

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: 130503DSP-Dane-356 Agency: Dane County Department of Human Services

Child Information (at time of incident)

Age: 1 month Gender: Female Male

Race or Ethnicity: African American

Special Needs: None

Date of Incident: 5/13/13

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

On May 13, 2013, the agency received a report regarding a one-month-old infant, deceased in the home of a relative. The parents reported a regular practice of co-sleeping with the infant. The mother reported the infant was sleeping on her back, on a mattress and box spring, in the bedroom. The mother reportedly slept on the mattress next to the infant while the father slept on the box spring, pulled up next to the mattress, which allowed both parents access to the infant. The father stated he awoke at 2:30 am and found the infant not breathing, her arms stiff to the touch. The father woke the mother and grandmother immediately and called 911. Emergency Medical Services responded and transported the infant to the hospital but were unable to revive the infant and she was pronounced deceased. Law Enforcement initiated an investigation involving the incident but no charges were 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 found insufficient evidence to substantiate physical abuse or neglect to the child by the parents. Medical information provided no signs of abuse or neglect at the time of the incident and the other children who visit the home were assessed as safe. The case was closed with a services referral to the parents for counseling.

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:

The infant was residing in the home of relatives with her parents and two other adults 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's family consisted of the mother, the father; a three year old sibling who was residing at the home of a relative at the time of the incident, and a one year old half-sibling who resides with his biological mother but visits the infant's father.

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.)

10/31/11-CPS report screened out.

6/20/12-CPS Report screened out.

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 collaborated with law enforcement and medical personnel to complete the assessment. The Initial Assessment completed by the county agency found insufficient evidence to substantiate physical abuse or neglect to the child by the parents. Medical information provided no signs of abuse or neglect at the time of the incident and the other children who visit the home were assessed as safe. The case was closed with a services referral to the parents for counseling.

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:

None

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

None

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.

None

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 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 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 RobertB.Williams@wisconsin.gov