

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: 120929DSP-Dane-254 **Agency:** Dane County Department of Human Services

Child Information (at time of incident)

Age: 4 months Gender: Female Male

Race or Ethnicity: Hispanic

Special Needs: Multiple complications related to premature birth

Date of Incident: 9/29/12

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

On 9/30/12, the agency received a report with concerns of possible physical abuse to a 4-month-old infant who was brought to the emergency room by her mother on 9/29/12 reporting the infant was experiencing seizures. The infant was transferred to American Family Children's Hospital. A medical evaluation revealed multiple injuries including intracranial bleeding, a ligament injury to the infant's neck, retinal hemorrhaging and multiple buckle fractures to both legs. Medical personnel reported the injuries were highly suspicious of maltreatment. Law enforcement interviewed both parents regarding the cause of the injuries. The infant's mother provided several different explanations for the injuries, including an incident in which she reportedly shook the infant after she would not stop crying. Criminal charges have not been filed at this time.

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

The agency collaborated with law enforcement and medical personnel to complete assessment. The agency substantiated physical abuse to the infant by her mother. The infant's parents reported they were the only caregivers for the infant, with the mother being the primary caregiver. The infant was born premature and has several medical complications including seizures and breathing difficulties. The infant spent the first three months of her life in the hospital and was home with her family for 2-3 weeks prior to the incident. The infant required special care in the home and the family received some assistance from home health nursing. Neither the home health nurse, nor the infant's primary physician noted concerns regarding the possibility of maltreatment of the infant prior to this incident. The infant's two school age siblings were interviewed and reported no concerns regarding maltreatment of themselves or their two siblings. They were aware the infant had special needs, but were not aware of any accidents or injuries involving the infant. A safety assessment of the household was conducted and the agency determined the infant had unique vulnerabilities, different from the older children in the home, related to the infant's premature birth, lengthy time spent in the hospital, attachment issues with the parents, and ongoing medical needs. The agency determined the three older children were safe in the care of their father. The infant was found to be unsafe and was placed in out-of-home care once discharged from the hospital.

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):

The infant lived with her mother, father, 1-year-old brother, 7-year-old sister, and 10-year-old brother.

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.)

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. (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.)

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:

The agency collaborated with law enforcement and medical personnel to complete the assessment. The agency substantiated physical abuse to the infant by her mother. The infant was determined unsafe and was placed in foster care after her discharge from the hospital. The infant has been receiving follow-up medical care. The infant's three siblings were determined safe in the care of the father. A Child in Need of Protection or Services Petition was filed in juvenile court and the family continues to receive ongoing case management services through the agency.

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.)

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| <input checked="" type="checkbox"/> Screening of Access report | <input type="checkbox"/> Attempted or successful reunification |
| <input type="checkbox"/> Protective plan implemented | <input checked="" 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 checked="" type="checkbox"/> Temporary physical custody of child | <input checked="" type="checkbox"/> Collaboration with medical professionals |
| <input checked="" type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input type="checkbox"/> Supervised visitation |
| <input checked="" 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:

Under the Child Welfare Disclosure Act (Section 48.981(7)(cr), Stats.), the DSP completes a 90-day review of the agency's practice in each case reported under the Act. The DSP did not identify practice issues during the review of the incident.

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

None

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 RobertB.Williams@wisconsin.gov