

## 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:** 120828DSP-Racin-239      **Agency:** Racine County Human Services Department

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

Age: 3 months      Gender:  Female    Male

Race or Ethnicity: Caucasian/Hispanic

Special Needs: Premature birth and ongoing health issues

**Date of Incident:** 8/28/12

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

On 8/28/12, the agency received a report regarding a 3-month-old child who presented at Children's Hospital of Wisconsin due to increased vomiting and concerns that her head circumference appeared to be getting bigger. Medical professionals determined the child had a bilateral subdural hematoma. The injury was not new (within the last day); however, could not be dated. The mother sought medical treatment for the child several times for vomiting, dating back to 7/21/12. Medical professionals conducted a skeletal survey which showed separation of the anatomic sutures. In addition, at least 12 skull fractures were observed. The father reported falling while holding the child approximately one month before the injuries were discovered; however, medical professionals determined a household fall would not be expected to cause injuries to the extent of her injuries. The child's 1-year-old half-brother was also medically examined and no injuries were found. Law enforcement was contacted to investigate the cause of the injuries to the child. No criminal charges have been filed at this time.

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

The agency screened in the report and collaborated with law enforcement and medical professionals to complete the assessment. The agency substantiated physical abuse to the child by an unknown maltreater. Medical professionals determined that since no history existed of a significant accidental trauma, the most likely explanation for the child's injuries is inflicted or abusive head trauma. The evidence of extensive skull fractures implies at least one and possibly multiple episodes of severe inflicted trauma. The child was in the care of her parents, as well as several family members, when the child became symptomatic. The injuries the child sustained remained unexplained throughout the assessment. The child and her 1-year-old brother were determined unsafe in the care of their parents and placed in out-of-home care. A Child in Need of Protection or Services Petition was filed with juvenile court and the agency is providing ongoing case management services to the family.

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 was living with her mother, father and 1-year-old half-brother at the time of the incident.

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 collaborated with law enforcement and medical professionals to complete the assessment. Physical abuse to the child by an unknown maltreater was substantiated. The child and her 1-year-old half-brother were determined unsafe in the home and placed in out-of-home care. The children are currently placed in the home of a relative. A Child in Need of Protection or Services Petition was filed in juvenile court and the agency is providing ongoing case management services to the family.

**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 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 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:**

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