Entry Date/Time: 11/30/2015 12:38 PM Entered By: [REDACTED]

Household Composition at the time of referral consist of [REDACTED] Parent,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/05/2015	Contact Method:	Face To Face
Contact Time:	11:00 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/22/2015
Completed date:	12/22/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 12/22/2015 09:15 AM Entered By: [REDACTED]
 [REDACTED] was not seen or observed due to the child being deceased per policy 20.27, work aid2, Child Death-Near Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 08/05/2015 Contact Method: Phone Call
 Contact Time: 09:50 AM Contact Duration:
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 08/05/2015
 Completed date: 08/13/2015 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: 08/05/2015 04:56 PM Entered By: [REDACTED]
 CPIT convened with Officer [REDACTED] regarding incident. Officer advised he was present with family and would meet CPS I [REDACTED] once debriefing was completed at [REDACTED] Police Dept.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	08/05/2015	Contact Method:	Phone Call
Contact Time:	09:50 AM	Contact Duration:	
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	11/30/2015
Completed date:	11/30/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Referent Interview		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 11/30/2015 12:36 PM Entered By: [REDACTED]

Referent Notation:

The referent has been contacted regarding the referral information and initiation of the CPS investigation.



Tennessee Department of Children's Services
Case Recording Summary

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

Case Recording Details

Recording ID: [REDACTED]	Status: Completed
Contact Date: 08/05/2015	Contact Method:
Contact Time: 09:45 AM	Contact Duration:
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 08/05/2015
Completed date: 08/13/2015	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: 08/05/2015 04:53 PM Entered By: [REDACTED]

Case Summary**Initial Case Summary:**

Investigator [REDACTED] is assigned the following P1 referral by Lead Investigator [REDACTED]

On 08/05/2015 the department received a P-1 referral alleging Abuse Death and Environmental regarding [REDACTED]. [REDACTED] The alleged named perpetrator(s) is/are the unknown and [REDACTED].

Reporter states:

[REDACTED] (16) and [REDACTED] (13) live with their mother, [REDACTED], in [REDACTED] County. Also in the home is [REDACTED] boyfriend, [REDACTED]. The children are not in DCS custody.

This morning [REDACTED] committed suicide. [REDACTED] had been upset for a few days. On 8/3/15, [REDACTED] called the police department stating he was going to kill himself. When officers arrived, [REDACTED] said he wasn't going to kill himself, and just wanted to see how fast they (police) would respond. [REDACTED] was contacted. A safety check was performed on [REDACTED]. [REDACTED] said that he was not going to hurt himself, so he was not taken anywhere for further evaluation. Sometime in the middle of the night last night (8/4/15), [REDACTED] went outside and hung himself in a tree. [REDACTED] was found possibly by [REDACTED] at 6:20 AM this morning. [REDACTED] was also home at the time. The [REDACTED] Police Department is at the home investigating. [REDACTED] body is being sent for an autopsy in [REDACTED] and [REDACTED] are currently at home.

The condition of the home was disgusting when it was observed today. There are cockroaches, feces in the floor, and a bad odor in the home. There were no weapons observed in the home. There was excessive trash in the home. The home has utilities.

There were medication bottles everywhere which belonged to [REDACTED] and the children. It is unknown what medication [REDACTED] is prescribed for at this time. [REDACTED] was on Prozac and Clonidine as well as other unknown medications. [REDACTED] Prozac medication bottle could not be located. [REDACTED] diagnoses are unknown. [REDACTED] is on antidepressants. It is unknown if there are other mental health issues in the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

There are no known alcohol or drug issues in the family.

Last year, [REDACTED] was charged with assault on [REDACTED]. There are no other known incidents of domestic violence. There are no known prior abuse or neglect issues.

The local DCS office is already aware of the situation and planning to make response.

Special Needs or Disabilities: None known other than the above mentioned mental health issues.
 Child's current location/is the child safe at this time: [REDACTED] is at home. [REDACTED] is deceased.
 Perpetrator's location at this time: [REDACTED] is at home.
 Any other safety concerns for the child(ren) or worker who may respond: None known
 Domestic Violence present in the home: None known

Per SDM: Investigative Track / P1 - Child Death
 [REDACTED], TC, on 8/5/15 @ 10:20am

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

[REDACTED]

Referent was notified of screened in report by Child Abuse Hotline via CARAT tracking system.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker [REDACTED]
 Date of Referral: 8/5/15 9:34 AM Date of Assessment: 8/5/15 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 1

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: _____