

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

Case Tracking Number: 110427DSP-Brown-102 Agency: Brown County Department of Human Services

Child Information: Age: 4 months Gender:  Female  Male  
Race or Ethnicity: White Hispanic  
Special needs: Genetic disorder

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

Date of Incident: 04/27/2011

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

On April 27, 2011, the mother contacted 911 after she and a neighbor found the child face down in her car seat and not breathing. The mother had put the child in the car seat to sleep several hours earlier and reported checking on the child a couple hours before finding her unresponsive. The mother began CPR and continued until first responders arrived; however the child was pronounced deceased at the scene. The cause of death was determined to be natural causes due to multiple congenital defects.

### Findings by agency, including material circumstances leading to incident:

The allegation of neglect of the child was unsubstantiated, as the child was determined to have died from natural causes. The mother reported putting the child in the car seat to sleep at approximately 11:00 p.m. on April 26, 2011. The mother indicated she removed the child from the car seat at approximately 5:00 a.m. on April 27, 2011, in order to tube feed her, then returned the child to the car seat. The mother reported that she checked on the child at approximately 11:00 a.m. She was not concerned that the child was sleeping so much because the child recently had surgery and had been sleeping more since then. The mother found the child face down in the car seat and unresponsive at approximately 1:00 p.m. She indicated that the child was able to roll over, but had never rolled over in the car seat. Medical staff familiar with the child confirmed that the child could roll over well and was quite active when she was awake. The child's half-sibling was determined to be safe in the care of the mother.

### Additional information for children in home:

#### Description of the child's family:

The child resided with her mother and half-sibling at the time of her death. The child's father resides in another country and was not involved in her life.

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:

The agency was conducting an Initial Assessment related to a report received on March 17, 2011. The worker's last contact with the family was on March 31, 2011.

#### 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 March 2011, the agency screened in and investigated an allegation of neglect of the child by the mother. The investigation/assessment had not been completed at the time of the child's death. A second report was received and screened in the day before the child's death. This report also alleged neglect of the child by the mother. The assigned worker had not yet contacted the family regarding the second report. Both reports were subsequently found to be unsubstantiated.

#### 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:

See previous section.

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

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**incident:**

All allegations of neglect of the child by the mother were unsubstantiated after investigation/assessment. The surviving child was determined to be safe in the care of the mother. The family was referred to services in the community.

**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 report of the child's death. The allegation of neglect was unsubstantiated. The medical examiner determined the child's death to be from natural causes related to the child's multiple congenital defects. The agency determined that the child's sibling was safe in the care of the mother. The family was referred to services in the community.

**\*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.