DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Case Tracking Number: 101104DSP-PN-63 **Agency:** Waukesha County Dept. of Health and Human Services

Child Information: Age: 4 months Gender: ☐ Female ☒ Male
Race or Ethnicity: African-American
Special needs: none known

Child's Residence: ☒ In-home ☐ Out-of-home care placement

Date of Incident: November 4, 2010

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:
The agency received a report of a sudden infant death that occurred on November 4, 2010. The mother placed the infant in a car seat next to her bed during the night. When she awoke a few hours later and removed a pacifier from the infant's mouth, he was unresponsive. The mother began cardiopulmonary resuscitation and emergency services were called. The infant was prounounced deceased at the hospital. The infant was noted by medical pesonnel to have diaper rash or bug bites on his buttocks and a circular injury of unknown origin to his stomach. The cause of death was unknown at the time of the report to the agency.

Findings by agency, including material circumstances leading to incident:
The agency screened in and investigated the report in conjunction with law enforcement. The medical examiner conducted an autopsy and found that the child died from Infantile-Onset Diabetes Mellitus, which caused dehydration. As infantile diabetes is rare, the medical examiner believed the mother would not have been able to recognize symptoms in the child. Additional information was gathered from the child's primary care physician (PCP). The child had very recently been referred to a developmental clinic for testing due to concerns of the PCP about failure to thrive; however, the clinic had not yet confirmed an appointment at the time of the child's death. The PCP did not suspect maltreatment of the child. The medical examiner believed that the child had diaper rash that did not heal properly due to diabetes. The cause of the injury to the child's stomach was not determined; therefore, the medical examiner was unable to state if the injury was caused by maltreatment. The allegation of neglect was unsubstantiated, as it was determined the child died from an undiagnosed medical condition.

Additional information for children in home:

Description of the child's family:
The child was residing with his mother, a twin sibling, and five older siblings. The child's father spent time in the home and assisted in the care of the children. Another relative was residing in the home and also assisted the mother with care of the children.

☐ **Yes** ☒ **No** **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, 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:
In 2010, the agency screened in and investigated one report of neglect of the child's older siblings. Please refer to the following section for further information.

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 at the age of 18 years or older:
In June 2010, the agency received a report alleging neglect of the older children by their mother. The agency screened in and investigated the report. The allegation of neglect was unsubstantiated and the children were determined to be safe in the care of their mother. The family was referred to community resources and the case was closed.

Summary of any investigation conducted under ch. 48 or ch. 938 and any services provided to the family since the date of the incident:

The agency screened in and investigated the report of maltreatment. All of the other children in the home were examined by a physician and no concerns were identified. The allegation was unsubstantiated and the other children in the home were determined to be safe. The agency closed the family's case.

Additional information for children 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 actions taken by agency in response to the incident:**

The agency screened in and investigated the allegation of maltreatment. The agency assured that the other children in the home received medical examinations and the older children were interviewed. It was determined that the infant died from undiagnosed Infantile-Onset Diabetes Mellitus. The other children were determined to be safe in the care of the mother. The allegation of neglect was unsubstantiated and the case was closed.

***Summary of policy or practice changes to address identified issues:**

none

***Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues:**

none

Statement of Completion:

☒ Yes ☐ No This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this case.

* If a full report including agency actions, changes in policies or practices and recommendations for further changes was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.