

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: 120511DSP-Racin-201 **Agency:** Racine County Human Services Department

Child Information (at time of incident)

Age: 8 months Gender: Female Male

Race or Ethnicity: Caucasian

Special Needs: None

Date of Incident: 5/11/12

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

On 5/11/12, the child was brought to the local hospital via rescue with difficulty breathing and lethargic. Tests were run on the child and a scan showed there was bleeding on his brain. Physical abuse was suspected and the child was transferred to Children's Hospital of Wisconsin for further assessment of his injuries. Children's Hospital found mixed density subdural hemorrhages. Medical professionals also found non-specific retinal hemorrhages and a fracture in his left foot. After an investigation by law enforcement, the daycare provider was charged with Child Abuse-Recklessly Cause Great Harm. A criminal charge is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

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

The agency screened in and assessed the allegations of physical abuse. The agency substantiated physical abuse to the child by the daycare provider. The agency also substantiated physical abuse by an unknown maltreater. It was reported that the child woke up around 2:30 AM on 5/11/12 and was fed by his mother. The mother did not feed him again prior to dropping him off with the daycare provider at 7:00 AM. Sometime around 2:00 PM, the child stopped breathing and vomited while in the care of the daycare provider. 911 was called and the child was taken to the emergency room. Medical professionals determined the child had mixed density subdural hemorrhages. Medical professionals determined that a traumatic event occurred on 5/11/12 just before the child became symptomatic. The child also had a fractured bone in his foot, which causes concern as the child was not mobile at the time. It is unknown who caused this injury.

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

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 resided with his mother and father.

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 3/19/07, a referral was screened-in by Kenosha County alleging abuse to the daycare provider's child by a secondary caregiver.

On 5/15/12, a referral was screened-out by Kenosha County alleging physical abuse to the daycare provider's children due to the allegations of this incident.

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 assessed the allegations of physical abuse. The agency collaborated with law enforcement during the assessment. Physical abuse to the child by the daycare provider was substantiated, as well as an unknown maltreater due to an earlier possible head injury as well as a healing bone fracture in the child's foot. The child was taken into temporary physical custody on 5/11/12. A CHIPS petition was filed and supervised visitation between the parents and the child was implemented. The CHIPS petition was subsequently dismissed at the request of the ADA following the arrest of the daycare provider. The parents were offered services by the agency, but declined due to the child remaining in the hospital. The child has since been released from the hospital. Due to the dismissal of the CHIPS petition and the family declining the offer of services, the case was closed by the agency. Supportive services are being provided to the family via medical providers and other appropriate 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.)

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| <input checked="" type="checkbox"/> Screening of Access report | <input type="checkbox"/> Attempted or successful reunification |
| <input type="checkbox"/> Protective plan implemented | <input type="checkbox"/> Referral to services |
| <input checked="" type="checkbox"/> Initial assessment conducted | <input checked="" type="checkbox"/> Transportation assistance |
| <input 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 type="checkbox"/> Case remains open for services |
| <input type="checkbox"/> Placement with relatives | <input checked="" 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 checked="" type="checkbox"/> Other (describe): Offer of services upon dismissal of CHIPS petition. |

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

