

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: 130507DSP-Brown-326 **Agency:** Brown County Human Services Department

Child Information (at time of incident)

Age: 7 Months Gender: Female Male

Race or Ethnicity: Caucasian

Special Needs: None

Date of Incident: May 7, 2013

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

On May 7, 2013, the agency received a report regarding a 7 month child admitted to the hospital with a head injury and rib fractures. The child was in the care of his babysitter at the time of the incident. The babysitter said she fell with the child in her arms and hit the concrete floor with the child's head. During the course of the concurrent investigation it was discovered the child had numerous injuries which appeared to be non-accidental in nature. These injuries included: other head injuries, retinal hemorrhages, a rib fracture with callus formation, and liver trauma. Per medical personnel, some of the infant's injuries occurred less than 24 hours prior to presentation at the hospital and other injuries were likely to have occurred one week to one month prior to the incident. A criminal investigation is pending.

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 babysitter. Based on all of the information collected, a timeline was created. Facts in this timeline, including the child's feeding schedule and observed behaviors on May 6th and 7th were presented to medical professionals to assist in determining a precise age of the injuries. Medical professionals indicated that if the child had the brain bleed prior to being dropped off at the babysitter's on Tuesday morning; he would have been fussy and lethargic. During the investigation, the child was discharged to his parents with a protective plan in place. Prior to the determination of a maltreater, an Informal Disposition Agreement was entered by the child's family agreeing to services. Upon determination that the maltreater was the babysitter, a Child in Need of Protection or Services was filed with juvenile court for the babysitter who is the mother to three young children. A case with the child's family and the babysitter's family were opened with the agency for on-going case management services. Both cases have been closed.

- 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 infant resided with his mother and 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:

NA

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 allegations of physical abuse to the child. The Initial Assessment completed by the agency found a preponderance of evidence to substantiate physical abuse to the child by the babysitter. The family signed an informal Disposition Agreement with the agency and a case was opened. A Child in Need of Protection or Services petition was filed with juvenile court for the babysitter who is the mother to three young children. The case was closed with the agency.

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:

NA

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

NA

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.

NA

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 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 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 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@wi.gov