

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: 130925DSP-Wauk-367 **Agency:** Waukesha County Department of Health and Human Services

Child Information (at time of incident)

Age: 8 Months Gender: Female Male

Race or Ethnicity: White

Special Needs: None

Date of Incident: 09/25/2013

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

On September 25, 2013, the agency received a report regarding the unexplained death of an eight month old. Law enforcement responded, the same day, to initiate an investigation into the child's sudden unexplained death. The child was cared for by an unlicensed, in-home day-care provider. The provider stated the infant was dropped off by the father on September 25, 2013, at 7:00 a.m. The provider stated the infant cried all morning and she put the infant down for a nap at approximately 9:00 a.m. in a pack-and-play. The provider stated she placed the infant on his stomach and, because the room was cold, she covered the infant with a queen size blanket up to his shoulders. The provider stated she checked on the infant at 10:00 a.m. and he was still sleeping. The provider stated that, at approximately 11:30 a.m., she decided to wake up the infant; when she entered the room, the blanket was completely covering the infant. The provider stated that when she pulled back the blanket, the infant was still on his stomach and his face was "down," facing the mattress. The provider stated when she picked up the infant his body was limp and his face was blue and blotchy. The provider stated she ran downstairs with the infant in her arms and placed the infant on the kitchen table and began administering CPR. The provider's assistant completed CPR while the provider contacted 911. EMTs arrived and transported the infant to a hospital via ambulance. The infant was pronounced deceased at the hospital.

The Medical Examiner completed their report and found no signs of abuse or neglect to the infant; but toxicology reports are pending. The report concluded the infant had Laryngothacheobronchitis and the cause of death was ruled undetermined. The medical examiner's report noted the child was found in the prone position, completely covered by a blanket. The medical examiner determined that a combination of the natural disease process and an external environmental factor caused the death of the child. The criminal investigation remains open and no 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. Based on the information gathered, the Initial Assessment completed by the agency has insufficient evidence to substantiate the maltreatment by the unlicensed, in-home day-care provider. The Medical Examiner's report concluded no signs of abuse or neglect and ruled the death undetermined. All children attending the unlicensed day-care were observed and determined safe.

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):

At the time of the incident, the infant resided with his mother, father, and 2 year old brother.

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:

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 collaborated with law enforcement and medical personnel to complete the assessment. Based on the information gathered, the Initial Assessment completed by the agency has insufficient evidence to substantiate the maltreatment by the unlicensed, in-home day-care provider. The Medical Examiner's report concluded no signs of abuse or neglect and ruled the death undetermined. All children attending the unlicensed day-care were observed and determined safe.

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:

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): Family provided information about various counseling and supportive services available in the community. |

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: RobertB.Williams@wisconsin.gov