

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: 121115DSP-EauCl-272 **Agency:** Eau Claire County Department of Human Services

Child Information (at time of incident)

Age: 7 weeks Gender: Female Male

Race or Ethnicity: Caucasian/Hmong

Special Needs: None

Date of Incident: 11/15/12

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

On 12/6/12, the agency received a report regarding a 7-week-old infant admitted to the hospital due to vomiting, decreased eating, possible fever, poor weight gain, and anemia. Further medical evaluation found bilateral subdural hygroma formation with sub acute posterior blood collections and multiple bilateral posterior rib fractures. Law enforcement was contacted to investigate the cause of the injuries to the infant. The father reported that approximately five weeks earlier, the infant woke up around 1:00 am. The father was tired and asked the mother to get up with the infant, but she refused. The father prepared a bottle for the infant and attempted to feed him; however, the infant would not eat. The father admitted he became frustrated with the infant and squeezed and shook the infant approximately three times. The father was criminally charged with one count of Child Abuse-Recklessly Cause Great Harm and found guilty of this charge 8/23/13.

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

The agency collaborated with law enforcement and medical personnel to complete the assessment. Physical abuse to the infant by the father was substantiated. The father admitted to being tired and becoming frustrated when the infant would not eat, resulting in the father squeezing and shaking the infant. The injuries are consistent with the father's report of the incident. The infant was determined unsafe in the care of his parents and placed in out-of-home care. A Child in Need of Protection or Services petition was filed in juvenile court.

- Yes No Criminal investigation pending or completed?
 Yes No Criminal charges filed? If yes, against whom? The father

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 the 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:

A child welfare (offer of services) case was open in Chippewa County at the time of the incident. Chippewa County Department of Human Services made two attempts to contact the family by telephone on 10/29/12 and 10/31/12. The family did not respond to messages left by the agency; it was later learned the family had moved to Eau Claire County.

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.)

On 10/22/12, Chippewa County screened out an allegation of neglect to the infant. The agency sent a letter to the family with information on community resources.

On 10/24/12, Chippewa County screened in a services report. The agency was unable to make contact with the family and closed the case after learning the family moved to Eau Claire County.

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. Physical abuse to the infant by the father was substantiated. The infant was determined unsafe in the care of his parents and placed in out-of-home care. A Child in Need of Protection or Services petition was filed in juvenile court. The family continues to receive ongoing case management services from 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 checked="" 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 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. 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 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