

# 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:** 160915DSP-FOND-646      **Agency:** Fond Du Lac County Department of Social Services

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

Age: 3 Months      Gender:  Female  Male

Race or Ethnicity: Caucasian

Special Needs: None

**Date of Incident:** 09/15/2016

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

On September 15, 2016, the agency received a report regarding a three month old infant brought to the hospital with head injuries. Medical professionals who examined the infant suspected head trauma due to the infant's presenting symptoms, so the infant was transported to another hospital. Law enforcement was contacted and initiated a criminal investigation regarding the infant's suspicious injuries. Medical personnel diagnosed the infant with Physical Abuse-Abusive Head Trauma. No criminal charges have been filed in this case, but the investigation remains open.

**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. Medical professionals determined the infant sustained head injuries and diagnosed the infant with Abusive Head Trauma. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the infant by an unknown maltreater. The agency determined the infant and the infant's sibling safe and they remained with the parents. The agency closed the case upon completion of the Initial Assessment and no service referrals were made.

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 biological parents and 3 year old sister.

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.)

None

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 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. Medical professionals determined the infant sustained head injuries and diagnosed the infant with Abusive Head Trauma. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the infant by an unknown maltreater. The agency determined the infant and the infant's sibling safe and they remained with the parents. The agency closed the case upon completion of the Initial Assessment and no service referrals were made.

**B. Children residing in out-of-home care (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 or other actions that constitute 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 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 checked="" 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):   |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on 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.