

## 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:** 120106DSP-Jack-174      **Agency:** Jackson 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: 4 months      Gender:  Female  Male

Race or Ethnicity: Native American

Special Needs: None

**Date of Incident:** 1/5/12 or earlier

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

The 4-month-old infant was seen at the hospital on January 5, 2012 for a scheduled appointment. During that appointment, medical staff felt his head was large and ordered a CT scan. The CT scan showed that the infant had large bilateral chronic subdural hematomas, almost hygromas. Medical staff noted that these appear to be resolving hematomas. In addition, the medical staff indicated that these bilateral subdural hematomas are suggestive of shaken baby syndrome. Due to the infant's condition, he and his sibling were taken into protective custody and placed with their biological mother, until further interviews could be conducted and their safety can be ensured.

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

The agency completed an investigation. The investigation was substantiated for physical abuse.

The parents were residing together until the father was arrested for a domestic violence incident on January 4, 2012. Prior to the arrest, he was the primary care provider for the children, and the mother was employed full-time. Reportedly, on Wednesday December 21st at approximately 9:00 am, the father called the mother at work and said he couldn't get the child to stop crying. The mother asked if she should come home, but the father said no and hung up the phone. When she came home after work, she noticed the child had a cut open lip, a broken blood vessel in his right eye, and a little bump on his forehead. The father said that he fell asleep on the sofa, and he woke up to crying; the father was on top of the child's head. On Thursday December 22, 2011, relatives noticed the child's split lip and a blue mark between the child's eyes. The mother explained that she didn't believe the father's explanation. When asked why she would continue to allow the father to watch the children, she said that she felt like she was in denial and didn't think he would do anything to his children. She explained that she did not have the child checked out for the broken blood vessel in his eye because he appeared normal and did not show any other symptoms. The father denied physically harming the child. After being taken into custody by law enforcement, he refused to cooperate with the worker.

**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 children and their biological parents were residing together until the father was arrested for a domestic violence incident between the parents on January 4 2012.

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:**

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:** (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 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:**

On 2/8/2012, the Department received the following report. The child was seen for a medical appointment and a follow-up CT scan this morning. The reporter stated that the neurologist read the CT scan and found an acute subdural hematoma greater than the prior one and on top of the other one. The reporter stated that this is a non-accidental injury.

Since the date of the incident, the Department is providing case management services and referrals to outside agencies.

**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 checked="" type="checkbox"/> Protective plan implemented  | <input checked="" type="checkbox"/> Referral to services   |
| <input checked="" type="checkbox"/> Initial assessment conducted   | <input checked="" 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 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](mailto:PaulaL.Brown@wisconsin.gov)