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	se Tracking Number: 130503DSP-Dane-325 Agency: Dane County Department	of Human Services
	Id Information (at time of incident) Example 2 months Gender: Female Male	
Race	e or Ethnicity: African American	
Specia	ecial Needs: None	
Date (e of Incident: May 3, 2013	
Desci	scription of the incident, including the suspected cause of death, injury or egregious abuse o	r nealect:
The a co-sle admit feedin with the infant conta	e agency received a report on May 3, 2013, that an infant died of unknown causes. The parasleeping with the infant. The father reported he returned home from work in the early mornitted using crack cocaine at approximately 2:00 a.m. and later joined the infant and her midding and changing the infant at 8:30 or 9:00 am, before she prepared to run errands. She resh the father, on her side, lying on top of an adult-size pillow. The mother described this as ant. Later that afternoon, the mother told law enforcement she discovered the infant on her stacted, and another adult household member reportedly performed CPR on the infant. The ant died due to asphyxiation. Criminal charges have not been filed.	rents reported a regular practice of ning hours of 5/3/13. The father other in bed. The mother reported eported leaving the infant in bed a normal napping position for the stomach, not breathing. 911 was
Eindi	dings by agency, including maltreatment determination and material circumstances leading t	o incident:
The a comp By th exam	e agency collaborated with law enforcement and medical personnel to complete the assessment and the county agency has insufficient evidence to substantiate physical abuse or not the end of the assessment period, information related to toxicology and histology reports with the control of the autopsy revealed no physical injuries to the infant. The other child living and the case was closed.	ment. The Initial Assessment eglect to the child by the parents. was still pending with the medical
	Yes ☐ No Criminal investigation pending or completed? Yes ☐ No Criminal charges filed? If yes, against whom?	
Child	Id's residence at the time of incident: In-home Out-of-home care placement	
	nplete the appropriate following section (A. or B. based on the child's residence at the time of the inc Children residing at home at the time of the incident:	cident).
	Description of the child's family (includes household members, noncustodial parent and other child and / or in the child's family home):	hildren that have visitation with the
7	The infant resided with her parents and half-brother.	
fa	☐ Yes ☒ No Statement of Services: Were services under ch. 48 or ch. 938 being provided to family or alleged maltreater at the time of the incident, including any referrals received by the agency of incident?	
р	If "Yes", briefly describe the type of services, date(s) of last contact between agency and reperson(s) receiving those services: None.	cipient(s) of those services, and the
р	Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents previous five years: (Does not include the current incident.) None	or alleged maltreater in the

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.)

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.

В.	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: $N\!/\!A$		
Sur	nmary of any actions taken by agency in response to the incident: Screening of Access report Protective plan implemented Initial assessment conducted Safety plan implemented Temporary physical custody of child Petitioned for court order / CHIPS (child in need of protection or services) Placement into foster home Placement with relatives Ongoing Services case management Check all that apply.) Attempted or successful reunification Referral to services Collaboration assistance Collaboration with law enforcement Collaboration with medical professionals Supervised visitation Case remains open for services Case closed by agency Initiated efforts to address or enhance community 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. The DSP will conduct a records review in case #130503DSP-Dane-325.			
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 th	e 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 RobertB. Williams@wisconsin.gov