

## 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:** 130316DSP-EauCI-300      **Agency:** Eau Claire County Department of Human Services

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

Age: 9 months      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 3/16/13

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

On 3/16/13, the agency received a report regarding a 9-month-old child brought to the hospital by his mother with swelling to his head. Medical professionals determined the child sustained large chronic and acute subdural hematomas and bilateral skull fractures. The child was admitted to the hospital for further evaluation. Subsequent medical exams and a review of the child's medical history revealed a previously undetected rib fracture, as well as a history of bruising on the child's face and neck. Law enforcement disclosed the child was involved in an emergency medical services call in November 2012 when the mother's boyfriend reported the child stopped breathing during a diaper change. The mother's boyfriend performed chest compressions and a finger sweep on the child. The child was conscious when law enforcement and emergency medical services arrived. Regarding the current incident, neither parent was able to provide an explanation for the child's current injuries. Numerous individuals assist the parents in caring for the child and would have had access to the child for extended periods of time. These individuals include the mother's boyfriend, the child's paternal grandmother, two licensed daycare centers, and the father's girlfriend. Law enforcement determined the mother and father were not involved in causing the injuries to the child. The criminal investigation is pending with no criminal charges have been filed at this time.

**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 to the child by the mother's boyfriend was substantiated. Based on the history and timing of the injuries; the mother's boyfriend's contact with the infant during those times; as well as inconsistencies in the mother's boyfriend's statements during the course of the assessment, the agency determined a preponderance of evidence exists that the mother's boyfriend caused the injuries to the child. Upon discharge from the hospital, the child was placed in the care of his father. The mother has unsupervised visitation with the child. Both parents agreed to this custody arrangement. The agency filed a Child in Need of Protection or Services petition in juvenile court and is providing ongoing case management services to the family.

Yes  No Criminal investigation pending or completed?

Yes  No Criminal charges filed? If yes, against whom? criminal investigation is pending

**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 resides 50/50 with his mother and father. At the time of the incident, the mother's household consisted of the child, the mother, the mother's boyfriend and the boyfriend's two children (every other week). The father lived alone in a different county.

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 to the child. Physical abuse to the child by the mother's boyfriend was substantiated. The child remains in the home of his father, and has regular, unsupervised contact with his mother. The mother has relocated closer to where the child and father reside. The agency filed a Child in Need of Protection or Services petition and the case remains open for 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 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 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 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)