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		umber:	121211DSP-Walw-274		Agency:	Walworth County Dept. of Health and Human Services
	nformatior 1 month	`	of incident)	Gender: 🔀	Female 🗌 N	lale
Race or	r Ethnicity:	Cauca	sian			
Special Needs: None						
	_					

Date of Incident: <u>12/11/12</u>

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

On 12/13/12, the agency received a report regarding a 1-month-old infant, hospitalized in critical condition two days prior. The infant was diagnosed with a pulmonary hemorrhage and required a ventilator. The mother reported that on the morning of 12/11/12, she left the infant and 1-year-old child with a caregiver while she ran an errand. According to the mother, the caregiver reported tripping over the 1-year-old and falling onto the couch while holding the infant during the time the mother was away from the home. The infant appeared fine once observed by the mother. At approximately 4:55 pm that afternoon the infant started to choke and turn blue. The mother contacted the infant's father and he transported the mother and the infant to the hospital. Medical personnel advised that a pulmonary hemorrhage is non-specific for abuse, but can be caused by severe trauma to the chest, suffocation, or squeezing. Medical personnel also observed bruising on the infant's buttock. The injuries were treated as suspicious for non-accidental trauma. The explanation of the possible fall occurring in the morning and the respiratory distress onset later in the afternoon lead medical personnel to believe the two incidents were unrelated. The 1-year-old was also evaluated; no injuries were found. Law enforcement was contacted regarding the infant's condition; however, no criminal charges were filed in this case.

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

The agency collaborated with law enforcement and medical personnel to complete the assessment. The allegation of physical abuse was unsubstantiated. Medical personnel indicated that pulmonary hemorrhage can be caused by abuse when a child is squeezed around the chest or during smothering; however, it is non-specific and can also be caused in non-abusive situations, such as from irritation to the respiratory tract, inflammation, medical procedures, or from accidental smothering. Further evaluation of the infant, including a repeat skeletal survey, did not provide any evidence consistent with abuse. Based on further assessment, the allegation of neglect was added and substantiated. The agency found reason to believe the mother did not provide accurate information to medical personnel while the child was in a life-threatening state. The agency was unable to corroborate the mother's story regarding the fall. In addition, the mother's response to the infant's respiratory distress was concerning as she did not seek emergency medical attention after the infant turned blue. The infant and the 1-year-old were determined unsafe and placed in out-of-home care. A Child in Need of Protection or Services petition was filed in juvenile court.

\boxtimes	Yes	
	Yes	1

No Criminal investigation pending or completed?

es 🖾 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 lived with her mother, maternal grandfather, and 1-year-old half-sister. The infant's father lived in a separate home, but had frequent contact with the infant.

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 9/9/11, the agency screened out an allegation of neglect.

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 to the infant. Physical abuse was unsubstantiated; however, the agency did substantiate neglect to the infant by the mother. The infant and the 1-year-old were determined unsafe and placed in out-of-home care. A Child in Need of Protection or Services petition was filed and the family continues to receive 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.)		
\boxtimes	Screening of Access report		Attempted or successful reunification		
	Protective plan implemented	\boxtimes	Referral to services		
\square	Initial assessment conducted		Transportation assistance		
	Safety plan implemented	\boxtimes	Collaboration with law enforcement		
\boxtimes	Temporary physical custody of child	\boxtimes	Collaboration with medical professionals		
	Petitioned for court order / CHIPS (child in need of	\boxtimes	Supervised visitation		
	protection or services	\boxtimes	Case remains open for services		
\boxtimes	Placement into foster home		Case closed by agency		
	Placement with relatives		Initiated efforts to address or enhance community		
\boxtimes	Ongoing Services case management		collaboration on CA/N cases		
			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