

## 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:** 140109DSP-Fond-403      **Agency:** Fond Du Lac County Department of Social Services

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

Age: 2 Months      Gender:  Female  Male

Race or Ethnicity: White, Caucasian

Special Needs: None

**Date of Incident:** 1/09/2014

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

On January 10, 2014, the agency received a report pertaining to an infant presented at a hospital with unexplained fractures. Medical professionals provided information that the infant presented with a buckle fracture to the left tibia and femur. Medical professionals diagnosed the type of fracture as severe force traction and/or torsion such as a "yank or twist" to the extremity or forceful acceleration of the infant as might occur during shaking. A full skeletal survey was completed and the infant was also diagnosed with several healing rib fractures, indicative of physical abuse such as squeezing around the chest. Law Enforcement initiated a joint investigation with the agency the same day the report was received.

The mother of the infant reported on January 8, 2014, the infant was moving both legs normally without distress. The mother stated the infant awoke at 2 a.m. on January 9, 2014, and she fed the infant but was tired afterwards and asked the father of the infant to change her diaper. The mother stated she awoke at 5 a.m. to the infant crying and took the infant from the bedroom to the living room to feed her and noticed her leg was "puffy." The mother stated she thought she was imagining the swelling and put the infant back to bed after feeding her. The infant awoke again later in the morning and the mother observed the leg felt hard to the touch and the child was fussy. The mother stated she called the pediatrician who advised her to take the infant to a children's hospital. The mother denied causing the injuries to the infant, denied co-sleeping with the infant, and only she and the father of the infant provided care.

The father of the child was interviewed and stated he did change the infant's diaper the night of the incident and may have used too much force in holding the infant's legs while changing the diaper. The father denied causing the rib fractures or knowing who caused the injuries.

No criminal charges were filed in this case and the investigation was closed.

**Findings by agency, including maltreatment determination and material circumstances leading to incident:**

The agency collaborated with medical personnel and law enforcement 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 to the infant by an unknown maltreater. Medical professionals diagnosed the injuries as indicative of abuse. The timeline established by law enforcement and the agency provide specific persons with access to the infant, including the mother and father. The Initial Assessment completed by the county agency has insufficient evidence to substantiate the maltreatment of physical abuse to the infant by both parents. The agency deemed the infant and her sibling unsafe and temporary physical custody was taken. Both children were placed in out-of-home care and a Child in Need of Protection or Services petition was filed. A case was opened for services with on-going case management.

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 in the home with her mother, father, 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:

**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 medical personnel and law enforcement 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 to the infant by an unknown maltreater. Medical professionals diagnosed the injuries as indicative of abuse. The timeline established by law enforcement and the agency provide specific persons with access to the infant, including the mother and father. The Initial Assessment completed by the county agency has insufficient evidence to substantiate the maltreatment of physical abuse to the infant by both parents. The agency deemed the infant and her sibling unsafe and temporary physical custody was taken. Both children were placed in out-of-home care and a Child in Need of Protection or Services petition was filed. A case was opened for services with on-going 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 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 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:**

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