

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

Case Tracking Number: 101012DSP-PN-58 Agency: Rock County Human Services Department

Child Information: Age: 1 year Gender:  Female  Male  
Race or Ethnicity: African American-Causian  
Special needs: \_\_\_\_\_

Child's Residence:  In-home  Out-of-home care placement

Date of Incident: 10/12/10

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

On October 13, 2010 the agency received a report that the child has a small brain bleed, skull fracture, and a hematoma on his forehead. The parents explained that the toddler fell while being given a ride on the shoulders of a relative, which could have caused the skull fracture. They also explained the hematoma on his forehead occurred when the child tripped and fell on October 11. The emergency room doctor stated the explanations for the injuries are plausible, but he has concerns about two head injuries in two days. The child was evaluated at Children's Hospital of Wisconsin, and it was determined that he did not have a brain bleed, but that he did have a slight skull fracture. Further treatment was not needed, and the child was not admitted to Children's Hospital. It was reported by all witnesses that another child (age 11) had tried to pick the child up and put him on his shoulders. The adults present yelled at the older child and told him to put the child down. The older child believed that an adult was going to catch the child, so he let him go; however, the toddler fell before the adult was able to catch him. It was reported the accident occurred outside, and his head hit a patch of hard-packed dirt. It was also confirmed that the skull fracture and hematoma on the child's forehead were accidental.

### Findings by agency, including material circumstances leading to incident:

The agency unsubstantiated maltreatment to the child and determined the child safe in his parents' care. The child's injury was significant, but it was caused by an accident. Please see the previous section for information about the incident.

### Additional information for children in home:

#### Description of the child's family:

The child lives with his mother and two siblings. The child's biological father and current partner of the mother often stays at the home but reports living at a different residence.

Yes  No **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, 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:**

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 at the age of 18 years or older:**

None

**Summary of any investigation conducted under ch. 48 or ch. 938 and any services provided to the family since the date of the incident:**

The agency screened in and investigated the report of injuries to the child. The injuries were found to be accidental and maltreatment was unsubstantiated. The family was assessed, and the agency identified some areas of need, referring the family to services in the community. To date, the family has not followed through with the referral/services. The agency closed the family's case.

**Additional information for children 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 actions taken by agency in response to the incident:**

The agency screened in and investigated the report, unsubstantiating maltreatment and finding the child and his siblings safe in their parents' care. The initial assessment identified needed services and referred the parents to a service provider in the community. The agency closed the case.

**\*Summary of policy or practice changes to address identified issues:**

The agency identified that service providers need to respond to requests for services in a more timely manner to keep the family engaged and motivated to participate in services.

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

The initial assessment is not in full compliance with the CPS Access and Initial Assessment Standards. The agency is aware of and has addressed the DSP finding.

**Statement of Completion:**

Yes  No This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this case.

\* 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.