



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 06/06/2013 08:36 AM CT  
Track Assigned: Investigation Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 06/06/2013

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 06/06/2013 11:06 AM  
First Team Leader Assigned: [REDACTED] Date/Time 06/06/2013 12:00 AM  
First Case Manager [REDACTED] Date/Time 06/06/2013 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	0 Yrs	Neglect Death	Yes	[REDACTED]	Birth Mother

**Referent(s)**

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]  
Referent Address: [REDACTED] County Sheriff's [REDACTED]  
Referent Phone Number: [REDACTED]  
Type of Contact: I-3 Phone  
Notification: Letter

Narrative: TFACTS: Yes - Case ID [REDACTED] (the history found and documented is on the mother, [REDACTED], when the mother was a minor and her grandparents)  
TFACTS: No history in TFACTS on [REDACTED].

Open Court Custody/FSS/FCIP: No

Prior INV/ASMT of Abuse: Yes (5+)  
Prior INV/ASMT of Neglect: Yes (3)  
Screen Outs: no

Indicated: # [REDACTED] / SEE / [REDACTED] / 5-7-09

DUPLICATE REFERRAL: No

County: [REDACTED]  
Notification: Letter  
School/ Daycare: none



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

Native American Descent: No  
Directions: none given

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

Note: The address / phone numbers are listed under the oldest child victim.

Reporter states:

[REDACTED] (5mos) lived with her mother, [REDACTED] and her great-grandparents, [REDACTED] and [REDACTED]. The infant is now deceased. The infant had no known special needs prior to her death.

Today at 8:23 a.m. LE received a phone call from the family (unknown which family member called) regarding the infant. It was reported [REDACTED] laid down with the infant on the couch around 1:30 a.m. this morning. When [REDACTED] awoke later this morning, the baby "felt cold".

Someone called LE (unknown who exactly). Another person (unknown who) started CPR on [REDACTED] while EMS was in route to the home. The infant was taken to [REDACTED] Hospital. The family members have left the home. Its believed they have gone to the hospital.

The familys home is in orderly condition. There are no other children living in the home to the reporters knowledge. The reporter is unaware of any other child fatalities within the family. The family members criminal histories are unknown. The reporter is unaware if the family members have any alcohol or drug issues, mental health issues or domestic violence issues.

This is all the information the reporter has to provide at this time.

Per SDM: Investigative Track - P1 - Child Fatality  
[REDACTED], Interim TC, on 6/6/13 @ 9:21am

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED], Child-Fatality-Notification EI-DCS, [REDACTED],  
[REDACTED],  
[REDACTED], Commissioner [REDACTED] and [REDACTED] Region RA- [REDACTED].



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

**Participant(s)**

**Name:** [REDACTED]  
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]  
SSN: Race: White Age: 0 Yrs  
Address: [REDACTED]  
Deceased Date:  
School/ ChildCare Comments:

Alleged Perpetrator: No  
DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]  
Gender: Female Date of Birth: [REDACTED] Participant ID: [REDACTED]  
SSN: Race: Age: 21 Yrs  
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  
Tennessee Child Abuse Hotline Summary**

**Name:** [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**A. Investigation**

Case Name: [REDACTED] Investigation ID: [REDACTED]  
 Referral Date: 06/06/2013 Assignment Date: 06/06/2013  
 Street Address: [REDACTED]  
 City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	[REDACTED]	[REDACTED]	Allegation Unfounded / Perpetrator Unfounded	Yes	[REDACTED] 09/21/2013

**C. Disposition Decision**

Disposition Decision: Assessed and Closed  
 Comments: AUPU Lack of Evidence at This Time.

**D. Case Workers**

Case Worker: [REDACTED] Date: 09/21/2013  
 Team Leader: [REDACTED] Date: 09/21/2013

**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:**

Dr. [REDACTED] pronounced the infant [REDACTED] DOB [REDACTED] dead at 9:08 am on 6/6/2013  
 On 9/19/2013 CPSI [REDACTED] received a autopsy report for [REDACTED]. In the summary the report stated COD is Sudden Unexplained Infant Death.

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

Dr. [REDACTED] pronounced the infant [REDACTED] DOB [REDACTED] dead at 9:08 am.  
 On 9/19/2013 CPSI [REDACTED] received a autopsy report for [REDACTED]. In the summary the report stated COD is Sudden Unexplained Infant Death.

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

Birth mother [REDACTED] stated the baby and her were lying on the couch and she woke up and the baby was cold and not breathing. 911 was called immediately. Mrs. [REDACTED] stated the only prescriptions she



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

Case Name : ██████████

Investigation ID: ██████████

has is vistaril and Zoloft. Mrs. ██████████ stated she has not taken her visteril to help her sleep in over a week. When asked if she would be positive for anything if drug screened she stated THC yesterday at around 2:00 p.m. 1 joint. Drug screen was administered by CPSA ██████████ and was positive for THC only. ██████████ states the baby took about four ounces of formula when she woke up during the night. ██████████ reported giving the baby a teething tablet at about 8:30 pm last night. ██████████ report the baby was not exposed to cigarette smoke last night. ██████████ states she stated prenatal care from Dr. ██████████ beginning at about six weeks of pregnancy. ██████████ did report she fell down some stairs during her pregnancy. ██████████ stated she smoke about five cigarettes day during her pregnancy. ██████████ stated she used THC during her pregnancy but no other illegal drugs.

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

PGGM ██████████ stated she does not believe ██████████ has been abusing any drugs and does not know if she had any prescriptions. ██████████ stated "██████████ was so sleepy last night" . ██████████ stated only ██████████ and her husband ██████████ and of course the baby lives in the home.

PGGM stated last nigh she was holding the baby and the baby feel asleep at about 1:00 am ██████████ was asleep on the couch and she laid the baby beside her on the couch. ██████████ stated she laid down on the couch about midnight. The only thing different they noticed was she cried a lot on the way home from church last night. Family states the baby did not have any falls or accidents in the last 72 hours.

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

██████████ birth father states he believes the mother was doing good and not abusing drug as the baby was her reason for getting straight. ██████████ states he saw the baby yesterday and it was fine. ██████████ states he does not live there and was not present at the time of death as he lives at ██████████.

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 09/23/2013

Contact Method:

Contact Time: 01:39 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 09/23/2013

Completed date: 09/23/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/23/2013 12:40 PM Entered By: [REDACTED]

Team Leader, [REDACTED] approved the case closure

The date the referral was received was 6/6/2013...Child Abuse Hotline emailed the child death notification group:

[REDACTED], Child-Fatality-Notification EI-DCS,

[REDACTED], Commissioner [REDACTED] and [REDACTED] RA, [REDACTED].

Child Fatality Notification Report Sent to the Child Death Notification Group on 6/13/13 and a copy of report was scanned into TFACTS.

On 9/19/2013 CPSI [REDACTED] received a autopsy report for [REDACTED]. In the summary the report stated COD is Sudden Unexplained Infant Death.

The daily notification of harm was submitted to all members of CPIT but per [REDACTED] court order issued on 1-24-2013, the notification of report of harm was not sent to Juvenile Court. Please see file for the court order.

The safety assessment was completed on 6/6/2013

The 740 has been completed and will be submitted to the DA's office but per the aforementioned order it will not be submitted to the juvenile court.

The hard file can be located under the name of [REDACTED] in the [REDACTED] County DCS Office.



**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: 09/21/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/21/2013

Completed date: 09/21/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/21/2013 11:12 AM Entered By: [REDACTED]

## Case Summary

Case assessed and assigned by Central Intake to CM [REDACTED] on 6/6/2013 as a P1 for Neglect Death

Family Composition: [REDACTED], [REDACTED], great-grandparents, [REDACTED] and [REDACTED]

TFACTS History is only from when the mother was a minor. No history on this child

On 6/6/2013 at 9:45 am CPSI [REDACTED] responded to [REDACTED] County ER in response to infant death and met Det. [REDACTED] and Det. [REDACTED]. Dr. [REDACTED] pronounced the infant [REDACTED] DOB [REDACTED] dead at 9:08 am. Birth mother [REDACTED] stated the baby and her were lying on the couch and she woke up and the baby was cold and not breathing. 911 was called immediately. Mrs. [REDACTED] stated the only prescriptions she has is vistaril and Zoloft. Mrs. [REDACTED] stated she has not taken her visteril to help her sleep in over a week. When asked if she would be positive for anything if drug screened she stated THC yesterday at around 2:00 p.m. 1 joint. Drug screen was administered by CPSA [REDACTED] and was positive for THC only.

[REDACTED] birth father states he believes the mother was doing good and not abusing drug as the baby was her reason for getting straight. [REDACTED] states he saw the baby yesterday and it was fine. [REDACTED] states he does not live there and was not present at the time of death as he lives at [REDACTED].

PGGM [REDACTED] stated she does not believe [REDACTED] has been abusing any drugs and does not know if she had any prescriptions. [REDACTED] stated "[REDACTED] was so sleepy last night". [REDACTED] stated only [REDACTED] and her husband [REDACTED] and of course the baby lives in the home.

PGGM stated last nigh she was holding the baby and the baby feel asleep at about 1:00 am [REDACTED] was asleep on the couch and she laid the baby beside her on the couch. [REDACTED] stated she laid down on the couch about midnight. The only thing different they noticed was she cried a lot on the way home from church last night. Family states the baby did not have any falls or accidents in the last 72 hours.

During re-enactment [REDACTED] states the baby took about four ounces of formula when she woke up during the night. [REDACTED] reported giving the baby a teething tablet at about 8:30 pm last night. [REDACTED] report the baby was not exposed to cigarette smoke last night. [REDACTED] states she stated prenatal care from Dr. [REDACTED] beginning at about six weeks of pregnancy. [REDACTED] did report she fell down some stairs during her pregnancy. [REDACTED] stated she smoke about five cigarettes day during her pregnancy. [REDACTED] stated she used THC during her pregnancy but no other illegal drugs.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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On 9/19/2013 CPSI [REDACTED] received a autopsy report for [REDACTED]. In the summary the report stated COD is Sudden Unexplained Infant Death.

Per Judge [REDACTED] court order on 1-24-2013, the notification of report of harm was not sent to Juvenile Court. Please see file for the court order.

The safety assessment was completed on 6/6/2013

The hard file can be located under the name of [REDACTED] in the [REDACTED] County DCS Office.

Classification Decision: Allegation Unfounded and Perpetrator Unfounded

Case was submitted for closure, 740 will be forwarded to appropriate designees per DCS policy and local protocol.



**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: 09/20/2013

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: 09/21/2013

Completed date: 09/21/2013

Completed By: [REDACTED]

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

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/21/2013 10:45 AM      Entered By: [REDACTED]

On 9/20/2013 this case was classified by [REDACTED] County CPIT as AUPU. See file for hardcopy.



**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: 09/19/2013

Contact Method:

Contact Time: 03:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 09/21/2013

Completed date: 09/21/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 09/21/2013 10:42 AM Entered By: [REDACTED]

On 9/19/2013 CPSI [REDACTED] received a autopsy report for [REDACTED]. In the summary the report stated COD is Sudden Unexplained Infant Death. See file for hardcopy and TFACTS for scanned report.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/20/2013

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2013

Completed date: 06/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2013 09:11 AM Entered By: [REDACTED]

On this day at 4:00 P.M. CPSI [REDACTED] took a copy of the video to pathology assistant [REDACTED] at [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/06/2013

Contact Method:

Contact Time: 05:20 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/09/2013

Completed date: 06/09/2013

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/09/2013 06:44 PM Entered By: [REDACTED]

TL [REDACTED] emailed the Child Fatality Notification Report to the Child Fatality Notification Group.

TC [REDACTED] advised TL [REDACTED] that CM [REDACTED] was not to seek supervision on this case from anyone other than TL [REDACTED] or TC [REDACTED] due to the fact that the MGM in this case, [REDACTED] used to work for DCS in [REDACTED], [REDACTED] and [REDACTED] Regions. This information was shared with CM [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: 06/06/2013

Contact Method: Face To Face

Contact Time: 02:15 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Family Home

Created Date: 06/26/2013

Completed date: 06/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact

Contact Sub Type:

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

[REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/26/2013 09:06 AM Entered By: [REDACTED]

On 6/6/2013 at 2:15pm CPSI [REDACTED] and CPSA [REDACTED] went to [REDACTED] to meet MGM [REDACTED] to do pill count of [REDACTED] meds. [REDACTED] meds- penapar for infection, hydroxyzine for sleep(1 at bedtime-filled 11/12/12), and sertraline 50 mg 1 tab daily filled 2/7/13. [REDACTED] did not have access to her medication at all yesterday.



**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:	12:45 PM	Contact Duration:	Less than 45
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):	Administrative Review		
Contact Sub Type:			

**Children Concerning**

**Participant(s)**

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 06/06/2013 11:55 AM      Entered By: [REDACTED]

TL [REDACTED] completed a history search on the family. THERE IS NO HISTORY ON THE DECEASED INFANT. The history located pertains to the child's mother [REDACTED] and her brother's when they were juveniles.

Investigation [REDACTED] dated 6/28/09 & [REDACTED] dated 6/18/04 were completed by the Special Investigations Unit and not accessible by TL [REDACTED] for review.

Investigation [REDACTED]  
Date Received 2/26/09  
Allegation Sex Abuse  
ACV [REDACTED]  
AP [REDACTED]  
Classification AIPI

Investigation [REDACTED]  
Date Received 8/23/02 & 9/4/02  
Allegations:  
PHA against [REDACTED] via [REDACTED] Classification AUPU  
PYA against [REDACTED] via [REDACTED] Classification None  
PYA against [REDACTED] via [REDACTED] Classification None  
PYA against [REDACTED] via [REDACTED] Classification None  
PYA against [REDACTED] via [REDACTED] Classification None

Investigation [REDACTED]  
Date Received 8/23/02  
Allegations:  
PYA against [REDACTED] via [REDACTED] Classification AUPU



Tennessee Department of Children's Services  
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

PYA against [REDACTED] via [REDACTED] Classification AUPU  
PYA against [REDACTED] via [REDACTED] Classification AUPU

Investigation [REDACTED]  
Date Received 4/26/02

Allegations:  
PHA against [REDACTED] via [REDACTED] Classification AUPU  
PHA against [REDACTED] via [REDACTED] Classification AUPU  
PHA against [REDACTED] via [REDACTED] Classification AUPU  
PHA against [REDACTED] via [REDACTED] Classification AUPU

Investigation [REDACTED]  
Date Received 4/6/01

Allegations:  
Minor PHA against [REDACTED] via [REDACTED] Classification AUPU  
Minor PHA against [REDACTED] via [REDACTED] Classification AUPU

Investigation [REDACTED]  
Date Received 4/6/01

Allegations:  
Minor PHA against [REDACTED] via [REDACTED] Classification AUPU  
Minor PHA against [REDACTED] via [REDACTED] Classification AUPU  
Minor PHA against [REDACTED] via [REDACTED] Classification AUPU  
Minor PHA against [REDACTED] via [REDACTED] Classification AUPU



**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: Face To Face  
 Contact Time: 12:45 PM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Family Home Created Date: 06/26/2013  
 Completed date: 06/26/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Parent/Caretaker Interview  
 Contact Sub Type:

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

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/26/2013 08:48 AM Entered By: [REDACTED]

On 6/6/2013 at 12:45 pm CPSI [REDACTED], CPSCA [REDACTED], Coroner [REDACTED] and Det [REDACTED] videoed the reenactment with CM [REDACTED] camera. PGGM stated last nigh she was holding the baby and the baby feel asleep at about 1:00 am [REDACTED] was asleep on the couch and she laid the baby beside her on the couch. [REDACTED] stated she laid down on the couch about midnight. The only thing different they noticed was she cried a lot on the way home from church last night. Family states the baby did not have any falls or accidents in the last 72 hours. A video was taken of the reenactment showing exactly how the mother and baby were laying on the couch.(see file for video and pictures) [REDACTED] stated she gave her the bottle during the night at some point and stated she was watching the perfect man that was recorded on the DVR. [REDACTED] does not know what time that was. [REDACTED] states the baby spits up all the time. PGGM stated when she saw the baby this morning the pillow was over the forehead but not over the nose or mouth. PGGM stated she observed the baby was sleeping on her back with white stuff running out her mouth. PGGM feels the baby spit up and choked on it from being laid on her back. The babies face was pointing straight up toward the ceiling. [REDACTED] states there was a thin sheet over the bottom of the couch. The sheet and pillow was taken with the body to the pathologist. Measurements were taken on the couch. [REDACTED] described white stuff running from her babies mouth when she first saw her this morning. [REDACTED] stated she tried CPR on the baby. [REDACTED] stated he baby was stiff when she attempted administering CPR. [REDACTED] reported no fever, lethargic, diarrhea, seizures or trouble breathing within the last 72 hours. No known medical abnormalities. Pediatrician is Dr. [REDACTED] with [REDACTED] Last visit was for shots in May. The baby was born at [REDACTED] Hospital 6 lbs 9 oz and 19 inches long. [REDACTED] report no history of infant deaths in her family. [REDACTED] states the baby took about four ounces of formula when she woke up during the night. [REDACTED] reported giving the baby a teething tablet at about 8:30 pm last night. [REDACTED] report the baby was not exposed to cigarette smoke last night. [REDACTED] states she stated prenatal care from Dr. [REDACTED] beginning at about six weeks of pregnancy. [REDACTED] did report she fell down some stairs during her pregnancy. [REDACTED] stated she smoke about five cigarettes day during her pregnancy. [REDACTED] stated she used THC during her pregnancy but no other illegal drugs. See file for video.

Narrative Type: Addendum 1 Entry Date/Time: 06/26/2013 08:53 AM Entered By: [REDACTED]

[REDACTED] completed SUIDI at the time of reenactment.



**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: Face To Face  
 Contact Time: 09:45 AM Contact Duration: Less than 01 Hour  
 Entered By: [REDACTED] Recorded For:  
 Location: Hospital Created Date: 06/26/2013  
 Completed date: 06/26/2013 Completed By: [REDACTED]  
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being  
 Contact Type(s): Alleged Perpetrator Interview,Collateral Contact,Initial ACV Face To Face,Parent/Caretaker Interview  
 Contact Sub Type:

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

[REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED], det [REDACTED]

**Narrative Details**

Narrative Type: Original Entry Date/Time: 06/26/2013 08:33 AM Entered By: [REDACTED]

On 6/6/2013 at 9:45 am CPSI [REDACTED] responded to [REDACTED] County ER in response to infant death and met Det. [REDACTED] and Det. [REDACTED]. Dr. [REDACTED] pronounced the infant [REDACTED] DOB [REDACTED] dead at 9:08 am. Birth mother [REDACTED] stated the baby and her were lying on the couch and she woke up and the baby was cold and not breathing. 911 was called immediately. Mrs. [REDACTED] stated the only prescriptions she has is vistaril and Zoloft. Mrs. [REDACTED] stated she has not taken her visteril to help her sleep in over a week. When asked if she would be positive for anything if drug screened she stated THC yesterday at around 2:00 p.m. 1 joint. Drug screen was administered by CPSA [REDACTED] and was positive for THC only. [REDACTED] birth father states he believes the mother was doing good and not abusing drug as the baby was her reason for getting straight. [REDACTED] states he saw the baby yesterday and it was fine. [REDACTED] states he does not live there and was not present at the time of death as he lives at [REDACTED]. PGGM [REDACTED] stated she does not believe [REDACTED] has been abusing any drugs and does not know if she had any prescriptions. [REDACTED] stated "[REDACTED] was so sleepy last night". [REDACTED] stated only [REDACTED] and her husband [REDACTED] and of course the baby lives in the home. The family and extended family spent some time at the E.R. with the baby. Coroner [REDACTED] arrived and it was decided to go back to the residence and do the reenactment immediately.



**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: 08:45 AM

Contact Duration: Less than 15

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): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 06/06/2013 11:14 AM      Entered By: [REDACTED]

Team Leader, [REDACTED] provided verbal notification to RA [REDACTED], DRA [REDACTED] and TC [REDACTED] that there would be a referral forthcoming in regards to a child fatality on an unknown infant. LE had contact CM [REDACTED] to request that he meet them in regards to the death of an infant who was found deceased after the parent(s) woke up this morning. No other information was available at the time as the referral had not yet been called in by LE. A message had to be left for RA [REDACTED] whom is in [REDACTED], TL [REDACTED] spoke to DRA [REDACTED] and TC [REDACTED] both of whom advised to provide more information as it became available. TL [REDACTED] advised that she would follow up with the Child Fatality Notification Report.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/06/2013

Contact Method:

Contact Time: 08:36 AM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/26/2013

Completed date: 06/26/2013

Completed By: [REDACTED]

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

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/26/2013 08:24 AM Entered By: [REDACTED]

**Case Assignment**

Case assessed and assigned by Central Intake to CM [REDACTED] on 6/6/2013 as a P1 for Neglect Death as follows:

Note: The address / phone numbers are listed under the oldest child victim.

**Reporter states:**

[REDACTED] (5mos) lived with her mother, [REDACTED] and her great-grandparents, [REDACTED] and [REDACTED]. The infant is now deceased. The infant had no known special needs prior to her death.

Today at 8:23 a.m. LE received a phone call from the family (unknown which family member called) regarding the infant. It was reported [REDACTED] laid down with the infant on the couch around 1:30 a.m. this morning. When [REDACTED] awoke later this morning, the baby "felt cold".

Someone called LE (unknown who exactly). Another person (unknown who) started CPR on [REDACTED] while EMS was in route to the home. The infant was taken to [REDACTED] County Memorial Hospital. The family members have left the home. Its believed they have gone to the hospital.

The familys home is in orderly condition. There are no other children living in the home to the reporters knowledge. The reporter is unaware of any other child fatalities within the family. The family members criminal histories are unknown. The reporter is unaware if the family members have any alcohol or drug issues, mental health issues or domestic violence issues.

This is all the information the reporter has to provide at this time.

Per SDM: Investigative Track - P1 - Child Fatality

[REDACTED], Interim TC, on 6/6/13 @ 9:21am

Notified Fatality/Near Fatality Notification Group via Email:

[REDACTED], [REDACTED], Child-Fatality-Notification EI-DCS, [REDACTED], [REDACTED], [REDACTED], [REDACTED]



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED], Commissioner  
and [REDACTED] RA [REDACTED]



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

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 6/6/13 8:36 AM

Date of Assessment: 6/6/13 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 of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes      No

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



## Tennessee Department of Children's Services

### SDM™ Safety Assessment

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

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

#### Section 2: Safety Interventions

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

#### Non-Protective Custody Interventions:

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

#### Protective Custody Interventions:

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



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

**Section 3: Safety Decision**

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

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

**Children Removed**

**Children Not Removed**

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

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

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

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