

## 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:** 130604DSP-MARIN-330      **Agency:** Marinette County Health and Human Services Department

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

Age: 7 weeks, 3 days      Gender:  Female  Male

Race or Ethnicity: White/African American

Special Needs: None

**Date of Incident:** unknown

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

On June 5, 2013, the agency received a report of an infant admitted to the hospital for a head injury. Medical personnel concluded the infant suffered an abusive head trauma sustained during an event two weeks prior to presentation at the hospital. The legal guardians of the child could not explain how the child sustained the injury. Criminal charges were not filed.

**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 agency found a preponderance of evidence to substantiate physical abuse to the child by an unknown maltreater. The child's biological mother and legal guardians had access to the child during the timeframe the injury was sustained. All parties deny harming child. The agency initiated a protective plan for the child and arranged relatives of the guardians to care for the child upon his release from the hospital. The agency filed a Child in Need of Protection or Services petition with juvenile court. After the incident, the child's legal guardians relinquished guardianship. The child was determined as unsafe and the agency took temporary physical custody and placed in foster care. The case remains open for on-going case management services.

- 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):

At the time the incident allegedly occurred, the child resided with his biological mother, his legal guardians and their two children (ages 9 and 6). On 4/21/12, the biological mother left the child with the legal guardians and went to live in Florida in a homeless shelter.

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 3/14/13, the agency screened in and assessed allegations of threatened abuse/neglect to the child by the biological mother. The agency found insufficient information to substantiate the allegation.

On 6/21/2013, the agency screened in and assessed an allegation of neglect to the child by the biological parents and the relative care providers because the guardians of the child relinquished guardianship. The allegation of neglect was substantiated against the child's biological mother and unsubstantiated against the child's guardians.

**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 allegations of physical abuse to the child by an unknown maltreater. The Initial Assessment completed by the county agency found a preponderance of evidence to substantiate physical abuse to the child by an unknown maltreater. The agency initiated a protective plan for the child and arranged relatives of the guardians to care for the child upon his release from the hospital. On 6/21/2013, the legal guardians of the child indicated they were no longer willing or able to care for the child and wanted to relinquish guardianship. The agency placed the child in foster care. A Child in Need of Protection or Services petition was filed with juvenile court and the case remains open for on-going services.

On 6/21/13, the legal guardians of child contacted the agency and stated that they were no longer able/willing to care for the child. The agency screened in and assessed allegations of neglect to the child by the parents and relative caregivers based on the relinquishment. The agency found a preponderance of evidence to substantiate the allegation of neglect to the child by the biological mother. The agency did not find sufficient evidence to substantiate the allegation of neglect to the child by the guardians of the child.

**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 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 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): TPC,foster placement and pending CHIPS action initiated after legal guardians no longer willing/able to care for child and the bio mom remained in Florida. |

**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 conduct a records review in case # 130604DSP-Marin-330

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues:**

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](mailto:RobertB.Williams@wi.gov)