

6 Month 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: 160307-DSP-WINN-609 **Agency:** Winnebago County Department of Human Services

Child Information (at time of incident)

Age: 6 Months Gender: Female Male

Race or Ethnicity: American Indian/Alaskan Native, Hispanic/Latino

Special Needs: None

Date of Incident: 03/07/2016

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

On March 7, 2016, the agency received a report regarding a 6-month-old infant brought to the hospital with suspicious injuries. Medical professionals who examined the infant suspected head trauma due to the child's presenting symptoms. Law enforcement was contacted and initiated a criminal investigation regarding the infant's suspicious injuries. Medical personnel diagnosed the infant with Physical Abuse-Abusive Head Trauma. No criminal charges have been filed in this case, but the investigation remains open.

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. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the infant by an unknown maltreater. Medical professionals determined the infant sustained head injuries and diagnosed the child with Abusive Head Trauma. The infant's siblings were deemed unsafe, taken into Temporary Physical Custody, and placed in out-of-home care with a relative. The infant was residing in an out-of-home foster care placement at the time of this incident, however, was engaged in an unsupervised visitation with his mother when the incident occurred. The infant was subsequently moved to a new out-of-home foster care placement setting.

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):

N/A

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.)

N/A

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.)

N/A

Summary of any investigation involving the child, any member of the child’s family and alleged maltreater conducted under ch. 48 and any services provided to the child and child’s family since the date of the incident:

N/A

B. Children residing in out-of-home care (OHC) placement at time of incident:

Description of the OHC placement and basis for decision to place child there:

At the time of the incident, the infant was under a Child in Need of Protection or Services order. The child had been placed in the foster home on December 4, 2015 due to child safety concerns identified in the family home. The child's mother was receiving unsupervised visitations at the time of the incident.

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

The infant was residing with the foster parents.

Licensing history: Including type of license, duration of license, summary of any violations by licensee or an employee of licensee or other actions that constitute a substantial failure to protect and promote the welfare of the child.

The foster home was licensed as a Level 2 foster home by Winnebago County Department of Human Services in November, 2015.

Summary of any actions taken by agency in response to the incident: (Check all that apply.)

- | | |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Screening of Access report | <input type="checkbox"/> Attempted or successful reunification |
| <input type="checkbox"/> Protective plan implemented | <input type="checkbox"/> Referral to services |
| <input checked="" type="checkbox"/> Initial assessment conducted | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Safety plan implemented | <input type="checkbox"/> Collaboration with law enforcement |
| <input type="checkbox"/> Temporary physical custody of child | <input type="checkbox"/> Collaboration with medical professionals |
| <input type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input 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 type="checkbox"/> Ongoing Services case management | <input type="checkbox"/> Initiated efforts to address or enhance community collaboration on CA/N cases |
| | <input checked="" type="checkbox"/> Other (describe): Outagamie County completed an Independent assess. |

FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:

Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:

Under the Child Welfare Disclosure Act (Section 48.981(7)(cr), Stats.), the Department of Children and Families’ (DCF) Division of Safety and Permanence (DSP) completes in an initial review the agency’s practice for each case reported under the Act. A further practice review has been completed for case #160307-WINN-609. As a result of this review process, DSP determined the agency implemented steps to improve the consistency and quality of safety assessment and decision-making practices.

Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:

Based on the agency’s effort and response to this incident and DSP review, no further statewide policy, practice, or statutory changes are recommended.

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