

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

Case Tracking Number: 110401DSP-Ocon-99 Agency: Oconto County Dept. of Health and Human Services

Child Information: Age: 3 months Gender:  Female  Male  
Race or Ethnicity: Caucasian  
Special needs: Hypoxic-Ischemic Encephalopathy at birth

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

Date of Incident: 4/5/11

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

The child was having a scheduled medical examination related to her special needs when it was learned that she had a skull fracture and three healing rib fractures. The parents were unaware of the injuries and offered possible explanations, such as the dog jumping on the baby and a neighbor's toddler hitting her in the head with a toy truck. Medical professionals stated these explanations were not plausible for these injuries and suspect that the baby was shaken. The mother is the primary caregiver for the baby while the father works. The father accused the mother of maltreating the children in the past, which the mother denies. The criminal investigation is ongoing.

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

The agency substantiated physical abuse to the child by an unknown maltreater. The infant and her sibling were determined unsafe in their parents' care. Both parents are unable to explain the child's injuries. The father has accused the mother of threatening to harm the older sibling in the past, which the mother denies. Relatives of the couple describe the couple as "hot headed" with each other, but do not believe that they would hurt the children. The parents provided a list of others who have had contact with the baby over the past month.

### Additional information for children in home:

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

The baby resides with her mother, father and brother. The children have several half-siblings by their father, but do not see them often.

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 as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years:

See following section.

#### 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 at the age of 18 years or older:

In August 2010 the agency screened in a report of alleged maltreatment. Contact with the family did not occur, and the allegation was unsubstantiated. The agency closed the case.

#### 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. The children were determined unsafe in their parents' care. The parents were cooperative throughout the initial assessment, but the injuries to the baby remain unexplained. The father accused the mother of being neglectful to the older child in the past, but continued to leave both children in her care. The mother denies the allegations and, prior to this incident, demonstrated great concern for the children, seeking an array of available services for children with special needs. The children were placed with relatives.

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The mother sees them daily and stays overnight with them at least 3 times per week. All of the parents' visits with the children are supervised. The parents have been referred to and are receiving needed services. The family and relatives are receiving Ongoing Services case management.

**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 screened in and investigated the report of injuries to the infant. Physical abuse by an unknown maltreater was substantiated. During the investigation, the agency implemented a Protective Plan, removing the children from their parents' care and placing them with relatives. The children were determined unsafe and remain placed with relatives. The parents' visits with the children are supervised. The parents are cooperative, participating in services recommended by the agency. The agency collaborated with law enforcement and medical professionals during the initial assessment. The case remains open for Ongoing Services.

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

The safety assessment is not in compliance with the CPS Safety Intervention Standards. The DSP is working with the agency on the identified issues.

**\*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.