



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

Case # 2014.018

Intake #:	[REDACTED]	Investigation #:	[REDACTED]	Date of Referral:	02/08/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	02/08/2014		
Child's Name:	[REDACTED]	DOB:	[REDACTED]	Person ID:	[REDACTED]	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	[REDACTED]
Parents' Names:	Mother:	[REDACTED]	Father:	[REDACTED]		
Alleged Perpetrator's Name:	N/A			Relationship to Victim:	N/A	
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	N/A		
If child is in DCS custody, list placement type and name:	N/A					
<b>Describe (in detail) circumstances surrounding death/near death:</b>						
<p>CPS received a P1 neglect referral on 2/8/14 concerning seventeen year old [REDACTED]. On 2/7/14, [REDACTED] Police Department and their department responded to a residential fire on [REDACTED] in [REDACTED] County. [REDACTED] was home alone when the fire started. The parents [REDACTED] and [REDACTED] were at work. [REDACTED] was found in the bathtub inside the residence when fire fighters entered the home. He was unconscious on the scene but was later pronounced dead at the [REDACTED] General Hospital. The cause of death was possible smoke inhalation. [REDACTED] also sustained burns on both arms, hands and on the face. The case of the fire investigation is on going.</p>						
<b>If this is a near death certified by a physician, identify physician by name and provide contact information:</b>						
Name of Physician:	[REDACTED]	Telephone #	[REDACTED]			
Street Address:	[REDACTED]	City/State/Zip:	[REDACTED]			
<b>Describe (in detail) interview with family:</b>						
<p>Due to the initial shock of their son sudden death, Mr. and Ms. [REDACTED] were unable to be interviewed by DCS or law enforcement. Ms. [REDACTED] also had to be admitted to the [REDACTED] Hospital.</p>						
<b>If child was hospitalized, describe (in detail) DCS involvement during hospitalization:</b>						
<p>[REDACTED] was transported to the [REDACTED] Hospital to be examined by the medical examiner.</p>						
Describe disposition of body (Death):	N/A					
Name of Medical Examiner/Coroner:	N/A	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:	N/A	Case #:	N/A			
<b>Describe law enforcement or court involvement, if applicable:</b>						
<p>[REDACTED] Police Department, Sgt. [REDACTED] was contacted on 2/8/14 concerning the child death investigation on [REDACTED]. Sgt. [REDACTED] assigned Investigator [REDACTED] the investigation.</p>						
<b>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):</b>						
<p>There were no other children living in the home.</p>						
Name:	N/A		Age:	N/A		

Intake #: [REDACTED]	Investigation #: [REDACTED]	Date of Report: 2/20/14
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Name: N/A	Age: N/A

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
00/00/00	00	N/A	N/A	N/A	N/A
00/00/00	00	N/A	N/A	N/A	N/A
00/00/00	00	N/A	N/A	N/A	N/A
00/00/00	00	N/A	N/A	N/A	N/A
00/00/00	00	N/A	N/A	N/A	N/A
00/00/00	00	N/A	N/A	N/A	N/A
00/00/00	00	N/A	N/A	N/A	N/A
00/00/00	00	N/A	N/A	N/A	N/A

Any media inquiry or is attention expected?  No  Yes List organizations requesting information: N/A

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: [REDACTED]	Telephone Number: ( ) -
Case Manager: [REDACTED]	Telephone Number: [REDACTED]
Team Leader: [REDACTED]	Telephone Number: [REDACTED]
Team Coordinator: [REDACTED]	Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.  No  Yes

**Email to: [REDACTED]**  
**within forty-eight (48) hours of notification**  
**Include subject line (in RED): CHILD DEATH [secure email] or**  
**CHILD NEAR DEATH [secure email]**



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

**Intake**

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

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 02/10/2014 09:45 AM  
 First Team Leader Assigned: [REDACTED] Date/Time 02/10/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 02/10/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	17 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
 Referent Address: [REDACTED]  
 Referent Phone Number: [REDACTED]  
 Type of Contact: Facsimile  
 Notification: Letter  
 Narrative: The child is not in state custody.

**TFACTS:**

Family Case ID: No case ID found based on information provided, but prior history found under [REDACTED]  
 Person ID [REDACTED]

Open Court Custody /FSS/ FCIP: None found

Closed Court Custody None found

Open CPS - None found

Substantiated 6-29-01/Case ID [REDACTED] SEE/Alleged Perpetrator: [REDACTED] (Note: AP was an

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

adult).

Death None found

Screened out None found

History (not listed above): None found

DUPLICATE REFERRAL: None found

County: [REDACTED]

Notification: Letter

School/ Daycare: Unknown

Native American Descent: Unknown

Directions: [REDACTED] [REDACTED] [REDACTED]

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

Reporters name/relationship: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Reporter states:

Note: This is a faxed report. Information was entered verbatim.

The child is not in state custody.

On 2/7/2014 at approximately 2350 hrs, I responded to [REDACTED] in regards to a residential fire. Upon arrival the fire dept was still working the fire. Shortly after my arrival fire fighters brought [REDACTED] out of the residence. He was unconscious at the time. I spoke with [REDACTED] who lives at [REDACTED]. He advised he heard a clicking or popping sound coming from the neighboring apartment. He stated that when he looked out his front door he saw flames coming out of the right side of the apartments front window, by the front door. He advised he told his girlfriend, [REDACTED] who was in the residence with him, to call 911. [REDACTED] advised he then went to the back door of the right side of the apartment and attempted to open the door, but couldnt. He advised he didnt know at the time that anyone was inside. I didnt speak with [REDACTED] because she wasnt on the scene. I went to the hospital, where [REDACTED] was pronounced dead. He had burns on both arms and hands, and his face and I was advised by hospital staff that his death was possible caused by smoke inhalation. Investigators [REDACTED] and [REDACTED] made the scene along with Sgt. [REDACTED] Ofc. [REDACTED] took photos of [REDACTED] body. Inv. [REDACTED] took photos of the scene.

CP# [REDACTED]

**Supplement**

On 02-08-2014 at approx. 0210 hours I Officer [REDACTED] @ [REDACTED] made contact with Ms. [REDACTED] at [REDACTED] (GH) in regards to obtaining consent to search her residence. I advised Ms. [REDACTED] that we (The [REDACTED] Police Department and The [REDACTED] Fire Department) needed consent to search her residence for evidence of where the fire started, and evidence of what started the fire at her residence ([REDACTED]) in which she gave verbal consent. I advised Ms. [REDACTED] that I was attempting to get a consent form for her to sign. While attempting for another patrol unit to bring a consent form, Ms. [REDACTED] started having medical issues and was admitted into [REDACTED] GH. Due to Ms. [REDACTED] Medical Issue she was unable to sign the consent form at this time

Any other safety concerns worker who may respond: None



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

Per SDM: Investigative Track, P 1- [REDACTED] CMII 2/8/2014 @3:03pm

Email notification sent to: [REDACTED] and [REDACTED]  
[REDACTED]

[REDACTED] County paged - Time Issued: 03:19:48 PM

[REDACTED] 02-08-14 03:20:28 PM CST 02-08-14 03:21:04 PM CST Received



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: Age: 25 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: Female Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: Race: Age: 32 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: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 17 Yrs

Address: [REDACTED], [REDACTED] [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Unknown

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:

Partipant ID: [REDACTED]

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

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: 02/08/2014

Assignment Date: 02/10/2014

Street Address:

City/State/Zip:

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 03/29/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: Allegations unsubstantiated

**D. Case Workers**

Case Worker: [REDACTED]

Date: 03/29/2014

Team Leader: [REDACTED]

Date: 03/31/2014

**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:**

An initial face to face could not be made by Inv. [REDACTED] seventeen year-old [REDACTED] body on 2/8/14 due this body was transported to [REDACTED] for an autopsy before a report was made to Central Intake.

Child Protective Services Investigator [REDACTED] viewed the deceased body of [REDACTED] before the funeral services at [REDACTED] Church on [REDACTED]

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

Cause of death on [REDACTED] Smoke inhalation and thermal burns

**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 : [REDACTED]

Investigation ID: [REDACTED]

Inv. [REDACTED] interviewed the mother [REDACTED] at [REDACTED]. In a written statement, Ms. [REDACTED] stated she left her house around 9:30 p.m. She left the oven in the kitchen on trying to heat the house. The oven has caught on fire before last year on Thanksgiving Day and she was able to put it out. When she left the house [REDACTED] was there. She received a call saying her house was on fire.

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

On 2/7/14, [REDACTED] Police Department and the [REDACTED] fire department responded to a residential fire on [REDACTED] [REDACTED] in [REDACTED] County. [REDACTED] was home alone when the fire started. The parents [REDACTED] and [REDACTED] were at work. [REDACTED] was found in the bathtub inside the residence when fire fighters entered the home. He was unconscious on the scene but was later pronounced dead at the [REDACTED] General Hospital. The cause of death was possible smoke inhalation. [REDACTED] also sustained burns on both arms, hands and on the face. The case of the fire investigation is on going.

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

The allegations neglect death will be unsubstantiated. The cause of death for seventeen year old [REDACTED] was smoke inhalation.

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] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/05/2014

Contact Method:

Contact Time: 04:35 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 05/05/2014

Completed date: 05/05/2014

Completed By: [REDACTED] [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: 05/05/2014 04:36 PM      Entered By: [REDACTED] [REDACTED]

Case is approved for closure at this time. There are no other CPS issues at this time.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/18/2014

Contact Method:

Contact Time: 10:37 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2014

Completed date: 04/18/2014

Completed By: [REDACTED] [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: 04/18/2014 10:38 AM Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigation Summary &amp; Classification Decision of Child Abuse/Neglect Referral [REDACTED] completed, placed in the file, and distributed to the designated officials (Juvenile Court and Regional Supervising Attorney).



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/18/2014

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/18/2014

Completed date: 04/18/2014

Completed By: [REDACTED] [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: 04/18/2014 10:36 AM      Entered By: [REDACTED] [REDACTED]

Case Summary:

The allegations neglect death will be unsubstantiated. The cause of death for seventeen year old [REDACTED] [REDACTED] was smoke inhalation.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED] Status: Completed  
 Contact Date: 04/17/2014 Contact Method: Face To Face  
 Contact Time: 03:00 PM Contact Duration: Less than 02 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 04/18/2014  
 Completed date: 04/18/2014 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview  
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/18/2014 10:35 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] made a home visit/face to face with [REDACTED] to follow up with the investigation. Inv. [REDACTED] met with Ms. [REDACTED] at her new home on [REDACTED]. Ms. [REDACTED] invited the Investigator inside the home. Inv. [REDACTED] explained the purpose for her visit with Ms. [REDACTED] to follow up with the family before submitting the family case for closure. Ms. [REDACTED] invited the Investigator to sit at the kitchen table to talk. Inv. [REDACTED] asks Ms. [REDACTED] how she was doing. She cried stating she is trying to get herself together but it is so hard. She said she has is still on leave from work, she sleeps all the time and she can't eat. She stated she constantly thinks about what could have she have done to prevent his death. She stated she blames herself for not leaving work earlier that day when she didn't feel well. She stated she wanted to leave around 8:00 p.m. but the manager told her they really needed her to stay. She stated she has asks the questions so many times why didn't [REDACTED] not leave to go stay with a friend or with a relative like he usually does when she works at night. She stated her husband was called in to work that night. She stated friends called and asks him to stay at their home but he wanted to stay home and talk to his girlfriend on the phone. She stated she thinks about how the fire fighters left her son in the home for over an hour before they found him. She said when she got the call that her apartment was on fire she told the fire fighters that her children were in the house. She stated she had to be at work at 3:00 p.m. and her daughter and [REDACTED] were home when she left for work. She stated the firemen told her they walked through the apartment twice and did not see anyone. She stated her daughter [REDACTED] called her cell phone and told her [REDACTED] was at home when she left earlier that evening. She stated she then asks the neighbor did they see [REDACTED] leave the apartment but they didn't know. She stated she called the relative down the street and was told he was not at their home. She stated she tried to break a window in the back of the apartment to get inside the apartment but the police held her back. She stated a fireman that knew her went inside that apartment again and found her son and pulled him out of the apartment. She stated it was so much smoke in the apartment they had to give the fireman oxygen. She stated [REDACTED] still had a pulse before transporting him to the hospital. She stated it upsets when she thinks about not being with her son before he passed away. She stated she had a seizure that night and had to be hospitalized. She stated she upset her when law enforcement questioned her the night of the incident concerning [REDACTED] being home alone. She stated they made her feel like she was responsible for his death. Inv. [REDACTED] told Ms. [REDACTED] they were only doing their job and if DCS had been with law enforcement we would have asks questions as well. Inv. [REDACTED] told Ms. [REDACTED] she came to the hotel to talk to her but she was unable to talk but family members said they would tell her that I came to see her. She stated she doesnt remember DCS or law enforcement coming to the hotel to talk to her. She stated [REDACTED] rentals have yet to call and check on them or give their condolences to the family. She stated she learned that the



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

cause of the fire was from the electrical wires in the ceiling. She stated a week before the fire she called and told Mr. [REDACTED] about the roof leaking and was told they couldn't fix it until the summer. She stated the apartment had a burning smell for three days but they thought it was the stove. She stated she had called and complained about the stove not working properly and was in the process of purchasing a stove on her own. She stated they had been in the apartment for one year and was in the process of moving in two weeks. She stated before moving into their apartment they lived on [REDACTED] and had to move because the house flooded and [REDACTED] Rentals would not fix the leak. She stated she had surgery and couldn't afford to pay \$600.00 rent so they moved on [REDACTED] until she could find another place for the family. She stated [REDACTED] has been so good to her and her family. She stated they help her financially to get a new home. She stated churches and friends help with furniture and other necessities for their new home. She stated she has smoke detectors throughout the home and she is in the process of purchasing a fire extinguisher.

Inv. [REDACTED] and Ms. [REDACTED] discussed counseling services. She stated she is currently receiving counseling services at [REDACTED] and Ms. [REDACTED] is her counselor. She stated she has been in counseling for one month and it seems to be helping. She stated Ms. [REDACTED] told her she would be completing a 12 step grief sessions. She stated it upsets when people make comments to her about having a pity party. She stated until they walk in her shoes she doesn't care what they say because they don't know how she feels. She stated she is in the process of writing a book about her life experiences and the relationship with her son. She stated this will help keep her busy and not focus on his death. She stated she didn't know about all the lives [REDACTED] touched. She stated people still call or send her a message on Facebook about how he impacted their life. Inv. [REDACTED] also shared her personal experience concerning the death of a nephew who was three years old when he passed away. Inv. [REDACTED] told Ms. [REDACTED] that she will never forget [REDACTED] but she will always have him in her heart and the memories of her son cannot be taken away from her.

Inv. [REDACTED] created a non-custodial plan with Ms. [REDACTED] during the visit stating that she will continue her counseling services; she will keep working smoke detectors in the home, purchase a fire extinguisher and have the electrical wiring checked in her home. Ms. [REDACTED] also signed the following forms during the visit; the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form and the Release of Information. She also provided genogram information. Inv. [REDACTED] obtained signed acknowledgements of such and copies have been placed into the file.

Before ending the visit, Inv. [REDACTED] told Ms. [REDACTED] to take care of herself and thanked her for talking to her today.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/16/2014

Contact Method: Attempted Phone Call

Contact Time: 06:15 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2014

Completed date: 04/16/2014

Completed By: [REDACTED] [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: 04/16/2014 06:30 PM Entered By: [REDACTED] [REDACTED]

Inv. [REDACTED] called and left a message on Ms. [REDACTED] cell phone voicemail to call her cell phone



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/14/2014

Contact Method:

Contact Time: 11:04 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/14/2014

Completed date: 04/14/2014

Completed By: [REDACTED] [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: 04/14/2014 11:04 AM      Entered By: [REDACTED] [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] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2014

Completed date: 04/16/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/16/2014 04:58 PM      Entered By: [REDACTED] [REDACTED]

Inv. [REDACTED] provided a copy of the autopsy report from the medical examiner office in [REDACTED] to Inv. [REDACTED] for the CPS hard file

Cause of death: Smoke inhalation and thermal burns



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/28/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 03/31/2014

Completed date: 03/31/2014

Completed By: [REDACTED] [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: 03/31/2014 08:54 AM Entered By: [REDACTED] [REDACTED]

The CPIT team met on 2/28/14 and is in agreement. Allegations unfounded  
 CPIT form included in the CPS hard case



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/26/2014

Contact Method:

Contact Time: 05:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2014

Completed date: 04/16/2014

Completed By: [REDACTED] [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: 04/16/2014 06:41 PM Entered By: [REDACTED] [REDACTED]

Inv. [REDACTED] received the fire report in regards to the fire at the home of [REDACTED] [REDACTED] at [REDACTED] [REDACTED] on February 7th. The cause of the fire could not be determined. The fire is officially ruled undetermined in cause and the living room identified above as the fire origin.

A copy of the report will be placed in the DCS hard file.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/21/2014

Contact Method: Face To Face

Contact Time: 03:15 PM

Contact Duration: Less than 30

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/16/2014

Completed date: 04/16/2014

Completed By: [REDACTED] [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: 04/16/2014 05:19 PM Entered By: [REDACTED] [REDACTED]

Inv. [REDACTED] from the [REDACTED] Police Department met with [REDACTED] at the [REDACTED] Police Department. Ms. [REDACTED] is [REDACTED] sister. Ms. [REDACTED] stated in a written statement that she was at the house with her brother [REDACTED] and he was in his room. He was on his cell phone talking to his girlfriend. She stated she was getting ready to go out with her girlfriend to Buffalo Wild Wings. She stated she asks her brother if he was going out and he said no, he was going to stay home and talk to his girl on the phone. She stated she left home at 10:15 p.m. and she remember the back door was locked. She stated [REDACTED] was the only one home when she left. She stated there were two end tables on each side of the couch with lamps on them but they were unplugged. She stated there were two candle holders on the end table by the corner but there were no candles in them. She stated a day before the fire they smell like wood burning in the area. She stated when they turned on the heat it smelled like matched being burned.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/15/2014

Contact Method: Face To Face

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 02/20/2014

Completed date: 02/20/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/20/2014 11:55 AM Entered By: [REDACTED] [REDACTED]

Child Protective Services Investigator [REDACTED] [REDACTED] viewed the body of [REDACTED] [REDACTED] before the funeral services at [REDACTED] Church on [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2014

Contact Method: Face To Face

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/16/2014

Completed date: 04/16/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/16/2014 06:25 PM Entered By: [REDACTED] [REDACTED]

CPS Inv. [REDACTED] met Inv. [REDACTED] at the [REDACTED] Hotel room [REDACTED] to make contact with the parents [REDACTED] and [REDACTED]. The family requested for the hotel not to give out their information. Inv. [REDACTED] made contact with Ms. [REDACTED] to express her condolences but she was in not in a position to talk on this visit. There were several family and friends with Ms. [REDACTED] at the hotel. She had to be held up by two people to walk. One of the relatives told the Investigator she was out of it and probably wouldn't remember me talking to her today. Inv. [REDACTED] gave the family member a card with her contact information to give to Ms. [REDACTED].

Inv. [REDACTED] attempted to make contact with the father [REDACTED] [REDACTED] at the hotel but he was in the room with the Salvation Army and there was also a note of the door requesting for privacy and prayers.

Inv. [REDACTED] spoke with Inv. [REDACTED] before leaving the hotel. Inv. [REDACTED] stated that the father was not in a position to talk to anyone. He stated he will follow up with the fire department concerning the home and [REDACTED] Rentals concerning the apartment not having smoke detectors. He stated they did not find any thing suspicious that could have started the fire. Inv. [REDACTED] ask Inv. [REDACTED] to call her when he has any new information on this case.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2014

Contact Method: Attempted Face To Face

Contact Time: 03:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/12/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 02/12/2014 12:07 PM Entered By: [REDACTED] [REDACTED]

An initial face to face could not be made by Inv. [REDACTED] seventeen year-old [REDACTED] [REDACTED] body on 2/8/14 due this body was transported to [REDACTED] for an autopsy before a report was made to Central Intake



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2014

Contact Method:

Contact Time: 03:37 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/10/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [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: 02/10/2014 11:26 AM Entered By: [REDACTED] [REDACTED]

Inv. [REDACTED] spoke with [REDACTED] Police Department Inv. [REDACTED] [REDACTED] by phone to inform him that she received the report on [REDACTED] [REDACTED] Inv. [REDACTED] stated he was out trying to locate the family and has been unsuccessful contacting Ms. [REDACTED] on her cell phone. Inv. [REDACTED] gave me Ms. [REDACTED] cell phone number [REDACTED] He stated that he was told that they are staying at a hotel but wasn't sure which one. Inv. [REDACTED] told Inv. [REDACTED] she needed information on the family, the report on the fire and the cause of death information the CPS child fatality report. Inv. [REDACTED] stated the cause of death was smoke inhalation and the body was transported to [REDACTED] this morning for an autopsy. He stated the fire department was called at approximately 11:27 a.m. [REDACTED] was home alone and both parents were at work. He stated it appears that [REDACTED] was asleep when the fire started and panic trying to get out the house. He stated most of the fire damage occurred in the front of the house and it appears that the fire started in the living room. He stated [REDACTED] sustained burns to the front of both hands, both arms on his neck. He stated [REDACTED] was found in the bathtub when firefighters entered the home. He stated there were no smoke detectors in the home. Inv. [REDACTED] stated that he will call me when he has located the family.



## Tennessee Department of Children's Services

## Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2014

Contact Method:

Contact Time: 03:35 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2014

Completed date: 04/16/2014

Completed By: [REDACTED] [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: 04/16/2014 06:28 PM Entered By: [REDACTED] [REDACTED]

The referent was contacted regarding the referral information and initiation of the CPS investigation



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2014

Contact Method: Phone Call

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/10/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

[REDACTED] Inv. [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 02/10/2014 10:51 AM Entered By: [REDACTED] [REDACTED]

CPS Inv. [REDACTED] contacted Sgt. [REDACTED] [REDACTED] concerning the child death report on [REDACTED] [REDACTED] [REDACTED]. Sgt. [REDACTED] stated that [REDACTED] Police Department Investigator [REDACTED] [REDACTED] has been assigned the investigation on the family. Sgt. [REDACTED] stated that the cause of death was accidental due to a house fire and [REDACTED] body was transported today to [REDACTED] for an autopsy. She stated Inv. [REDACTED] is following up with the family today. Sgt. [REDACTED] stated she will call Inv. [REDACTED] to follow up with DCS today.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2014

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 02/10/2014

Completed date: 02/12/2014

Completed By: [REDACTED] [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: 02/10/2014 10:29 AM Entered By: [REDACTED] [REDACTED]

P1 Neglect Death

Victim: [REDACTED] [REDACTED] (17)

Alleged perpetrator: [REDACTED] [REDACTED]

CPS received a P1 neglect referral on 2/8/14 concerning seventeen year old [REDACTED] [REDACTED]. On 2/7/14, [REDACTED] Police Department and the [REDACTED] fire department responded to a residential fire on [REDACTED] [REDACTED] in [REDACTED] County. [REDACTED] was home alone when the fire started. The parents [REDACTED] and [REDACTED] were at work. [REDACTED] was found in the bathtub inside the residence when fire fighters entered the home. He was unconscious on the scene but was later pronounced dead at the [REDACTED] [REDACTED] General Hospital. The cause of death was possible smoke inhalation. [REDACTED] also sustained burns on both arms, hands and on the face. The case of the fire investigation is on going.

Convene CPIT: Sgt. [REDACTED] [REDACTED] [REDACTED] Police Department



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2014

Contact Method:

Contact Time: 02:07 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location:

Created Date: 04/16/2014

Completed date: 04/16/2014

Completed By: [REDACTED] [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: 04/16/2014 05:09 PM Entered By: [REDACTED] [REDACTED]

Inv. [REDACTED] from the [REDACTED] Police Department interviewed [REDACTED] [REDACTED] at [REDACTED] Mr. [REDACTED] provided a written statement stating that he was in his bedroom when he heard a lot of glass breaking like someone was breaking into his house. He got up and went outside and saw smoke coming from the other side of the duplex. He got his wife up out of bed, he ran to the other side of the duplex and started beating on the doors and windows because he thought someone was inside. He stated he kicked the back door in and broke the front window out trying to get the smoke out. He stated his wife called the fire department and they did not know anyone was inside until he saw the fire fighters pulled the guy out.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 02/08/2014

Contact Method: Face To Face

Contact Time: 01:24 AM

Contact Duration: Less than 15

Entered By: [REDACTED] [REDACTED]

Recorded For:

Location: Family Home

Created Date: 04/16/2014

Completed date: 04/16/2014

Completed By: [REDACTED] [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Alleged Perpetrator Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/16/2014 05:03 PM Entered By: [REDACTED] [REDACTED]

Inv. [REDACTED] interviewed the mother [REDACTED] [REDACTED] at [REDACTED]. In a written statement, Ms. [REDACTED] stated she left her house around 9:30 p.m. She left the oven in the kitchen on trying to heat the house. The oven has caught on fire before last year on Thanksgiving Day and she was able to put it out. When she left the house [REDACTED] was there. She received a call saying her house was on fire.



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

**Assessment**

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]  
 County: [REDACTED] Worker:  
 Date of Referral: 2/8/14 2:55 PM Date of Assessment: 3/6/14 12:00 AM  
 Assessment Type: Initial Number of Children in the Household: 1

**Section 1: Immediate Harm Factors**

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
  - Death of a child due to abuse or neglect.
  - Care taker fears that s/he will maltreat the child.
  - Threat to cause harm or retaliate against the child.
  - Excessive discipline or physical force.
  - Drug-affected infant/child.
  - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

**If no immediate harm factors are observed, proceed to Section 3**

#### Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

#### Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): \_\_\_\_\_

#### Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



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

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

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

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

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

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