

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: 131021DSP-Dane-375 **Agency:** Dane County Department of Human Services

Child Information (at time of incident)

Age: 1yr Gender: Female Male

Race or Ethnicity: Asian

Special Needs: None

Date of Incident: 10/21/2013

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

On October 21, 2013, the agency received a report of an eleven month old infant who presented at the hospital with symptoms of seizures. Medical personnel diagnosed the infant with a skull fracture and the infant was transported via med-flight to a Children's Hospital. After further examination by medical personnel the infant was diagnosed with a skull fracture, bleeding on the brain, and older, healing head injuries, which required immediate surgery. Medical personnel diagnosed the injuries as non-accidental and indicative of multiple incidents of physical abuse.

Law Enforcement and the agency initiated a joint investigation the same day. Medical personnel provided information that the infant was previously hospitalized from October 9, 2013 thru October 11, 2013, due to dehydration. The child was discharged to his parents and, at the time of the incident, was home with parents, recovering. The mother reported on October 21, 2013, the infant appeared to be doing well so the parents arranged for a family friend to watch him while they went to work. The mother came home on her lunch break to feed the infant and observed the infant biting his tongue, not responding to her as usual, and making strange sounds. The mother immediately called 911 and the infant was transported to the hospital via ambulance.

Both parents reported the infant was watched, while they worked, by a family friend, beginning in mid-September. On several occasions, the parents observed dark spots on the infant's cheek. The mother of the infant stated she questioned the family friend who provided no explanation. Both parents stated on October 4, 2013, they took the infant to Urgent Care after picking him up from the family friend due to vomiting and what appeared to be a rash on his arm and cheek. Medical personnel diagnosed the infant had bruising, likely caused by sleeping on a hard mattress. The infant's parents arranged for other sleeping conditions at the family friend's home.

The family friend was interviewed and denied harming the infant and denied any knowledge of how the infant was injured. The criminal investigation remains open and no criminal charges have been filed in this case.

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. Based on information gathered, the Initial Assessment completed by the agency found a preponderance of the evidence to substantiate physical abuse by the family friend to the infant. Medical personnel diagnosed a skull fracture, bleeding on the brain, and older, healing head injuries as non-accidental and indicative of multiple incidents of physical abuse. The infant was determined safe in the care of the parents. Community services were offered to the family but were declined and the case was 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):

At the time of the incident, the infant resided with his parents.

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:

None

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 collaborated with law enforcement and medical personnel to complete the assessment. Based on information gathered, the Initial Assessment completed by the agency found a preponderance of the evidence to substantiate physical abuse by the family friend to the infant. Medical personnel diagnosed a skull fracture, bleeding on the brain, and older, healing head injuries as non-accidental and indicative of multiple incidents of physical abuse. The infant was determined safe in the care of the parents. Community services were offered to the family but were declined and the case was closed.

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 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 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 type="checkbox"/> Case remains open for services |
| <input type="checkbox"/> Placement with relatives | <input checked="" type="checkbox"/> Case closed by agency |
| <input 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@wisconsin.gov