

## 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:** 121213DSP-Winn-273      **Agency:** Winnebago County Department of Human Services

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

Age: 2 years      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 12/12/12

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

On 12/12/12, the agency received a report regarding a 2-year-old child, taken to the hospital with a two week history of vomiting, decreased activity and appetite, and headaches. Medical personnel administered a head CT and found evidence of a small subdural hematoma on the right side of his head and bilateral retinal hemorrhages. The child's mother and the mother's boyfriend could not provide a plausible explanation for the injuries. The explanations provided included the child slipped on a wood floor and hit his head; on another occasion, he hit his head while climbing into his booster seat at the kitchen table. Medical personnel determined the explanations provided were not consistent with the child's injuries. Medical personnel determined the injuries were indicative of inflicted head trauma. Law enforcement was contacted to investigate the cause of the injuries to the child; however, 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 law enforcement and medical personnel to complete the assessment. During the course of the assessment, the agency discovered the mother initially took the child to a different emergency department on 12/2/12 due to vomiting and lethargy. Medical records indicate the child presented with bruising of the bilateral pinna of his ears. At that time, the child was diagnosed with a stomach virus and prescribed anti-nausea medication. Between 12/2/12 and 12/12/12, the child continued to experience headaches and vomiting. The child was admitted to the hospital on 12/12/12. Medical personnel ruled out accidental injury after results of the eye exam showed bilateral retinal hemorrhages. The agency substantiated physical abuse to the child from an unknown maltreater. Based on the timeline of events, the mother and the mother's boyfriend both had access to the child and could have inflicted the injuries. The child and his 7-year-old half-sister were determined to be unsafe and placed in the care of their respective fathers. A Child Need of Protection or Services petition was filed in juvenile court for both children.

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 lived with his mother, the mother's boyfriend, and his 7-year-old half-sister. The child had regular visitation with his father.

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 screened in and assessed the allegation of physical abuse. Physical abuse to the child by an unknown maltreater was substantiated. The child and is 7-year-old half-sister were determined unsafe and placed in the care of their fathers. Child in Need of Protection or Services petitions were filed in juvenile court for both children. Following a court review, both children were allowed to live with the mother provided she continued to live in the home of the maternal grandparents. 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.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Screening of Access report   | <input checked="" type="checkbox"/> Attempted or successful reunification   |
| <input type="checkbox"/> Protective plan implemented   | <input 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 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 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 checked="" 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)