

## 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:** 120921DSP-Dane-253      **Agency:** Dane County Department of Human Services

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

Age: 1 month      Gender:  Female    Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 9/21/12

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

On 9/21/12, the agency received a report that the mother of a 1-month-old infant was observed to be nodding off frequently throughout the day, often while holding the infant. Witnesses heard a thumping sound coming from the mother's room, followed by the infant screaming. The witnesses were concerned the mother dropped the infant. The infant was taken to American Family Children's Hospital for examination. The infant received a skeletal survey and CAT scan at the hospital. The infant was found to have two skull fractures and a fractured tibia. The mother denied dropping the infant and was unable to provide an explanation for the infant's injuries. Law enforcement was contacted to investigate the cause of the injuries and determined the mother was the only caregiver alone with the infant at the time of the incident. The mother was criminally charged with Neglecting a Child (Consequence is Great Bodily Harm) and was found guilty.

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

The agency screened in and collaborated with law enforcement and medical personnel to complete the assessment. The agency substantiated physical abuse and neglect to the infant by the mother. The infant's mother was taking prescription medication and acknowledged she experienced frequent drowsiness. The mother was staying at a residential facility with her infant daughter and witnesses were concerned the mother was nodding off and dropping the infant. The infant was taken for a medical exam and found to have two skull fractures and a fractured tibia. The agency determined the mother was the infant's only caregiver since birth and the infant was never alone with any other caregivers. The agency took Temporary Physical Custody of the infant and placed her with a relative upon discharge from the hospital. A Child in Need of Protection or Services Petition was filed in juvenile court and the case remains open for ongoing case management services.

Yes    No   Criminal investigation pending or completed?

Yes    No   Criminal charges filed? If yes, against whom? The mother

**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 was residing in a residential facility with her mother, other residents with young children, and 24 hour awake staff. The mother has two older daughters who live primarily with their fathers.

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 3/9/10, the agency screened out a report.

On 9/13/10, the agency screened out a report.

On 10/11/11, the agency screened in a report alleging neglect to the 2-year-old (now 3-year-old) by the mother. Neglect was unsubstantiated. The family declined an offer of services and the agency closed the case.

On 2/20/12 and 3/16/12 the agency screened in reports alleging neglect to the 3-year-old by the mother. Neglect was unsubstantiated 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 assessed the allegations. The agency substantiated physical abuse and neglect to the infant by the mother. The infant's alleged father was contacted and minimized the concerns regarding the infant's injuries and her safety in the care of the mother. The infant was taken into custody and placed with a relative, who has since become licensed as a foster parent. A Child in Need of Protection or Services Petition was filed in juvenile court and the case remains open for ongoing case management services 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:**

**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 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 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@wisconsin.gov](mailto:RobertB.Williams@wisconsin.gov)

