

## 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:** 120419DSP-Dane-192      **Agency:** Dane County Dept. of Human 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: 1 year      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 4/19/12

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

The child was taken to the emergency room by his father after the father received a call from the child's day care that he was vomiting blood and having difficulty breathing. The child was transferred to the University of Wisconsin Children's Hospital where surgery was performed to remove the child's pacifier that was lodged in his throat. Reportedly, the child was napping with his pacifier, which was described as a soft, rubber "soothie" type pacifier that was quite flexible. There was no evidence of trauma, laceration or bruising to the child's mouth which would suggest forceful pushing. It is possible that the child may have folded the pacifier in half and put it in his mouth. The child was discharged from the hospital the following day. The doctor indicated it is impossible to conclude if this was caused by accidental means or not; however, the incident has been determined accidental by law enforcement, and no criminal charges were filed.

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

The agency unsubstantiated maltreatment to the child by employees of the day care center. The day care staff placed the child in a crib with two pacifiers and a few blankets. Rather than napping, the child was moving around in his crib. The teacher picked him up when she saw him standing and attempted to rock him to sleep. When she leaned him backward he began to cough. The child vomited blood and milk and was unable to catch his breath. The day care director did a finger sweep to see if anything was in the child's mouth, but did not feel or see anything. They called the father, explaining that he needed to "get here right away;" then they contacted the child's mother. The father started to take the child to their regular medical center, but went to the emergency room due to the child's struggling to breathe.

The entire pacifier was lodged in the child's throat. Different pacifiers are recommended for different ages, with bigger and stiffer pacifiers being used as the child ages. The parents supplied the pacifiers for their child to the day care.

- Yes  No Criminal investigation pending or completed?  
 Yes  No Criminal charges filed? If yes, against whom?

**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 resided with his parents.

- 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.** (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 suspicion of maltreatment or a reason to believe that the child is threatened with 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:**

The agency investigated and unsubstantiated allegations of physical abuse and neglect to the child by day care staff. The parents and day care center were cooperative with the agency and law enforcement during the investigation. The parents and physician were upset that the day care center called the parents rather than 911 in response to the child's condition. The day care was found to be in compliance with the Department of Children and Families licensing and reporting requirements. The day care has implemented new rules allowing only one blanket and one pacifier in a child's crib for children ages 1 year and older. No referrals were made, and the agency closed the case.

**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:**

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

**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 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 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 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 checked="" type="checkbox"/> Other (describe): Collaboration with State child care licensing    |

**FOR DSP COMPLETION ONLY:**

**Summary of policy or practice changes to address issues identified during the review of the incident:**

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

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](mailto:PaulaL.Brown@wisconsin.gov)