

## 6-Month Final 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: 130503DSP-Dane-325 Agency: Dane County Department of Human Services

**Child Information** (at time of incident)

Age: 2 months Gender:  Female  Male

Race or Ethnicity: African American

Special Needs: None

Date of Incident: May 3, 2013

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

The agency received a report on May 3, 2013, that an infant died of unknown causes. The parents reported a regular practice of co-sleeping with the infant. The father reported he returned home from work in the early morning hours of 5/3/13. The father admitted using crack cocaine at approximately 2:00 a.m. and later joined the infant and her mother in bed. The mother reported feeding and changing the infant at 8:30 or 9:00 am, before she prepared to run errands. She reported leaving the infant in bed with the father, on her side, lying on top of an adult-size pillow. The mother described this as a normal napping position for the infant. Later that afternoon, the mother told law enforcement she discovered the infant on her stomach, not breathing. 911 was contacted, and another adult household member reportedly performed CPR on the infant. The preliminary results indicated infant died due to asphyxiation. Criminal charges have not been filed.

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

The agency collaborated with law enforcement and medical personnel to complete the assessment. The Initial Assessment completed by the county agency has insufficient evidence to substantiate physical abuse or neglect to the child by the parents. By the end of the assessment period, information related to toxicology and histology reports was still pending with the medical examiner's office. The autopsy revealed no physical injuries to the infant. The other child living in the home was assessed as safe and the case was closed.

Yes  No Criminal investigation pending or completed?

Yes  No Criminal charges filed? If yes, against whom?

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):

The infant resided with her parents and half-brother.

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:**

None.

**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 a referral to services occurred at Access. Reports that do not constitute a reasonable suspicion of maltreatment or a reason to believe that the child is threatened with harm are not required to be screened in for an initial assessment, and no further action is required by the agency.)

On 5/30/11 a CPS report was screened-out.

On 10/6/11 a Services Report was screened-out.

On 10/19/11, the agency screened in and assessed allegations of physical abuse to a six year old child by the parents. The agency found insufficient evidence to substantiate the allegations of physical abuse to the child.

**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 and assessed the allegations of neglect to the child by the child’s parents. The Initial Assessment completed by the agency found insufficient evidence to substantiate neglect to the child by the child’s parents. The family declined services offered by the agency.

**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:**

N/A

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

N/A

**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.

N/A

**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 checked="" 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:**

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. The DSP did not identify practice issues during the review of the incident.

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

None

Yes  No  Not Applicable This 6-month summary report completes the Division of Safety and Permanence (DSP) review of this case.

The agency must submit an electronic copy of the completed 90-Day Summary Report to [RobertB.Williams@wisconsin.gov](mailto:RobertB.Williams@wisconsin.gov)