

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: 120306DSP-Calu-186 **Agency:** Calumet County Dept. of 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: 1 month Gender: Female Male

Race or Ethnicity: Caucasian

Special Needs: None

Date of Incident: 3/5/12

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

The child was taken to his pediatrician by a relative due to the mother having some concerns about the baby's congestion. During the examination, the child was found to have extensive bruising on different parts of his body, including his abdomen, arm, neck, scapula and face. Bruising to the child's arm appeared to be a rubbing injury, which tends to be caused from rough pulling. The baby was in the care of several different adults in the past few days and weeks, and no one was able to provide an explanation for the child's injuries.

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

The agency substantiated physical abuse to the child by an unknown maltreater. During the initial assessment, the condition of the family's home also was found to be a concern. The infant was determined unsafe in the care of his parents. The mother had called a relative to ask if the baby should see the doctor because he sounded congested. The relative recommended that the mother contact the doctor, and she did, making an appointment for later that day. Because the mother had to work and the father had an appointment, the relative took the baby to the doctor. The bruising was discovered during the baby's examination. Over the past few weeks, the child had been in the care of his parents, relatives, and friends of the parents, all of whom were interviewed by the agency and law enforcement. No explanations were provided for any of the bruising, and the causes remain unknown.

- Yes No Criminal investigation pending or completed?
 Yes No Criminal charges filed? If yes, against whom?

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 baby resided with his mother and father and is their only child.

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.)

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. (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 reason to believe that the child is threatened with harm are not required to be screened in for an initial assessment, and no further action is required by the agency.)

In 2006, the agency substantiated maltreatment of this father as a minor by his parent. The father's family participated in agency services.

In 2007, the agency received and screened out three CPS Reports on the father's family when he was a minor.

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:

The agency screened in and investigated the injuries to the child, substantiating maltreatment by an unknown maltreater. The child was determined unsafe in his parents care and placed with relatives. The parents' visits with the child are supervised. The family and their relatives are receiving Ongoing Services case management from the agency.

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 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 checked="" 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

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

None

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