

## 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:** 131031DSP-Sheb-381      **Agency:** Sheboygan County Health and Human Services Department

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

Age: 5 Months      Gender:  Female  Male

Race or Ethnicity: White, Hispanic/Latino

Special Needs: None

**Date of Incident:** October 31, 2013

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

On October 31, 2013, the agency received a report that a five-month-old infant presented at the hospital unresponsive with unexplained injuries. The infant was transported via ambulance to a Children's Hospital where the infant was diagnosed with a bi-lateral brain bleed, facial bruising, and retinal hemorrhages. Medical personnel diagnosed the injuries sustained would cause immediate, non-responsiveness and are indicative of physical abuse. Medical personnel also diagnosed the infant with an older, abusive head trauma, not as significant to cause unresponsiveness.

Law Enforcement initiated a joint investigation with the agency the same day. The father was interviewed and stated that on October 31, 2013, he was the only care giver for the infant and his sibling. The father stated the infant vomited violently, appeared to not breathe, and then went limp. The father stated he tried to administer CPR to the infant and began to make phone calls. The father reported calling a friend and a relative to the infant and then called 911. The friend arrived at the residence before EMS and both the father and the friend went outside the residence to wait for the ambulance. EMS arrived and transported the infant to the hospital.

The mother was interviewed and stated she had concerns for the health of the infant beginning October 26, 2013, when she returned home from work and the infant was not acting "like himself." October 27, 2013, the mother stated she went to work and returned to the residence that evening and was told, by the father, the infant had vomited four times and was still "not himself." The mother stated she witnessed the child choke and vomit again and she contacted medical personnel who observed the infant on October 28, 2013, and diagnosed the stomach flu. On October 29 and 30, 2013, the mother reported not working and the infant appeared in much better health. October 31, 2013, the mother stated she fed the infant before leaving for work and the infant took the bottle and he was smiling and interactive. The mother stated she was contacted by a relative who advised the infant was in the hospital.

As a result of the criminal investigation, the father was arrested and charged with one count of Child Abuse-Recklessly Cause Great Harm. The father was found guilty of one count of Child Abuse-Recklessly Cause 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 the evidence to substantiate physical abuse to the infant by the father. The father was caring for the children while the mother worked. In addition, medical personnel diagnosed the injuries as physical abuse. Medical professionals observed the sibling to the infant and found no signs of abuse. The agency determined the infant and the sibling unsafe. Temporary physical custody was taken and the children were placed into out-of-home care. A Child in Need of Protection and Services was filed and an On-Going Services case was opened for case management.

Yes  No Criminal investigation pending or completed?

Yes  No Criminal charges filed? If yes, against whom? The Father.

**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 and three-year-old sibling.

**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 collaborated with law enforcement and medical personnel to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate physical abuse to the infant by the father. The father was caring for the children while the mother worked. In addition, medical personnel diagnosed the injuries as physical abuse. Medical professionals observed the sibling to the infant and found no signs of abuse. The agency determined the infant and the sibling unsafe. Temporary physical custody was taken and the children were placed into out-of-home care. A Child in Need of Protection and Services was filed and an On-Going Services case was opened for case management.

**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 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 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:**

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 proceeding, and delayed posting as provided under Wis. Stat. § 48.981(7)(cr)7.