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 | er: 100907DSP-PN-47 | Agency: | Green Lake County Dept. of Health & Human Services |
|--|---|--|--|
| Child Information: | Age: 9 days | | Gender: 🛛 Female 🔲 Male |
| | Race or Ethnicity: Caucasian | | |
| | Special needs: None | | |
| Child's Residence: | In-home | lacement | |
| Date of Incident: 9/ | 7/10 | | |
| The nine-day-old chi morning, and her bre to be listless and was | ld was taken to see her doctor, ar athing seemed to change. The m | nd the child nother conta utopsy did 1 | died while in the waiting room. The baby vomited earlier that acted the doctor's office to see the baby, because she appeared not find any trauma or illness that would result in death, but the ction. |
| The agency unsubstate born healthy. The multiple 4:00 a.m. and vomite | other is a registered nurse and red. She became a little fussy, beg minutes of cardiopulmonary resu | . The moth ported that gan to feel c | er reported that the pregnancy was normal and the child was the child seemed healthy the previous day. The child awoke at ool and her breathing changed. The mother took the baby to as administered without success. Autopsy results determined |
| Additional information | n for children in home: | | |
| Description of the | e child's family: | | |
| The infant reside | ed with her mother, father and thr | ee older sib | olings. |
| | | | 48 or ch. 938 being provided to the child, family or alleged maltreater gency or reports being investigated at time of incident? |
| | escribe the type of services, date(ng those services: | s) of last co | ntact between agency and recipient(s) of those services, and the |
| Summary of all in years: None | volvement in services under ch. 4 | 8 or ch. 938 | by child's parents or alleged maltreater in the previous five |
| | ons taken by the agency under ch. mber of the child's family or allege | | ng any investigation of a report or referrals to services involving er: |
| Summary of any i | nvestigation conducted under ch. | . 48 or ch. 93 | 38 and any services provided to the family since the date of the |
| The agency unsu | bstantiated maltreatment and refe | erred the pa | rents to the Infant Death Center for support services |
| Additional information | n for children in out-of-home (OHC | C) placemen | t at time of incident: |
| Description of the | OHC placement and basis for de | cision to pla | ace child there: |
| Description of all | other persons residing in the OHO | C placement | t home: |

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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.

* Summary of actions taken by agency in response to the incident:

The agency did not receive an Access report, but rather received general information about a deceased baby at the hospital. The supervisor pursued the information, collecting enough information to complete a CPS Report, which was screened in and investigated. Maltreatment to the infant was unsubstantiated. The parents were referred to the Infant Death Center for support and services.

| *Summary of pol | icy or practice changes to address identified issues: |
|----------------------|--|
| None | |
| *Recommendation None | ons for further changes in policies, practices, rules or statutes needed to address identified issues: |
| Statement of Cor | npletion: |
| ⊠ 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.