

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: 140721DSP-Brown-461 **Agency:** Brown County Health and Human Services Department

Child Information (at time of incident)

Age: 4-weeks Gender: Female Male

Race or Ethnicity: American Indian/Alaskan Native

Special Needs: _____

Date of Incident: July 21, 2014

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

On July 21, 2014, the agency received a report regarding a four-week-old infant pronounced deceased in his home. Law enforcement was contacted and initiated a criminal investigation. The Medical Examiner's Office report noted the official cause of the infant's death was likely due to positional asphyxia; toxicology results are pending. 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 the medical examiner and law enforcement to complete the assessment. The Initial Assessment completed by the agency found insufficient evidence to substantiate neglect of the child by the mother. The agency determined the remaining children in the home were safe. The mother was referred to community services and the agency closed the case.

- 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 infant resided with his mother, his mother's significant other, his 12-year-old sister, 7-year-old sister, 4-year old sister, and his 11-month-old brother.

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?

N/A

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.)

N/A

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.

- On 9/13/2007, the agency screened-out a CPS Report
- On 11/5/2010, the agency screened-out a CPS Report.
- On 1/26/11, the agency screened-out a CPS Report.
- On 6/21/2011, the agency screened-out a CPS Report.
- On 10/31/2012, the agency screened-out a CPS Report.

On 4/3/2013, the agency screened-out a CPS Report.

On 7/17/14, the agency screened-out a CPS Report.

On 5/22/2006, the agency screened-in a CPS Report alleging sexual contact/intercourse with a non-related minor. An assessment was completed by the agency and the allegation of sexual contact/intercourse was unsubstantiated and the minor was deemed safe.

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 the medical examiner and law enforcement to complete the assessment. The Initial Assessment completed by the agency found insufficient evidence to substantiate neglect of the child by the mother. The agency determined the remaining children in the home were safe. The mother was referred to community services and the agency closed the case.

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 that constitutes 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 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 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 checked="" type="checkbox"/> Other (describe): Collaboration with Oneida Social Services |

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) 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.