



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

Case # 2013.109ph

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	10/26/2013	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	10/26/2013		
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████	
Gender:	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race/Ethnicity:	White (Non Hispanic)	County/Region:	██████████
Parents' Names:	Mother: ██████████	Father: ██████████				
Alleged Perpetrator's Name:	Unknown Participant		Relationship to Victim:	Unknown		
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	n/a		
If child is in DCS custody, list placement type and name:	n/a					
Describe (in detail) circumstances surrounding death/near death:						
<p>██████████ was spending the night with the father, ██████████ and paternal grandfather, ██████████ on the night of 10/25/2013. The paternal grandfather, ██████████ home caught on fire. The paternal grandfather was pronounced dead at the scene. ██████████ was taken to the hospital and later pronounced dead. It was reported to CM ██████████ by Det. ██████████ that ██████████ was found under a bed by a fireman. The fireman reported to Det. ██████████ that ██████████ arm was seen sticking out from under the bed. The cause of the fire is still under investigation. The circumstances surrounding the incident are still being investigated. It was reported to CM ██████████ by Det. ██████████ that ██████████ reported to LE that he was woke up by ██████████ asked ██████████ what the smell was in the home. ██████████ walked toward the kitchen and saw smoke. ██████████ reported to LE that he got ██████████ and was going to toss him out a window, but felt like the window was too high up. ██████████ reported that he jumped out of the window and asked ██████████ to toss ██████████ out of the window to ██████████ reported that he saw ██████████ pick ██████████ up, but it looked as if they fell backwards. ██████████ reported to LE that he ran to the front door and tried to kick the door down in an effort to re-enter the home. It was reported that neighbors did observe ██████████ trying to get in the front door. The hospital would not release any information to CM ██████████ without a release of information, and the family had already left the hospital when CM ██████████ arrived. CM ██████████ made efforts to contact the mother, ██████████ by phone. CM ██████████ was unable to reach ██████████ CM ██████████ did not have an address for the mother.</p>						
If this is a near death certified by a physician, identify physician by name and provide contact information:						
Name of Physician:	██████████	Telephone #	() -			
Street Address:	██████████	City/State/Zip:	██████████			
Describe (in detail) interview with family:						
If child was hospitalized, describe (in detail) DCS involvement during hospitalization:						
It was reported to CM ██████████ that ██████████ was taken to ██████████ Hospital, and that ██████████ was pronounced dead at the hospital, but CM ██████████ could not get any other information from the hospital.						
Describe disposition of body (Death):	unknown					
Name of Medical Examiner/Coroner:	unknown	Was autopsy requested?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Did CPS open an investigation on this Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Was there DCS involvement at the time of Death/Near Death?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes				
Type:	Assessment with allegations of environmental neglect and lack of supervision. The alleged perpetrator is ██████████	Case #:	██████████			
Describe law enforcement or court involvement, if applicable:						

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Case File

CS-0635, Rev. 08/13

RD A 2993

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N/A

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

[REDACTED] was observed at the DCS office on 10/24/2013 regarding the referral DCS received on 10/22/2013. CM [REDACTED] attempted a home visit on [REDACTED] at the [REDACTED] address on 10/23/2013. This is the same address of the house fire. CM [REDACTED] spoke to both parents by phone. Both parents were aware of the new DCS referral. The father, [REDACTED] denied the allegations stating that [REDACTED] caught the love seat on fire. [REDACTED] stated that the home was not cluttered, but [REDACTED] furniture was old. [REDACTED] stated that [REDACTED] primarily lived with [REDACTED] but [REDACTED] did visit the father and paternal grandfather. [REDACTED] didn't give CM [REDACTED] a lot of information as she was preparing to go into work. [REDACTED] reported to CM [REDACTED] that she lives in [REDACTED] but did not give CM [REDACTED] the address. CM [REDACTED] already had an appointment to meet with [REDACTED] on Monday 10/28/2013 and do a walk through of the home.

Name:	Age:

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
10/22/2013	[REDACTED]	Environmental Neglect and Lack of Supervision	[REDACTED]	[REDACTED]	not classified at this time
04/26/2013	[REDACTED]	Lack of Supervision and Physical Abuse	[REDACTED]	[REDACTED]	AUPU
03/22/2013	[REDACTED]	Lack of Supervision	[REDACTED]	[REDACTED] and [REDACTED]	No Services Needed
/ /					
/ /					
/ /					
/ /					

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

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

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

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

Email to: [Child-Fatality-Notification EI-DCS](#)
 within forty-eight (48) hours of notification
 Include subject line (in RED): **CHILD DEATH [secure email] or CHILD NEAR DEATH [secure email]**



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

Intake

Intake ID: [REDACTED]
Intake Taken By: [REDACTED] Intake Date/Time: 10/26/2013 01:27 AM CT
Track Assigned: Investigation Priority Assigned: 1
Screened By: [REDACTED]
Date Screened: 10/26/2013

Investigation

Investigation ID: [REDACTED]
First County/Region: [REDACTED]
Date/Time Assigned : 10/27/2013 03:52 PM
First Team Leader Assigned: [REDACTED] Date/Time 10/25/2013 12:00 AM
First Case Manager [REDACTED] Date/Time 10/25/2013 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	5 Yrs (Est)	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	None

Referent(s)

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

Referent Address:

Referent Phone Number: [REDACTED]

Type of Contact: I-3 Phone

Notification: None

Narrative: TFACTS: Yes under Case IDs [REDACTED] & [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: Yes/[REDACTED] ENN & LOS/ CM [REDACTED] 10-22-2013

Indicated: No

Fatality: No

Screened out: Yes (2)

History (not listed above):



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

LOS/ [redacted] & [redacted] NSN/04-24-2013
PHA & LOS/ [redacted] & Unknown/ AUPU/ 06-14-2013
Minor PHA/ Unknown/ AUPU/ ND Listed

DUPLICATE REFERRAL: No

County: [redacted]
Notification: None
School / Daycare: Unknown
Native American Descent: None
Directions: None Given

Reporters name/relationship: [redacted]

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

Reporter states: [redacted] (approximately age 5) resides with his father [redacted] (approximately age 25) and grandfather [redacted] (approximately age 70) in [redacted]

The reporter states there is currently an open DCS case with the family in [redacted]. The current case workers name is unknown by the referent at this time.

There have been several referrals made on the family due to [redacted] (child) not being supervised by the grandfather [redacted] and the grandfather [redacted] being an alcoholic.

Last night (10/25/2013) the familys home caught on fire. It is unknown how the fire started at this time. The referent states the home is still burning at this time. The grandfather [redacted] was pronounced dead on the scene. The child was transported to the hospital, but it is unknown which hospital at this time. From the reporters understanding [redacted] was in the home at the time of the fire and has gone to the hospital with the child. According the referent, law enforcement has stated the child has been pronounced deceased as well.

The reporter contacted the CPS supervisor [redacted] for [redacted] and notified her of this information.

No special needs or disabilities are known.

The reporter states this is all of the details they have at this time.

Per SDM: Investigative Track / P1- / [redacted] CM3 //10/26/2013 @ 2:22am.

Recipients	Time Issued	Response Received	Devices	Responses
[redacted]	10-26-13 02:26:35 AM CDT	---	[redacted]	Call Completed-Message Played
[redacted]	10-26-13 02:26:35 AM CDT	10-26-13 02:27:17 AM CDT	[redacted]	Received
[redacted]	10-26-13 02:26:35 AM CDT	---	[redacted]	

Email Sent

CHILD FATALITY GROUP NOTIFIED BY EMAIL: [redacted]



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



**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:** [REDACTED] **Age:** 26 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** [REDACTED] **Age:** 70 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 5 Yrs (Est)

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender: [REDACTED] Date of Birth: [REDACTED] Participant ID: [REDACTED]

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

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



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

A. Investigation

Case Name: [Redacted]
Referral Date: 10/26/2013
Street Address: [Redacted]
City/State/Zip: [Redacted]

Investigation ID: [Redacted]
Assignment Date: 10/25/2013

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. Row 1: 1, [Redacted], [Redacted], [Redacted], Neglect Death, Unknown Participant, Unknown, [Redacted], [Redacted], Allegation Unsubstantiated / Perpetrator Unsubstantiated, Yes, [Redacted], 01/21/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: [Redacted] age 4 years old, died on 10/26/2013 in a house fire. DCS received a referral stating that [Redacted] and his grandfather, [Redacted] died in a house fire. The allegations were neglect death. The case was presented to CPIT after it was determined by LE and the fire marshal that [Redacted] died from smoke inhalation. The case is being closed unsubstantiated.

D. Case Workers

Case Worker: [Redacted] Date: 01/21/2014
Team Leader: [Redacted] Date: 01/22/2014

E. Investigation Summary

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

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

The child is deceased.

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

According to assistant DA, [Redacted] an autopsy was performed and there were no suspicious findings. [Redacted] died from smoke inhalation.

Det. [Redacted] investigated this case. Det. [Redacted] reported to this CM that the father, [Redacted] was also in the home the night of the fire. [Redacted] escaped the fire uninjured. Det. [Redacted] stated that [Redacted] has maintained a consistent story in regard to the night of the fire. [Redacted] was given a polygraph test and passed. Det. [Redacted] stated that [Redacted] was found underneath his bed by a fireman.



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]

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

The AP is unknown in the case.

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

[REDACTED] (approximately age 5) resides with his father [REDACTED] (approximately age 25) and grandfather [REDACTED] (approximately age 70) in [REDACTED]

The reporter states there is currently an open DCS case with the family in [REDACTED]. The current case workers name is unknown by the referent at this time.

There have been several referrals made on the family due to [REDACTED] (child) not being supervised by the grandfather [REDACTED] and the grandfather [REDACTED] being an alcoholic.

Last night (10/25/2013) the family's home caught on fire. It is unknown how the fire started at this time. The referent states the home is still burning at this time. The grandfather [REDACTED] was pronounced dead on the scene. The child was transported to the hospital, but it is unknown which hospital at this time. From the reporter's understanding [REDACTED] was in the home at the time of the fire and has gone to the hospital with the child. According to the referent, law enforcement has stated the child has been pronounced deceased as well.

The reporter contacted the CPS supervisor [REDACTED] for [REDACTED] and notified her of this information.

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

[REDACTED] reported to LE that he was sleeping when he was woken up by his father, [REDACTED] asked [REDACTED] about the smell. [REDACTED] started through the home toward the kitchen when he saw the smoke. [REDACTED] reported that he went in the bedroom and took [REDACTED] to the window. [REDACTED] stated that he was going to toss [REDACTED] out the window, but felt that the drop was too high. [REDACTED] jumped out of the window and told [REDACTED] to drop [REDACTED] out of the window. [REDACTED] stated that he saw [REDACTED] pick [REDACTED] up, but then saw [REDACTED] fall backward. [REDACTED] reported that he ran to the front of the home and tried to get through the front door, but was unsuccessful. [REDACTED] was pronounced dead at the home. [REDACTED] was taken to the ER at [REDACTED] HS and pronounced dead on arrival. The mother, [REDACTED] was not at the home. [REDACTED] was spending the night with [REDACTED] and [REDACTED].

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 District Attorney in Severe Child Abuse Cases
 Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	01/21/2014	Contact Method:	
Contact Time:	10:58 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	01/21/2014
Completed date:	01/21/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 01/21/2014 10:02 AM Entered By: [REDACTED]

CLOSING CASE SUMMARY

[REDACTED] age 4 years old, died on 10/26/2013 in a house fire. DCS received a referral stating that [REDACTED] and his grandfather, [REDACTED] died in a house fire. The allegations were neglect death. The case was presented to CPIT after it was determined by LE and the fire marshal that [REDACTED] died from smoke inhalation. LE is not filing any criminal charges in connection with this fire. The case is being closed unsubstantiated.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2014

Contact Method: Face To Face

Contact Time: 01:00 PM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/15/2014

Completed date: 01/15/2014

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/15/2014 01:10 PM Entered By: [REDACTED]

CPIT

This case was presented to CPIT on this day. The allegations and AP were unsubstantiated based on the information provided to this CM by DA [REDACTED]. It was reported that the evidence has been submitted to the DA for review, and there is nothing in the evidence that warrants criminal charges. The fire started in or around the kitchen. The fire spread across the ceiling of the home. No one has been named as a suspect in this case.



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 01/14/2014

Contact Method: Phone Call

Contact Time: 11:30 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 01/15/2014

Completed date: 01/15/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 01/15/2014 01:27 PM Entered By: [REDACTED]

COLLATERAL CONTACT

CM [REDACTED] contacted Det. [REDACTED] to get an update on this case. Det. [REDACTED] stated that the investigation is complete and all the information has been presented to the DA. Det. [REDACTED] stated that there are no findings that will result in criminal charges. Det. [REDACTED] stated that the family will be made aware of the findings. Det. [REDACTED] stated that the guy, [REDACTED] that was staying in the home at the time of the fire reported to officials that [REDACTED] had been observed putting items in the oven and turning the oven on. Det. [REDACTED] reported that [REDACTED] was not properly supervised when he was at the grandfather's home. Det. [REDACTED] also stated that he had heard from several family members that [REDACTED] had set the loveseat on fire a few days before the fire.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 12/06/2013

Contact Method: Phone Call

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/07/2013

Completed date: 12/07/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/07/2013 07:51 AM Entered By: [REDACTED]

Phone Call

CM [REDACTED] contacted Det. [REDACTED] by phone on 12/06/2013. Det. [REDACTED] stated that the investigation has not been completed. Det. [REDACTED] stated that he is still waiting on the arson report from the fire marshall. Det. [REDACTED] stated that [REDACTED] has been interviewed and continues to make the same statement regarding the night of the fire. Det. [REDACTED] stated that [REDACTED] did take a polygraph test and passed. Det. [REDACTED] stated that he would notify this CM once more information can be released.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	12/06/2013	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	12/11/2013
Completed date:	12/11/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 12/11/2013 03:50 PM Entered By: [REDACTED]
CPIT

CM [REDACTED] was unable to present this case on this day due to the investigation not being completed by LE and Fire Marshall. CM [REDACTED] updated CPIT concerning the phone conversation this CM had with Det. [REDACTED] earlier this morning.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 11/01/2013

Contact Method: Face To Face

Contact Time: 09:00 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/11/2013

Completed date: 12/11/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/11/2013 03:47 PM Entered By: [REDACTED]

CPIT

CM [REDACTED] could not present the case to CPIT on this day as LE and the fire marshal are stating that this case is still under investigation. CM [REDACTED] has been informed by Det. [REDACTED] that the fire is being investigated as a suspicious fire. Det. [REDACTED] cannot release any further information to this CM at this time. Det. [REDACTED] stated that the father, [REDACTED] has been interviewed and continues to describe the same series of events that took place that night. Det. [REDACTED] is wanting information regarding another person alleged to be living in the home at the time of the fire. CM [REDACTED] was at the home recently and gave that information to Det. [REDACTED]. The case will be presented again in December.



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:	10/26/2013	Contact Method:	Correspondence
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	10/28/2013
Completed date:	10/28/2013	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2013 08:57 AM Entered By: [REDACTED]
CPIT

CM [REDACTED] convened CPIT on this date. The referral was faxed to LE, DA, CAC, and HCJC. The case will be presented to CPIT on 11/01/2013.



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: 10/26/2013

Contact Method: Face To Face

Contact Time: 02:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 10/28/2013

Completed date: 10/28/2013

Completed By: [REDACTED]

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

Contact Type(s): Initial ACV Face To Face, Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/28/2013 08:45 AM Entered By: [REDACTED]

IACV

CM [REDACTED] arrived at [REDACTED] HS on 10/26/2013 @ 5:23AM to met response on the neglect death referral received on call. CM [REDACTED] and CM [REDACTED] attempted to get information from the nurses at [REDACTED] HS. The nurses reported that they could not tell DCS anything about the case due to HIPPA unless DCS has a release of information. CM [REDACTED] and CM [REDACTED] did not have a release of information as the parents had not been met with at this point. The hospital reported that the family had already left the hospital. CM [REDACTED] attempted to contact the mother by phone, but the mother's phone number went directly to voicemail. CM [REDACTED] and CM [REDACTED] drove by the maternal great grandmother's home to see if the mother was there, but the home was dark and no vehicles were observed in the driveway. CM [REDACTED] and CM [REDACTED] staffed with TL [REDACTED] We were told to complete the child fatality report and email to the child fatality response team.

[REDACTED] died in a house fire on 10/26/2013. [REDACTED] was spending the night with his father, [REDACTED] lived in the home with his father, [REDACTED] It was reported to CM [REDACTED] by Det. [REDACTED] that [REDACTED] told LE that he was woke up by [REDACTED] asked about the smell in the home. [REDACTED] walked toward the kitchen and saw the smoke. [REDACTED] reported that he got [REDACTED] and was going to throw him out a window, but felt like the window was too high up. [REDACTED] jumped out of the window and asked [REDACTED] to toss [REDACTED] out the window to him. [REDACTED] picked [REDACTED] up. [REDACTED] reported that it appeared that [REDACTED] fell backwards with [REDACTED] ran to the front of the home and attempted to kick the door open. A neighbor reported to LE that [REDACTED] was observed trying to get back into the home. The Det. reported to CM [REDACTED] that CM [REDACTED] was found under a bed by a fireman. It was reported that the fireman saw [REDACTED] arm sticking out from under the bed. [REDACTED] was taken to the ER where he was pronounced dead. [REDACTED] was pronounced dead at the home. News reports have stated that the fire is being investigated as a "suspicious". [REDACTED] escaped the fire without injury.



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: 10/26/2013

Contact Method:

Contact Time: 01:27 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/11/2013

Completed date: 12/11/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 12/11/2013 03:41 PM Entered By: [REDACTED]

INITIAL CASE SUMMARY

On 10/26/2013 at 1:27AM CST, a P1 referral was called into Central Intake. The referral was screened into [REDACTED] with allegations of NEGLECT DEATH against UNKNOWN PARTICIPANT (APs). The alleged victims are [REDACTED] age 5 years old. The referral was assigned to Case Manager (CM) [REDACTED]. Response is due on 10/27/2013 at 2:27AM EST. It is unknown at this time if the children are of Native American descent. A follow up phone call will be made within 15 working days of referral per policy to the referent.

[REDACTED] DCS has an agreement with the [REDACTED] Juvenile Court in which DCS will send notification of referrals to [REDACTED] Juvenile Court on a weekly basis only, not as each referral comes in. Team Leaders will fax report of weekly CPS referrals to [REDACTED] Juvenile Court each Friday (except on severe abuse, which will be done as each of these referrals comes in). Copy of signed agreement placed in hard file.

A TFacts search was completed on this date and there is history. It needs to be reviewed and documented by the case manager.

CM will need to be mindful of all policy dates.

The 15 day date is 11/09/2013

The 30 day date is 11/24/2013

The 45 day date is 12/09/2013

The 60 day date is 12/24/2013

HISTORY

History (not listed above):

[REDACTED] LOS/ [REDACTED] & [REDACTED] NSN/04-24-2013

[REDACTED] PHA & LOS/ [REDACTED] & Unknown/ AUPU/ 06-14-2013

[REDACTED] Minor PHA/ Unknown/ AUPU/ ND Listed



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

REFERRAL

TFACTS: Yes under Case IDs [REDACTED] & [REDACTED]

Open Court Custody/FSS/FCIP: No

Closed Court Custody: No

Open CPS: Yes/ [REDACTED] ENN & LOS/ CM [REDACTED] 10-22-2013

Indicated: No

Fatality: No

Screened out: Yes (2)

History (not listed above):

[REDACTED] LOS/ [REDACTED] & [REDACTED] NSN/04-24-2013

[REDACTED] PHA & LOS/ [REDACTED] & Unknown/ AUPU/ 06-14-2013

[REDACTED] Minor PHA/ Unknown/ AUPU/ ND Listed

DUPLICATE REFERRAL: No

County: [REDACTED]

Notification: None

School / Daycare: Unknown

Native American Descent: None

Directions: None Given

Reporters name/relationship: [REDACTED]

NOTE: Address and any applicable phone numbers are listed under the oldest child victim.

Reporter states: [REDACTED] (approximately age 5) resides with his father [REDACTED] (approximately age 25) and grandfather [REDACTED] (approximately age 70) in [REDACTED]

The reporter states there is currently an open DCS case with the family in [REDACTED]. The current case workers name is unknown by the referent at this time.

There have been several referrals made on the family due to [REDACTED] (child) not being supervised by the grandfather [REDACTED] and the grandfather [REDACTED] being an alcoholic.

Last night (10/25/2013) the familys home caught on fire. It is unknown how the fire started at this time. The referent states the home is still burning at this time. The grandfather [REDACTED] was pronounced dead on the scene. The child was transported to the hospital, but it is unknown which hospital at this time. From the reporters understanding [REDACTED] was in the home at the time of the fire and has gone to the hospital with the child. According the referent, law enforcement has stated the child has been pronounced deceased as well.

The reporter contacted the CPS supervisor [REDACTED] for [REDACTED] and notified her of this information.

No special needs or disabilities are known.

The reporter states this is all of the details they have at this time.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Per SDM: Investigative Track / P1- // [REDACTED] CM3 //10/26/2013 @ 2:22am.

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	10-26-13 02:26:35 AM CDT	---	[REDACTED]	Call Completed-Message Played
	10-26-13 02:26:35 AM CDT	10-26-13 02:27:17 AM CDT	[REDACTED]	Received
	10-26-13 02:26:35 AM CDT	---	[REDACTED]	

Email Sent

CHILD FATALITY GROUP NOTIFIED BY EMAIL: [REDACTED]



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SDM™ Safety Assessment

Assessment

Family Name: [Redacted]

TN DCS Intake ID #: [Redacted]

County: [Redacted]

Worker:

Date of Referral: 10/26/13 1:27 AM

Date of Assessment: 10/26/13 12:00 AM

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

Yes No

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



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SDM™ Safety Assessment

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

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

Section 2: Safety Interventions

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

Non-Protective Custody Interventions:

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

Protective Custody Interventions:

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



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Section 3: Safety Decision

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

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

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____