

90-Day 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: 120211DSP-Sheb-180 **Agency:** Sheboygan County Department of Health and Human Services- Division of Social Services

Scope of DSP Review of Incident

- No Review. The information contained in this report was provided by the agency.
 90-Day Review

Child Information (at time of incident)

Age: 2 yrs 4mths (28mths) Gender: Female Male
Race or Ethnicity: Caucasian
Special Needs: none

Date of Incident: 02/11/2012

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

On 02/11/12 the agency received a report indicating that a mother and her live-in male roommate brought her two year old son to Sheboygan Memorial Medical Center ER with severe head trauma- cerebral swelling, retinal hemorrhaging, and seizures. At that time, doctors determined the child should be flown Flight for Life to Children's Hospital of Milwaukee, ICU.

It was explained that mother went to work on the evening of 02/10/12 leaving her roommate responsible for her son's care. Having worked the previous evening and not sleeping during the day, the roommate was very tired by early evening. He tried settling the child down on the couch to watch television. The roommate dozed off several times and at one point woke up to the dog barking. He became angry and frustrated after realizing the child was awake in the next room playing. He admitted to grabbing and lifting the child several feet off the floor, but lost his grip, which caused the child to fly across the room and hit his head. The child slumped to the floor unconscious and remained unresponsive and seizing for several hours afterwards. The roommate failed to seek immediate medical attention, despite the obvious critical condition of the child.

The child was pronounced deceased on 2/16/12.

Findings by agency, including maltreatment determination and material circumstances leading to incident:

According to Children's Hospital physicians, the combination of cerebral edema, the pattern of retinal hemorrhages, seizures, altered mental status and respiratory failure was caused by severe trauma. The trauma involved "deceleration forces to the head such as those seen with shaking and/or impact to the head." The roommate admitted that the child hit his head on either the wall or a piece of furniture. The child was pronounced dead on 2/16/12.

FINDINGS: the allegations of PHYSICAL ABUSE and NEGLECT are SUBSTANTIATED.

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 child had no siblings and lived in the home with his mother and mother's friend, a male roommate. The biological father had infrequent contact with the child.

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.)

None

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. (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 belief of maltreatment or threatened harm are not required to be screened in for an initial assessment, and no further action is required by the agency.)

None

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:

None- child deceased and no other children in the home.

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 checked="" type="checkbox"/> Protective plan implemented | <input 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 checked="" 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 type="checkbox"/> Case remains open for services |
| <input type="checkbox"/> Placement with relatives | <input checked="" type="checkbox"/> Case closed by agency |
| <input 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:

None – No DSP Review

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

None- No DSP Review

- Yes No Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this case.

If the case review was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.

The agency must submit an electronic copy of the completed 90-Day Summary Report to PaulaL.Brown@wisconsin.gov