

## 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:** 120906DSP-Dane-255      **Agency:** Dane County Department of Human Services

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

Age: 4 months      Gender:  Female  Male

Race or Ethnicity: African American

Special Needs: None

**Date of Incident:** 9/6/12

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

On 9/6/12, the agency received a report regarding a 4-month-old infant who presented at the emergency room with significant head trauma, including bleeding on the brain, which required immediate surgery. The mother alleged the infant was being held by the infant's 4-year-old sister who may have dropped the infant. The mother reported, on the morning of 9/5/12, she was at a friend's home watching the friend's two children along with the mother's own three children. The friend's 5-month-old child needed a bottle, so the mother propped the 4-month-old up in the corner of the couch and left the room to prepare a bottle. Moments later, the mother heard the 4-month-old begin to cry. When the mother entered the room, she observed the 4-year-old standing by the couch with her right hand under the 4-month-old's back and the other hand near his left side. The mother also observed that the 4-month-old was not in the same position she had left him in. The mother asked the 4-year-old if she picked her brother up. The 4-year-old denied picking up the infant and stated that her 2-year-old sister had picked him up. The mother was able to soothe the infant and he slept for approximately 30 minutes. When the infant woke up he was fussy and was unable to be soothed. The mother contacted a friend and asked her to come get the infant. The friend took the infant to her home and the infant fell asleep for a short time. When the infant woke up, he was not able to open his left eye. The friend contacted the mother and the mother took the infant to the emergency room. At the time of the infant's admission to the hospital, the reported mechanism of the injury was concerning and non-accidental trauma could not be ruled out. Law enforcement was contacted to investigate the cause of the injuries to the infant. After further evaluation, medical personnel concluded the infant's injury was consistent with being dropped and determined the injury was accidental. No criminal charges will be filed in this case.

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

The agency collaborated with medical personnel and law enforcement to complete the assessment. The agency ultimately unsubstantiated physical abuse to the infant; however, neglect to the three children by the mother was substantiated based on information gathered regarding the mother's poor judgment around the need for close supervision of her young children. The 4-year-old child was interviewed during the assessment period and stated that she picked up the infant and dropped him on the floor. Medical personnel concluded the infant's injury was consistent with being dropped and determined the injury was accidental.

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 resides with his mother, 4-year-old sister and 2-year-old sister.

**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:**

On 8/21/12, the agency screened in and began an assessment related to a reported domestic violence incident during which the infant was being held by his mother when she was struck in the face by the infant's father. The assigned social worker had contact with the family members on 8/28/12 to gather general information for the assessment and provide information about the effects of domestic violence on children.

**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 8/21/12, the agency screened in a report regarding a domestic violence incident between the infant's mother and father. The agency linked this report with the current incident and has opened the case for ongoing case management services.

**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 medical personnel and law enforcement to complete the assessment. Medical personnel determined the injury was consistent with being dropped and was accidental. The agency unsubstantiated physical abuse to the infant; however, neglect to all three children by the mother was substantiated. The mother was observed on three different occasions inadequately supervising her children, including the date the infant was injured. The agency determined the children were unsafe and implemented an in-home safety plan to control the threats to child safety. The agency also filed Child in Need of Protection or Services Petitions for all three children in juvenile court. The family is receiving ongoing case management services.

**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 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 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 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 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)