DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Case Tracking Number: 101007DSP-PN-57 **Agency:** Dane County Dept. of Human Services

Child Information: Age: 2 months Gender: ☒ Female ☐ Male
Race or Ethnicity: Caucasian
Special needs: None

Child's Residence: ☒ In-home ☐ Out-of-home care placement

Date of Incident: 10/12/10

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:
On October 8, 2010 the infant was pronounced dead with the initial cause of death suspected Sudden Infant Death Syndrome (SIDS), and no maltreatment was suspected. Upon further examination, the infant was found to have a posterior skull fracture with some depression overlaying the fracture. The child was napping and was found not breathing when her babysitter went to get her when her mother arrived to take her home. Medical personnel stated that the injury was likely caused by a direct blow onto a corner or sharp edge of a hard surface. The skull fracture was not the cause of death, and the child's death has been ruled accidential (SIDS). There are no criminal charges in connection with the infant's death.

Findings by agency, including material circumstances leading to incident:
The agency substantiated maltreatment to the infant by an unknown maltreater. The child was with an unlicensed day care provider while her mother was working. The child was put down for a nap around 4:30 p.m. The babysitter checked on her and another child around 5:10 p.m. At 6:15 p.m. her mother arrived to pick her up, and the babysitter found her not breathing. The provider called 911. When emergency services arrived, the child did not have a pulse and was not breathing. There were no outwardly signs of trauma, but the autopsy found a small skull fracture with no inner cranial injuries. It is unclear how or when the skull fracture occurred, and the cause of death was determined accidental. A thorough assessment was conducted and the surviving sibling was determined safe in the parents' care. The infant's parents reported no concerns about the care the infant and an older sibling received from this provider.

Additional information for children in home:

Description of the child's family:
The infant resided at home with her mother and father. The infant's older half-sibling visits the home every other weekend, primarily residing with his father in another county.

☐ **Yes** ☒ **No** **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:
N/A

Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years:
None

Summary of actions taken by the agency under ch. 48, including any investigation of a report or referrals to services involving the child, any member of the child's family living in this household and the child's parents and alleged maltreater at the age of 18 years or older:
None

Summary of any investigation conducted under ch. 48 or ch. 938 and any services provided to the family since the date of the incident:
The agency substantiated maltreatment to the infant by an unknown maltreater. An older sibling was determined safe in his parent's care. The family declined services and has information for community resources such as grief groups. They also identified family as a support to help them through this difficult time. The agency closed the case.

Additional information for children in out-of-home (OHC) placement at time of incident:

Description of the OHC placement and basis for decision to place child there:

Description of all other persons residing in the OHC placement home:

Licensing history: Including type of license, duration of license, summary of any violations by licensee or an employee of licensee that constitutes a substantial failure to protect and promote the welfare of the child.

*** Summary of actions taken by agency in response to the incident:**

The agency screened in and investigated a report on the infant's death. The autopsy determined the cause of death accidental due to SIDS, finding a skull fracture during the process. Maltreatment to the infant was substantiated. The family was assessed, and an older sibling was determined safe in his parents' care. The family was offered and declined further services. The agency closed the case.

***Summary of policy or practice changes to address identified issues:**

None

***Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues:**

None

Statement of Completion:

☒ Yes ☐ No This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this case.

* If a full report including agency actions, changes in policies or practices and recommendations for further changes was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.