

## 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:** 121219DSP-Adams-276      **Agency:** Adams County Health and Human Services Department

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

Age: 1 year      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 12/19/12

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

On 12/19/12, the agency received a report regarding a 1-year-old child who suffered a traumatic brain injury related to an alleged fall down the basement stairs. The mother reported that the child was found unresponsive and blue at the bottom on the stairs the morning of 12/19/12. Medical personnel determined the child's injuries were inconsistent with the child falling down the stairs. Furthermore, medical personnel determined the injuries most likely occurred 2-3 days prior to the child presenting at the hospital. Medical personnel also observed evidence of a hand slap to the face. The mother and the mother's significant other were unable to provide an explanation for the child's injuries. Law enforcement was contacted to investigate the cause of the injuries to the child. The mother has been criminally charged with one count of Neglecting a Child (Consequence is Great Bodily Harm). A criminal charge is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

**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. Physical abuse to the child by an unknown maltreater was substantiated. Neglect to the child by the mother and the mother's significant other was also substantiated. At this time it is unknown who caused the bruising and significant head trauma which resulted in a devastating brain injury to the child. Evidence of drug use was found in the home and the mother's significant other admitted to being under the influence of drugs the day prior to the child's hospitalization. The child and his two half-siblings were determined unsafe in the home and were taken into physical custody by the agency. The child's half-siblings were placed in foster care. The child remains hospitalized and will be placed in foster care upon discharge from the hospital. A Child in Need of Protection or Services petition was filed in juvenile court.

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 child lived with his mother, mother's significant other, his 6-year-old half-sister and 7-year-old half-brother. The child had visitation with his father. The child also has six paternal half-siblings with whom he had occasional contact through visitation. The mother's significant other has two children who visit the home on occasion.

**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:**

The case was open for assessment at the time of the incident. On 11/28/12, the agency screened in a report containing concerns of abuse and neglect to the three children. The agency made multiple announced, unannounced, and telephone contacts to the household. The worker had an unannounced visit planned for the afternoon of 12/19/12. The worker's last contact with the mother was on 12/14/12 by telephone. The last face to face contact was made on 12/7/12. Referrals were

made for services within the community; however, the mother declined to participate.

**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.)

The mother received ongoing case management services and economic support through a Consent Decree from 5/30/10 through 1/10/12 in Marquette County.

**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 2/6/09, Marquette County screened in a services report. The family was referred to the Community Response Program.

On 2/20/09, Marquette County screened in a report alleging neglect to the child's half-siblings. Neglect was unsubstantiated and the agency closed the case.

On 4/28/10, Marquette County screened in a report alleging neglect to all three children. Neglect was substantiated. The agency provided ongoing case management services under a Consent Decree until 1/10/12.

On 5/27/11, Marquette County screened out a services report.

On 11/27/11, Marquette County screened out a services report.

On 9/24/12, Marquette County screened out a services report.

On 10/4/12, Marquette County screened in a report alleging neglect. Neglect was unsubstantiated and the agency closed the case.

On 11/28/12, the agency screened in a report alleging abuse and neglect. Abuse and neglect were unsubstantiated.

**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 of physical abuse and neglect to the child resulting in a traumatic brain injury. Physical abuse by an unknown maltreater was substantiated. Neglect by the mother and the mother's significant other was also substantiated. The children were determined unsafe and taken into physical custody by the agency. The child's half-siblings were placed in foster care. The child remains hospitalized and will be placed in foster care upon discharge from the hospital. A Child in Need of Protection or Services petition was filed in juvenile court 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.)

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|--|---|
| <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 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 checked="" type="checkbox"/> Supervised visitation   |
| <input checked="" 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 checked="" type="checkbox"/> Initiated efforts to address or enhance community collaboration on CA/N cases |
|  | <input checked="" type="checkbox"/> Other (describe): Staff participation in child abuse trainings                |

**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. In accordance with the DCF memo Series 2010-13, dated December 7, 2010 pertaining to the Child Welfare Case Review Protocol, the DSP will complete an on-site review in case # 121219DSP-Adams-276.

**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)