

## 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:** 130101DSP-Keno-277      **Agency:** Kenosha County Department of Human Services

**Child Information** (at time of incident)

Age: 2 years      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 1/1/13

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

On 1/1/13, the agency received a report regarding the death of a 2-year-old child. When law enforcement arrived at the home, the child was propped up with pillows on the couch at a neighbor's home. The child was observed to have bruising on his head and behind his ear, indicators of abuse. The mother reported the child was frequently ill, since birth. On the morning of the child's death, the child woke up between 3:00 and 4:00 AM, pulling at his pajamas as though he was hot. The mother took the child's pajamas off and allowed him to sleep on the floor. The child wanted something to drink and the mother reported she gave the child 7-Up. The child woke up several hours later asking to watch television and wanting milk. The mother gave the child a drink of water and laid him back down with the television on. The mother woke up a short time later and found the 2-year-old sleeping in the hallway. The mother covered the child with a blanket and returned to bed. Between 6:30 – 7:00 AM, the 4-year-old child woke up the mother, which in turn woke up the 2-year-old. The mother gave the 2-year-old another drink of water and he lay down to watch television. Approximately 30 minutes later, the child vomited the water. The mother contacted family members to have them bring Gatorade, 7-Up, and crackers. The mother started getting ready to take the child to the emergency room. When she checked on the child again, she noted his breathing had slowed down. The mother picked the child up and took him to the home of a neighbor at which time 911 was called. An autopsy was performed by the medical examiner's office which determined the child died from a condition called Intestinal Volvulus, a twisting of the intestines. Bruises located on the child were determined to be consistent with this condition and not the result of abuse. No criminal charges will be filed in this case.

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

The agency collaborated with law enforcement and medical personnel to complete the assessment. Allegations of physical abuse and neglect were unsubstantiated. An autopsy was performed which determined the child died from a medical condition and not the result of abuse or neglect. The agency also confirmed the mother was consistent with medical care and did express constant concern about her child being ill. The 4-year-old child was determined safe in the mother's 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 lived with his mother and 4-year-old sister. The father of the children lived in a separate residence and had limited contact with the children.

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 screened in the allegations of physical abuse and neglect by the mother. Physical abuse and neglect were unsubstantiated. The child's death was determined the result of a medical condition and not the result of abuse or neglect. The 4-year-old was determined safe in the care of the mother. The family was provided information about support services within the community and the agency has 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 checked="" type="checkbox"/> Protective plan implemented                                       | <input checked="" 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 type="checkbox"/> Other (describe):   |

**FOR DSP COMPLETION ONLY:**

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

Under the Child Welfare Disclosure Act (Section 48.981(7)(cr), Stats.), the DSP completes a 90-day review of the agency's practice in each case reported under the Act. The DSP did not identify practice issues during the review of the incident.

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

None

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 [Tara.Muender@wisconsin.gov](mailto:Tara.Muender@wisconsin.gov)