DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

Public Notification of a Child Death, Serious Injury or Egregious Incident

Case Tracking Numb	er: 130409DSP-Sheb-3	312
Date of Public Notific	ation: 4/16/13	
-	` ,	is received notification that a child death, serious injury or egregious incident has occurre ced in out-of-home care has died and suicide is suspected.
Date of Incident: 4/	9/13	
Incident Description:	☐ Death / Maltreatment☐ Death / Suicide OHC	
Additional Informatio	n (optional):	
Child Information:	Age: 14 years Age: 12 years Age: 10 years Age: 8 years Age: 6 years	Gender: Female Male Gender: Female Male Gender: Female Male Gender: Female Male Gender: Female Male Gender: Female Male
Child's Residence:	☑ In-home ☐ Out-of-hor	me care placement by agency
Scope of DSP Review 90-Day Review Records Review On-site Review	iew view	

Agencies responsible for this case or cooperating with the DSP review.

Sheboygan County Health and Human Services Department