## **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

## 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: 120907DSP-Polk-247 Agency: Polk County Human Services Department				
Child Information (at time of incident)  Age: 1 year Generic Gender: Female Male				
Race or Ethnicity: <u>Caucasian</u> Special Needs: None				
Special Needs: None				
Date of Incident: 9/7/12				
Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:  On 9/8/12, the agency received a report regarding a child involved in a car accident on 9/7/12. The mother and the child were involved in a single car accident in Minnesota. The mother was taken from the scene and transported to a local hospital. The child was airlifted from the scene to Gillette Children's Hospital. The child sustained significant damage to the brain that medical professionals determined will result in long-term disability and medical issues. The mother tested positive for THC, benzodiazepines, opiates and methadone at the hospital. A witness also informed law enforcement that the mother was driving erratically prior to the accident. No criminal charges have been filed in this case.				
Findings by agency, including maltreatment determination and material circumstances leading to incident:  The agency screened in the report and collaborated with law enforcement and medical professionals to complete the assessment. Neglect to the child by the mother was substantiated due to her mismanagement of prescription medications and use of an illegal substance. The mother tested positive for THC and methadone, in addition to her prescribed medication, after the accident. The agency determined the mother was not prescribed methadone. The mother had a history of misusing methadone and testing positive for THC. The child and his 4-year-old sister were determined unsafe. The child remains hospitalized and the 4-year-old was placed in the care of the children's father. A Child in Need of Protection or Services Petition was filed in juvenile court and the case remains open for ongoing case management services.				
<ul> <li>Yes ☐ No Criminal investigation pending or completed?</li> <li>☐ Yes ☐ No Criminal charges filed? If yes, against whom?</li> </ul>				
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:				
<b>Description of the child's family</b> (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):				
The child lived with his mother and 4-year-old sister. The mother's adult brother rented space in the basement of her home. The father had visitation with the children.				
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. (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 occurred at Access. Reports that do not constitute a reasonable suspicion of maltreatment or a reason to believe t threatened with harm are not required to be screened in for an initial assessment, and no further action is required			of maltreatment or a reason to believe that the child is		
	On 6/23/11, the agency screened in a Services Report. The agency provided voluntary services to the family. The case was closed on 9/30/11.  On 6/30/11, the agency screened out a report of neglect to the children by the mother.  On 9/13/11, the agency screened out a report of neglect to the children by the mother.  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 agency screened in the report regarding the traffic accident which left the child injured. Neglect by the mother was substantiated due to the mother's misuse of prescription medications and use of an illegal drug. On 9/18/12, the agency received a report that the mother was leaving the 4-year-old unattended when visiting the hospital. Neglect to the 4-year-old by the mother was also substantiated. The children were determined unsafe and taken into protective custody. The child continues to be hospitalized and the 4-year-old was placed in the care of the father. A Child in Need of Protection or Services Petition was filed in juvenile court and the case remains open for ongoing case management services.				
В.	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:					
	<b>Licensing history:</b> Including type of license, duration of license, summary of any violations by licensee or an employee of licensee the 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.)					
$\boxtimes$	Screening of Access report		Attempted or successful reunification		
	Protective plan implemented	$\boxtimes$	Referral to services		
$\boxtimes$	Initial assessment conducted		Transportation assistance		
	Safety plan implemented		Collaboration with law enforcement		
$\boxtimes$	Temporary physical custody of child	$\boxtimes$	Collaboration with medical professionals		
$\boxtimes$	Petitioned for court order / CHIPS (child in need of		Supervised visitation		
	protection or services	$\boxtimes$	Case remains open for services		
$\sqcup$	Placement into foster home	닏	Case closed by agency		
	Placement with relatives	Ш	Initiated efforts to address or enhance community		
$\boxtimes$	Ongoing Services case management		collaboration on CA/N cases		
			Other (describe):		

## FOR DSP COMPLETION ONLY:

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

Under the Child Welfare Disclosure Act (Section 48.981(7)(cr), Stats.), the DSP completes a 90-day review of the agency's practice in each case reported under the Act. In accordance with the DCF memo Series 2010-13, dated December 7, 2010 pertaining to the Child Welfare Case Review Protocol, the DSP will complete a full case record review in #120907DSP-Polk-

Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues: None This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this Yes No Not Applicable 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 Tara.Muender@wisconsin.gov