

90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Case Tracking Number: 100428DSP-PN-14 Agency: Barron Co. Dept. of Health and Human Services

Child Information: Age: 8 months Gender: Female Male
Race or Ethnicity: Caucasian
Special needs: None

Child's Residence: In-home Out-of-home care placement

Date of Incident: 4/24/10 & 4/27/10

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

On April 28, 2010 the child was taken to the emergency room where he was found to have multiple bruises on his head, a bruise around his left eye, swollen right ear, multiple scratch marks on his cheeks, and two small bruises on his back. The child was also found to have a right parietal skull fracture and healing fracture of his right wrist. The mother admitted that on two different occasions (April 24 & 27) she threw the child into his crib.

Findings by agency, including material circumstances leading to incident:

The agency substantiated physical abuse to the child by his mother. His mother described pushing him hard into his crib when he would not stop crying and she could not calm him on April 24. On April 27 she again became frustrated with him for not listening and "tossed" or "threw" him into the crib. She took the child to the emergency room when she discovered bruising on his forehead the following morning. The medical examination found the injuries described in the previous section. This mother has been criminally charged with Child Abuse - Recklessly Causes Bodily Harm.

Additional information for children in home:

Description of the child's family:

The child lived with his mother, who had sole custody of him, in their home. His father lives in a different city and sees him occasionally.

Yes No **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, 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 under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years:

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 or alleged maltreater:

None

Summary of any investigation conducted under ch. 48 or ch. 938 and any services provided to the family since the date of the incident:

None

Additional information for children 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:

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

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 actions taken by agency in response to the incident:**

The agency conducted an initial assessment, removed the child from his mother's care and placed him with relatives. Mother's visitation with her son is supervised by the agency. The agency referred this mother to counseling and anger management services. She and her son receive Ongoing Services, including a parent aid, from the agency.

***Summary of policy or practice changes to address identified issues:**

The agency is participating in the development of a county multi-disciplinary team that intends to meet quarterly to address alleged maltreatment. As a result of this case, the agency would like to work with the community regarding immediate reports to child protective services.

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

None

Statement of Completion:

Yes No This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this case.

* If a full report including agency actions, changes in policies or practices and recommendations for further changes was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.