

## 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:** 121129DSP-Green-270      **Agency:** Green County Human Services Department

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

Age: 2 months      Gender:  Female    Male

Race or Ethnicity: African American

Special Needs: None

**Date of Incident:** 11/29/12

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

On 11/29/12, the agency received a report of an infant hospitalized with a possible head injury. The infant was initially brought to a local hospital by her mother and maternal grandmother due to concerns of a gastrointestinal illness including diarrhea, dehydration and nausea. The infant was suffering from an upper respiratory infection the previous few weeks and was transferred to the American Family Children's Hospital for further evaluation. The morning of 11/30/12, the infant was found unresponsive by medical personnel and was resuscitated and intubated for acute respiratory failure. During the 11/30/12 incident hospital personnel noted the infant suffered a 20 second seizure episode and a head CT was administered. The head CT indicated the infant had an anoxic brain injury (loss of oxygen to the brain) and retinal hemorrhaging. Medical personnel determined the findings were consistent with the injury occurring approximately 6-24 hours prior to the scan. Medical personnel stated that prolonged seizure activity does not typically cause injury such as this and were suspicious of non-accidental trauma. The infant's twin brother was also medically evaluated and was found to be without injury. Law enforcement was contacted to investigate the cause of the injuries. No criminal charges have been 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 assess the allegation of physical abuse. Physical abuse to the infant was unsubstantiated. While medical personnel indicated the infant's condition was concerning for non-accidental trauma, there is no way to conclusively determine the injury was caused by non-accidental trauma and not a medical anomaly. Medical personnel also determined the findings from the head CT indicate the injury occurred 6-24 hours prior to the scan. During that time frame the infant was in the care of various medical personnel. The infant and her twin brother were determined to be safe in the care of the mother. The case remains open with the agency for voluntary ongoing services.

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 and her twin brother lived with their mother and the maternal grandmother. The father was actively involved with the family and had regular contact with the children.

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 10/5/12, the agency screened out a services report. The agency referred the family to community 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 screened in and assessed the allegation of physical abuse. Physical abuse to the infant was unsubstantiated due to medical personnel being unable to conclusively determine the injury was caused by non-accidental trauma and not a medical anomaly. The infant and her twin brother were determined to be safe in the care of the mother. The case remains open with the agency for voluntary ongoing 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.)

- |   |  |
|---|--|
| <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 checked="" 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 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)