



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 03/29/2013 09:06 AM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 03/29/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 03/29/2013 11:05 AM  
First Team Leader Assigned: [REDACTED] Date/Time 03/29/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 03/29/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	17 Yrs	Drug Exposed Child	No	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	17 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:  
Type of Contact: I-3 Phone  
Notification: None  
Narrative: TFACTS: Yes  
Open Court Custody/FSS/FCIP: No  
Prior INV/ASMT of Abuse: No  
Prior INV/ASMT of Neglect: Yes (1)  
Screen Outs: No  
DUPLICATE REFERRAL: No  
County: [REDACTED]  
Notification: None  
School/ Daycare: Not provided



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

Native American Descent: Unknown  
Directions: none given

Reporters name/relationship: [REDACTED]

Reporter states: [REDACTED] (17) and [REDACTED] (12) live with their father [REDACTED]

This morning at around 12:30am, [REDACTED] was found deceased by his brother [REDACTED]. It is believed that [REDACTED] committed suicide as there was a note found. It appears that the cause of death was a single gunshot wound to the temple area that is believed to be self-inflicted. Alcohol was involved. [REDACTED] reeked of alcohol. It is unknown how [REDACTED] gained access to the alcohol at this time.

According to [REDACTED] In November 2012 [REDACTED] made the comment that he was going to commit suicide and went as far as to put a gun to his head. The father stopped [REDACTED] and talked him out of it. [REDACTED] reported that their father got [REDACTED] some medical help and that [REDACTED] was going to treatment. The reporter does not believe that [REDACTED] was still going to treatment prior to his death.

According to [REDACTED] When [REDACTED] was 12 years old he threatened to commit suicide by taken a shot gun and putting it in his mouth. This was only a verbal threat at that time.

The reporter was unable to speak with the father as he was very shaken up about [REDACTED] death. The reporter and DCS will interview the father together today. The local office is aware of the incident and is waiting for the reporter to call and let them know that a report has been made.

[REDACTED] body has been set to the medical examiners office for an autopsy.

Per SDM: Investigative Track, P1

P1 on 3/29/13 @ 9:42am by [REDACTED] CM3  
[80]Message issued, SC5\_ [REDACTED] Home [REDACTED]: [REDACTED] Fatality P1 [REDACTED] on 3/29/13 @ 9:45am

[REDACTED] responded for the county at 9:50am on 03-29-13. CM2 [REDACTED]

The following people were emailed to inform them of this referral

[REDACTED]



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



Child-fatality-Notification EI DCS



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

**Participant(s)**

**Name:** [REDACTED]  
Gender: Male                      Date of Birth: [REDACTED]                      Participant ID: [REDACTED]  
SSN:                                      Race: White                      Age: 17 Yrs  
Address: [REDACTED]  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator: No  
DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]  
Gender: Male                      Date of Birth: [REDACTED]                      Participant ID: [REDACTED]  
SSN:                                      Race:                      Age: 12 Yrs  
Address:  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator: No  
DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**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

**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: 03/29/2013

Assignment Date: 03/29/2013

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]	Drug Exposed Child	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	No	[REDACTED]
		[REDACTED]						06/10/2013
2	[REDACTED]	[REDACTED]	Neglect Death	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED]
		[REDACTED]						06/10/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: This case was assigned for allegations of Neglect Death and DEC. CPSI received a verbal report from the DAs office from the medical examiners report. It was stated that [REDACTED] death was ruled a suicide and his BAC was 1.67 at the time of his death.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 07/26/2013

Team Leader: [REDACTED]

Date: 08/12/2013

**E. Investigation Summary**

**Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.**

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

[REDACTED] stated that his brother came in to his bedroom and told him that he loved him and good night. [REDACTED] stated a few minutes later he heard gun shots and then found his brother deceased in his room.

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

CPSI received a verbal report from the DAs office from the medical examiners report. It was stated that [REDACTED] death was ruled a suicide and his BAC was 1.67 at the time of his death.

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



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

Case Name : ██████████

Investigation ID: ██████████

Mr. ██████ stated that he received a call from the police that his son was stopped for vandalism and was asked to pick him up. Mr. ██████ stated that he got ██████ home and he went to bed. Mr. ██████ stated that ██████ ran over to his home and told him that ██████ had shot himself. Mr. ██████ stated that he has taken ██████ and ██████ to a therapist in ██████ after their mother died in 2007. Mr. ██████ stated that when ██████ threatened suicide in November 2012 he took him to see the therapist again. Mr. ██████ stated that he and ██████ intend to continue to see their therapist as long as needed. Mr. ██████ stated ██████ wants to move back to the ██████ area to attend school with his old friends. Mr. ██████ stated that he feels that ██████ associates ██████ with ██████ and he needs a change in order to grieve for his brother in a positive way.

CPSI did not refer any services to this family as they we already involved in therapy.

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

██████████ (17) and ██████████ (12) live with their father ██████████

This morning at around 12:30am, ██████████ was found deceased by his brother ██████████. It is believed that ██████████ committed suicide as there was a note found. It appears that the cause of death was a single gunshot wound to the temple area that is believed to be self-inflicted. Alcohol was involved. ██████████ reeked of alcohol. It is unknown how ██████████ gained access to the alcohol at this time.

According to ██████████ In November 2012 ██████████ made the comment that he was going to commit suicide and went as far as to put a gun to his head. The father stopped ██████████ and talked him out of it. ██████████ reported that their father got ██████████ some medical help and that ██████████ was going to treatment. The reporter does not believe that ██████████ was still going to treatment prior to his death.

According to ██████████ When ██████████ was 12 years old he threatened to commit suicide by taken a shot gun and putting it in his mouth. This was only a verbal threat at that time.

The reporter was unable to speak with the father as he was very shaken up about ██████████ death. The reporter and DCS will interview the father together today. The local office is aware of the incident and is waiting for the reporter to call and let them known that a report has been made.

██████████ body has been set to the medical examiners office for an autopsy.

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

Distribution Copies: Juvenile Court in All Cases  
 District Attorney in Severe Child Abuse Cases  
 Regional Supervising Attorney



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/12/2013

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/12/2013

Completed date: 08/12/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/12/2013 03:18 PM Entered By: [REDACTED]

TL [REDACTED] reviewed this case for closure. After exhausting all efforts to get [REDACTED] mental health records it has been determined that the Department does not have enough evidence to substantiate any of the allegations reported. It appears that this is a tragic death. The child was very troubled. There was no warning the night of the incident that he was going to harm himself. Mr. [REDACTED] and [REDACTED] are in therapy now. [REDACTED] is attending school in a Urban area. He wanted to go to a large school and it was [REDACTED] that wanted to live in the country. Mr. [REDACTED] continues to follow up with both of his and [REDACTED] therapy. They have CPSA [REDACTED] phone number and know how to access community services if needed. It is believed that [REDACTED] is safe. CPIT agreed that due to not being able to get any more records that this case could be closed as unfounded for all allegations. The case will be approved for closure when submitted by CPSA [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:	08/05/2013	Contact Method:	Phone Call
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	08/05/2013
Completed date:	08/05/2013	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: 08/05/2013 09:48 AM      Entered By: [REDACTED]

CPSA called Psychosocial Services/Dr. [REDACTED] office on this day. The secretary answered, CPSA identified herself and secretary stated that she has talked to me before. CPSA asked if she could come by the office and pick up the releases and records regarding [REDACTED]. She stated that I could come but she could not give me anything because only the Doctors have access to the files. She stated that she hand delivered my last message to Dr. [REDACTED] and he stated that he "would get to it." CPSA thanked the secretary and ended the call.



**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: 08/02/2013 Contact Method: Phone Call  
 Contact Time: 08:30 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/02/2013  
 Completed date: 08/02/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 08/02/2013 08:45 AM Entered By: [REDACTED]

CPSA called Dr. [REDACTED] office on this day. Mr. [REDACTED] advised CPSA that he signed the DCS release of information and left a copy at Dr. [REDACTED] office for his secretary to fax to our office. CPSA requested a copy of the releases and any mental health records pertaining to [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: 08/01/2013 Contact Method: Phone Call  
 Contact Time: 08:15 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/02/2013  
 Completed date: 08/02/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/02/2013 08:45 AM Entered By: [REDACTED]

CPSA called Dr. [REDACTED] office on this day. Mr. [REDACTED] advised CPSA that he signed the DCS release of information and left a copy at Dr. [REDACTED] office for his secretary to fax to our office. CPSA requested a copy of the releases and any mental health records pertaining to [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: 07/31/2013

Contact Method: Correspondence

Contact Time: 04:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 08/01/2013

Completed date: 08/01/2013

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: 08/01/2013 01:51 PM      Entered By: [REDACTED]

Mr. [REDACTED] contacted CPSA by email and said that he signed the releases and left them with Dr. [REDACTED]. He said that his secretary would fax to them my office on the next day.



**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: Created In Error  
 Contact Date: 07/31/2013 Contact Method: Phone Call  
 Contact Time: 08:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 08/02/2013  
 Completed date: 08/02/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Collateral Contact  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 08/02/2013 08:42 AM Entered By: [REDACTED]

CPSA called Dr. [REDACTED] office on this day. Mr. [REDACTED] advised CPSA that he signed the DCS release of information and left a copy at Dr. [REDACTED] office for his secretary to fax to our office. CPSA requested a copy of the releases and any mental health records pertaining to [REDACTED]

Narrative Type: Created In Error Entry Date/Time: 08/02/2013 08:43 AM Entered By: [REDACTED]

Date and Time Entered Incorrect.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/26/2013 Contact Method: Phone Call  
 Contact Time: 11:30 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/26/2013  
 Completed date: 07/26/2013 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: 07/26/2013 01:32 PM Entered By: [REDACTED]

CPSI [REDACTED] called Mr. [REDACTED] on this day. He reported that he has looked for a safety plan from Dr. [REDACTED] and he doesn't recall getting any document like this from him in November 2012. He reported that he recalls taking [REDACTED] for therapy to address [REDACTED] suicidal ideations but he doesn't recall getting anything regarding a safety plan. He said that he, [REDACTED] and Dr. [REDACTED] discussed [REDACTED] and his behaviors.

Mr. [REDACTED] stated that he and [REDACTED] are making honey from their honey bees today. Mr. [REDACTED] said that two of his sisters are in [REDACTED] visiting them for the weekend. Mr. [REDACTED] said that he and [REDACTED] talk about [REDACTED] often. Mr. [REDACTED] said that he and [REDACTED] are moving back to [REDACTED] next week for him to start school. He said that [REDACTED] prefers to leave [REDACTED] because there are more educational opportunities in that area.

Mr. [REDACTED] reported that [REDACTED] would sign a release of information for [REDACTED]. Once received, CPSI will place a copy in the file.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 07/26/2013 Contact Method:  
 Contact Time: 10:35 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 07/26/2013  
 Completed date: 07/26/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/26/2013 10:37 AM Entered By: [REDACTED]

This case was assigned for allegations of Neglect Death and DEC. CPSI received a verbal report from the DAs office from the medical examiners report. It was stated that [REDACTED] death was ruled a suicide and his BAC was 1.67 at the time of his death. Mr. [REDACTED] stated that he has taken [REDACTED] and [REDACTED] to a therapist in [REDACTED] after their mother died in 2007. Mr. [REDACTED] stated that when [REDACTED] threatened suicide in November 2012 he took him to see the therapist again. Mr. [REDACTED] stated that he and [REDACTED] intend to continue to see their therapist as long as needed. Mr. [REDACTED] stated [REDACTED] wants to move back to the [REDACTED] area to attend school with his old friends. Mr. [REDACTED] stated that he feels that [REDACTED] associates [REDACTED] with [REDACTED] and he needs a change in order to grieve for his brother in a positive way.

CPSI did not refer any services to this family as they we already involved in therapy.

There are no safety hazards visible at this time.

Mr. [REDACTED] is retired and farms in [REDACTED] Mr. [REDACTED] and [REDACTED] will spend weekdays in [REDACTED] and weekends in [REDACTED] when school starts in August. Mr. [REDACTED] stated that he has his sisters close by and lots of friends in the [REDACTED] area.

Mr. [REDACTED] continues to follow the safety plan developed on 03/27/2013. All of the guns remain locked up, Mr. [REDACTED] is not residing in the same home with [REDACTED] and they are participating in therapy to address this tragedy.

The following forms have been signed and placed in the case file 03/29/2013

Client's Rights Handbook:

Title VI:

Notice of Privacy:

Native American Veto Verification:

Safety Assessment:

Upon approval by TL 740 will be mailed to the Juvenile Court, CAC, and DA and a copy will be placed in the file.



**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: 06/24/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/24/2013

Completed date: 06/24/2013

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: 06/24/2013 09:14 AM Entered By: [REDACTED]

TL [REDACTED] contacted DCS Legal Counsel [REDACTED] to discuss getting a Judicial Subpoena to get Dr. [REDACTED] record regarding this child. The Doctor will not return any calls regarding the Safety plan that was or was not in place. Mr. [REDACTED] said he would research this and get back with me.



**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:	06/19/2013	Contact Method:	Attempted Phone Call
Contact Time:	02:45 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	06/19/2013
Completed date:	06/19/2013	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: 06/19/2013 02:48 PM      Entered By: [REDACTED]

TL [REDACTED] attempted to contact Dr. [REDACTED] former therapist to see if there was a safety plan in place with Mr. [REDACTED] and [REDACTED] when he committed suicide. Dr. [REDACTED] was out of the office and TL left a message with the secretary for a call back. TL left my cell phone and office number for a call back.



**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: 06/10/2013 Contact Method:  
 Contact Time: 02:50 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: Created Date: 06/10/2013  
 Completed date: 06/10/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/10/2013 02:55 PM Entered By: [REDACTED]

This case was assigned for allegations of Neglect Death and DEC. CPSI received a verbal report from the DAs office from the medical examiners report. It was stated that [REDACTED] death was ruled a suicide and his BAC was 1.67 at the time of his death. Mr. [REDACTED] stated that he has taken [REDACTED] and [REDACTED] to a therapist in [REDACTED] after their mother died in 2007. Mr. [REDACTED] stated that when [REDACTED] threatened suicide in November 2012 he took him to see the therapist again. Mr. [REDACTED] stated that he and [REDACTED] intend to continue to see their therapist as long as needed. Mr. [REDACTED] stated [REDACTED] wants to move back to the [REDACTED] area to attend school with his old friends. Mr. [REDACTED] stated that he feels that [REDACTED] associates [REDACTED] with [REDACTED] and he needs a change in order to grieve for his brother in a positive way.

CPSI did not refer any services to this family as they we already involved in therapy.

There are no safety hazards visible at this time.

Mr. [REDACTED] is retired and farms in [REDACTED]. Mr. [REDACTED] and [REDACTED] will spend weekdays in [REDACTED] and weekends in [REDACTED] when school starts in August. Mr. [REDACTED] stated that he has his sisters close by and lots of friends in the [REDACTED] area.

Mr. [REDACTED] continues to follow the safety plan developed on 03/27/2013. All of the guns remain locked up, Mr. [REDACTED] is not residing in the same home with [REDACTED] and they are participating in therapy to address this tragedy.

The following forms have been signed and placed in the case file 03/29/2013

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Native American Veto Verification:

Safety Assessment:

Upon approval by TL 740 will be mailed to the Juvenile Court, CAC, and DA and a copy will be placed in the file.



**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: 06/10/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 06/10/2013

Completed date: 06/10/2013

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/10/2013 02:22 PM      Entered By: [REDACTED]

CPIT was held on this day. The allegations of ND and DEC were classified as AUPU. The signed CPIT forms can be found in the case file.



**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: 06/10/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/10/2013

Completed date: 06/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Medical Exam,Notation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/10/2013 02:25 PM Entered By: [REDACTED]

The autopsy was received by the DA's office and was reviewed by the CPIT team. The autopsy revealed that the death of [REDACTED] was ruled as a suicide. The autopsy also revealed that [REDACTED] BAC was 1.67 at the time of his death.



**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: 06/10/2013

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/11/2013

Completed date: 06/11/2013

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: 06/11/2013 08:47 AM      Entered By: [REDACTED]

TL [REDACTED] met with CPSI [REDACTED] and explained before I would approve the allegations for this case I needed for her to contact the therapist to see if there was a safety plan in place regarding the guns due to the child having threatened suicide in the past. CPSI stated she would make contact with the therapist.



**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: 06/03/2013 Contact Method: Phone Call  
 Contact Time: 02:00 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 06/10/2013  
 Completed date: 06/10/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/10/2013 02:34 PM Entered By: [REDACTED]

CPSI talked with Mr. [REDACTED] on the phone on this day. Mr. [REDACTED] stated that he and [REDACTED] are still attending therapy in [REDACTED]. Mr. [REDACTED] stated that they have had the memorial service for [REDACTED] and all of his friends came. Mr. [REDACTED] stated that he and [REDACTED] will be staying in [REDACTED] this summer and then going back to [REDACTED] in August. Mr. [REDACTED] stated that [REDACTED] wants to go back to school in that area and then they plan to come back to [REDACTED] on the weekends. Mr. [REDACTED] stated that and he [REDACTED] are still staying in [REDACTED] and [REDACTED] trailer. Mr. [REDACTED] stated that they are "doing okay" and they talk about [REDACTED] everyday.

Next Steps: CPSI will present this case to CPIT. CPSI will submit this case for closure upon TL's approval.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/07/2013

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 05/08/2013

Completed date: 05/08/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/08/2013 11:40 AM Entered By: [REDACTED]

School Visit/Face to Face

Child Protective Services Investigator [REDACTED] (CPSI) made a school visit/face to face to follow up with the family. CPSI visited with [REDACTED] at [REDACTED] High School on this day. [REDACTED] reported that he went to see Dr. [REDACTED] on 05/03/2013 and his father also saw him too. [REDACTED] reported that he misses his brother and wishes that he could have helped him. [REDACTED] reported that he and his dad are probably moving back to [REDACTED] so he can go to a private school for his last two years of high school. [REDACTED] reported that they will still come back to [REDACTED] Co on the weekends. [REDACTED] reported that he likes it in [REDACTED] CO but he would rather be in the city. [REDACTED] reported that [REDACTED] wanted to be in the country and he loved it. [REDACTED] reported that his friends in [REDACTED] Co have been so supportive to him and his dad. [REDACTED] reported that he and his dad went to tour private schools on 05/03/2013 and he has to decide which school he wanted to attend. [REDACTED] reported that he feels by going back to [REDACTED] it will help relieve some of the stress of his brothers death. [REDACTED] reported that he talks to his dad a lot about what happened with [REDACTED] [REDACTED] reported that everything in [REDACTED] Co reminds him of [REDACTED] because he loved it here. [REDACTED] reported that he is staying in the trailer he shared with [REDACTED] but now his dad is staying with him. [REDACTED] told CPSI that he thought everything was going to be alright with him and his dad because they are seeing Dr. [REDACTED] and they are able to talk about [REDACTED]

Next Steps: CPSI will continue to monitor this case. The family feels at this time they are addressing the death of [REDACTED] in an appropriate manner. CPSI will present this case at CPIT.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/26/2013 Contact Method: Face To Face  
 Contact Time: 10:30 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 05/06/2013  
 Completed date: 05/06/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/06/2013 01:30 PM Entered By: [REDACTED]

**Home Visit/Face to Face**

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face to follow up with the family. CPSI went to the home of the late [REDACTED]. Mr. [REDACTED] was at the home on this day. Mr. [REDACTED] stated that he has been to see Dr. [REDACTED] and he is scheduled to go back on May 3, 2013. Mr. [REDACTED] stated that [REDACTED] has an appointment with him on that day as well. Mr. [REDACTED] stated that he has been twice and [REDACTED] hasnt been yet due to his school schedule. Mr. [REDACTED] stated that he was recommended to go to see his therapist every other week right now for as long as needed. Mr. [REDACTED] stated that he doesnt know how often [REDACTED] will need to go.

Mr. [REDACTED] stated that [REDACTED] has talked a little about [REDACTED] death but not much. Mr. [REDACTED] stated that [REDACTED] told him that in time he will be okay with everything but he is sad because he misses his brother. Mr. [REDACTED] stated that [REDACTED] stayed over at his house until all of their family went back home. Mr. [REDACTED] reported that [REDACTED] asked to go back to their trailer because he wanted to be there. Mr. [REDACTED] stated that he now stays at the trailer that [REDACTED] and [REDACTED] lived in with [REDACTED]. Mr. [REDACTED] stated that all of the guns were still locked away and they would remain locked away because he doesnt want [REDACTED] having access to them. Mr. [REDACTED] reported that he doesnt think [REDACTED] would do something like that but he didnt think [REDACTED] would either. Mr. [REDACTED] stated that feels responsible for [REDACTED] death because he didnt take his suicidal ideations in the past serious. Mr. [REDACTED] stated that he did take [REDACTED] to see Dr. [REDACTED] but he thought once he worked through his feelings he would be okay but obviously not.

Mr. [REDACTED] stated that [REDACTED] was buried on their property. Mr. [REDACTED] took CPSI down to the grave site. Mr. [REDACTED] stated that [REDACTED] has asked to move back to [REDACTED] to be closer to his other friends. Mr. [REDACTED] stated that he still has his home in [REDACTED] and lots of friends. Mr. [REDACTED] stated that his plan when he moved to [REDACTED] Co was to retire here with a farm for [REDACTED] to care for. Mr. [REDACTED] stated that [REDACTED] never did like being out in the country but [REDACTED] loved it. Mr. [REDACTED] stated that [REDACTED] wanted to farm and [REDACTED] wanted to go to college and be in the city. Mr. [REDACTED] stated that [REDACTED] wants to go to private school back in [REDACTED]. Mr. [REDACTED] stated that he has tours scheduled at [REDACTED] and [REDACTED] for May 3 as well as counseling appointments with Dr. [REDACTED]. Mr. [REDACTED] stated that [REDACTED] is very intelligent and is able to build computers. Mr. [REDACTED] stated that he plans to live in [REDACTED] during the week and in [REDACTED] Co on the weekends.

Next Steps: CPSI will continue to monitor 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: 04/11/2013 Contact Method: Phone Call  
 Contact Time: 11:00 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 05/08/2013  
 Completed date: 05/08/2013 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: 05/08/2013 11:45 AM Entered By: [REDACTED]

CPSI contacted Mr. [REDACTED] on this day. Mr. [REDACTED] reported that he and [REDACTED] are taking one day at a time right now. Mr. [REDACTED] reported that he has been in contact with his therapist by phone and he has an appointment for himself scheduled. Mr. [REDACTED] reported that [REDACTED] is familiar with Dr. [REDACTED] and he has talked to him on the phone because he didnt want him missing school. Mr. [REDACTED] stated that he is checking to see when [REDACTED] has another day out of school to schedule him an appointment. CPSI asked Mr. [REDACTED] if he wanted to participate in grief counseling set up by the Department and he said that right now Dr. [REDACTED] is addressing the grief with him and [REDACTED] and he wants to continue seeing him. Mr. [REDACTED] stated that has been their therapist since 2008 when their boys mother died.

Next Steps: CPSI will continue to monitor this case.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/03/2013

Contact Method:

Contact Time: 09:35 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/03/2013

Completed date: 04/03/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/03/2013 09:40 AM Entered By: [REDACTED]

TL [REDACTED] reviewed this case for initial response. CPSI [REDACTED] met response with LE regarding the fatality. The child's body had already been sent to the Medical Examiner's office for an autopsy. CPSI [REDACTED] met with the father and other child living in the home and completed a plan for the other child to be safe. Services will be referred to the family to help with grief.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/29/2013 Contact Method: Face To Face  
 Contact Time: 12:00 PM Contact Duration: Less than 03 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 03/29/2013  
 Completed date: 04/25/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Other Child Living in the Home Interview/Observation,Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/29/2013 06:34 PM Entered By: [REDACTED]

CPSI went to the home of Mr. [REDACTED] accompanied by LE Officer [REDACTED]. There were several family members and friends at the family home. CPSI interviewed Mr. [REDACTED] (family friend), [REDACTED] and [REDACTED] (sisters of Mr. [REDACTED]).

Mr. [REDACTED] was very upset and CPSI explained the allegations and DCS involvement with his family. Mr. [REDACTED] explained that he was worried about the children his son [REDACTED] was hanging out with and he even contacted some of the parents of these children. Mr. [REDACTED] reported that he was suspicious of a couple of 21 year olds buying beer and tobacco products for minor children including his son. Mr. [REDACTED] stated that he went to the store that was supposedly selling beer to these men and brought it to there attention. Mr. [REDACTED] stated that he talked with [REDACTED] (parent of one of [REDACTED] friends) and made her aware of his concerns. Mr. [REDACTED] stated that when the underage children/friends of his sons [REDACTED] and [REDACTED] would come over to the house he would caution them about making stupid choices. Mr. [REDACTED] stated that he had talked to the children so much that some of them didnt come around anymore because of this. Mr. [REDACTED] stated that he did not have any concerns nor observed anything that would make him think that [REDACTED] was suicidal. Mr. [REDACTED] became upset and stated I was wrong about this. Mr. [REDACTED] stated that he took his children to see Dr. [REDACTED] a counselor in [REDACTED]. Mr. [REDACTED] stated that he started taking them after their mother passed away and they just go occasionally now. Mr. [REDACTED] stated thaty [REDACTED] first began threatening suicide when he was around 12 years old. Mr. [REDACTED] stated that the last threat was in November 2012 and he took [REDACTED] to see Dr. [REDACTED]. Mr. [REDACTED] stated that [REDACTED] was not medicating for depression or suicidal ideations.

CPSI and LE encouraged Mr. [REDACTED] to let LE investigate his concerns of underage drinking. Mr. [REDACTED] stated that he tried to be proactive by telling the store owners, parents, and talking to the children about this problem that he suspected. Mr. [REDACTED] stated that when [REDACTED] got home last night he didnt smell alcohol on him and he doesnt know if he had been drinking yesterday. [REDACTED] told CPSI and LE that he didnt know either if [REDACTED] had been drinking.

Mr. [REDACTED] stated that he received a phone call from [REDACTED] (father of [REDACTED]) last night to come to a residence of where their sons where with police. Mr. [REDACTED] reported that he went to the residence of the [REDACTED] on [REDACTED] because allegedly [REDACTED] and [REDACTED] had vandalized the [REDACTED] property. Mr. [REDACTED] stated that he offered to fix the damages his son admitted to at the [REDACTED] residence but they refused and asked Mr. [REDACTED] and



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

his son not to come back to their property. Mr. [REDACTED] stated that [REDACTED] admitted to him and LE that he did tear up the property. Mr. [REDACTED] stated that his son denied drinking beer earlier on this night. Mr. [REDACTED] stated that his son was going to be charged through juvenile court. Mr. [REDACTED] stated that he and [REDACTED] left the residence and went home.

Mr. [REDACTED] stated that the boys [REDACTED] and [REDACTED] live in the trailer about 75 yards from his trailer because his trailer is too small and they are in the process of building a house. Mr. [REDACTED] stated that this is a temporary living arrangement. Mr. [REDACTED] stated that he was notified of what happened by [REDACTED]

[REDACTED] reported that his brother came into his room when he got home and told him good night and he loved him and then a little while later he heard the gun shot. [REDACTED] stated that he went to [REDACTED] room and found him lying on his back in the bed with a gun by his hand. [REDACTED] stated that he saw a piece of paper that [REDACTED] had written a note on.

[REDACTED] became upset and CPSI did not question him anymore.

Mr. [REDACTED] stated that [REDACTED] was getting prepared to go turkey hunting and that is why he had the gun. Mr. [REDACTED] agreed to take all of the guns in the home to another gun safe on the property that he was the only one who had access to the code.

CPSI completed a NCPP with Mr. [REDACTED] [REDACTED] and his sister, [REDACTED] and [REDACTED]. A copy is in the paper file.

Mrs. [REDACTED] and Mrs. [REDACTED] stated that they planned to stay with their brother and nephew for as long as needed and their mom is on her way to [REDACTED] Co now. Mrs. [REDACTED] stated that most of the family lives in [REDACTED] but they are all working out a plan to stay with Mr. [REDACTED] and [REDACTED] during this tragic time.

LE Officer [REDACTED] stated to CPSI that [REDACTED] body had been sent off for an autopsy and toxicology reported and when this information was available he would notify me.

LE [REDACTED] stated that they are investigating Mr. [REDACTED] concerns of underage drinking and they have a few people to talk to in the community about this and then the DA would be able to make any recommendations for prosecution then.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/29/2013 Contact Method: Attempted Face To Face  
 Contact Time: 11:30 AM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Detention/Jail Created Date: 03/29/2013  
 Completed date: 04/25/2013 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**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 03/29/2013 06:38 PM Entered By: [REDACTED]

The ACV was not observed. The deceased ACV's body has been sent to the medical examiner for an autopsy. LE reported that the ACV's body was sent to the ME before this worker arrived at the jail on this day.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/29/2013

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 04/01/2013

Completed date: 04/01/2013

Completed By: [REDACTED]

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

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2013 09:01 AM Entered By: [REDACTED]

CPSI convened CPIT on this day. CPSI [REDACTED] talked with Officer [REDACTED] advised him of the referral and the concerns.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 03/29/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Detention/Jail

Created Date: 04/01/2013

Completed date: 04/01/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/01/2013 08:58 AM Entered By: [REDACTED]

CPSI met with LE Officer [REDACTED] on this day at the [REDACTED] County Sheriffs Dept. Officer [REDACTED] reported that [REDACTED] body has already been picked up by the ME for an autopsy and toxicology exam. Officer [REDACTED] stated that he is the investigator for this case.

Officer [REDACTED] gave CPSI the police report and ME report.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 03/29/2013 Contact Method: Phone Call  
 Contact Time: 09:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/01/2013  
 Completed date: 04/01/2013 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: 04/01/2013 08:55 AM Entered By: [REDACTED]

CPSI contacted the referent on this day. The referent confirmed the details given in the referral.



**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: 03/29/2013 Contact Method:  
 Contact Time: 08:00 AM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 04/01/2013  
 Completed date: 04/01/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Case Summary  
 Contact Sub Type:

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original Entry Date/Time: 04/01/2013 09:09 AM Entered By: [REDACTED]

**Opening Case summary:**

This CPS Assessment has been assigned to CPSA worker [REDACTED] as a P 1 for allegations of Neglect Death and DEC. The alleged victim(s) are [REDACTED] with the alleged perpetrator reported as [REDACTED]. This case was assigned via email on this date at 03/29/2013 with a response of 03/30/2013.

**Copy of referral information**

This morning at around 12:30am, [REDACTED] was found deceased by his brother [REDACTED]. It is believed that [REDACTED] committed suicide as there was a note found. It appears that the cause of death was a single gunshot wound to the temple area that is believed to be self-inflicted. Alcohol was involved. [REDACTED] reeked of alcohol. It is unknown how [REDACTED] gained access to the alcohol at this time.

According to [REDACTED] In November 2012 [REDACTED] made the comment that he was going to commit suicide and went as far as to put a gun to his head. The father stopped [REDACTED] and talked him out of it. [REDACTED] reported that their father got [REDACTED] some medical help and that [REDACTED] was going to treatment. The reporter does not believe that [REDACTED] was still going to treatment prior to his death.

According to [REDACTED] When [REDACTED] was 12 years old he threatened to commit suicide by taken a shot gun and putting it in his mouth. This was only a verbal threat at that time.

The reporter was unable to speak with the father as he was very shaken up about [REDACTED] death. The reporter and DCS will interview the father together today. The local office is aware of the incident and is waiting for the reporter to call and let them know that a report has been made.

[REDACTED] body has been set to the medical examiners office for an autopsy.

Name and DOB of all people in the home.

[REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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[REDACTED]

NOTATION:

TFACTS History completed at assignment. The following information was found: 2007 allegations of DEC and LOS closed as AIPI. Mr. [REDACTED] participated in an A & D assessment with [REDACTED]. There were no recommendations made for treatment for A & D issues.

Notification Letter sent to the referent on this date and a copy is in the paper file.

Notice of referral sent to Juvenile Judge by DCS Secretary per local protocol



# Family Functional Assessment

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_  
 Primary Case Worker: \_\_\_\_\_ Begin Date: 03/29/2013  
 Last Review By: \_\_\_\_\_ Last Review Date: \_\_\_\_\_

**I. Current Circumstances:**

A. Reason For Involvement:

B. Family Story:

**II. Assessment of Family Strengths and Needs/Risks:**

A. Family Significant Strengths:

B. Family Significant Needs/Risks/Concerns:

**III. Person Information:**

A. Children:

06/10/2013 - [REDACTED] - FAST - [REDACTED] - [REDACTED] birth mother past away in 2007 from cancer. No concerns noted.

B. Adults:

06/10/2013 - [REDACTED] - FAST - [REDACTED] H - No concerns noted.

C. Family Together History:

06/10/2013 - [REDACTED] - FAST - [REDACTED] - [REDACTED] and [REDACTED] previously resided in a separate home than their father but on the property. The homes were situated about 100 yards from each other. After the death of [REDACTED] Mr. [REDACTED] moved into the home with his son [REDACTED] No other concerns noted.

06/10/2013 - [REDACTED] - FAST - [REDACTED] - No concerns noted.

D. Other Significant Relationships:

E. Legal/Court/DCS History:

Intake ID	Decision Date / Time	Intake Type	Investigation ID/ Assessment ID
[REDACTED]	01/18/2007 11:58 AM	CPS	[REDACTED]
[REDACTED]		CPS	[REDACTED]

  

Action Date	Action Category	Action Type	Court Docket #	Action Concerning	Additional Info

**IV. Assessment of Safety:**

03/29/2013 - [REDACTED] - Safety - [REDACTED] - Mr. [REDACTED] reported to CPSI that while he and [REDACTED] deal with this tragic death of [REDACTED] his sisters and mom are going to stay with them. Mr. [REDACTED] reported that he is capable of taking care of [REDACTED] but he wants his family close by right now to help him through this process.

**V. Assessment of Well Being:**

**VI. Assessment of Permanence:**

**VII. Assessment of Resources:**

Name	Service Category / Type	Status	Resource	Status Begin Date	Status End Date
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\_\_\_\_\_  
*Worker's Signature*                      \_\_\_\_\_  
*Date*    \_\_\_\_\_  
*Supervisor's Signature*                      \_\_\_\_\_  
*Date*



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 3/29/13 9:06 AM

Date of Assessment: 3/29/13 12:00 AM

Assessment Type:  Initial  Closing  Other

Number of Children in the Household: 2

**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.



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### 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.



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_