

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: 140510DSP-Rock-441 **Agency:** Rock County Human Services Department

Child Information (at time of incident)

Age: 10 Months Gender: Female Male

Race or Ethnicity: Black/African American, Caucasian

Special Needs: None

Date of Incident: May 5, 2014

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

On May 10, 2014, the agency received a report with concerns for a 10-month-old child who was reported to be left unattended in a bathtub and was found by his father not breathing. The report indicated the father sat the child in the bathtub in a foot of water and left to warm a bottle in the kitchen. The father reported he returned three seconds later and found the child face down in the water. The father reportedly called 911 and when the paramedics arrived the child was blue in color and not breathing so paramedics began CPR. Paramedics transported the child to the hospital. The referral stated that the mother was shopping with her two eldest children, but arrived home as her youngest child was being put in the ambulance. The child was incubated and then transported to another hospital. As of the date of this report, the child was in stable condition and discharged from the hospital.

No criminal charges were filed in this case and the investigation was closed.

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 agency found insufficient evidence to substantiate neglect of the child by the father. The agency determined the children safe and they remained with the mother and father. The agency closed the case and the family was referred to community services.

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):

At the time of the incident, the child resided with his mother, his father, and his two siblings ages one-and-a-half and four-years-old.

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.)

On August 29, 2013, the agency screened-in a CPS Report alleging neglect of a three-year-old child, two one-year-old children, and a one-month-old child by the mother. An assessment was completed by the agency and the allegation of neglect was unsubstantiated and the children were deemed safe.

Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 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 agency found insufficient evidence to substantiate neglect of the child by the father. The agency determined the children safe and they remained with the mother and father. The agency closed the case and the family was referred to community services.

B. Children residing in out-of-home care (OHC) placement at time of incident: N/A

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 or other actions that constitute 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 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 IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:

Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:

N/A

Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:

N/A

Yes No Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on 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.