

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

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

Case Tracking Number: 111028DSP-Dodge-163 **Agency:** Dodge County Human Services & Health Dept.

Scope of DSP Review of Incident

- No Review. The information contained in this report was provided by the agency.
 90-Day Review

Child Information (at time of incident)

Age: 4 months Gender: Female Male

Race or Ethnicity: Caucasian

Special Needs: None

Date of Incident: 10/28/11

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:

Early on the morning of 10/28/11 it was reported that at approximately 4:30 a.m. the child had passed away after sleeping with her mother. Dodge County Sheriff Dept. and Dodge County Human Services conducted a joint investigation into this, and after conducting all necessary interviews and receiving the autopsy results it was determined by the Medical Examiner that the death was caused by probable accidental asphyxia associated with an unsafe sleep environment. There were no definitive injuries or natural diseases identified.

Findings by agency, including maltreatment determination and material circumstances leading to incident:

After completing the investigation into this matter it was determined that this was a tragic accident, and neglect was unsubstantiated. The mother and her child had just relocated to this residence approximately four days earlier from a neighboring county to live with her mother for the time being. Prior to that she and the child had been living with her boyfriend and his mother.

Child's residence at the time of incident: In-home Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

A. Children residing at home at the time of the incident:

Description of the child's family (includes household members, noncustodial parent and other children that have visitation with the child and/or in the child's family home):

This was a four-month-old child who was living with her mother and grandmother. Mother and child had moved to this location approximately four days earlier from a neighboring county where they were residing with the mother's boyfriend and his mother.

Yes No **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's 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: (Does not include the current incident.)

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. (Does not include the current incident.)

(Note: Screened out reports listed in this section may include only the date of the report, screening decision, and if a referral to services

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occurred at Access. Reports that do not constitute a reasonable belief of maltreatment or threatened harm may not be screened in for an initial assessment, and no further action is required by the agency.)

None

Summary of any investigation involving the child, any member of the child’s family and alleged maltreater conducted under ch. 48 or ch. 938 and any services provided to the child and child’s family since the date of the incident:

The the completion of this investigation the mother was provided with information on grief counseling services, as well as other services information.

B. Children residing 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 any actions taken by agency in response to the incident: (Check all that apply.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Screening of Access report | <input type="checkbox"/> Attempted or successful reunification |
| <input type="checkbox"/> Protective plan implemented | <input checked="" type="checkbox"/> Referral to services |
| <input checked="" type="checkbox"/> Initial assessment conducted | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Safety plan implemented | <input checked="" type="checkbox"/> Collaboration with law enforcement |
| <input type="checkbox"/> Temporary physical custody of child | <input checked="" type="checkbox"/> Collaboration with medical professionals |
| <input type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input type="checkbox"/> Supervised visitation |
| <input type="checkbox"/> Placement into foster home | <input type="checkbox"/> Case remains open for services |
| <input type="checkbox"/> Placement with relatives | <input checked="" type="checkbox"/> Case closed by agency |
| <input type="checkbox"/> Ongoing Services case management | <input type="checkbox"/> Initiated efforts to address or enhance community collaboration on CA/N cases |
| | <input type="checkbox"/> Other (describe): |

FOR DSP COMPLETION ONLY:

Summary of policy or practice changes to address issues identified during the review of the incident:

None - No DSP Review

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

None - No DSP Review

Yes No Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this case.

If the case review was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.

The agency must submit an electronic copy of the completed 90-Day Summary Report to PaulaL.Brown@wisconsin.gov