

## 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:** 130715DSP-Colum-346      **Agency:** Columbia County Department of Health & Human Services

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

Age: 6 months      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** July 15, 2013

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

On July 16, 2013, the agency received a report of a six-month-child presenting at the hospital with a skull fracture. The parents reported that on July 15, 2013, while bathing the child, the parents noted a large red bump behind the child's right ear. The mother and grandmother took the child to the hospital on July 16, 2013 and he was then transported to a larger hospital. He was admitted and diagnosed with a right skull fracture.

During the investigation, the child's mother admitted to Law Enforcement that she had shaken the child and hit him on the head with a drinking glass three to five times. Criminal charges of Child Abuse-High Probability/Great Harm were filed against the mother. The mother was found guilty of one count of Child Abuse-High Probability/Great Harm.

**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 the mother. The child was found unsafe and the mother was incarcerated. The child was placed in foster care for six days and then returned to the care of his father. A Child in Need of Protection or Services petition was filed and the case remained open to provide ongoing case management services.

Yes  No Criminal investigation pending or completed?  
 Yes  No Criminal charges filed? If yes, against whom? The 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):

At the time of the incident, the child was residing with both parents, the child's maternal grandmother, maternal step-grandfather, and maternal aunt.

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 child. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate physical abuse to the child by the mother. The mother was incarcerated for this incident and the child was placed in foster care. After six days, the child was returned to the care of his father. The agency filed a Child in Need of Protection or Services with juvenile court and opened the case for ongoing case management service. The child was referred for screening for proper development which found no concerns for 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 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 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 type="checkbox"/> Supervised visitation                                                         |
| <input checked="" 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:**

N/A

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.