

## 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:** 130205DSP-Brown-293      **Agency:** Brown County Human Services Department

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

Age: 2 months      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 2/5/13

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

On 2/5/13, the agency received a report regarding the death of a 2-month-old infant. The infant was found unresponsive by the parents at approximately 10:30 am on 2/5/13. The parents reported they last fed the infant at 3:30 AM and placed him in a car seat, where he had slept for the past several weeks. The parents awoke at approximately 10:30 AM and discovered the infant not breathing. The parents immediately called 911. Emergency medical staff and law enforcement responded to the home. The infant was observed with marks on his neck and under his diaper. An autopsy found no injury under the mark on the infant's neck; medical personnel determined the marks occurred post mortem. The autopsy was negative for congenital abnormalities or injuries causing or contributing to the infant's death. The infant's lungs showed congestion, consistent with a respiratory type death; however, medical personnel did not differentiate between soft suffocation, positional asphyxia or an undetectable issue consistent with Sudden Infant Death Syndrome (SIDS)/Sudden Unexplained Death in Infancy (SUDI). No criminal charges have been filed in this case.

**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 allegation of physical abuse to the infant was unsubstantiated. Per the medical examiner's report, the suspected injuries occurred post mortem. No signs of trauma existed nor signs of asphyxiation. The autopsy was negative for congenital abnormalities or injuries causing or contributing to the death. All information indicates the infant's death is consistent with SIDS/SUDI. The mother's 3-year-old daughter lives in the home of the maternal grandfather who recently obtained guardianship of the child. The 3-year-old was determined safe in the home of the maternal grandfather.

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 lived with his mother and father. The infant's 3-year-old half-sister lives with the maternal grandfather and visited the home occasionally.

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 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 8/29/11, the agency screened out a report alleging neglect to the 2-year-old (now 3-year-old).

On 9/7/11, the agency screened in a report alleging neglect to the 2-year-old (now 3-year-old). Neglect was unsubstantiated and the agency closed the case.

**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 allegation of physical abuse to the deceased infant. Physical abuse was unsubstantiated. The mother's 3-year-old daughter remains in the care of the maternal grandfather. The parents have no other children living in their home. The family was referred to community support services and 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 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. In accordance with the DCF memo Series 2010-13, dated December 7, 2010 pertaining to the Child Welfare Case Review Protocol, the DSP did not find any practice issues with case # 130205DSP-Brown-293.

**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 [Tara.Muender@wisconsin.gov](mailto:Tara.Muender@wisconsin.gov)