

## 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:** 120423DSP-Outag-197      **Agency:** Outagamie County Department of Health & Human Services

**Child Information** (at time of incident)

Age: 2 Months      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 4/24/2012

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

On April 24, 2012, an infant was taken to Children's Hospital after being examined at a local emergency room where he was taken by his parents. The infant had been taken to the doctor several times by his parents over the previous few weeks for varying issues. On April 23, 2012 the doctor noted that the circumference of the child's head had increased, and the child was taken to Children's Hospital where he was diagnosed with bilateral subdural hemorrhages and scattered retinal hemorrhaging in the right eye. Medical professionals diagnosed the infant with abusive head trauma that likely occurred on April 9, 2012. Both parents denied any abuse to the infant. No criminal charges were filed in connection with the infant's injuries.

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

The agency collaborated with law enforcement and medical personnel to complete the assessment. The Initial Assessment completed by the county agency found a preponderance of the evidence to substantiate physical abuse to the infant by an unknown maltreater. The child primarily was cared for by his parents, a relative and a neighbor of the relative. The father cared for the child while the mother was worked. The parents began taking the child to the doctor when he appeared to have facial swelling and petechiae on April 9, 2012. On April 14, 2012 the child was taken to the local ER and then to Children's Hospital due to the vomiting that was occurring during each feeding attempt. The child was discharged on April 16, 2012 after his symptoms had improved. The parents took the child in for routine follow-up on April 18, 2012 and no concerns were noted. On April 23, 2012 the infant was vomiting and experiencing apnea. The agency determined the infant unsafe. The child was taken into temporary physical custody and placement was made with a relative. A Child in Need of Protection or Services petition was filed with juvenile court and the case was opened with on-going case management services.

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 infant resided with his parents.

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.** (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.)

On 4/28/07 the agency screened in a report alleging physical abuse of a child of the father's girlfriend at the time. Physical abuse by the father was substantiated. The child was determined safe with the mother. The mother and child were referred to community services, and the agency closed the case.

**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 allegation of physical abuse to the infant. The Initial Assessment completed by the county agency found a preponderance of the evidence to substantiate physical abuse to the infant by an unknown maltreater. The child primarily was cared for by his parents, a relative and a neighbor of the relative. The father cared for the child while the mother was worked. The agency implemented a protective plan that restricted the father from being with the child at the hospital, because the child's injuries were unexplained and the father has a history as a substantiated maltreater in another case. Upon discharge from the hospital, the child was determined as unsafe and temporary physical custody was taken by the agency and the infant was placed with a relative. A Child in Need of Protection or Services petition was filed with juvenile court and the case was opened with on-going case management services. The parents' visits with the child are supervised and the child continues to receive medical treatment and was referred to services. The case remains open with 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:**

N/A

**Description of all other persons residing in the OHC placement home:**

N/A

**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.

N/A

**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 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:**

Under the Child Welfare Disclosure Act (Section 48.981(7)(cr), Stats.), the DSP completes a 90-Day review of the agency's practice in each case reported under the Act. The DSP did not identify practice issues during the review of the incident.

**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 [RobertB.Williams@wi.gov](mailto:RobertB.Williams@wi.gov)