

## 6-Month Final 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:** 120307DSP-Mara-206      **Agency:** Marathon County Department of Social Services

**Child Information** (at time of incident)

Age: 6 months      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 3/7/12

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

On 3/7/12, the agency received a report alleging physical abuse to the child. The child was taken to the doctor by his father because the child was inconsolable and had swelling on his leg. An x-ray was completed and found a bucket handle fracture to the child's left leg. At that point, a full skeletal exam was completed and showed that the child's other leg, both arms, and two ribs were also fractured and in various stages of healing. The parents were unable to provide an explanation for the injuries to the child. The child was admitted to the hospital and law enforcement was contacted. The child was primarily in the care of both parents during the prior weekend; however, several relatives also had contact with the child. No criminal charges have been filed in this case.

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

The agency screened in and assessed the allegation of physical abuse. The agency collaborated with law enforcement and medical professionals to complete the assessment. Ultimately, physical abuse was substantiated by an unknown maltreater. The child underwent a follow-up skeletal survey, as well as testing to rule out medical conditions for fractures. The follow-up skeletal survey confirmed several fractures in various stages of healing and found no new fractures that occurred since the first survey. Metabolic bone disease was found to be unlikely. Medical professionals determined the injuries were caused by non-accidental means. Due to the extreme nature of the injuries and no explanation for how the injuries occurred, the child was determined unsafe and was placed in a licensed foster home that was qualified to provide the necessary medical supervision.

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 child lived with his mother and father.

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.)

On 3/26/08, the agency screened in and assessed an allegation of unborn child abuse. Unborn child abuse was substantiated and the case was opened for ongoing case management services with the agency. Two children were removed from the home and were not returned. The agency closed the case in December 2010.

**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.)

On 12/27/07, the agency screened in and assessed an allegation of neglect. Neglect was unsubstantiated and the case was closed.

On 6/19/08, the agency received a report alleging neglect which the agency screened out.

On 2/11/09, the agency received a report requesting services. The agency connected the mother with the requested services.

On 7/15/11, the agency screened in and assessed an allegation of unborn child abuse. The agency conducted an assessment under an Alternative Response and found that agency services were not needed. The case was closed by the agency; however, the mother was receiving support from community service providers.

**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 screened in and assessed the allegation of physical abuse to the child. The agency coordinated with law enforcement and medical professionals during the assessment. Physical abuse was substantiated by an unknown maltreater. The child was primarily cared for by both parents leading up to the discovery of the injuries, but the agency was unable to determine who caused the injuries to the child. The child was determined unsafe and was placed in out-of-home care. A petition was filed in juvenile court and the child was found to be a Child in Need of Protection or Services. The family continues to receive ongoing services with 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:**

NA

**Description of all other persons residing in the OHC placement home:**

NA

**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.

NA

**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 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 checked="" 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. In accordance with the DCF memo Series 2010-13, dated December 7, 2010 pertaining to the Child Welfare Case Review Protocol, the DSP completed an onsite review in case #120307DSP-Mara-206. The review determined: Marathon County Department of Social Services Access and Initial Assessment practice was in

accordance with standards, Chapter 48 requirements, and Marathon County Department of Social Services internal policies and procedures.

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

None

Yes  No  Not Applicable This 6-month summary report completes the Division of Safety and Permanence (DSP) review of this case.

The agency must submit an electronic copy of the completed 90-Day Summary Report to [RobertB.Williams@wisconsin.gov](mailto:RobertB.Williams@wisconsin.gov)