

## Child Death, Serious Injury or Egregious Incident Summary Report

Type of Report:  90-Day  Final

Case Tracking Number: 100710DSP-PN-33 Agency: Bureau of Milwaukee Child Welfare

Child Information: Age: 2 months Gender:  Female  Male  
Race or Ethnicity: Caucasian  
Special needs: Premature infant with substance addiction

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

Date of Incident: 7/10/10

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

The infant was admitted to the hospital following a 911 call for help from the mother. The medical examination found the child to have injuries consistent with abusive head trauma (shaken baby syndrome). The infant was also found to have a nondepressed skull fracture, multiple bilateral rib fractures, grade 3 liver lacerations, blistering to the bottom of his feet, and bruising to his scrotum, head, and hips. The infant suffered from a hemorrhage in his right eye and may not regain vision in that eye. Several of the injuries were at different stages of healing. The medical professional indicated the injuries are highly concerning for being nonaccidental, and the explanations given by the parents are inconsistent with the injuries. The father stated he accidentally fell while holding the infant. The mother's story changed several times, at one point indicating she was the person that fell with the baby.

### Findings by agency, including material circumstances leading to incident:

The agency substantiated physical abuse to the infant by an unknown maltreater and determined that the children are unsafe in their parents' care. The medical exam indicated the child's injuries are highly concerning for nonaccidental trauma and explanations from the parents do not explain the injuries or the severity of the injuries. The father would not participate in the assessment process. The mother has been cooperative and is dedicated to reunifying with her children. The police are considering criminal charges against the father.

### Additional information for children in home:

#### Description of the child's family:

Prior to the infant's discharge from the hospital following his birth, the mother and the child's sibling resided with relatives. Following hospital discharge after his birth, the infant lived with his sibling, mother and father at the father's residence.

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:**

The agency substantiated physical abuse to the infant by an unknown maltreater and determined both children to be unsafe in their parents' care. The injured infant and his sibling were removed from their parents' care and placed into relative out-of-home care placement. The court has been petitioned to determine these children are in need of protection and services.

The agency is supporting the family to continue with services they were receiving prior to becoming involved with BMCW

child protective services and working on reunification of the children with their mother.

**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:**

**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 and determined both children are in need of protection and services. Physical abuse to the child by an unknown maltreater was substantiated. The two children are residing in BMCW approved relative out-of-home care placement, and the court has been petitioned to determine these children are in need of protection and services. The family is receiving Ongoing Services and case management. The agency arranged supervised visitation between the mother and her children. The infant's sibling received a comprehensive medical exam following this incident. The infant's multiple medical needs are being followed up through Children's Hospital of Wisconsin. The mother is receiving day treatment services and is on the waiting list to enter a residential treatment program. The agency attempted to provide services that include the infant's father, but there has been little to no contact from or with him. The agency is working with the father of the sibling to provide him with requested information about and arrange supervised visits with his child..

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

There is some conflicting information in the case record that must be corrected. The agency has agreed to make these corrections.

**\*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.

This final summary report completes the DSP review of this case.