



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

Case # 2013.095

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	11/12/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	11/12/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████	deceased			
Alleged Perpetrator's Name:	Unknown		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:			
If child is in DCS custody, list placement type and name:						
Describe (in detail) circumstances surrounding death/near death:						
██████████ age 16, was found in his bedroom hanging from his bunk bed. It appears that the teenager hung himself last night or early this morning after having a fall out with his girlfriend. It also appears that the child had fought with his mother the night before over a situation which is still being looked into.						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	Dr. ██████████	Telephone #	( ) -			
Street Address:	██████████	City/State/Zip:	██████████			
Describe (in detail) interview with family:						
Investigator ██████████ attempted to make contact with the family, but was unsuccessful. She will try again tomorrow.						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
N/A						
Describe disposition of body (Death):	Child will receive autopsy in ██████████					
Name of Medical Examiner/Coroner:	Dr. ██████████	Was autopsy requested?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes				
Type:		Case #:				
Describe law enforcement or court involvement, if applicable:						
██████████ Sheriff will look into the incident, but at this time it appears to be a suicide.						
Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):						
There is an 8 year old step sister to the victim living in the home. DCS will provide counseling for her and her family to deal with this situation. CPS will follow up this evening with the 8 year old and ensure her safety.						
Name:	██████████	Age:	8 years			
Name:		Age:				
Name:		Age:				
Name:		Age:				

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/20/2013	Case #	2013-095
Name:				Age:			
Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):							
Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
Any media inquiry or is attention expected?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	List organizations requesting information:		
Contact Person/Phone Number(s) (include CM, TL, and TC):							
Contact Person: ██████████				Telephone Number: ██████████			
Case Manager: ██████████				Telephone Number: ██████████			
Team Leader: ██████████				Telephone Number: ██████████			
Team Coordinator: ██████████				Telephone Number: ██████████			
ATTACH a copy of the <u>TFACTS Incident Report</u> or if TFACTS is inoperable, <u>DCS Form CS-0496, Serious Incident Report</u> to this notice.						<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Email to: <a href="#">Child-Fatality-Notification EI-DCS</a></p> <p>within forty-eight (48) hours of notification</p> <p>Include subject line (in RED): <b>CHILD DEATH [secure email]</b> or <b>CHILD NEAR DEATH [secure email]</b></p>							



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 11/12/2013 03:36 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 11/12/2013

**Investigation**

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

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	16 Yrs (Est)	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: Internet  
 Notification: Letter  
 Narrative: TFACTS: No History Found (based on the information provided by the referent)

County: [REDACTED]  
 Notification: Letter  
 School/ Daycare: Unknown  
 Native American Descent: Unknown  
 Directions: None given

Reporters name/relationship: [REDACTED] [REDACTED]

Reporter states: \*\*WEB REPORT # [REDACTED] ENTERED VERBATIM AT SENT TO HOTLINE\*\*



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

**REPORTER INFORMATION**

Reporter Confirmation Number: [REDACTED]  
 Submitted: 11/12/2013 1:43:59 PM  
 Reporter Last Name: [REDACTED]  
 Reporter First Name: [REDACTED]  
 Reporter Middle Initial:  
 Phone Number: [REDACTED]  
 Phone Ext:  
 Address: [REDACTED]  
 City: [REDACTED]  
 State: [REDACTED]  
 ZIP: [REDACTED]  
 County: [REDACTED]  
 Type of Relationship to Victim: [REDACTED]  
 Relationship to the Victim: [REDACTED]  
 Personnel Reporter's Age in years: [REDACTED]  
 E-mail address:  
 When can you be reached (day and time)?: M-F 8am-4pm  
 Reporter to receive a follow up acknowledgment of this report?: Y  
 Is the reporter also a victim of abuse?:  
 Alleged Abuse Type(s):  
 Did the reporter allegedly abuse one or more of the victims?: No

**PRIMARY VICTIM'S INFORMATION**

Primary Victim's Last Name: [REDACTED]  
 Primary Victim's First Name: [REDACTED]  
 Primary Victim's Middle Initial: [REDACTED]  
 Primary Victim's Gender: Male  
 Primary Victim's Age: 16  
 Primary Victim's Age Type: Years  
 Primary Victim's Race:  
 Primary Victim's Primary Language:  
 County where the alleged abuse occurred: [REDACTED]  
 Primary Victim's Address: [REDACTED]  
 Primary Victim's City : [REDACTED]  
 Primary Victim's State: [REDACTED]  
 Primary Victim's Zip Code:  
 Primary Victim's County: [REDACTED]  
 Primary Victim's Home Phone:  
 Directions to Victim's Home:  
 Primary Victim's School or Child Care Facility:  
 School Address:  
 School City:  
 School State:  
 School Zip:  
 School Phone:  
 School Phone Extension:  
 Primary Victim's Grade Level:  
 Alleged Abuse Type(s): Psychological Harm  
 Did the primary victim allegedly abuse one or more of the victims?: No

**OTHER CHILD INFORMATION**

Other Child (1) Information:  
 Child's Last Name: [REDACTED]  
 Child's First Name: [REDACTED]  
 Child's Middle Initial:



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

Child's Gender: Female  
 Child's Age: 8  
 Child's Age Type: Years  
 Child's Race:  
 Relation to Primary Victim: Sister  
 School/Daycare Facility:  
 School Grade:  
 Was this child a victim of abuse?: Unknown  
 Alleged Abuse Type(s):  
 Did this person allegedly abuse one or more of the victims?: No

**OTHER INVOLVED PERSONS INFORMATION**

Involved Person (1) Information:  
 Involved Person's Last Name: [REDACTED]  
 Involved Person's First Name: [REDACTED]  
 Involved Person's Middle Initial: [REDACTED]  
 Is Involved Person Living in home with the victim: Yes  
 Involved Person's Home Phone:  
 Involved Person's Phone Extension:  
 Involved Person's Address:  
 Involved Person's City:  
 Involved Person's State :  
 Involved Person's Zip :  
 Involved Person's Type of Relationship to Victim: Family  
 Involved Person's Relation to Victim : Step-father  
 Involved Person's Age: 34 years Involved Person's Gender: Male  
 Was this person a victim of child abuse?:  
 Involved Person's Abuse Types:  
 Did this person allegedly abuse one or more of the victims?: No

Involved Person (2) Information:  
 Involved Person's Last Name: [REDACTED]  
 Involved Person's First Name: [REDACTED]  
 Involved Person's Middle Initial: [REDACTED]  
 Is Involved Person Living in home with the victim: Yes  
 Involved Person's Home Phone:  
 Involved Person's Phone Extension:  
 Involved Person's Address:  
 Involved Person's City:  
 Involved Person's State :  
 Involved Person's Zip :  
 Involved Person's Type of Relationship to Victim: Family  
 Involved Person's Relation to Victim : Mother  
 Involved Person's Age: 35 years  
 Involved Person's Gender: Female  
 Was this person a victim of child abuse?:  
 Involved Person's Abuse Types:  
 Did this person allegedly abuse one or more of the victims?: Unknown

**OTHER PERSONS WITH KNOWLEDGE INFORMATION**

Other Knowledge Person (1) Information:  
 Other With Knowledge Last Name: [REDACTED]  
 Other With Knowledge First Name: [REDACTED]  
 Other With Knowledge Middle Initial:  
 Other With Knowledge Relationship Type : Medical  
 Other With Knowledge Relationship to Primary Victim : Physician  
 Other With Knowledge Phone :



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

Other With Knowledge Phone Extension :

**NARRATIVE INFORMATION**

What Happened? Details of incident: Child was found dead in his bedroom by the family at approximately 0615hrs on 11-12-13 after apparently hanging himself. Sheriff's Investigators determined that the victim [REDACTED] had hung himself after apparently having a fallout with his girlfriend. [REDACTED] had texted his girlfriend and had asked her for help and indicated he would harm himself. [REDACTED] father died from hanging suicide approximately a year ago.

Was the child injured? If yes, describe injuries: Child was found dead hanging by a belt around his neck from his bunk bed.

Need for Medical Care/Treatment? : Medical Examiner did respond to the scene and ruled the cause of death.

How, Who, When did you find out about this: Parents placed an E911 call from the residence when they discovered his body.

Child told anyone else?: Unknown/Not Applicable

What has the parent/caretaker said?: Unknown/Not Applicable

Child's emotional state/behavior: Text messages found on his phone indicated he was upset with his girlfriend and mother.

Parents/Caretakers response to child's emotional state: Unknown/Not Applicable

Child's special needs: Unknown/Not Applicable

Prior Abuse/Neglect: Unknown/Not Applicable

Was any prior abuse/neglect reported: Unknown/Not Applicable

Indications of A/D abuse, domestic violence, parent/child conflict: Unknown/Not Applicable

Family's support system: Unknown/Not Applicable

Parent/caretaker interaction with child: Unknown/Not Applicable

Home Environment description: Unknown/Not Applicable

Any other information : Investigator [REDACTED] with the [REDACTED] Sheriff's Department is the assigned investigator on this incident and can provide further specific details.

Are special needs or disabilities known? No/

Child(ren)s safety at the time of the report? Unknown

Any safety concerns for the responding worker? Unknown

Per SDM: Investigative Track, P1 - Child Death  
[REDACTED], TC, on 11/12/13 @ 4:07pm

Notified Child Death/Child Near Death Notification Group via Email:  
[REDACTED]



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

RA- [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:

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: [REDACTED]

Gender: Female

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:**

**Race:**

**Age:** 8 Yrs (Est)

**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:** [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:**



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Unable to Age: 16 Yrs (Est)

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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN: [REDACTED] 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: 11/12/2013

Assignment Date: 11/12/2013

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			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	unknown, unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 01/16/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: The allegation of Neglect Death regarding alleged victim, [REDACTED], 16 was unsubstantiated and alleged perpetrator, unknown, was unsubstantiated. Dr. [REDACTED] was the one who saw [REDACTED] on 11-12-13. In the report it stated this was a suicide and no autopsy will be done. In the report it stated no foul play was noted on the scene. The report showed that [REDACTED] sent his ex-girlfriend a text message saying "your losing a god friend." In the report it stated [REDACTED] was the one who found [REDACTED] and Mr. [REDACTED] saw the body. In the report it shows that Mrs. [REDACTED] was the last one to see [REDACTED] alive. A copy of the report is in the case file. The family doesnt have a history with DCS.

[REDACTED] (10) and [REDACTED] (12) still remain in the home with their parents, [REDACTED] and [REDACTED], at [REDACTED]. The family is participating in grief counseling at [REDACTED].

**D. Case Workers**

Case Worker: [REDACTED]

Date: 01/16/2014

Team Leader: [REDACTED]

Date: 01/16/2014

**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:**

CPSI [REDACTED] couldn't interview [REDACTED] due to him being deceased. [REDACTED] hung himself on 11-12-13.

**Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion 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: ██████████

CPSI ██████████ received the medical report on ██████████ from the County Medical Examiner's office. Dr. ██████████ was the one who saw ██████████ on 11-12-13. In the report it stated this was a suicide and no autopsy will be done. In the report it stated no foul play was noted on the scene. The report showed that ██████████ sent his ex-girlfriend a text message saying "your losing a god friend." In the report it stated ██████████ was the one who found ██████████ and Mr. ██████████ saw the body. In the report it shows that Mrs. ██████████ was the last one to see ██████████ alive. A copy of the report is in the case file.

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

CPSI ██████████ interviewed the family and so did law enforcement, but no foul play was reported. The report shows that ██████████'s death was suicide by him hanging himself.

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

The Department of Children Services received a P1 with an allegation of Neglect Death regarding alleged victim, ██████████, 16 and alleged perpetrator, unknown. It was reported that ██████████ was found dead in his bedroom by the family at approximately 0615hrs on 11-12-13 after apparently hanging himself. It was reported that the ██████████ Sheriff's Investigators determined that the victim was ██████████ had hung himself after apparently having fallout with his girlfriend.

It was reported that ██████████ had texted his girlfriend and had asked her for help and indicated he would harm himself. It was reported that text messages found on his phone indicated he was upset with his girlfriend and mother. It was reported that ██████████ father died from hanging suicide approximately a year ago. It was reported that ██████████ was found dead hanging by a belt around his neck from his bunk bed. It was reported that the Medical Examiner did respond to the scene and ruled the cause of death.

It was reported that the parents placed an E911 call from the residence when they discovered his body. It was reported that Investigator, ██████████, with the ██████████ Sheriff's Department is the assigned investigator on this incident and can provide further specific details.

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

The allegation of Neglect Death regarding alleged victim, ██████████, 16 was unsubstantiated and alleged perpetrator, unknown, was unsubstantiated. Dr. ██████████ was the one who saw ██████████ on 11-12-13. In the report it stated this was a suicide and no autopsy will be done. In the report it stated no foul play was noted on the scene. The report showed that ██████████ sent his ex-girlfriend a text message saying "your losing a god friend." In the report it stated ██████████ was the one who found ██████████ and Mr. ██████████ saw the body. In the report it shows that Mrs. ██████████ was the last one to see ██████████ alive. A copy of the report is in the case file. The family doesn't have a history with DCS.

██████████ (10) and ██████████ (12) still remain in the home with their parents, ██████████ and ██████████, at ██████████, ██████████. The family is participating in grief counseling at ██████████.

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: 01/16/2014

Contact Method:

Contact Time: 05:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/16/2014

Completed date: 01/16/2014

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: 01/16/2014 05:26 PM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], has submitted the case for closure and placed copies of the 740 to be mailed out to Juvenile Court, District Attorney, and 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: 01/16/2014

Contact Method:

Contact Time: 04:20 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/16/2014

Completed date: 01/16/2014

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/16/2014 05:27 PM Entered By: [REDACTED]

The allegation of Neglect Death regarding alleged victim, [REDACTED], 16 was unsubstantiated and alleged perpetrator, unknown, was unsubstantiated. Dr. [REDACTED] was the one who saw [REDACTED] on 11-12-13. In the report it stated this was a suicide and no autopsy will be done. In the report it stated no foul play was noted on the scene. The report showed that [REDACTED] sent his ex-girlfriend a text message saying "your losing a god friend." In the report it stated [REDACTED] was the one who found [REDACTED] and Mr. [REDACTED] saw the body. In the report it shows that Mrs. [REDACTED] was the last one to see [REDACTED] alive. A copy of the report is in the case file. The family doesnt have a history with DCS.

[REDACTED] (10) and [REDACTED] (12) still remain in the home with their parents, [REDACTED] and [REDACTED] at [REDACTED]. The family is participating in grief counseling at [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: 01/16/2014

Contact Method:

Contact Time: 04:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/16/2014

Completed date: 01/16/2014

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: 01/16/2014 04:40 PM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], completed the Family Functional Assessment on 1-16-13. A copy of the FFA is 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: 01/16/2014

Contact Method:

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/16/2014

Completed date: 01/16/2014

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: 01/16/2014 04:04 PM      Entered By: [REDACTED]

CPSI [REDACTED] received the medical report on [REDACTED] from the County Medical Examiner's office. Dr. [REDACTED] was the one who saw [REDACTED] on 11-12-13. In the report it stated this was a suicide and no autopsy will be done. In the report it stated no foul play was noted on the scene. The report showed that [REDACTED] sent his ex-girlfriend a text message saying "your losing a god friend." In the report it stated [REDACTED] was the one who found [REDACTED] and Mr. [REDACTED] saw the body. In the report it shows that Mrs. [REDACTED] was the last one to see [REDACTED] alive. A copy of the report is 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: 01/14/2014

Contact Method: Phone Call

Contact Time: 03:40 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

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

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 04:07 PM Entered By: [REDACTED]

CPSI [REDACTED] called Ms. [REDACTED] [REDACTED] who is [REDACTED] mother. CPSI [REDACTED] asked Mrs. [REDACTED] how things were going and she stated getting better. Mrs. [REDACTED] stated they are all in grief counseling still at [REDACTED] Mrs. [REDACTED] stated the counseling is really helping. Mrs. [REDACTED] stated she has gone back to work. Mrs. [REDACTED] stated they all went and got physicals because her youngest son, [REDACTED], thinks they are going to die.

Mrs. [REDACTED] stated they have gone in [REDACTED] bedroom. Mrs. [REDACTED] stated she cleaned out [REDACTED] bedroom. Mrs. [REDACTED] stated they put some drums in [REDACTED] bedroom and [REDACTED] has been going in the room, but won't sleep in there yet. Mrs. [REDACTED] stated [REDACTED] sleeps in the living room on the sofa. Mrs. [REDACTED] stated [REDACTED] is in tutoring. Mrs. [REDACTED] stated [REDACTED] isn't playing any sports yet. CPSI [REDACTED] asked Mrs. [REDACTED] if they were going to move like they talked about doing and she stated she wasn't for sure. Mrs. [REDACTED] stated [REDACTED] is on the cheerleading team, basketball team, and volleyball team. Mrs. [REDACTED] stated [REDACTED] made the honor roll.

CPSI [REDACTED] went over with Mrs. [REDACTED] about closing the case this week as long as no new referrals come into DCS. CPSI [REDACTED] informed Mrs. [REDACTED] that the allegation will be unsubstantiated that no foul play was found with the case. CPSI [REDACTED] informed Mrs. [REDACTED] that if they need anything to just let me know. Mrs. [REDACTED] thanked CPSI [REDACTED] for her help.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2014

Contact Method: Face To Face

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/15/2014

Completed date: 01/15/2014

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: 01/15/2014 08:48 PM Entered By: [REDACTED]

CPSI [REDACTED] spoke with Inv. [REDACTED] with the [REDACTED] Sheriff's Department and he stated the [REDACTED] case there was no foul play found with the case. CPSI [REDACTED] asked Inv. [REDACTED] if he has heard anything regarding the family and he stated no. CPSI [REDACTED] informed Inv. [REDACTED] that the worker is going to close the 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: 01/14/2014

Contact Method:

Contact Time: 08:49 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/15/2014

Completed date: 01/15/2014

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: 01/15/2014 02:08 PM      Entered By: [REDACTED]

Mr. [REDACTED] criminal background check with the [REDACTED] Sheriff's Department showed no arrest. The [REDACTED] Police Department criminal background check is pending.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/13/2014

Contact Method: Attempted Face To Face

Contact Time: 07:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 09:16 PM Entered By: [REDACTED]

This is just a note because CPSI [REDACTED] can't see the ACV, [REDACTED] this month due to the fact that he is deceased.  
 CPSI [REDACTED] did not attempt to see [REDACTED]. this month.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 01/13/2014 Contact Method: Attempted Phone Call  
 Contact Time: 06:55 PM Contact Duration: Less than 05  
 Entered By: [REDACTED] Recorded For:  
 Location: DCS Office Created Date: 01/13/2014  
 Completed date: 01/13/2014 Completed By: [REDACTED]  
 Purpose(s): Safety - Child/Community, Service Planning, Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/13/2014 09:55 PM Entered By: [REDACTED]

CPSI [REDACTED] called Mrs. [REDACTED] on 1-13-14 to see how things were going and no one answered the phone. CPSI [REDACTED] left a message for Mrs. [REDACTED] to call the worker 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: 01/13/2014

Contact Method:

Contact Time: 03:43 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 04:43 PM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], did a SSMS check on [REDACTED] and it was clear.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/13/2014

Contact Method:

Contact Time: 02:16 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 02:29 PM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], completed the following internet checks: National Sex Offender, Tennessee Felony Offender, Tennessee Sexual Offender, Abuse Registry, and Meth Offender checks on [REDACTED]. All internet checks came back with no records found.



**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: 12/23/2013

Contact Method: Attempted Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/14/2014

Completed date: 01/14/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/14/2014 09:15 PM Entered By: [REDACTED]

This is just a note because CPSI [REDACTED] can't see the ACV, [REDACTED], this month due to the fact that he is deceased. CPSI [REDACTED] did not attempt to see [REDACTED] this month.



**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: 12/20/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 03:07 PM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], completed the closing safety assessment on 12-20-13 and the safety decision is conditionally safe. A copy of the assessment is 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: 12/20/2013

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/21/2013

Completed date: 12/21/2013

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)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 12/21/2013 11:06 PM Entered By: [REDACTED]

CPSI [REDACTED] attended CPIT in [REDACTED] regarding the case. CPSI [REDACTED] informed the team that [REDACTED] appeared to have hung himself. LE in [REDACTED] has closed their case. There was no autopsy done on [REDACTED]. The allegation of neglect death is unfounded due to no evidence to support the case. The case will be closed soon.



**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: 12/18/2013

Contact Method:

Contact Time: 11:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/18/2013

Completed date: 12/18/2013

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: 12/18/2013 11:30 AM      Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



**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: 12/11/2013

Contact Method:

Contact Time: 09:01 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 11:16 AM      Entered By: [REDACTED]

Mrs. [REDACTED] criminal background check from the [REDACTED] Sheriff's Department showed no arrest. Mrs. [REDACTED] criminal background check from the [REDACTED] Department showed no arrest.



**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: 12/10/2013

Contact Method:

Contact Time: 02:39 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 11:18 AM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], did a SSMS check on [REDACTED] and it was clear.



**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: 12/10/2013

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 11:50 AM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], completed the following internet checks: National Sex Offender, Tennessee Felony Offender, Tennessee Sexual Offender, Abuse Registry, and Meth Offender checks on [REDACTED]. All internet checks came back with no records found.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/21/2013

Contact Method:

Contact Time: 03:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 02:49 PM Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], received an email from [REDACTED] who is an Investigator with the [REDACTED] Sheriffs Department on 11-21-13 with [REDACTED] text to his girlfriend. Inv. [REDACTED] also sent two pictures of [REDACTED] body while in his bedroom the day he died. Copies of the pictures are 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: 11/21/2013

Contact Method: Phone Call

Contact Time: 03:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/15/2014

Completed date: 01/15/2014

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: 01/15/2014 09:40 PM      Entered By: [REDACTED]

CPSI [REDACTED] called Inv. [REDACTED] [REDACTED] with the [REDACTED] Sheriff's Department to see if there were any reports back on the [REDACTED] case and he stated no. CPSI [REDACTED] thanked Inv. [REDACTED] for his time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/21/2013 Contact Method: Face To Face  
 Contact Time: 02:15 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 01/15/2014  
 Completed date: 01/15/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Parent/Caretaker Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/15/2014 11:11 PM Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], went to [REDACTED] to see the [REDACTED] family to see how they were doing and to complete paperwork. Mrs. [REDACTED] allowed CPSI [REDACTED] to enter the mobile home. Present for the home visit was Mrs. [REDACTED]

CPSI [REDACTED] also provided the family with a brochure describing the Multiple Response Approach. CPSI [REDACTED] explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI [REDACTED] obtained signed acknowledgements of such and copies have been placed in the file.

Mrs. [REDACTED] stated they had left for [REDACTED] on that Wednesday and back this Tuesday night. Mrs. [REDACTED] stated the funeral was [REDACTED]. Mrs. [REDACTED] stated she had life insurance on [REDACTED] through her work, but having him flown out of state and the funeral it was more than the insurance money. Mrs. [REDACTED] stated family helped pay for the services.

CPSI [REDACTED] asked Mrs. [REDACTED] how [REDACTED] and [REDACTED] are doing and she stated they are had a few nightmares, but are okay. CPSI [REDACTED] asked Mrs. [REDACTED] about grief counseling and she stated she went today for counseling at [REDACTED] and gave her the crisis number. Mrs. [REDACTED] stated the kids have an appointment on 12-4-13. Mrs. [REDACTED] stated she is off work until after Christmas. Mrs. [REDACTED] stated her work is being nice and stated she needs time off. Mrs. [REDACTED] stated she wants to move to [REDACTED] maybe after May when the kids get out of school. Mrs. [REDACTED] stated they have family there.

Mrs. [REDACTED] stated the police came by and gave her [REDACTED] back. Mrs. [REDACTED] stated she doesnt know any more than that. Mrs. [REDACTED] stated [REDACTED] charged his phone before he went to bed that it doesnt make sense. Mrs. [REDACTED] stated they are going to have a service Saturday for here at 2:00 p.m. for their church. Mrs. [REDACTED] stated she went to [REDACTED] school today and got his belongs. Mrs. [REDACTED] stated the school got his school jacket and gave to her and [REDACTED] was buried in it. Mrs. [REDACTED] stated [REDACTED] girlfriend calls to check on her. Mrs. [REDACTED] stated they are going to release balloons on Saturday. Mrs. [REDACTED] stated she doesnt know what to do with [REDACTED] Christmas presents. Mrs. [REDACTED] stated with time it will get easier. CPSI [REDACTED] informed Mrs. [REDACTED] that if she needs anything to let the worker know. CPSI [REDACTED] thanked Mrs. [REDACTED] for her time.



**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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The home was clean. The family had a Christmas tree up. Mrs. [REDACTED] cried some this visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/21/2013

Contact Method: Attempted Phone Call

Contact Time: 09:58 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/15/2014

Completed date: 01/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 01/15/2014 09:38 PM      Entered By: [REDACTED]

CPSI [REDACTED] called Ms. [REDACTED] and no one answered the phone. CPSI [REDACTED] left her a message.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/18/2013

Contact Method:

Contact Time: 02:55 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 11/18/2013

Completed date: 11/18/2013

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: 11/18/2013 03:05 PM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], completed the initial safety assessment on 11-18-13 and the safety decision is conditionally safe. A copy of the assessment is 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: 11/18/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 01:57 PM Entered By: [REDACTED]

The Department of Children Services received a P1 with an allegation of Neglect Death regarding alleged victim, [REDACTED], 16 and alleged perpetrator, unknown. It was reported that [REDACTED] was found dead in his bedroom by the family at approximately 0615hrs on 11-12-13 after apparently hanging himself. It was reported that the [REDACTED] County Sheriff's Investigators determined that the victim was [REDACTED] had hung himself after apparently having fallout with his girlfriend.

It was reported that [REDACTED] had texted his girlfriend and had asked her for help and indicated he would harm himself. It was reported that text messages found on his phone indicated he was upset with his girlfriend and mother. It was reported that [REDACTED] father died from hanging suicide approximately a year ago. It was reported that [REDACTED] was found dead hanging by a belt around his neck from his bunk bed. It was reported that the Medical Examiner did respond to the scene and ruled the cause of death.

It was reported that the parents placed an E911 call from the residence when they discovered his body. It was reported that Investigator, [REDACTED], with the [REDACTED] Sheriff's Department is the assigned investigator on this incident and can provide further specific details.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/14/2013

Contact Method:

Contact Time: 10:09 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 11/14/2013

Completed date: 11/14/2013

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: 11/14/2013 10:09 AM      Entered By: [REDACTED]

Compliance is being checked and case deficits acknowledged based on when the review was conducted.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method: Phone Call

Contact Time: 05:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/15/2014

Completed date: 01/15/2014

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: 01/15/2014 09:03 PM      Entered By: [REDACTED]

CPSI [REDACTED] called the referant on 11-12-13 regarding [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	11/12/2013	Contact Method:	Face To Face
Contact Time:	05:10 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/15/2014
Completed date:	01/15/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Sibling Interview/Observation		
Contact Sub Type:			

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/15/2014 09:35 PM Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], went to [REDACTED] to see the [REDACTED] family. Mrs. [REDACTED] allowed CPSI [REDACTED] to enter the mobile home. Mrs. [REDACTED] allowed CPSI [REDACTED] to speak with [REDACTED] sister, [REDACTED], alone in the living room.

[REDACTED] stated she is 12 years old and in the 7th grade. [REDACTED] stated she rides the bus and is a basketball cheerleader. [REDACTED] stated she has her own bedroom, but her brother, [REDACTED] sleeps in her room some. [REDACTED] stated [REDACTED] is her mom and [REDACTED] is her dad.

CPSI [REDACTED] asked [REDACTED] what she did last night and she stated she had a game last night. [REDACTED] stated her mom, [REDACTED] and [REDACTED] dropped her off at the school. [REDACTED] stated [REDACTED] was always on his phone. [REDACTED] stated her dad comes every morning and flicks their bedrooms lights on. [REDACTED] stated her dad doesnt come in the room, but reaches his hand in and flicks the light switch. [REDACTED] stated she got up this morning and she was getting ready for school and usually her brother, [REDACTED] is in the bathroom when she is trying to get ready and this morning he wasnt. [REDACTED] stated she went to [REDACTED] bedroom and didnt know what he was doing because of his pose. [REDACTED] stated [REDACTED] arm was blue, but thought he was playing. [REDACTED] stated she went to her parents bedroom and told them that [REDACTED] wasnt moving. [REDACTED] stated her parents went in [REDACTED] room and found him. [REDACTED] stated she did see [REDACTED] body.

CPSI [REDACTED] asked [REDACTED] if she was aware of any problems with [REDACTED] and she stated no. [REDACTED] stated [REDACTED] would keep them some in the afternoons. [REDACTED] stated [REDACTED] would cook for them. [REDACTED] stated no problems with [REDACTED] or with her parents.

[REDACTED] was dressed appropriate this visit. [REDACTED] was polite with the worker.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method: Face To Face

Contact Time: 05:05 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 01/15/2014

Completed date: 01/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Sibling Interview/Observation

Contact Sub Type:

**Children Concerning****Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/15/2014 09:17 PM Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], went to [REDACTED] to see the [REDACTED] family. Mrs. [REDACTED] allowed CPSI [REDACTED] to enter the mobile home. Mrs. [REDACTED] allowed CPSI [REDACTED] to speak with [REDACTED] and [REDACTED] brother, [REDACTED], alone in the living room.

[REDACTED] stated he is 10 years old and in the 5th grade. [REDACTED] stated he rides the bus and doesn't play any sports. [REDACTED] stated his mom is [REDACTED] and his dad is [REDACTED]. CPSI [REDACTED] asked [REDACTED] if he slept in the bedroom with his brother, [REDACTED] last night and he stated no. [REDACTED] stated he didn't sleep in the room with his brother. [REDACTED] stated he would sleep in the room with his sister, [REDACTED] or in the living room. [REDACTED] stated his brother would yell at him so he didn't want to sleep in there. [REDACTED] stated they went and got a haircut last night and his brother went with him and his mom. [REDACTED] stated he was getting ready for school this morning and went in his brother's room. [REDACTED] stated he saw his brother's body this morning.

[REDACTED] was dressed appropriate this visit. [REDACTED] was quit this visit.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method:

Contact Time: 05:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 03:02 PM      Entered By: [REDACTED]

A Notice of Child Death/Near Death was completed on ACV [REDACTED] (16) on 11-12-13. A copy of the report is 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:	11/12/2013	Contact Method:	Face To Face
Contact Time:	05:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	01/14/2014
Completed date:	01/14/2014	Completed By:	[REDACTED], [REDACTED]
Purpose(s):	Safety - Child/Community		
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: 01/14/2014 09:08 PM Entered By: [REDACTED]

CPSI [REDACTED] went to [REDACTED] on 11-12-13 regarding a child death. Mrs. [REDACTED] allowed CPSI [REDACTED] to enter the home. The ACV, [REDACTED] had already been taking away from the home when CPSI [REDACTED] arrived to the home. It was reported that the [REDACTED] Sheriff's Department came to the home earlier today and saw that [REDACTED] had hung himself. CPSI [REDACTED] has spoken with an Inv. with the [REDACTED] Sheriff's Department. CPSI [REDACTED] couldn't interview the ACV due to him being deceased. Mrs. [REDACTED] allowed CPSI [REDACTED] to take pictures of [REDACTED] bedroom where he was found this morning.



**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: 11/12/2013 Contact Method: Face To Face  
 Contact Time: 05:00 PM Contact Duration: Less than 02 Hour  
 Entered By: ██████████ Recorded For:  
 Location: Family Home Created Date: 01/15/2014  
 Completed date: 01/15/2014 Completed By: ██████████  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Parent/Caretaker Interview,Sibling Interview/Observation  
 Contact Sub Type:

**Children Concerning****Participant(s)**

██████████ unknown, unknown

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/15/2014 10:49 PM Entered By: ██████████

Child Protective Services Investigator, ██████████, went to ██████████ to see the ██████████ family regarding a P1 allegation of Neglect Death regarding alleged victim, ██████████, 16 and alleged perpetrator, unknown. Mrs. ██████████ allowed CPSI ██████████ to enter the mobile home. Present for the home visit was Mrs. ██████████, ██████████, and ██████████. CPSI ██████████ spoke with Mrs. ██████████ in the living room and Mr. ██████████ was in the kitchen cooking. The kitchen is open to the living room so Mr. ██████████ could hear and see what was going on.

In order to engage the family, CPSI ██████████ explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CPSI ██████████ told Mr. and Mrs. ██████████ that the worker is sorry for their loss. Mrs. ██████████ thanked CPSI ██████████ for saying that. CPSI ██████████ didnt complete paperwork with the family due to them having a rough day and they were tired. CPSI ██████████ went over the Native American Heritage form and Mrs. ██████████ she they were not. CPSI ██████████ will come back another day to complete the required paperwork. Mrs. ██████████ stated she works at Walmart in ██████████ and Mr. ██████████ works at ██████████ in ██████████ Mr. ██████████ stated he sells cars.

Mrs. ██████████ stated she calls ██████████. Mrs. ██████████ stated she and Mr. ██████████ were at the funeral home. Mrs. ██████████ stated the children are at a family members house down the road. Mrs. ██████████ had her husband go pick the children up. Mrs. ██████████ stated she knows that DCS needs to make sure that no one hurt ██████████ CPSI ██████████ informed that is true. CPSI ██████████ asked Mrs. ██████████ what they did yesterday and she stated she, ██████████ and ██████████ to ██████████ Elementary School to take ██████████ to her game to cheer at 4:30 p.m. Mrs. ██████████ stated she took ██████████ and ██████████ to get a haircut. Mrs. ██████████ stated ██████████ got his head shaved Mrs. ██████████ stated she even let ██████████ and ██████████ pick out what wrapping paper they wanted at ██████████ in ██████████ Mrs. ██████████ stated everything was going good. Mrs. ██████████ stated on Saturday ██████████ was to clean his bedroom and didnt.

Mrs. ██████████ stated she grounded ██████████ Mrs. ██████████ stated ██████████ still had his iPod and phone. Mrs. ██████████ stated ██████████ told mom he was mad about being grounded. Mrs. ██████████ stated they got home at 6:00 p.m. Mrs. ██████████ stated she cooked dinner when they got home. Mrs. ██████████ stated ██████████ ate dinner. Mrs. ██████████ stated she asked ██████████ if he was going to clean his room and he did, but was going very slow. Mrs. ██████████ stated ██████████ was mad that he was cleaning. CPSI ██████████ asked Mrs. ██████████ what time she spoke with ██████████ and she stated 9:00 p.m. Mrs. ██████████ stated she was up



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

and down due to their puppy. Mrs. [REDACTED] stated [REDACTED] went to bed at 10:00 p.m. Mrs. [REDACTED] stated [REDACTED] shared a room with [REDACTED] but didnt sleep in there.

Mrs. [REDACTED] stated the top bunk was [REDACTED]. Mrs. [REDACTED] stated her daughter, [REDACTED] found [REDACTED] a little after 6:00 a.m. Mrs. [REDACTED] stated [REDACTED] came and told them that something was wrong and her husband went back there in his room. Mrs. [REDACTED] stated [REDACTED] arm was purple. Mrs. [REDACTED] stated they called for help. Mrs. [REDACTED] and Mr. [REDACTED] stated law enforcement came to the house earlier today. Mr. [REDACTED] stated he doesnt understand why DCS has to come to the house when their son has done something tragic. Mr. [REDACTED] stated law enforcement knows what they have seen and know about [REDACTED] death. CPSI [REDACTED] informed the parents that DCS has to make sure the other children in the home are safe and DCS gets cases like this to make sure no one else was involved. Mrs. [REDACTED] stated she understands that DCS has to make sure no one hurt [REDACTED]. CPSI [REDACTED] informed Mrs. [REDACTED] that is true. Mr. [REDACTED] didnt say much this visit. Mrs. [REDACTED] stated [REDACTED] is [REDACTED] stepdad.

Mrs. [REDACTED] stated [REDACTED] father, [REDACTED], killed himself two years ago in 2012. Mrs. [REDACTED] stated [REDACTED] had a on again off again relationship with his father. Mrs. [REDACTED] stated Mr. [REDACTED] was from [REDACTED]. CPSI [REDACTED] asked Mrs. [REDACTED] if [REDACTED] had any health problems and she stated no. CPSI [REDACTED] asked Mrs. [REDACTED] if [REDACTED] was on any medication and she stated no. Mrs. [REDACTED] stated [REDACTED] had taking Day Quall and Night Quall, but not every day. Mrs. [REDACTED] stated Mr. [REDACTED] was server depressed. CPSI [REDACTED] asked Mrs. [REDACTED] if felt that [REDACTED] was depressed and she stated no he was pretty happy. Mrs. [REDACTED] stated she would keep an eye on [REDACTED] due to his father taking his life. Mrs. [REDACTED] stated [REDACTED] never did any counseling and if he needed it she would have gotten him counseling.

Mrs. [REDACTED] stated on Friday the high school coach at [REDACTED] wanted [REDACTED] back on the football team and he was excited. Mrs. [REDACTED] stated she went and got [REDACTED] supplies for football. Mrs. [REDACTED] stated [REDACTED] grades were okay. CPSI [REDACTED] asked Mrs. [REDACTED] if [REDACTED] had any problems with any kids and she stated [REDACTED] was on /off again with his girlfriend, [REDACTED]. Mrs. [REDACTED] stated [REDACTED] was new going out with his friend. Mrs. [REDACTED] stated [REDACTED] didnt seem to be upset about this and was even eating lunch with [REDACTED] and her boyfriend. Mrs. [REDACTED] stated they were still talking and even called her [REDACTED] girlfriend. Mrs. [REDACTED] stated they go to church. CPSI [REDACTED] and Mrs. [REDACTED] were talking about why kids do this sometime and if this was sexual came up and she stated she had thought about. CPSI [REDACTED] informed Mrs. [REDACTED] that some people do that and she stated she doesnt think it was sexually.

Mrs. [REDACTED] stated [REDACTED] was 3 years old when she got into a relationship with Mr. [REDACTED]. Mrs. [REDACTED] stated Mr. [REDACTED] has taking care of [REDACTED]. Mrs. [REDACTED] stated when [REDACTED] was 9 or 10 years old if you would ground him he would stay ill kill himself, but she he stopped something his when his dad killed himself. Mrs. [REDACTED] stated after [REDACTED] dad died [REDACTED] stated he wouldnt kill himself. Mrs. [REDACTED] stated [REDACTED] said he would kill himself. Mrs. [REDACTED] stated she is going to have [REDACTED] flown to [REDACTED] to be buried. Mrs. [REDACTED] stated they will all leave for the funeral soon.

The mobile home had three bedrooms. The home was clean this visit. The family had Christmas presents out in the room. Mrs. [REDACTED] allowed CPSI [REDACTED] to go into [REDACTED] room and take pictures of his room. Mrs. [REDACTED] stated she cant go in the room with CPSI [REDACTED] because it is too hard to go in his room. CPSI [REDACTED] thanked the family for their time.

The plan is for CPSI [REDACTED] to get with law enforcement regarding the case. CPSI [REDACTED] will go back to the home and complete paperwork when the family returns from [REDACTED].



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method: Phone Call

Contact Time: 04:51 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/15/2014

Completed date: 01/15/2014

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: 01/15/2014 09:06 PM      Entered By: [REDACTED]

CPSI [REDACTED] called Ms. [REDACTED] [REDACTED] since they were not home and she stated they were back home. CPSI [REDACTED] explained who the worker was.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 11/12/2013 Contact Method: Attempted Face To Face  
 Contact Time: 04:45 PM Contact Duration: Less than 15  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 01/15/2014  
 Completed date: 01/15/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Initial ACV Face To Face,Parent/Caretaker Interview,Sibling  
 Interview/Observation  
 Contact Sub Type:

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 01/15/2014 08:54 PM Entered By: [REDACTED]  
 CPSI [REDACTED] went to [REDACTED] on 11-12-13 to see the [REDACTED] family and no one came to the door.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method: Phone Call

Contact Time: 04:37 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 01/15/2014

Completed date: 01/15/2014

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: 01/15/2014 09:02 PM Entered By: [REDACTED]

CPSI [REDACTED] called Inv. [REDACTED] with the [REDACTED] Sheriff's Department on 11-12-13 regarding [REDACTED] Inv. [REDACTED] stated Inv. [REDACTED] has been assigned the case and they have been to the home and his school today. CPSI [REDACTED] informed Inv. [REDACTED] that the worker is going to the home and has been assigned the case. CPSI [REDACTED] thanked Inv. [REDACTED] for his time.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 04:46 PM      Entered By: [REDACTED]

Child Protective Services Investigator, [REDACTED], checked in T-Facts to see if Mrs. [REDACTED] has a history with the Department of Children Services and she doesn't.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/12/2013

Contact Method:

Contact Time: 03:45 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/13/2014

Completed date: 01/13/2014

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: 01/13/2014 02:59 PM Entered By: [REDACTED]

CPSI [REDACTED] recieved a preliminary investigative report from the [REDACTED] Sheriff's Department on 11-12-13 regarding the death on [REDACTED]. A copy of the report is in the case file.



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 11/12/13 3:36 PM

Date of Assessment: 11/17/13 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.



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:** \_\_\_\_\_