

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

Case Tracking Number: 110928DSP-Tremp-152 Agency: Trempealeau County DHS

Child Information: Age: 2 1/2 years Gender: Female Male
Race or Ethnicity: White, Hispanic/Latino
Special needs: Yes

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

Date of Incident: 9/28/2011

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

On September 28, 2011, the foster mother left the home early in the morning to go shopping, and the foster father had left for his office. The child and the other children in the home were left in the care of an adult relative of the foster family. After being at the home for 1-2 hours, the relative heard noise coming from the bedroom. She went into the room and found the child unresponsive. She took the child to the home next door and had assistance in transporting him to the hospital, believing she could get him to the hospital faster than calling for EMS. The child was pronounced deceased at the hospital. There was some bruising on three areas of the child's body. The final autopsy report indicated that his cause of death was found to be caused by his ongoing condition of Tuberous Sclerous, and his death was likely the result of a seizure or heart attack. Nothing suspicious was found during the autopsy, and the manner of death is considered natural.

Findings by agency, including material circumstances leading to incident:

Trempealeau County DHS found the allegations of physical abuse to be unsubstantiated. The child suffered from a congenital condition of Tuberous Sclerous which caused him to have speech, physical, cognitive, and developmental delays. He received speech and occupational therapy on a weekly basis and other specialized services through the Children's Hospital. This agency did not determine that any neglect in medical treatment or response to incidents contributed to his death. The bruising was determined to be accidental, consistent with the explanations provided to the initial assessment social worker and law enforcement.

Additional information for children in home:

Description of the child's family:

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:

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:

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:

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

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:

The OHC placement is a Level 4 Treatment Foster Family Home licensed by Family Works Treatment Foster Homes. The foster family resides in a rural community. This agency was not involved in the placement of these children in this foster home as the children were under a ch 48 CHIPS order in Dunn County, in which the biological parents rights were terminated. The children were placed with the foster family directly from the hospital after their birth. These children have only resided in this foster home.

Description of all other persons residing in the OHC placement home:

This includes foster parents, biological twin sister, and 3 foster siblings ages 16, 13, and 7 years.

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.

The foster home was licensed under 48.62 since October 2009. Level 3 Foster Home 4/2009 to 4/2011. Level 4 Foster Home from 4/2011 to 4/2013. No exceptions or waivers required 4/2011 to 8/2011. In August 2011 exception/waiver of 56.09 Care of Children; allowing both foster parents to work away from the home. Foster mother working very part-time "wouldn't interfere with care of children". Licensing agency approved 9/14/2011.

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

The private agency caseworker was notified of the death at 10:15am, in which she notified adoption worker and the private agency supervisor of the situation. State Adoptions was also notified of the situation. Trempealeau County Sheriffs Department was also notified at 10:50am about the child's death and began normal protocol investigation. None of these agencies ever contacted Trempealeau County Department of Human Services to notify of a child death. Trempealeau County DHS received CPS referral on 9/28/2011 at 1:40pm concerning the child's death and observation of bruises on his body.

TCDHS had a difficult time determining the different points in the investigation for each agency and locating all members of the foster home when we received the referral.

TCDHS investigated the referral regarding the allegation of possible physical abuse. All family members were interviewed, the caretaker at the time of death was interviewed, collateral contact and records were obtained from treating medical providers of the child, service providers, case notes of licensing agency, and law enforcement.

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

Trempealeau County Department of Human Services does not have the authority to implement any possible policy or practice changes that would be needed in the coordination of services between State of Wisconsin and private licensing agencies when the county agency is investigating CAN. In the future Trempealeau County will be following protocol of removing children and resorting to TPC children in the care of the State of Wisconsin or other counties/agencies if immediate collaboration is not possible.

Trempealeau County Department of Human Services has requested MOU's with Trempealeau County Sheriffs Department on multiple occasions and has requested to have them participate in MOU training through the National Child Protection Training Center. At this time, we are still unable to get the Sheriffs Department to commit to such protocol or training.

***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.