

## 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:** 120510DSP-Mara-207      **Agency:** Marathon County Department of Social Services

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

Age: 2 years      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 5/10/12

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

On 5/10/12, the agency received a report of the child being transported to the hospital via ambulance. The ambulance was called to the home of the child's father and the father's significant other after the child allegedly fell off the bed and lost consciousness. Once at the hospital, it was determined the child had a severe head trauma that was life threatening. The child suffered an injury to his brain stem and was intubated for a period of time. The child had no other injuries. Law enforcement was called to the hospital due to concern that the injury was not consistent with a typical fall. The physician indicated that it was feasible the injury could occur from a fall off the bed, but it was highly unlikely. The investigation found no evidence that the injury was intentionally inflicted upon the child. The child had no additional breaks or bruising indicative of abuse, which was confirmed by a repeated skeletal survey and lab work. While medical personnel said it is unusual to see this type of injury from a fall, it can not be ruled out. No charges were filed in this case.

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

The agency screened in and assessed the allegation of physical abuse to the child. The agency coordinated with law enforcement and medical professionals to complete the assessment. The agency unsubstantiated physical abuse to the child. The father's significant other was caring for the child at the time of the incident. The significant other stated that she was in the bathroom and the child was in the bedroom, next to the bathroom, jumping on the bed. When she came out of the bathroom, the child was on the floor crying. The child stood up and then fell down. The significant other picked the child up and he was unconscious, but she could see his chest rise and fall. She moved him to the bed and tried tickling his toes and hand to stimulate him. She also put a wash cloth on his head. The significant other called the father and they made the decision to wait for the father to get home before calling for an ambulance. The significant other stated she called the father first because she is not the biological parent to the child and she thought a parent would need to make the decision to seek medical services. When the father arrived home, the child lost consciousness again. The child was unresponsive, but when his toes were touched they would move. The father's significant other consistently denied causing an injury to the child, but did note that she did not observe him fall. The father's significant other has a 4-year-old child who alternates placement weekly between her mother and father. During the assessment, a protective plan was implemented to ensure that contact was supervised during the times when the child was in her mother's care. This plan was discontinued on 6/7/12.

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 child transferred weekly between the homes of his parents. The father's household consisted of his significant other and her 4-year-old daughter who also alternated weekly between her parents. The child's mother lived with the maternal grandfather.

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.)

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:

The agency assessed the allegation of physical abuse to the child and ultimately unsubstantiated the allegation. The child suffered an injury to his brain stem and remains in a comatose state. The child was discharged from the hospital to his mother's home. He requires total care and receives Children's Long Term Support Services through 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 type="checkbox"/> Safety plan implemented  | <input checked="" type="checkbox"/> Collaboration with law enforcement                                 |
| <input type="checkbox"/> Temporary physical custody of child  | <input checked="" 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 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

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 [Tara.Muender@wisconsin.gov](mailto:Tara.Muender@wisconsin.gov)