

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: 130320DSP-Brown-301 **Agency:** Brown County Human Services Department

Child Information (at time of incident)

Age: 6 ½ months Gender: Female Male

Race or Ethnicity: Asian

Special Needs: None

Date of Incident: March 20, 2013

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

On March 20, 2013, the agency received a report regarding a 6 ½-month-old infant brought to the emergency room from the doctor's office. The infant presented with vomiting, as well as being listless and drowsy. The infant was admitted to the Pediatric Intensive Care Unit and was intubated due to an altered level of consciousness and acute seizures. The medical evaluation found the infant had multiple injuries. The injuries to the infant included a bilateral hemorrhage of the brain; new and old fluid pressing on the brain; left frontal skull fracture, sub acute with callous formation; sub acute left interior fractures to ribs 3-10; acute left medial posterior fractures to ribs 6, 9, and 10; healed right side rib fractures; acute left radius and ulna fractures; healed right 5th metacarpal fracture; healing left femur fracture; healing left tibia fracture; healing left 1st metatarsal fracture; and healing right tibia fracture. Medical personnel determined the injuries to the infant were non-accidental in nature. Law enforcement was contacted to investigate the cause of the infant's injuries. Law enforcement and the agency determined the father provided the majority of care to the infant while the mother was at work. The father provided several explanations for how the infant was injured; however, medical personnel determined none of the explanations provided were consistent with the infant's injuries.

The father was criminally charged with six counts of Child Abuse-Intentionally Cause Harm and one count of Child Abuse-Recklessly Cause Great Harm. The father was found guilty of one count of Child Abuse-Intentionally Cause Harm. The mother was criminally charged with one count of Child Abuse-Fail/Prevent Bodily Harm. The mother entered a plea of no contest and was given deferred prosecution.

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 infant by the father was substantiated. The infant was found to have multiple injuries in various stages of healing. Medical personnel determined the injuries were caused by non-accidental trauma. The father was the main care provider to the child while the mother worked. The father attempted to provide explanations for the various injuries; however, medical personnel determined the explanations provided were not consistent with the infant's injuries. The infant was determined unsafe and was initially placed in non-relative foster care. The infant has since been placed in the home of relatives. 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? The mother and father

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):

At the time of the incident, the infant resided with his mother and 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.)

N/A

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.)

N/A

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 to the infant by the father was substantiated. The infant was determined unsafe and was initially placed in non-relative foster care. The infant has since been placed in the home of relatives. The agency filed a Child in Need of Protection or Services petition in juvenile court and continues to provide ongoing case management services to the family.

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:

N/A

Description of all other persons residing in the OHC placement home:

N/A

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.

N/A

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 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 checked="" 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.

This 90-Day Summary Report was previously delayed. DSP did determine that releasing the summary report would jeopardize an ongoing criminal/civil investigation/proceeding, and delayed posting as provided under Wis. Stat. § 48.981(7)(cr)7.

