

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: 120128DSP-Tremp-176 **Agency:** Trempealeau County Dept. of Human Services

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: 3 months Gender: Female Male

Race or Ethnicity: Caucasian

Special Needs: None

Date of Incident: 1/28/12

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

On January 28, 2012, the agency received a report regarding the death of an infant. Reportedly, when the parents retired for the evening, they placed the infant in bed with them, surrounding him with pillows so he would not fall from the bed. They did not cover him with blankets or other bedding. When the father awoke in the morning and picked up the child, the child felt cold. The mother began CPR, and the child was rushed to the emergency room where he was pronounced deceased. The cause of death was determined to be sudden infant death syndrome (SIDS). No criminal charges were filed in connection with the child's death.

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

The agency unsubstantiated maltreatment to the child and determined his siblings safe in the parents' care. The child was in good health and there were no concerns about his growth or development prior to his death. See previous section for material circumstances.

- 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 child, two siblings and a half sibling were residing with the parents and relatives in the relatives' home.

- 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.)

See following section

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

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 6/23/11 the agency screened in a report alleging physical abuse to the half sibling by a relative. Maltreatment was unsubstantiated, and the children were determined safe. The family was referred to services, and the agency closed the case.

On 6/6/09 the agency screened in a report alleging physical abuse to a sibling by a parent. Maltreatment was unsubstantiated, and the children were determined safe. The family was already connected to community services, and the case was closed.

On 4/2/09 Buffalo County DHHS screened out a child welfare Services Report.

On 7/19/05, Buffalo County DHHS screened out a CPS Report.

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 unsubstantiated maltreatment to the child, and determined his siblings safe in the care of the parents. The family was already receiving community services prior to this incident and did not need any additional services from the agency. The agency closed the case.

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 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

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

None

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