

## 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:** 120208DSP-Jack-179      **Agency:** Jackson County Dept. of Health & Human Services

### Scope of DSP Review of Incident

- No Review. The information contained in this report was provided by the agency.  
 90-Day Review

### Child Information (at time of incident)

Age: 5 months      Gender:  Female  Male

Race or Ethnicity: Native American

Special Needs: None.

**Date of Incident:** Reported 2/8/12

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

The reporter called to state that the child was seen at the local health clinic for a scoliosis appointment and a follow-up CT scan for an injury reported to the agency on 1/6/12. The reporter stated that the neurologist read the CT scan and found an acute subdural hematoma greater than the prior one and on top of the other one. The reporter stated that this is a non-accidental injury, but it was later determined that the second hematoma was likely due to a rebleed, rather than a new trauma or maltreatment. The criminal investigation is ongoing.

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

The allegation was investigated and found unsubstantiated. The agency received its first report on the child's original injury on 1/6/12, which was investigated and substantiated (120106DSP-Jack-174-90D). The mother denied harming the child. The child was attending day care from the time the agency received its first report (1/6/12) on the family until this injury. Day care staff was interviewed, and they all denied harming the child. The second hematoma was deemed a rebleed, rather than a second incident of maltreatment.

**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):

The child resided with his parents and older sibling. The father was the primary caregiver for both children until he was arrested on January 4, 2012, for a domestic incident in the home. At the time of the second CPS Report, the father was incarcerated.

**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:**

A referral was received on this family on 1/6/2012. At the time of this incident, the initial report was being investigated. A CHIPS petition had been filed and the children were placed with their mother. The children were both being screened for services. The family had Court on 2/7/2012 for the CHIPS petition. The family received in-home services from three different professionals on 2/6/2012, including the agency social worker.

**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.)

Prior to the investigation on 1/6/2012, the agency has not had any involvement with this family.

**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.** (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 belief of maltreatment or threatened harm may not 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:**

Since the date of the incident, the agency is providing case management services and referrals to outside agencies.

**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:**

**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 checked="" type="checkbox"/> Protective plan implemented                                       | <input checked="" type="checkbox"/> Referral to services   |
| <input checked="" type="checkbox"/> Initial assessment conducted                                      | <input checked="" type="checkbox"/> Transportation assistance  |
| <input checked="" 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 checked="" type="checkbox"/> Supervised visitation  |
| <input type="checkbox"/> Placement into foster home   | <input checked="" type="checkbox"/> Case remains open for services                                     |
| <input type="checkbox"/> Placement with relatives   | <input type="checkbox"/> Case closed by agency   |
| <input checked="" 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 ONLY:**

**Summary of policy or practice changes to address issues identified during the review of the incident:**

None - No DSP review

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

None - No DSP review

- 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 [PaulaL.Brown@wisconsin.gov](mailto:PaulaL.Brown@wisconsin.gov)