

## 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:** 130117DSP-Wauk-285      **Agency:** Waukesha County Department of Health and Human Services

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

Age: 6 months      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 1/17/13

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

On 1/17/13, the agency received a report regarding the death of a 6-month-old infant. The father dropped off the infant and the infant's 4-year-old twin brothers with a daycare provider at 6:00 AM on 1/17/13. The father informed the daycare provider the infant was congested. At approximately 8:00 AM, the daycare provider fed the infant a bottle and then sat beside the infant on the couch until he fell asleep. The infant fell asleep on his back. The daycare provider went to the kitchen to clean while the infant slept. The 4-year-old boys were playing video games in the same room as the infant. While in the kitchen, the daycare provider heard a gurgling sound coming from the living room. The daycare provider entered the room to find the infant in obvious distress. The infant's eyes were half open and it was apparent to the daycare provider he was struggling for air. The daycare provider called 911 and was given instructions to perform CPR on the infant. The daycare provider noticed a large amount of mucus in the infant's mouth and used her index finger to remove it. The infant also had mucus draining from his nose. The infant was transported to the hospital via emergency medical services. Efforts to resuscitate the infant were unsuccessful and he was pronounced deceased at 10:55 AM. The preliminary cause of death is listed as natural causes. The Medical Examiner found no signs of trauma or illness. Toxicology reports are still pending at this time. Law enforcement was contacted regarding the infant's death; however, no criminal charges have been filed.

**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. Neglect to the infant was unsubstantiated. Based on information from the Medical Examiner and law enforcement, there is no information indicating the father, mother or daycare provider was responsible for the infant's death. The infant was regularly seen by his primary physician and was last seen on 1/9/13. At that time he was reported to be in good health and up to date on his immunizations. The preliminary cause of death is natural causes. The 4-year-old twins were determined safe in the care of the father. The father is connected to community services and has strong family support available to him. The agency has closed the case.

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 infant lived with his father and 4-year-old twin brothers. The mother was having regular visitation with the children prior to the incident.

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.)

On 8/4/09, the screened in a services report. The family declined the offer of services.

On 8/13/12, the agency screened out a services report.

**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 and assessed the allegation of neglect to the infant. Neglect was unsubstantiated. The 4-year-old twins were determined to be safe in the care of the father. The father is connected to community services and declined formal services at this time. 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 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. In accordance with the DCF memo Series 2010-13, dated December 7, 2010 pertaining to the Child Welfare Case Review Protocol, the DSP will complete an on-site review in case # 130117DSP-Wauk-285.

**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)