

## 6-Month Final 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:** 120308DSP-Sauk-187      **Agency:** Sauk County Department of Human Services

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

Age: 12 days      Gender:  Female    Male

Race or Ethnicity: African American/Caucasian

Special Needs: None

**Date of Incident:** March 8, 2012

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

The child was taken by ambulance to the hospital where she was pronounced deceased. Reportedly, the mother had placed the baby into bed with her and awoke to find her purple and unresponsive. The cause of death was initially ruled "accidental asphyxia associated with unsafe sleep environment (co-sleeping)". However, toxicology results concluded that the mother was legally intoxicated still at time of blood draw, in excess of 10 hours after the reported time she last drank, and was under the influence of a controlled substance (cocaine) on 03/08/2012. The initial 911 call on 03/08/2012 was made at 10:39 a.m., and the mother stated her last drink was 2:00 a.m., blood recovered at 12:40 p.m. toxicology report showed an ethanol result of 0.089g/100ml and also indicated a presence of cocaine.

**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. A first Initial Assessment completed by the agency cited a lack of available critical information at the conclusion of the assessment, and therefore the allegation of neglect was unsubstantiated. At that time, the agency was unable to determine if the death was accidental or if it was due to negligent actions by the mother. Toxicology reports on the mother came back shortly after the first Initial Assessment was completed, and a subsequent CPS report was screened-in and assessed. The second Initial Assessment completed by the agency found a preponderance of evidence to substantiate neglect to the child and her three siblings by the mother. The three siblings of the child were found to be safe in the care of the mother, however an Informal Disposition Agreement was signed by the mother and the case was open for on-going 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):

The infant resided with her mother and three siblings.

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.)

In February 2010, the agency screened in a report for child welfare services for one of the children who was living with a relative at the time.

**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 10/24/2011 the agency screened out a Services Report for Child Welfare Services. (Not CPS)

On 1/18/2010 the agency screened out a Services Report.

On 11/18/2005 the agency screened out a Services Report.

During 2004-2005, the mother and her family were receiving services from the agency when the mother was a minor.

**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 initially screened in and investigated the report of the child's death, finding that a maltreatment determination could not be made. Neglect to the child's siblings was unsubstantiated and they were determined to be safe in their mother's care. The family refused services and the case was closed.

On 5/30/2012, the agency screened in a report regarding additional information about the infant's death. The subsequent Initial Assessment completed by the agency found a preponderance of evidence to substantiate neglect to the child and her siblings by the mother. The three siblings of the child were found to be safe in the care of the mother. However an Informal Disposition Agreement was signed by the mother and the case was open for ongoing services.

**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:**

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 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 checked="" type="checkbox"/> Case remains open for services                                     |
| <input type="checkbox"/> Placement with relatives   | <input type="checkbox"/> Case closed by agency   |
| <input checked="" 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 6-month summary report completes the Division of Safety and Permanence (DSP) review of this case.

The agency must submit an electronic copy of the completed 90-Day Summary Report to [RobertB.Williams@wi.gov](mailto:RobertB.Williams@wi.gov)