

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: 191009DSP-Winn-1016 **Agency:** Winnebago County Department of Human Services

Child Information (at time of incident)

Age: 5 years Gender: Female Male

Race or Ethnicity: African American/Black

Special Needs: None

Date of Incident: 10/09/2019

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

On June 19, 2020, the agency received a report regarding a 5-year-old child brought to the hospital on October 9, 2019 with head injuries. Medical professionals did not provide the agency with a cause of injury. Law enforcement was contacted in October 2019 and did not initiate an investigation. No criminal charges were filed, and the case was closed.

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

The agency utilized information obtained in October 2019 from law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found insufficient evidence to substantiate the allegation of physical abuse to the 5-year-old child by the child's previous foster mother. At the time of the June 19, 2020 report, the child and her 5-year old sibling were residing in a different foster home and were deemed safe with their current foster parents. The case remains open to provide ongoing case management services.

- 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):

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:

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.)

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.)

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:

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 child was residing in a licensed foster home. The child was originally placed in out-of-home care on February 20, 2017, after she was taken into Temporary Physical Custody due to neglect by her mother.

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

At the time of the incident, the child resided with her foster mother, foster father, her 5-year-old sibling, and the foster parents' 3-year-old child.

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 mother and foster father who the child was placed with at the time of the incident were licensed as a level 2 foster home on November 1, 2015. There is no history of licensing violations by the foster parents constituting 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 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 checked="" 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 type="checkbox"/> Other (describe): |

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 an initial review of the agency's practice for each case reported under the Act. A further practice review has been completed for case #191009DSP-Winn-1016. As a result of this review process, the DSP did not determine policy or practice changes were needed.

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

None.

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