

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: 130329DSP-Colum-308 **Agency:** Columbia County Department of Health and Human Services

Child Information (at time of incident)

Age: 8 months Gender: Female Male

Race or Ethnicity: White

Special Needs: None

Date of Incident: 3/29/2013

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

On March 29, 2013, an 8 month old female was taken to the hospital for a small bruise above the child's ear. The mother initially stated nothing unusual happened the day the injury occurred. The mother later stated the infant fell out of a jumper, which caused the bruise. The mother later admitted she punched the infant in the head for crying. The child was taken to a larger hospital where medical professionals diagnosed the child with a head injury requiring hospitalization. The child's mother was charged with Child Abuse-Recklessly Cause Harm and was found guilty due to a No Contest Plea on September 11, 2013.

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 Initial Assessment completed by the county agency found a preponderance of evidence to substantiate physical abuse to the child, by the child's mother. The mother admitted to the agency that she punched the child in the head due to frustration that the child was crying. The child was assessed as unsafe and Temporary Physical Custody was taken upon her discharge from the hospital. A Child in Need of Protection or Services petition was filed with juvenile court, and the case was opened for on-going case management services.

- Yes No Criminal investigation pending or completed?
 Yes No Criminal charges filed? If yes, against whom? The biological 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 infant lived with the mother, maternal aunt, maternal uncle, and three step cousins. The identity of the infant's father has not been determined.

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 6/18/1998, a child welfare (juvenile justice) referral was screened in for the child's paternal uncle. No additional information on this referral is available.

On 9/22/2006, Dane County Department of Human Services screened in and assessed allegations of neglect to the three step-cousins of the child by their mother. The agency found insufficient evidence to substantiate the allegations of neglect to the children.

On 9/28/2006 a Child Welfare report was screened out.

On 11/21/2006 a CPS report was screened out.

On 2/11/2007, Dane County Department of Human Services screened in and assessed allegations of neglect to the three step-cousins of the child by their mother and father. The agency found a preponderance of evidence to substantiate the allegations of neglect to the children and the case was opened for ongoing services. These children were placed in foster care/Kinship care and then reunified with their mother on 4/9/2009.

On 2/18/2008 the agency screened in and assessed allegations of physical abuse to the three step-cousins of the child by their grandmother. The agency found insufficient evidence to substantiate the allegations of physical abuse to the children.

On 6/27/2008 a CPS report was screened out.

On 5/12/2009, a Child Welfare report was screened out.

3/10/2012 a CPS report was screened out.

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 to the child by the child's mother. The Initial Assessment completed by the agency found a preponderance of evidence to substantiate physical abuse to the child by the child's mother. The child was taken into Temporary Physical Custody by the agency and was placed in the home of a relative. The mother is currently allowed supervised visitation once per week. A Child in Need of Protection and/or Services order was petitioned for and granted, effective 5/6/2013. The mother was referred to a parenting program and mental health services. The case remains open with the agency for on-going 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:

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.

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 checked="" 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 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@wi.gov