

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: 140424DSP-Rock-436 **Agency:** Rock County Human Services Department

Child Information (at time of incident)

Age: 3 Months Gender: Female Male

Race or Ethnicity: Asian, Vietnamese

Special Needs: None

Date of Incident: April 24, 2014

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

On April 24, 2014, the agency received a report regarding a three-month-old child who was brought to the hospital for unexplained seizure activity. Medical professionals who examined the child suspected head trauma due to the child's presenting symptoms, so the child was transported to another hospital. Law enforcement was contacted and initiated a criminal investigation regarding the child's suspicious injuries.

It was reported the mother dropped the child off at the babysitter's home at 10:00 a.m. on April 24, 2014. The father reported he exchanged texts with the babysitter about the lack of breast milk for the child; however, there were no other concerns reported by the babysitter during the day. The father reported he picked the child up from the babysitter's home at 7:00 p.m. and the babysitter told the father that the child did not look right. The father stated the babysitter told him that the child did not cry during a diaper change as she normally did. The babysitter then placed the child in her car seat and the father went to his vehicle. The father lifted the blanket that was covering the child and she appeared sleeping. The father reported the child was quiet on the ride home. The father stated when he returned home with the child and removed the blanket that covered her, he noticed the child's eyes were rolled up and her hands and arms were shaking. The father stated the seizure-type activity ended and he continued to watch the child. The father reported the child had another seizure approximately twenty minutes later and he called the mother to come home so they could take the child to the hospital.

According to the medical professionals and law enforcement there were no signs of trauma that correlated with abuse or neglect. Medical professionals conducted a CT scan on the child that showed signs of global anoxia which indicated her brain had been deprived of oxygen. Law enforcement ruled the child's death as accidental asphyxiation. No criminal charges were filed and the case was closed.

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. The Initial Assessment completed by the agency found insufficient evidence to substantiate physical abuse of the child by an unknown maltreater. The Medical Examiner's Office report noted no signs of maltreatment or trauma to the child. The agency determined the two other children safe and they remained in the mother and father's home. The agency closed the initial assessment and no service referrals were made.

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 child resided with her mother, her father, her four-year-old brother and her three-year-old sister.

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.)

N/A

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.)

N/A

Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 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. The Initial Assessment completed by the agency found insufficient evidence to substantiate physical abuse of the child by an unknown maltreater. The Medical Examiner's Office report noted no signs of maltreatment or trauma to the child. The agency determined the two other children safe and they remained in the mother and father's home. The agency closed the initial assessment and no service referrals were made.

B. Children residing in out-of-home care (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 or other actions that constitute 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 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 type="checkbox"/> Other (describe): |

FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:

Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:

N/A

Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:

N/A

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