



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 04/17/2013 03:26 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 04/17/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 04/17/2013 01:28 PM
First Team Leader Assigned: [REDACTED] Date/Time 04/17/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 04/17/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	5 Yrs	Physical Abuse	Yes	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	4 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None
[REDACTED]	4 Yrs	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
Referent Address: [REDACTED]
Referent Phone Number: [REDACTED]
Type of Contact: I-3 Phone
Notification: Letter
Narrative: TFACTS:
Open Court Custody/FSS/FCIP: (No)
Prior INV/ASMT of Abuse: (1)
Prior INV/ASMT of Neglect: (3)
SSMS: No History Found
Screen Out: (2)



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

DUPLICATE REFERRAL: (No)

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

Note: All address information is located under the youngest child victims name

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

Reporter states [REDACTED] and [REDACTED] (4 year old twins), [REDACTED], and an 8 year old sibling live with [REDACTED] their mother and [REDACTED], their father.

The [REDACTED] Police Department became involved with the family in response to a residential house fire call. There was a house fire at the familys home on April 17, 2013, around 1:00 am.

Officers were sent to the home in response to the fire. The cause of the fire is unknown at this time; however the fire department is still investigating the cause of the fire. There is no suspicion of foul play at this time.

The mother [REDACTED] and the father were all at home at the time of the fire. The oldest child was with her grandmother at the time of the fire.

[REDACTED] and [REDACTED] were removed from the home. The nature of their injuries at the time they were removed from the home is unknown. Resuscitation attempts were made on the way to [REDACTED] Medical Center as well as at the hospital. [REDACTED] and [REDACTED] were pronounced deceased at the hospital.

[REDACTED] and his father received injuries from the fire. It is unknown if the injuries were burns or as a result of smoke inhalation. [REDACTED] and his father were taken to another hospital (Name unknown) from [REDACTED] Medical Center. It is unknown if the mother received any injuries in the fire. The mother did not have to be transported to the hospital by EMS.

The mothers whereabouts are unknown at this time.

It is unknown if the children have any disabilities.

The mother is not aware a CPS report had to be filed.

Investigator [REDACTED] with the [REDACTED] Police Department is requesting an immediate call from the on call CPS worker. [REDACTED] number is [REDACTED]

This is all the information the reporter had to report at this time.

Per SDM: Investigative Track P1

[REDACTED] County was paged on 4/17/13 @ 4:29 A.M.
 [REDACTED] notified @ 4:35am by [REDACTED]

P1, E. [REDACTED] TL, on 4/17/13 @ 5:06 A.M.



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

CHILD FATALITY E-MAIL NARRATIVE SENT TO:



and

Child-Fatality-Notification EI-DCS



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

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 5 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:

Name: [REDACTED]

Gender: Male

Date of Birth:

Participant ID [REDACTED]

SSN: [REDACTED] Race: Black/African

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]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 4 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:

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: Black/African Age: 4 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:



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

Name: [REDACTED]

Gender:

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race: Black/African

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race:

Age: 8 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: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted]
Referral Date: 04/17/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 04/17/2013

B. Allegation

Table with 9 columns: #, Children's Name, DOB/SSN, Specific Allegation for Each Child, Alleged Perpetrator's Name, DOB/SSN, Classification, Severe Abuse, Classified By/Classified Date. Contains 3 rows of allegations.

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments:

D. Case Workers

Case Worker: [Redacted]
Team Leader: [Redacted]

Date: 04/19/2013
Date: 04/19/2013

E. Investigation Summary

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

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

Case Manager is not able to interview [Redacted] due to him being sedated and intubated. [Redacted] was observed and he has a burn to the right upper ear lobe, which is approximately the size of an eraser. There was also a burn located on [Redacted] right flank area that is approximately the size of a half dollar. [Redacted] is intubated due to smoke inhalation and damage to his lungs and will remain sedated until his lungs have healed enough for the ventilator to be removed.

Case Manager observed [Redacted] and [Redacted] during this visit. [Redacted] appears to be physically larger than [Redacted] and [Redacted] appeared to be of average height and weight for their ages. The names of the children were written on the beds in order to be able to identify them. There were no major injuries to either child's body, due to the fire. [Redacted] had a burn on her right thigh that was approximately the size of a quarter. [Redacted] also had a burn to her right cheek area that was approximately the size of a golf ball.



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]

[REDACTED] also had areas within the bend of her elbows, knees and inner thighs that appeared to be consistent with eczema. [REDACTED] also had a small abrasion on her left knee, which would be consistent with a childhood injury. [REDACTED] had a burn in the bend of her left arm that was approximately the size of a half dollar. [REDACTED] also had petechia on both cheeks and around the left eye. Both girls had been intubated by medical staff in attempts to resuscitate them. The inside of both girls noses was black in color and there was also blackness in their mouths.

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

Case Manager then spoke with ER physician [REDACTED] on 04/17/2013 at approximately 05:15am. Dr. [REDACTED] stated that he did not note any trauma or injuries to the children that would make him suspect child abuse or neglect. Dr. [REDACTED] stated that the children are deceased due to smoke inhalation. Dr. [REDACTED] stated that any injuries that the children currently have were caused by the fire in the home.

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

N/A

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

[REDACTED] was interviewed at [REDACTED] Medical Center [REDACTED] on 04/17/2013 at approximately 09:00am. [REDACTED] stated that he went had cooked bologna around 00:00 am or 00:30am. [REDACTED] stated that he ate then lay down. [REDACTED] stated that he knows that one of the girls was asleep, but did not think that [REDACTED] or one of the twins were asleep. [REDACTED] stated that he woke to the sound of the children screaming. [REDACTED] stated that the smoke was thick and he could not see. [REDACTED] stated that he thought he met a child in the hallway (he could not state that it was [REDACTED] but believed that it was because he was outside with him. [REDACTED] stated that he tried to get to the girls, but he could not because he could not see because of the smoke. [REDACTED] stated that he tried to put the fire out, so he could get to the girls. [REDACTED] stated that he attempted to get the girls out of the bedroom, through the bedroom window. [REDACTED] stated that he could not see the girls because of the smoke. [REDACTED] stated that he does not remember anything else after the firemen arrived. [REDACTED] was crying and hitting the chair throughout the interview. [REDACTED] also hit himself in the head several times, repeating why didnt he get the kids out over and over again. [REDACTED] would then state he thought if he got the fire out everyone would be fine.

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

All allegations are unfounded due to the fire being ruled accidental.

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: 07/26/2013

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/26/2013

Completed date: 07/26/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/26/2013 11:27 AM Entered By: [REDACTED]

Medical records from [REDACTED] were received on this date. There are 230 pages (front and back) of medical records so they will not be scanned into the system. Discharge summary states that the patient is to follow up with the general surgeon in two weeks, follow up with Cardiology in two weeks, follow up with ENT in 2-4 weeks and have speech and physical therapy in [REDACTED]

Records have been placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/12/2013

Contact Method:

Contact Time: 09:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/12/2013

Completed date: 06/12/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/12/2013 10:04 AM Entered By: [REDACTED]

Medical records from [REDACTED] were received on this date. Information received was scanned into the documents section and listed as other.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/10/2013

Contact Method: Correspondence

Contact Time: 12:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2013

Completed date: 06/10/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notification of Classification

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/10/2013 12:00 PM Entered By: [REDACTED]

0740 form was sent to juvenile court and the DA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/10/2013

Contact Method:

Contact Time: 11:40 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2013

Completed date: 06/10/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/10/2013 12:03 PM Entered By: [REDACTED]

Administrative Review was conducted. CM [REDACTED] has completed her investigation. There was no evidence to support the allegations and the case is classified as AUPU for Neglect Death and Physical Abuse. The twins died as the result of a house fire. There was no indication of foul play. CM [REDACTED] monitored [REDACTED] status throughout the investigation. The department assisted the family with gas cards and groceries. The school assisted in donating clothing and other items for family. CM [REDACTED] maintained contact with the family during the investigation and talked with the family regarding grieving issues and options for counseling. An assessment case was received (ID [REDACTED] and Ms. [REDACTED] and the children have moved to [REDACTED] County. The assessment case has been transferred to [REDACTED] County for continued services. The investigation case is ready for closure. Safety Assessment and the 0740 form were completed for the case. Case has been presented to CPIT.

Case is closed as AUPU for Physical Abuse and Neglect Death.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/07/2013

Contact Method:

Contact Time: 11:15 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/10/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2013 11:27 AM Entered By: [REDACTED]

Case was assigned on 04/17/2013 with the allegations of neglect death and physical abuse. The girls [REDACTED] and [REDACTED] died in a house fire and the brother, [REDACTED] sustained internal injuries from smoke inhalation. The actual cause of the fire was undetermined, but it is believed that the fire started on the stove. The fire department ruled the fire as accidental and the police department is not seeking to charge anyone regarding the house fire. [REDACTED] stayed in the hospital for three weeks and was sedated during most of this time. He has been released home to his mother's care with follow up recommendations. The father stated that he had cooked bologna around midnight the night of the fire and he believes that he did not turn the stove off. The father stated that the grease container is on the back of the stove and the firemen told him that it probably caught on fire. The father was admitted to the VA mental health hospital after the girls' death and is continuing follow up care through them. The mother was not at home at the time of the incident and this was confirmed through police reports and statements from family members. Police and fire reports have ruled the fire accidental.

There was a second referral on the family with the allegation of lack of supervision. The assessment case is currently open and will address follow up medical care, mental health concerns, and alcohol and drug abuse concerns. The family has moved to [REDACTED] TN and the assessment case is being transferred to that county.

Case is being recommended for closure on this date. Classification is AUPU for all allegations, due to the fire being ruled accidental.

Safety concerns are that the mother has left [REDACTED] in unfamiliar surrounding since he has gotten out of the hospital, with the knowledge that he has nightmares, and [REDACTED] wandered away from the home attempting to locate his mother. Well-being issues are that [REDACTED] is recovering from the smoke inhalation and it has been decided that he is in need of trauma focused counseling to address the fire and loss of his siblings. Permanency issues are that the family has moved to another county due to the house fire. Resource issues are that the mother is aware of and is currently utilizing community resources. The mother has support from family and friends when needed.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/06/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/10/2013

Completed date: 06/10/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/10/2013 10:07 AM Entered By: [REDACTED]

A request for medical records for [REDACTED] and [REDACTED] was faxed to [REDACTED] on this date. The letter was faxed to [REDACTED]. A copy has been placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/03/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/07/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2013 11:18 AM Entered By: [REDACTED]

Case was presented to CPIT on this date. Team was in agreement that all allegations were unfounded. CPIT forms were completed and signed on this date and have been placed in the file.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/29/2013	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/10/2013
Completed date:	06/10/2013	Completed By:	[REDACTED]
Purpose(s):	Service Planning		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2013 10:05 AM Entered By: [REDACTED]

A request for medical records was sent to [REDACTED] on this date. The address provided to the Case Manager was [REDACTED]
[REDACTED] This was sent certified with the receipt [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: 05/20/2013

Contact Method:

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2013 01:30 PM Entered By: [REDACTED]

Administrative Review was conducted. CM [REDACTED] advised that Ms. [REDACTED], and [REDACTED] are now residing in [REDACTED] with a family member. The address is [REDACTED]. Ms. [REDACTED] number is [REDACTED]. Mr. [REDACTED] is staying some with various relatives and is reportedly receiving help with his issues through the VA in [REDACTED]. The investigation case is preparing for closure. However, an assessment case was received for the family (ID [REDACTED]). A request will be made through that case for transfer to [REDACTED] County for continued services with the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/17/2013

Contact Method:

Contact Time: 08:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2013 11:17 AM Entered By: [REDACTED]

A second referral was received on this date regarding [REDACTED] this case was assigned as an assessment case. Follow up concerns regarding medical care will be addressed through the assessment case id [REDACTED]

Narrative Type: Addendum 1 Entry Date/Time: 06/10/2013 11:59 AM Entered By: [REDACTED]

CM [REDACTED] responded to the family through ID [REDACTED] (Assessment Case). CM [REDACTED] went over the Notice of Privacy, Title VI, Client Rights Handbook, and Native American Heritage Veto Verification forms with the family. The family signed the necessary forms and were given copies.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/16/2013	Contact Method:	Phone Call
Contact Time:	04:00 PM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/07/2013
Completed date:	06/07/2013	Completed By:	[REDACTED]
Purpose(s):	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: 06/07/2013 11:15 AM Entered By: [REDACTED]

[REDACTED] contacted the Case Manager on this date. [REDACTED] stated that he is currently concerned about [REDACTED] stated that [REDACTED] came to his home and picked up [REDACTED] because she is mad at him about something. [REDACTED] stated that he is concerned about where they are going to be staying. [REDACTED] stated that the cops came and told him that he had to give [REDACTED] back to her. [REDACTED] stated that he is currently staying with his cousing in [REDACTED] right now, but would not provide the address, because he stated that he was not living there. Case Manager stated that she check on [REDACTED] tomorrow and would call him if there were any concerns. [REDACTED] stated that he just wanted to make sure that [REDACTED] is alright.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/06/2013	Contact Method:	Attempted Phone Call
Contact Time:	02:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/07/2013
Completed date:	06/07/2013	Completed By:	[REDACTED]
Purpose(s):	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: 06/07/2013 10:50 AM Entered By: [REDACTED]

Case Manager attempted to contact [REDACTED] on this date. Case Manager was not able to make contact with anyone. Case Manager left a message asking for her to contact the Case Manager.

Case Manager contacted [REDACTED] on this date. [REDACTED] stated that [REDACTED] and [REDACTED] are going to stay in her home until they are able to find another place to live. [REDACTED] stated that they have not arrived home from [REDACTED] yet. Case Manager explained that she would give [REDACTED] time to adjust at home this week and would make a visit to the home next week. [REDACTED] stated that would be fine and that the Case Manager could come anytime that she needed to.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2013

Contact Method: Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2013 10:46 AM Entered By: [REDACTED]

Case Manager contacted Ms. [REDACTED] (Social Worker @ [REDACTED]) on this date. Ms. [REDACTED] stated that the family did discharge on this date. Ms. [REDACTED] stated that she had spoken with TL [REDACTED] regarding him being able to discharge home to parents and she stated that he was able to do so. Case Manager explained that she will follow up with the family at home. Ms. [REDACTED] stated that there are follow up care instructions that the family is supposed to follow that will include speech therapy and rehabilitation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/06/2013

Contact Method:

Contact Time: 08:45 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2013 10:41 AM Entered By: [REDACTED]

Administrative Review was conducted. TL [REDACTED] advised CM [REDACTED] of [REDACTED] status and the contacts with [REDACTED] and Mr. [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: 05/03/2013

Contact Method: Correspondence

Contact Time: 09:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/07/2013

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: 06/07/2013 10:39 AM Entered By: [REDACTED]

TL [REDACTED] contacted [REDACTED] at [REDACTED]. TL [REDACTED] advised that she had spoken with Mr. [REDACTED] and he said that [REDACTED] had not been discharged. Ms. [REDACTED] stated that the [REDACTED] did not get discharged. He began having a high fever. He is on strong antibiotics and is still on pain medication. She did say that [REDACTED] is talking some now. TL [REDACTED] advised that CM [REDACTED] will be back next week from vacation, and TL [REDACTED] would let her know what had occurred this week regarding [REDACTED] and his status.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/03/2013

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2013 10:22 AM Entered By: [REDACTED]

TL [REDACTED] contacted Mr. [REDACTED] to see if he had heard from Ms. [REDACTED] and to try to follow up regarding [REDACTED] Mr. [REDACTED] advised that he was unaware that [REDACTED] was being discharged from the hospital. He said that [REDACTED] is still in the hospital and is improving. He is talking. Mr. [REDACTED] stated that he was on his way to the hospital. TL [REDACTED] indicated that she was told he was being discharged on Wednesday. Mr. [REDACTED] said that he did not know about that. TL [REDACTED] asked Mr. [REDACTED] how he was doing. He said that he is doing better. TL [REDACTED] asked Mr. [REDACTED] where he would be staying. He does not know where he will be staying yet.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2013

Contact Method: Phone Call

Contact Time: 11:05 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/07/2013

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: 06/07/2013 10:18 AM Entered By: [REDACTED]

TL [REDACTED] contacted Ms. [REDACTED] at [REDACTED] and advised of the conversation with DCS Legal [REDACTED] and ensured her that DCS would be following up with the family and would make sure [REDACTED] has any necessary follow up treatment. Ms. [REDACTED] was made aware that the parents can take [REDACTED] home. TL [REDACTED] asked that they advise the family to contact DCS once home and/or they could come by the office once they are back in town. TL [REDACTED] asked if the parents are at the hospital currently where they could be talked with. Ms. [REDACTED] stated that Ms. [REDACTED] has been at the hospital, but she had stepped out. Ms. [REDACTED] stated that she would let the family to contact DCS once home.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	05/01/2013	Contact Method:	
Contact Time:	10:50 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	06/07/2013
Completed date:	06/07/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2013 10:11 AM Entered By: [REDACTED]

TL [REDACTED] consulted with DCS Legal [REDACTED] and discussed the case. The death of the twins resulted from a house fire. [REDACTED] injuries were also sustained from the house fire. There was no indication of foul play. Ms. [REDACTED] was "out" at the time of the fire. Mr. [REDACTED] was home with the children. The status of the parents was discussed. Mr. [REDACTED] has had a hard time dealing with the death of his children and sought help through the VA; however, there have been no concerns reported regarding Mr. [REDACTED]. DCS also does not have any information that would prevent Ms. [REDACTED] from caring for [REDACTED] at this time. DCS Legal [REDACTED] advised that we do not have any grounds to restrict any access for the parents and discussed that the parents could take [REDACTED] home. DCS would continue to be involved with the family to ensure that [REDACTED] receives any follow up medical treatment and to address any other needs of the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/01/2013

Contact Method: Phone Call

Contact Time: 10:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/07/2013

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: 06/07/2013 09:57 AM Entered By: [REDACTED]

TL [REDACTED] had a message from [REDACTED] ([REDACTED]) from [REDACTED]. TL [REDACTED] contacted Ms. [REDACTED]. She stated that [REDACTED] had been moved to the [REDACTED] of the hospital and the physician had his consult. Ms. [REDACTED] said that [REDACTED] was ready to be discharged and asked what the safety plan was. TL [REDACTED] questioned what had occurred with [REDACTED] as we had originally been told it would probably be another week before he was ready for discharge. Ms. [REDACTED] advised that [REDACTED] was doing well on "room" air and the doctor said he could be discharged. TL [REDACTED] advised that she would consult with legal and would call Ms. [REDACTED] back. She did stated that Ms. [REDACTED] has been at the hospital.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/29/2013

Contact Method: Correspondence

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2013

Completed date: 05/29/2013

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: 05/29/2013 01:34 PM Entered By: [REDACTED]

Notice of Report was sent to juvenile court.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/26/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/29/2013

Completed date: 05/29/2013

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 05/29/2013 01:38 PM Entered By: [REDACTED]

Administrative Review was conducted. CM [REDACTED] advised that there has not been a change in [REDACTED] status. There is reported conflict between the maternal and paternal sides of the family.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/25/2013 Contact Method: Phone Call
 Contact Time: 01:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 06/07/2013
 Completed date: 06/07/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community, Service Planning, Well Being
 Contact Type(s): Collateral Contact
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/07/2013 09:59 AM Entered By: [REDACTED]

Case Manager contacted [REDACTED] (Social Worker [REDACTED]) on this date. [REDACTED] stated that there has been a little "excitement" with the mother. [REDACTED] stated that the father was discharged from the VA yesterday and he and his family came to the hospital to see [REDACTED]. [REDACTED] stated that apparently the mother had put his family and him on a no admit list, but the mother was not supposed to be allowed to do that. [REDACTED] stated that she is still not sure who allowed the mother to do it, but she will take care of that.

[REDACTED] stated that the mother said that the father called her and made verbal threats to cause her harm and that is why she wanted to put him on a no admit list. [REDACTED] stated that the mother also said something about getting a restraining order. [REDACTED] stated that the mother then began to state that she blamed the father for the fire and killing her children and causing harm to [REDACTED]. [REDACTED] stated that the mother and the father got into a "yelling match" in the hallway. [REDACTED] stated that she, the security guard and the parents had a meeting. [REDACTED] stated that they explained to the parents that their behaviors will not be tolerated and if there is another problem, then the hospital will begin to restrict their access to [REDACTED] and they will not be allowed on the property at the same time. [REDACTED] stated that both parents said that they understood and that there would be no further problems.

[REDACTED] stated that [REDACTED] is still sedated and intubated. [REDACTED] stated that [REDACTED] has been placed on medication to regulate his heart. [REDACTED] stated that [REDACTED] vomited in the night and there is also a note that they are going to begin to extubate him and wean him off the oxygen. [REDACTED] stated that there is a note regarding a possible trach and if that is true, then she is going to have concerns about his follow up care, with the tension in the family. [REDACTED] stated that if there is a trach, then they will have to have a primary caregiver and a backup caregiver. [REDACTED] stated that if the parents are going to be in separate homes, then they will have to have a primary caregiver in each home and a secondary in each home. [REDACTED] stated that she hopes that [REDACTED] is able to go home without any medical equipment.

Case Manager explained to [REDACTED] that she would be out of town the next week and if there were any changes or if there were any further concerns with the parents if they could contact TL [REDACTED]. Case Manager provided [REDACTED] with TL [REDACTED] contact information. [REDACTED] also stated that there is a different Social Worker on Friday and her name is [REDACTED] and her contact number is [REDACTED] if for any reason the Department needed to make contact on Friday.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/24/2013

Contact Method: Attempted Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/07/2013

Completed date: 06/07/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2013 09:41 AM Entered By: [REDACTED]

Case Manager attempted to call [REDACTED] on this date. Case Manager was not able to make contact with anyone. Case Manager left a voice mail asking for him to contact the Case Manganer.

Case Manager also attempted to contact [REDACTED] ([REDACTED] brother) on this date. Case Manager was not able to make contact with anyone. Case Manager left a voice mail asking for him to contact her.

Case Manager also sent text message to both numbers on this date. Case Manganer did not receive a response from either one on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/23/2013 Contact Method: Face To Face
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 06/07/2013
 Completed date: 06/07/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] ; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/07/2013 09:33 AM Entered By: [REDACTED]

Case Manager [REDACTED] and Case Manager [REDACTED] went to the home of [REDACTED] on this date. Case Managers took the groceries that were purchased for the family to the home on this date.

[REDACTED] stated that they have made arrangements for [REDACTED] and [REDACTED] stated that the viewing is going to be in [REDACTED] on Thursday, and then they will have the service on Friday at the [REDACTED] in [REDACTED] and then back to [REDACTED] for another viewing and graveside. [REDACTED] stated that [REDACTED] mother has made the girls matching dresses and the color of the dresses match the dress that was bought for [REDACTED]. [REDACTED] stated that [REDACTED] has been talking about doing the girls' hair, but she is trying to explain to her that would be too much for her. [REDACTED] stated that there have been some arguments over the arrangements and she just wants to get the girls laid to rest. [REDACTED] stated that they have been working with [REDACTED] better than they were last week.

[REDACTED] stated that she is worried about [REDACTED] state of mind because she has been at the hospital with [REDACTED] the entire time and will not come home until it is time for the services. [REDACTED] stated that [REDACTED] called her Sunday and told her that [REDACTED] was doing better and waking up and when she called down there to check on him, they told her that there was no change. [REDACTED] stated that she does not know what [REDACTED] was doing by saying that or why she would say that if he was not doing better. [REDACTED] stated that [REDACTED] is still sedated and he has had a fever and they are trying to make sure that his fever stays down. [REDACTED] stated that she calls and talks to the nurse every day. [REDACTED] stated that [REDACTED] has blisters in his throat that have busted and that is the possible cause of the fever. [REDACTED] stated that they have talked about him having a trac for 6 months to 1 yr, but they are not sure right now. [REDACTED] stated that [REDACTED] s airways and lungs are healing.

[REDACTED] stated that [REDACTED] is still at the VA hospital and they are talking about him coming home for the funeral services. [REDACTED] stated that [REDACTED] will be in a wheelchair for a couple of weeks, due to the bottom of his feet being burned. [REDACTED] stated that they appreciate all of the assistance the people have provided them.

Case Manager spoke with [REDACTED] regarding services that are available in the area to assist with grief counseling and also services that can be provided by the Department if necessary. [REDACTED] stated that she believes that they will need assistance when [REDACTED] gets home and to help them all adjust.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Manager explained to [REDACTED] that she would be out of town next week, but if they needed any assistance or if she had any concerns or questions she could contact TL [REDACTED]. Case Manager provided [REDACTED] with TL [REDACTED] contact information.

Case Manager briefly spoke with [REDACTED] during this visit. [REDACTED] stated that she went to school the other day and that her teachers and friends gave her cards. [REDACTED] showed the Case Manager her dress that she was going to wear to the funeral. [REDACTED] also talked about being able to go to the mission and pick out a new bicycle. [REDACTED] stated that everyone has been really nice to her. [REDACTED] thanked the Case Managers for her blanket and doll that Case Manager [REDACTED] brought to her. [REDACTED] stated that she has been sleeping with it. [REDACTED] appeared to be adjusting to and beginning to accept the death of her sisters. [REDACTED] was able to talk about seeing them and talked about missing playing with them. [REDACTED] appeared to be healthy and was dressed appropriately during 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: 04/22/2013

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 09:15 AM Entered By: [REDACTED]

Request for groceries and gas cards were made and approved on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/19/2013

Contact Method:

Contact Time: 01:25 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 09:14 AM Entered By: [REDACTED]

Police and fire reports were scanned into the documents section on this date. Document number is [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: System Completed
 Contact Date: 04/18/2013 Contact Method: Face To Face
 Contact Time: 03:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 06/04/2013
 Completed date: 06/05/2013 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/04/2013 11:03 AM Entered By: [REDACTED]

Case Manager [REDACTED] and Case Manager [REDACTED] went to the home of [REDACTED] [REDACTED] on this date. Case Managers were invited into the home by [REDACTED]. There were several family members present at the home. Case Manager [REDACTED] provided the family with clothes and other items that were donated by the school system.

Case Manager spoke with [REDACTED]. [REDACTED] talked about her brother being in the hospital, but did not mention her sisters. [REDACTED] also talked about them losing their house in the fire. [REDACTED] stated that she was not going to school right now because she did not have any clothes or anything else. [REDACTED] stated that she was sad about what happened. [REDACTED] stated that she was with her grandmother the night that her house caught on fire. [REDACTED] had cousins at the home that she wanted to go outside and play with. Case Manager ended the conversation with [REDACTED] at this time to let her go outside and play. [REDACTED] appeared to be healthy and was dressed appropriately during 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: 04/18/2013 Contact Method: Face To Face
 Contact Time: 03:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Other Caretaker Home Created Date: 06/05/2013
 Completed date: 06/05/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED] ; [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/05/2013 10:09 AM Entered By: [REDACTED]

Case Manager [REDACTED] and Case Manager [REDACTED] went to the home of [REDACTED] on this date. Case Managers were invited into the home by [REDACTED]. There was several family members present at the home. Case Manager [REDACTED] provided the family with clothes and other items that were donated by the school system.

Case Manager spoke with [REDACTED]. [REDACTED] talked about her brother being in the hospital, but did not mention her sisters. [REDACTED] also talked about them losing their house in the fire. [REDACTED] stated that she was not going to school right now because she did not have any clothes or anything else. [REDACTED] stated that she was sad about what happened. [REDACTED] stated that she was with her grandmother the night that her house caught on fire. [REDACTED] had cousins at the home that she wanted to go outside and play with. Case Manager ended the conversation with [REDACTED] at this time to let her go outside and play. [REDACTED] appeared to be healthy and was dressed appropriately during this visit.

Case Manager spoke with [REDACTED]. [REDACTED] stated that the family is attempting to adjust and they are all still in shock about everything. [REDACTED] stated that [REDACTED] did not talk about her sisters because she is denying that they are dead. [REDACTED] stated that [REDACTED] has not seen them, so she thinks that when she sees the girls at their funeral, then it will be real for her. [REDACTED] stated that they are just trying to get everything together. [REDACTED] stated that she took [REDACTED] to see [REDACTED] earlier today and she plans on continuing to take her down there to visit with him, because she asks about him a lot. [REDACTED] stated that she knows that [REDACTED] is extremely upset about everything that has happened and he is also still at the VA, because of his current mental state. [REDACTED] stated that his family is blaming [REDACTED] for the fire and the death of the girls, because she was not at home to help get the girls out. [REDACTED] stated that his family is also being hateful to [REDACTED]. [REDACTED] stated that she is just trying to stay out of the "drama" and she is attempting to make sure that the children are taken care of. [REDACTED] stated that when [REDACTED] and [REDACTED] are able to leave the hospital they are planning on staying in her home.

Case Manager spoke with [REDACTED] about current needs within her home. [REDACTED] stated that she could use some assistance with groceries, because they do not have the family's food stamp card or access to anything else due to it being lost in the fire. Case Manager also spoke with [REDACTED] about gas cards for them to travel back and forth to see [REDACTED] in the hospital. [REDACTED] stated that this would assist them a great deal.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] stated that she has never had any concern about the children being with [REDACTED]. [REDACTED] stated that [REDACTED] was the father to three of the children, but he treated [REDACTED] as his own. [REDACTED] stated that he was a family man and that was what he wanted. [REDACTED] stated that he stayed at home and took care of the kids. [REDACTED] stated that [REDACTED] wants to get out more and was not at home as much. [REDACTED] stated that that was a lot of [REDACTED] and [REDACTED] problems, was that she would not settle down and be at home with the kids. [REDACTED] stated that [REDACTED] would never hurt the children and he is a good father to the children. [REDACTED] stated that [REDACTED] would never hurt her children either, and she is a good mother when she is there, but she is not there all the time.

[REDACTED] stated that [REDACTED] did have insurance policies on all of the children, so they have the funds for funeral services. [REDACTED] stated that [REDACTED] family is taking care of all the arrangements and that she does know that [REDACTED] funeral home is handling the services.

Case Manager explained that she would request the groceries and gas cards for the family and would return the next week with the items. Case Manager asked that they contact her if there are any changes or if they have any concerns. [REDACTED] stated that she would.

Case Manager observed the home and there were no environmental concerns present during this visit.

[REDACTED] provided the Case Manager with the following contact information:

Case Manager [REDACTED] returned to the home again on this date to provide [REDACTED] with a bag, that was donated to the office, that included a blanket, pillow and a stuffed animal.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/18/2013

Contact Method: Face To Face

Contact Time: 10:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/06/2013

Completed date: 06/06/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Collateral Contact, Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/06/2013 09:13 AM Entered By: [REDACTED]

Investigator [REDACTED] with [REDACTED] Police Department provided the Case Manager with a copy of the fire report, police report, 911 log and a cd containing pictures that were taken by her and the fire department. These have been placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/17/2013

Contact Method:

Contact Time: 07:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 03:17 PM Entered By: [REDACTED]

Notice of Child fatality forms for [REDACTED] and [REDACTED] were completed on this date and emailed to Child-Fatality-Notification EI DCS, TL [REDACTED] DCS Attorney [REDACTED], RA [REDACTED], and TC [REDACTED].

Notice of Near fatality was completed on this date and was emailed to Child-Fatality-Notification EI DCS, TL [REDACTED] DCS Attorney [REDACTED], RA [REDACTED] and TC [REDACTED].

Copies of these forms have been placed in the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/17/2013

Contact Method: Phone Call

Contact Time: 03:48 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning, Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 03:01 PM Entered By: [REDACTED]

Case Manager attempted to contact [REDACTED] (social worker @ [REDACTED]) on this date. Case Manager was not able to make contact with her and left a voice mail asking for her to contact the Case Manager.

[REDACTED] contacted the Case Manager on this date. [REDACTED] stated that there has been no change in [REDACTED]'s status. Case Manager inquired about requesting medical records. [REDACTED] stated that she would tell the Case Manager anything and even read straight from the chart, but has been advised by their legal department that she is not supposed to provide any medical documents to anyone. [REDACTED] stated that if the Case Manager would like paper copies of the medical records that she would have to request them through the records department.

[REDACTED] stated that the mother did arrive to the hospital and the father also came to the hospital. [REDACTED] stated that the father was taken to the VA hospital due to suicidal thoughts. [REDACTED] stated that she had some concerns regarding the information that the father has provided her. Case Manager inquired to these concerns. [REDACTED] stated that she did not feel comfortable providing the information, due to the father not being a patient at their hospital, but it be more of a private matter involving the family. After speaking with [REDACTED] more, she stated that the father has been prescribed medication to address concerns that he had after returning from Iraq. [REDACTED] stated that the father has not been taking the medication as prescribed and the father is not in a good mental state at this time. [REDACTED] stated that the father asked for help and she is glad that he is seeking help, but her to knowledge he at the VA.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name | [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/17/2013

Contact Method: Correspondence

Contact Time: 01:45 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/17/2013

Completed date: 04/17/2013

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: 04/17/2013 01:50 PM Entered By: [REDACTED]

Notification of Case Assignment was sent to the referent.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/17/2013

Contact Method: Correspondence

Contact Time: 01:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 03:19 PM Entered By: [REDACTED]

Notice of report was sent to DA [REDACTED] on this date.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/17/2013	Contact Method:	
Contact Time:	05:10 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/17/2013
Completed date:	04/18/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/18/2013 09:12 AM Entered By: [REDACTED]

TL [REDACTED] and CM [REDACTED] consulted regarding the status of the case. TL [REDACTED] advised that she had notified TC [REDACTED] of the referral and the circumstances known at this time. CM [REDACTED] will keep TL [REDACTED] appraised of the situation.



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

Case Id: [REDACTED]

Case Name| [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/17/2013	Contact Method:	
Contact Time:	05:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	04/17/2013
Completed date:	04/17/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Administrative Review		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED] [REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/17/2013 02:22 PM Entered By: [REDACTED]

TL [REDACTED] contacted TC [REDACTED] regarding the case and advised of the information reported and known at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/17/2013 Contact Method:
 Contact Time: 04:50 AM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/17/2013
 Completed date: 04/17/2013 Completed By: [REDACTED]
 Purpose(s): Safety - Child/Community
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/17/2013 02:19 PM Entered By: [REDACTED]

TL [REDACTED] and on call CM [REDACTED] consulted regarding the P-1 Investigation she has received involving [REDACTED] (4), [REDACTED] (4), and [REDACTED] (5) and the circumstances reported. The family has had a house fire and [REDACTED] and [REDACTED] were pronounced deceased at the hospital. CM [REDACTED] will keep TL [REDACTED] informed of the status of the case. TL [REDACTED] and CM [REDACTED] discussed the information available at this time. CM [REDACTED] has spoken with law enforcement. The allegations are Neglect Death for [REDACTED] and [REDACTED] and Physical Abuse for [REDACTED] TL [REDACTED] and CM [REDACTED] discussed that there is no indication in the information provided in the referral that [REDACTED] had been physically abused. He was present in the home at the time of the fire. CM [REDACTED] will keep TL [REDACTED] informed. TL [REDACTED] will contact TC [REDACTED] to inform her of 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: 04/17/2013

Contact Method: Phone Call

Contact Time: 04:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/03/2013

Completed date: 06/03/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 03:21 PM Entered By: [REDACTED]

CPIT was convened on this date. Case Manager spoke with Investigator [REDACTED] ([REDACTED] Police Department) on this date regarding the case and how to proceed with the investigation.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: System Completed
 Contact Date: 04/17/2013 Contact Method: Face To Face
 Contact Time: 04:30 AM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 04/17/2013
 Completed date: 05/18/2013 Completed By: System Completed
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Medical Exam,Parent/Caretaker Interview,Sibling Interview/Observation
 Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 04/17/2013 06:33 PM Entered By: [REDACTED]

Case Manager was contacted at 04:30 am regarding a priority one investigation.

Case Manager contacted Investigator [REDACTED] with [REDACTED] Police Department, who informed the Case Manager that she was at the hospital with the deceased children and one child has been taken to [REDACTED] hospital. Investigator [REDACTED] stated that the fire appears to be accidental and that there is no suspicion of arson. Inv. [REDACTED] stated that there are no marks or bruises on the children and that there currently is no evidence of any abuse or neglect. Case Manager stated that she would come to the hospital to view the children.

Case Manager contacted TL [REDACTED] to inform her of the children's deaths. TL [REDACTED] stated that she would contact TC [REDACTED] to notify her of the children's deaths. Case Manager also notified DCS attorney [REDACTED] of the children's deaths.

Case Manager went to [REDACTED] Medical Center on this date. Case Manager observed [REDACTED] and [REDACTED] during this visit. [REDACTED] appears to be physically larger than [REDACTED] and [REDACTED] appeared to be of average height and weight for their ages. The names of the children were written on the beds in order to be able to identify them. There were no major injuries to either child's body, due to the fire. [REDACTED] had a burn on her right thigh that was approximately the size of a quarter. [REDACTED] also had a burn to her right cheek area that was approximately the size of a golf ball. [REDACTED] also had areas within the bend of her elbows, knees and inner thighs that appeared to be consistent with eczema. [REDACTED] also had a small abrasion on her left knee, that would be consistent with a childhood injury. [REDACTED] had a burn in the bend of her left arm that was approximately the size of a half dollar. [REDACTED] also had petechiae on both cheeks and around the left eye. Both girls had been intubated by medical staff in attempts to resuscitate them. The inside of both girls noses was black in color and there was also blackness in their mouths. Pictures of both children were taken by Case Manager and have been placed in the file. The children were then released to the funeral home.

Case Manager then spoke with ER physician [REDACTED] on 04/17/2013 at approximately 05:15am. Dr. [REDACTED] stated that he did not note any trauma or injuries to the children that would make him suspect child abuse



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

or neglect. Dr. [REDACTED] stated that the children are deceased due to smoke inhalation. Dr. [REDACTED] stated that any injuries that the children currently have were caused by the fire in the home. Dr. [REDACTED] stated that he did not have his report ready at this time and would probably not have it completed until the end of his shift.

Investigator [REDACTED] stated that she did contact Dr. [REDACTED] (Medical Examiner) and that she would not make the scene due to the cause of death being known and autopsies would not be requested.

Case Manager and Investigator [REDACTED] went to the family home on this date. The home is a two story home with a bonus room and attic space located in an upstairs area. Three bedrooms, bath, kitchen and living area are located on the lower floor. Case Manager did not enter the home, but did take pictures of the home. The back right side of the home is the room that the children were located in, when the fire began and this is also the room that the children were located in by fireman. There is a bathroom located between the bedroom and the kitchen area, all located along the back of the home. The kitchen is on the back right side of the home. There is severe damage to the kitchen area of the home. The siding on the home is melted in several different locations. There is also damage to the second level of the home. Pictures have been placed in the file.

Case Manager was informed that the third child and the father were both in [REDACTED]. Case Manager was informed that [REDACTED] was in stable condition at [REDACTED] Hospital. Case Manager contacted TL [REDACTED] to inform her of the third child and his current condition. It was determined that the Case Manager would go to [REDACTED] on this date in order to observe the child and interview him if possible.

Case Manager and Investigator [REDACTED] went to [REDACTED] hospital on this date. Case Manager spoke with social worker [REDACTED] and Nurse [REDACTED] during this visit. [REDACTED] stated that they have been informed that the mother would not be coming at this time to the hospital, due to transportation reasons. [REDACTED] stated that they have informed the family that they will assist them once they arrive to [REDACTED] but they can not assist them until they do arrive. [REDACTED] stated that she has not been to check on [REDACTED] due to just arriving to work. [REDACTED] stated that she did speak with the overnight social worker and she informed her of everything about the mother and the death of the siblings. [REDACTED] stated that she would arrange for Case Manager and Investigator [REDACTED] to see [REDACTED]. [REDACTED] stated that [REDACTED] is currently in the Pediatric Intensive Care Unit (PICU) and the unit that he is in is the highest level of care that they offer at [REDACTED]. [REDACTED] stated that [REDACTED] is not physically burned from her understanding, because they do not hold major burn victims at their hospital and that he is being treated for smoke inhalation.

Case Manager and Investigator [REDACTED] spoke with Nurse [REDACTED]. [REDACTED] stated that [REDACTED] has been taken into operation to intubate him. [REDACTED] stated that when [REDACTED] became conscious, he pulled his intubation tubing out. [REDACTED] stated that while the tube was out he was able to tell her his name and his age. [REDACTED] stated that he spoke to her some, but he was sedated fairly quickly and taken into the operating room in order to intubate him again. [REDACTED] stated that they will keep in sedated until his lungs heal. [REDACTED] stated that it was unknown how long that would be. [REDACTED] stated that they have also provided him with an amnesia medication so he will not remember his stay in the hospital, until he is awake and is able to breath on his own.

Case Manager is not able to interview [REDACTED] due to him being sedated and intubated. [REDACTED] was observed and he has a burn to the right upper ear lobe, that is approximately the size of an eraser. There was also a burn located on [REDACTED]'s right flank area that is approximately the size of a half dollar. [REDACTED] is intubated due to smoke inhalation and damage to his lungs and will remain sedated until his lungs have healed enough for the ventilator to be removed. [REDACTED] is with her paternal family at this time. A feeding tube was being inserted as the Case Manager left the room. Pictures were taken of [REDACTED] and these have been placed in the file.

[REDACTED] was interviewed at [REDACTED] Medical Center [REDACTED] on 04/17/2013 at approximately 09:00am. [REDACTED] stated that he went had cooked bologna around 00:00 am or 00:30am. [REDACTED] stated that he ate then lay down. [REDACTED] stated that he knows that one of the girls was asleep, but did not think that [REDACTED] one of the twins were asleep. [REDACTED] stated that he woke to the sound of the children screaming. [REDACTED] stated that the smoke was thick and he could not see. [REDACTED] stated that he thought he met a child in the hallway (he could not state that it was [REDACTED] but believed that it was because he was outside with him. [REDACTED] stated that he tried to get to the girls, but he could not because he could not see because of the smoke. [REDACTED] stated that he tried to put



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

the fire out, so he could get to the girls. [REDACTED] stated that he attempted to get the girls out of the bedroom, through the bedroom window. [REDACTED] stated that he could not see the girls because of the smoke. [REDACTED] stated that he does not remember anything else after the firemen arrived.

At approximately 01:00 hrs 911 was contacted with a report of smoke seen in the area of [REDACTED] and [REDACTED] area and the caller reported that he could hear someone yelling call 911. The fire department arrived to the home within 2 minutes of the 911 call to find [REDACTED] and [REDACTED] outside the home. [REDACTED] was attempting to put out the fire with a garden hose. Firefighters entered the home at approximately 01:04am to search for the children in the home. At approximately 01:09am firefighters had located the children and exited the home with the children, then began CPR. All three children and the father were transported to [REDACTED] Medical Center. [REDACTED] and [REDACTED] were flown to [REDACTED] hospital and [REDACTED] Medical Center (respectfully) both located in [REDACTED]. At approximately 01:56am [REDACTED] and [REDACTED] were pronounced dead at [REDACTED] Medical Center.

Fire Chief [REDACTED] reported to Investigator [REDACTED] that when they arrived to the home, the father was attempting to enter the bedroom window, where the children were located. Fire Chief [REDACTED] also reported that the father was attempting to put out the fire with a garden hose. Chief [REDACTED] also confirmed that firemen removed all three children from the back bedroom in the home. Chief [REDACTED] reported that they were not contacting an arson investigator and it is believed that the point of origin is in the same area as the stove, but a cause of the fire is not known.

[REDACTED] was not in the home at the time of the fire and this has been confirmed through police reports, interview with the mother, father and the maternal grandmother. [REDACTED] was with her maternal grandmother, [REDACTED] [REDACTED] the night of the house fire.

[REDACTED] was interviewed at approximately 16:40pm on 04/17/2013. [REDACTED] stated that she was at the home of a family member when she received a phone call stating that her house was on fire. [REDACTED] stated that originally she was not concerned because [REDACTED] had said something earlier about taking the children to a friend's home. [REDACTED] stated that when she arrived to the home she saw the SUV in the driveway she knew that they were in the home. [REDACTED] stated that [REDACTED] came out of the home yelling about the house being on fire and he yelled it over and over again. [REDACTED] stated that he attempted to get the children and she attempted to go into the home, but neighbors stopped her from entering the home. [REDACTED] stated that neighbors were the ones to knock out the windows in attempts to get to the girls. [REDACTED] stated that all three of the children were pulled out of the home by firemen. [REDACTED] stated that [REDACTED] did pass out due to the smoke and him attempting to get the children out of the home. [REDACTED] stated that she has not been able to talk with [REDACTED] since the fire. [REDACTED] stated that she has attempted to call him several times, but he has been taken to the VA hospital in order to address his current mental state. [REDACTED] stated that her understanding is that [REDACTED] is blaming himself. [REDACTED] stated that she does not believe that he would ever hurt the children and believes that it is an accident.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/17/2013 Contact Method: Face To Face
 Contact Time: 04:30 AM Contact Duration: More than 5 Hours
 Entered By: [REDACTED] Recorded For:
 Location: Hospital Created Date: 06/03/2013
 Completed date: 06/03/2013 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Collateral Contact,Initial ACV Face To Face,Medical Exam,Notation,Parent/Caretaker
 Interview,Sibling Interview/Observation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/03/2013 01:19 PM Entered By: [REDACTED]

Case Manager was contacted at 04:30 am regarding a priority one investigation.

Case Manager contacted Investigator [REDACTED] with [REDACTED] Police Department, who informed the Case Manager that she was at the hospital with the deceased children and one child has been taken to [REDACTED] hospital. Investigator [REDACTED] stated that the fire appears to be accidental and that there is no suspicion of arson. Inv. [REDACTED] stated that there are no marks or bruises on the children and that there currently is no evidence of any abuse or neglect. Case Manager stated that she would come to the hospital to view the children.

Case Manager contacted TL [REDACTED] to inform her of the children's deaths. TL [REDACTED] stated that she would contact TC [REDACTED] to notify her of the children's deaths. Case Manager also notified DCS attorney [REDACTED] of the children's deaths.

Case Manager went to [REDACTED] Medical Center on this date. Case Manager observed [REDACTED] and [REDACTED] during this visit. [REDACTED] appears to be physically larger than [REDACTED] and [REDACTED] appeared to be of average height and weight for their ages. The names of the children were written on the beds in order to be able to identify them. There were no major injuries to either child's body, due to the fire. [REDACTED] had a burn on her right thigh that was approximately the size of a quarter. [REDACTED] also had a burn to her right cheek area that was approximately the size of a golf ball. [REDACTED] also had areas within the bend of her elbows, knees and inner thighs that appeared to be consistent with eczema. [REDACTED] also had a small abrasion on her left knee, which would be consistent with a childhood injury. [REDACTED] had a burn in the bend of her left arm that was approximately the size of a half dollar. [REDACTED] also had petechia on both cheeks and around the left eye. Both girls had been intubated by medical staff in attempts to resuscitate them. The inside of both girls noses was black in color and there was also blackness in their mouths. Pictures of both children were taken by Case Manager and have been placed in the file. The children were then released to the funeral home.

Case Manager then spoke with ER physician [REDACTED] on 04/17/2013 at approximately 05:15am. Dr. [REDACTED] stated that he did not note any trauma or injuries to the children that would make him suspect child abuse



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

or neglect. Dr. [REDACTED] stated that the children are deceased due to smoke inhalation. Dr. [REDACTED] stated that any injuries that the children currently have were caused by the fire in the home. Dr. [REDACTED] stated that he did not have his report ready at this time and would probably not have it completed until the end of his shift.

Investigator [REDACTED] stated that she did contact Dr. [REDACTED] (Medical Examiner) and that she would not make the scene due to the cause of death being known and autopsies would not be requested.

Case Manager and Investigator [REDACTED] went to the family home on this date. The home is a two story home with a bonus room and attic space located in an upstairs area. Three bedrooms, bath, kitchen and living area are located on the lower floor. Case Manager did not enter the home, but did take pictures of the home. The back right side of the home is the room that the children were located in, when the fire began and this is also the room that the children were located in by fireman. There is a bathroom located between the bedroom and the kitchen area, all located along the back of the home. The kitchen is on the back right side of the home. There is severe damage to the kitchen area of the home. The siding on the home is melted in several different locations. There is also damage to the second level of the home. Pictures have been placed in the file.

Case Manager was informed that the third child and the father were both in [REDACTED]. Case Manager was informed that [REDACTED] was in stable condition at [REDACTED] Hospital. Case Manager contacted TL [REDACTED] to inform her of the third child and his current condition. It was determined that the Case Manager would go to [REDACTED] on this date in order to observe the child and interview him if possible.

Case Manager and Investigator [REDACTED] went to [REDACTED] hospital on this date. Case Manager spoke with social worker [REDACTED] and Nurse [REDACTED] during this visit. [REDACTED] stated that they have been informed that the mother would not be coming at this time to the hospital, due to transportation reasons. [REDACTED] stated that they have informed the family that they will assist them once they arrive to [REDACTED] but they cannot assist them until they do arrive. [REDACTED] stated that she has not been to check on [REDACTED] due to just arriving to work. [REDACTED] stated that she did speak with the overnight social worker and she informed her of everything about the mother and the death of the siblings. [REDACTED] stated that she would arrange for Case Manager and Investigator [REDACTED] to see [REDACTED]. [REDACTED] stated that [REDACTED] is currently in the Pediatric Intensive Care Unit (PICU) and the unit that he is in is the highest level of care that they offer at [REDACTED]. [REDACTED] stated that [REDACTED] is not physically burned from her understanding, because they do not hold major burn victims at their hospital and that he is being treated for smoke inhalation.

Case Manager and Investigator [REDACTED] spoke with Nurse [REDACTED]. [REDACTED] stated that [REDACTED] has been taken into operation to intubate him. [REDACTED] stated that when [REDACTED] became conscious, he pulled his intubation tubing out. [REDACTED] stated that while the tube was out he was able to tell her his name and his age. [REDACTED] stated that he spoke to her some, but he was sedated fairly quickly and taken into the operating room in order to intubate him again. [REDACTED] stated that they will keep in sedated until his lungs heal. [REDACTED] stated that it was unknown how long that would be. [REDACTED] stated that they have also provided him with an amnesia medication so he will not remember his stay in the hospital, until he is awake and is able to breathe on his own.

Case Manager is not able to interview [REDACTED] due to him being sedated and intubated. [REDACTED] was observed and he has a burn to the right upper ear lobe, which is approximately the size of an eraser. There was also a burn located on [REDACTED] right flank area that is approximately the size of a half dollar. [REDACTED] is intubated due to smoke inhalation and damage to his lungs and will remain sedated until his lungs have healed enough for the ventilator to be removed. A feeding tube was being inserted as the Case Manager left the room. Pictures were taken [REDACTED] these have been placed in the file.

[REDACTED] was interviewed at [REDACTED] Center [REDACTED] on 04/17/2013 at approximately 09:00am. [REDACTED] stated that he went had cooked bologna around 00:00 am or 00:30am. [REDACTED] stated that he ate then lay down. [REDACTED] stated that he knows that one of the girls was asleep, but did not think that [REDACTED] or one of the twins were asleep. [REDACTED] stated that he woke to the sound of the children screaming. [REDACTED] stated that the smoke was thick and he could not see. [REDACTED] stated that he thought he met a child in the hallway (he could not state that it was [REDACTED] but believed that it was because he was outside with him. [REDACTED] stated that he tried to get to the girls, but he could not because he could not see because of the smoke. [REDACTED] stated that he tried to put the fire out, so he could get to the girls. [REDACTED] stated that he attempted to get the girls out of the bedroom,



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

through the bedroom window. [REDACTED] stated that he could not see the girls because of the smoke. [REDACTED] stated that he does not remember anything else after the firemen arrived. [REDACTED] was crying and hitting the chair throughout the interview. [REDACTED] also hit himself in the head several times, repeating why didn't he get the kids out over and over again. [REDACTED] would then state he thought if he got the fire out everyone would be fine. [REDACTED] had been informed of the girls deaths approximately 10 minutes before the Case Manager and Investigator [REDACTED] arrived to the hospital.

According to 911 dispatch :At approximately 01:00 hrs 911 was contacted with a report of smoke seen in the area if [REDACTED] and [REDACTED] area and the caller reported that he could hear someone yelling call 911. The fire department arrived to the home within 2 minutes of the 911 call to find [REDACTED] and [REDACTED] outside the home. [REDACTED] was attempting to put out the fire with a garden hose. Firefighters entered the home at approximately 01:04am to search for the children in the home. At approximately 01:09am firefighters had located the children and exited the home with the children, then began CPR. All three children and the father were transported to [REDACTED] Medical Center. [REDACTED] and [REDACTED] were flown to [REDACTED] hospital and [REDACTED] Center (respectfully) both located in [REDACTED] TN. At approximately 01:56am [REDACTED] and [REDACTED] were pronounced dead at [REDACTED] Medical Center.

Fire Chief [REDACTED] reported to Investigator [REDACTED] that when they arrived to the home, the father was attempting to enter the bedroom window, where the children were located. Fire Chief [REDACTED] also reported that the father was attempting to put out the fire with a garden hose. Chief [REDACTED] also confirmed that firemen removed all three children from the back bedroom in the home. Chief [REDACTED] reported that they were not contacting an arson investigator and it is believed that the point of origin is in the same area as the stove, but a cause of the fire is not known.

[REDACTED] was not in the home at the time of the fire and this has been confirmed through police reports, interview with the mother, father and the maternal grandmother. [REDACTED] was with her maternal grandmother, [REDACTED] [REDACTED] the night of the house fire.

[REDACTED] was interviewed at approximately 16:40pm on 04/17/2013 by phone. [REDACTED] was at [REDACTED] with [REDACTED] [REDACTED] stated that she was at the home of a family member when she received a phone call stating that her house was on fire. [REDACTED] stated that originally she was not concerned because [REDACTED] had said something earlier about taking the children to a friend's home. [REDACTED] stated that when she arrived to the home she saw the SUV in the driveway she knew that they were in the home. [REDACTED] stated that [REDACTED] came out of the home yelling about the house being on fire and he yelled it over and over again. [REDACTED] stated that he attempted to get the children and she attempted to go into the home, but neighbors stopped her from entering the home. [REDACTED] stated that neighbors were the ones to knock out the windows in attempts to get to the girls. [REDACTED] stated that all three of the children were pulled out of the home by firemen. [REDACTED] stated that [REDACTED] did pass out due to the smoke and him attempting to get the children out of the home. [REDACTED] stated that she has not been able to talk with [REDACTED] since the fire. [REDACTED] stated that she has attempted to call him several times, but he has been taken to the VA hospital in order to address his current mental state. [REDACTED] stated that her understanding is that [REDACTED] is blaming himself. [REDACTED] stated that she does not believe that he would ever hurt the children and believes that it is an accident.

Case Manager [REDACTED] went to the home of the maternal grandmother on this date, attempting to make contact with [REDACTED] CM [REDACTED] spoke with [REDACTED] who informed her that [REDACTED] was with her paternal family right now and provided her with a contact number. CM [REDACTED] attempted to make contact with the paternal family and was not able to do so.

Case Manager contacted [REDACTED] later on this date and it was agreed that the Case Manager could come to her home the next day in order to see and speak with [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]
 Case Status: Close

Case Name: [REDACTED]
 Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/17/2013 Contact Method:
 Contact Time: 03:26 AM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/17/2013
 Completed date: 04/17/2013 Completed By: [REDACTED]
 Purpose(s): Service Planning
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

Participant(s)

Narrative Details

Narrative Type: Original Entry Date/Time: 04/17/2013 03:55 PM Entered By: [REDACTED]

Case was assigned on this date with a priority one response time. Case was assigned as an investigation with the allegations of neglect death for two children and the allegation of physical abuse for a third child.

Report states:

Reporter states [REDACTED] and [REDACTED] (4 year old twins) [REDACTED] and an 8 year old sibling live with [REDACTED] their mother and [REDACTED], their father.

The [REDACTED] Police Department became involved with the family in response to a residential house fire call. There was a house fire at the familys home on April 17, 2013, around 1:00 am.

Officers were sent to the home in response to the fire. The cause of the fire is unknown at this time; however the fire department is still investigating the cause of the fire. There is no suspicion of foul play at this time.

The mother, [REDACTED], [REDACTED], [REDACTED] and the father were all at home at the time of the fire. The oldest child was with her grandmother at the time of the fire.

[REDACTED] and [REDACTED] were removed from the home. The nature of their injuries at the time they were removed from the home is unknown. Resuscitation attempts were made on the way to [REDACTED] Medical Center as well as at the hospital. [REDACTED] and [REDACTED] were pronounced deceased at the hospital.

[REDACTED] and his father received injuries from the fire. It is unknown if the injuries were burns or as a result of smoke inhalation. [REDACTED] and his father were taken to another hospital (Name unknown) from [REDACTED] Medical Center. It is unknown if the mother received any injuries in the fire. The mother did not have to be transported to the hospital by EMS.

The mothers whereabouts are unknown at this time.

Search for history was completed on this date. There have been four prior cases with the family.
 April 2009- Allegation of drug exposed infant- classification of AUPU
 March 2012-Allegation of psychological harm-classification of no services needed



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Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

August 2012- Allegation of psychological harm-classification of no services needed
December 2012-Allegation of physical abuse-classification of AUPU



Notice of Child Fatality/Near Fatality

Investigation #:	██████████	Date of Notification:	04/17/20 13	Date of Death/ Incident:	04/17/2013
Type: (Please check one)	<input checked="" type="checkbox"/> FAT ALITY	<input type="checkbox"/> NEAR FATALITY			
Child' Name:	██████████ ██████████	DOB:	██████████ ██████████	TFACTS #	██████████ ██████████
Gender: Male:	<input type="checkbox"/>	Female:	<input checked="" type="checkbox"/>	Race/Ethnicity:	Black or A
County/Region:	██████████				
Parent's Name(s):	Mother: ██████████	Father:	██████████		
Was child in custody at time of incident?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Adjudication:	n/a	
If child is in DCS custody, list placement type and name:	n/a				

Describe (in detail) cause or circumstance regarding the death/injury: At approximately 01:00 hrs 911 was contacted with a report of smoke seen in the area of ██████████ and ██████████ area and the caller reported that he could hear someone yelling call 911. The fire department arrived to the home within 2 minutes of the 911 call to find ██████████ and ██████████ outside the home. ██████████ was attempting to put out the fire with a garden hose. Firefighters entered the home at approximately 01:04am to search for the children in the home. At approximately 01:09am firefighters had located the children and exited the home with the children, then began CPR. All three children and the father were transported to ██████████ Medical Center. ██████████ and ██████████ were flown to ██████████ hospital and ██████████ Medical Center (respectfully) both located in ██████████ TN. At approximately 01:56am ██████████ and ██████████ were pronounced dead at ██████████ Medical Center.

Fire Chief ██████████ reported to Investigator ██████████ that when they arrived to the home, the father was attempting to enter the bedroom window, where the children were located. Fire Chief ██████████ also reported that the father was attempting to put out the fire with a garden hose. Chief ██████████ also confirmed that firemen removed all three children from the back bedroom in the home. Chief ██████████ reported that they were not contacting an arson investigator and it is believed that the point of origin is in the same area as the stove, but a cause of the fire is not known.

An interview was conducted with ER physician ██████████ on 04/17/2013 at approximately 05:15am. ██████████ stated that he did not note any trauma or injuries to the children that would make him suspect child abuse or neglect. ██████████ stated that the children are deceased due to smoke inhalation. ██████████ stated that any injuries that the children currently have were caused by the fire in the home.

Describe (in detail) interview with family: Case Manager is not able to interview ██████████ due to him being sedated and intubated at this time. ██████████ was observed and he has a burn to the right upper ear lobe, that is approximately the size of an eraser. There was also a burn located on ██████████ right flank area that is approximately the size of a half dollar.

██████████ and ██████████ were both observed and there were no major injuries to the children's bodies. ██████████ had a burn on her right thigh that was approximately the size of a quarter. ██████████ also had a burn to her right cheek area that was approximately the size of a golf ball. ██████████ had a burn in the bend of her left arm that was approximately the size of a half dollar. Both girls had been intubated by medical staff in attempts to resuscitate them.

██████████ is with her paternal family at this time. ██████████ was not in the home at the time of the fire and this has been confirmed through police reports, interview with the mother, father and the maternal grandmother.

██████████ was with her maternal grandmother, ██████████ (██████████) the night of the house fire.

██████████ was interviewed at ██████████ Medical Center (██████████) on 04/17/2013 at approximately 09:00am.

█████ stated that he had cooked bologna around 00:00 am or 00:30am. █████ stated that he ate it and it was down. █████ stated that he knows that one of the girls was asleep, but did not think that █████ or one of the twins were asleep. █████ stated that he woke to the sound of the children screaming. █████ stated that the smoke was thick and he could not see. █████ stated that he thought he met a child in the hallway (he could not state that it was █████) but believed that it was because he was outside with him. █████ stated that he tried to get to the girls, but he could not because he could not see because of the smoke. █████ stated that he tried to put the fire out, so he could get to the girls. █████ stated that he attempted to get the girls out of the bedroom, through the bedroom window. █████ stated that he could not see the girls because of the smoke. █████ stated that he does not remember anything else after the firemen arrived..

█████ was interviewed at approximately 16:40pm on 04/17/2013. █████ stated that she was at the home of a family member when she received a phone call stating that her house was on fire. █████ stated that originally she was not concerned because █████ had said something earlier about taking the children to a friend's home. █████ stated that when she arrived to the home she saw the SUV in the driveway she knew that they were in the home. █████ stated that █████ came out of the home yelling about the house being on fire and he yelled it over and over again. █████ stated that he attempted to get the children and she attempted to go into the home, but neighbors stopped her from entering the home. █████ stated that neighbors were the ones to knock out the windows in attempts to get to the girls. █████ stated that all three of the children were pulled out of the home by firemen. █████ stated that █████ did pass out due to the smoke and him attempting to get the children out of the home. █████ stated that she has not been able to talk with █████ since the fire. █████ stated that she has attempted to call him several times, but he has been taken to the █████ hospital in order to address his current mental state. █████ stated that her understanding is that █████ is blaming himself. █████ stated that she does not believe that he would ever hurt the children and believes that it is an accident.

If child was hospitalized, describe (in detail) DCS involvement during hospitalization: N/A

Describe disposition of body (Fatality):	Released to funeral home		
Name of Medical Examiner or Coroner:	█████ (did not respond to scene or hospital due to circumstances of the children's deaths.)	Was autopsy requested?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Did CPS open an investigation on this Fatality/Near Fatality?	Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/>
Was there an open investigation at the time of Fatality/Near Fatality?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If so, describe (in detail) law enforcement or court involvement: N/A

Alleged perpetrator and relationship to child: Unknown Perpetrator

Describe (in detail) action taken to ensure safety of other children (list names and ages of children) and or victim (Near Fatality) (attach safety plan, if applicable):

█████ (child currently a █████ Hospital, Hospital will contact CPS Case Manager █████ if there is a change in status)	
█████ (child is reportedly with family members)	

Prior DCS involvement, include dates, findings, and/or adjudications:

April 2009-Allegation Drug exposed infant-Classification of AUPU	August 2012-Allegation Psychological Harm-Classification of No Services Needed
------------------------------------------------------------------	--------------------------------------------------------------------------------

March 2012-Allegation Psychological Harm- Classification of No Services Needed	December 2012-Allegation Physical Abuse-Classification AUPU
Has there been any media inquiry or is attention expected?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Contact Person/Phone Number(s) (include CM, TL, and TC):	CM- [REDACTED] TL- [REDACTED] TC- [REDACTED]
ATTACH a copy of the <u>TFACTS Incident Report</u> or Form <u>CS-0496, Serious Incident Report</u> to this notice if TFACTS is inoperable:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

FAX TO OFFICE OF CHILD SAFETY @ [REDACTED]



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker: [REDACTED]

Date of Referral: 4/17/13 3:26 AM

Date of Assessment: 4/17/13 12:00 AM

Assessment Type: Initial Closing Other

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 or absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

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



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SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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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: _____