

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: 111118DSP-Iowa-165 **Agency:** Iowa County Dept. of Social 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

Special Needs: None

Date of Incident: November 18, 2011

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

UW Children's Hospital Medical Professionals believe that the infant suffered a traumatic brain injury while in the sole care of her mother. The UW Children's Hospital performed a head CT on the child. The scan confirmed a heterogenous-appearing subdural hematoma resulting in a midline shift as well as subtle loss of gray-white differentiation throughout the left cerebral hemisphere. The child underwent life saving operative measures to reduce the swelling in her brain.

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

Mother was unable to provide an adequate explanation for the injury. She admits to being frustrated with the baby on the evening of November 17, 2011. Mother admits to placing the infant in the top drop piece of her Pack n Play harder than she should have. Mother further indicated that the child did not behave the same after this. The mother reports that she was the sole caregiver for her daughter 48 hours prior to the incident. A substantiated finding of physical abuse was determined by the Agency.

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 mother lives with her daughter.

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:

On November 17, 2011, the mother contacted the intake worker for the Children and Families Unit at the agency. She inquired as to parenting classes as a means to fulfill a W-2 requirement.

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 belief of maltreatment or threatened harm may not be screened in for an

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initial assessment, and no further action is required by the agency.)

None

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:

A diligent investigation was conducted upon notification of the allegations of maltreatment with a same day response time on November 19, 2011. The Iowa County Department of Social Services and the Iowa County Sherriff's Department worked collaboratively with the UW Children's Child Abuse Specialist. It was determined that the child sustained this injury while in the care of her mother, and that the mother was unable to provide a reasonable explanation for the injury. A protective plan was developed while the baby was in the hospital requiring constant visual supervision of contact between the mother and child.

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.)

- | | |
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| <input checked="" type="checkbox"/> Screening of Access report | <input type="checkbox"/> Attempted or successful reunification |
| <input checked="" type="checkbox"/> Protective plan implemented | <input checked="" type="checkbox"/> Referral to services |
| <input checked="" type="checkbox"/> Initial assessment conducted | <input type="checkbox"/> Transportation assistance |
| <input checked="" type="checkbox"/> Safety plan implemented | <input checked="" type="checkbox"/> Collaboration with law enforcement |
| <input checked="" type="checkbox"/> Temporary physical custody of child | <input checked="" type="checkbox"/> Collaboration with medical professionals |
| <input checked="" type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input checked="" 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 checked="" 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 PaulaL.Brown@wisconsin.gov