#### **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

# 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Case Tracking Numb	er: 100507DS	SP-PN-19	Agency:	Outagamie Co. Dept. of Health and Human Services
Child Information:	Age: 2 month	ıs		Gender: ⊠ Female ☐ Male
	Race or Ethnicit	y: Caucasian		
	Special needs:	None at time of	of the inciden	it
Child's Residence:	⊠ In-home □	Out-of-home care	placement	
Date of Incident: N	1ay 7, 2010			
Description of the in	cident, including	the suspected c	ause of death	, injury or egregious abuse or neglect:
examining her, the diagnosed with head eye. The injuries winitially the child won 5/7/10. In the miground when the far	child went limp a ing rib fractures ere described as as not expected bring he shook her bent down t ted to have caus	and the doctor ca , acute head trau consistent with to live, but did so the baby when lo o pick up her nu- sed the earlier in	arried her to	may have rolled on the baby while sleeping with her. While the emergency room. Over the next several days, the baby was emmorrhaging and bruising on her leg, neck, side and near heal trauma and a shaken baby. A coma was induced, and father later confessed to shaking her on two separate occasions to console her. Later the same day, her head allegedly hit the len. The child then went limp, so he shook her again. The ribs. The father has been criminally charged with two felony
Findings by agency,	including materi	al circumstances	s leading to in	cident:
	<del>-</del>		_	tantiated. Surrounding circumstances are described in the
Additional information	on for children in	home:		
Description of the	ne child's family:			
=	-		s who are man	rried to each other.
				48 or ch. 938 being provided to the child, family or alleged maltreate gency or reports being investigated at time of incident?
If "Yes", briefly person(s) receive $N/A$			e(s) of last co	ntact between agency and recipient(s) of those services, and the
Summary of all in years: None	nvolvement in se	ervices under ch.	48 or ch. 938	by child's parents or alleged maltreater in the previous five
		agency under cl d's family or alle		ng any investigation of a report or referrals to services involving er:
Summary of any	investigation co	onducted under c	h. 48 or ch. 93	38 and any services provided to the family since the date of the

Additional information for children in out-of-home (OHC) placement at time of incident:

The father is incarcerated and ordered to have no contact with the child.

The agency substantiated physical abuse to the child by her parent. In June 2010, a report was received and screened in for child welfare rather than child protective services. The report indicates that the child needed additional medical care and was receiving it. The family is receiving Ongoing Services which includes case management to address the family's needs and monitoring of participation in services to ensure child safety. The mother is cooperative and participating in services.

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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 actions taken by agency in response to the incident:

The agency responded to the report the same day it was received. The initial assessment was conducted in coordination with law enforcement. A protective plan was implemented that required supervision of parental visits with the baby in the hospital during the CPS assessment. Subsequently, the plan was modified to allow the mother unsupervised visits. The father was ordered to have no contact with the baby. The agency approved that the mother and child would reside with relatives upon the baby's discharge from the hospital. A CHIPS petition has been filed and is pending in court. The agency assisted the family with obtaining needed resources, including financial assistance for the baby and rent. The family continues to receive services from the agency.

None

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

None

### **Statement of Completion:**

Yes No This 90-day summary report completes the Division of Safety and Permanence (DSP) review of
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<sup>\*</sup> If a full report including agency actions, changes in policies or practices and recommendations for further changes was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.