

## 90-Day 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:** 111109DSP-Outag-168      **Agency:** Outagamie County Dept. of Health & Human Services

### Scope of DSP Review of Incident

- No Review. The information contained in this report was provided by the agency.  
 90-Day Review

### Child Information (at time of incident)

Age: 3 months      Gender:  Female  Male

Race or Ethnicity: Caucasian/biracial

Special Needs: None

**Date of Incident:** 11/9/11

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

Report of 3 month old with numerous fractures, including fractures to the right clavicle, the right fibula, the left distal ulna and radius and possibly the right distal ulna. They are in various stages of healing.

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

Substantiated physical abuse by unknown maltreater. The child had been in the care of his mother, her boyfriend, the maternal grandmother and the boyfriend's mother. The boyfriend is suspected to be the maltreater, but this has not been proven. The boyfriend was on probation at the time of the incident, and his probation has since been revoked.

**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):

The child was living with his mother and her boyfriend (not the father) in either the maternal grandmother's home or the boyfriend's mother's 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:**

A report had been assigned on 10/1/11 alleging medical neglect of the child who was born with chromosomal issues and heart complications. The mother and her boy friend were not cooperating with medical treatment for the child. After a worker met with them, they did comply with recommendations. In spite of this, the child did require hospitalization.

**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.)

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 living in this household and the child's parents and alleged maltreater at the age of 18 years or older.** (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 reasonable belief that a child has been threatened with harm are not required to be screened in for an initial assessment, and no further action is required by the agency.)

Worker was in the process of completing an investigation/Initial Assessment when this new report was received.

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 or ch. 938 and any services provided to the child and child's family since the date of the incident:**

Child was released from the hospital and placed in foster care on 11/29/11. A CHIPS petition was filed and the case has gone to disposition. The biological father has been located and he and his parents are visiting the child and interested in having the child placed with them. Referrals for services for mother and her boyfriend have been made. Both biological parents are working with a social worker through a contracted provider in the Family Reunification Program. There have been no charges or arrests made in regard to the police investigation. The boyfriend was placed on a probation hold for another matter and may be revoked. The child's heart surgery was scheduled for 2/23/2012. Birth to Three is involved with the child and providing physical therapy for him. He is growing and developing.

**B. Children residing 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 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 checked="" 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 checked="" 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 ONLY:**

**Summary of policy or practice changes to address issues identified during the review of the incident:**

None - No DSP review

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

None - No DSP review

- Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this case.

If the case review was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.

The agency must submit an electronic copy of the completed 90-Day Summary Report to [Paula.L.Brown@wisconsin.gov](mailto:Paula.L.Brown@wisconsin.gov)