6-Month Final 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: 130108DSP-Ocon-284 **Agency:** Oconto County Department of Health and Human Services

Child Information (at time of incident)
Age: 3 months Gender: ☒ Female ☐ Male
Race or Ethnicity: Caucasian
Special Needs: Born with a congenital heart condition

Date of Incident: 1/8/13

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

On 1/14/13, the agency received a report regarding possible physical abuse to a 3-month-old infant. The infant was hospitalized since 1/8/13, with presenting issues of congenital heart disease, RSV, and possible pyloric stenosis. The mother reported that when she picked the infant up from daycare on 1/8/13, the infant appeared “white and lifeless.” The daycare provider informed the mother the infant repeatedly vomited throughout the day. The mother immediately took the infant to the hospital for medical treatment. Over the next several days, the infant continued to experience bouts of vomiting and developed seizures. A CT scan revealed the infant had subdural hematomas, which required neurosurgical intervention. The surgery revealed old and new blood, indicating the infant most likely suffered from two separate incidents of trauma. Medical personnel also discovered retinal hemorrhaging behind the infant’s right eye. Law enforcement was contacted to investigate the cause of the injuries. The parents denied any knowledge of how the infant was injured. The infant was cared for by both parents, living separately at the time of the incident; both sets of grandparents; and the daycare provider. The infant’s 1½-year-old brother was also medically evaluated and found uninjured. The criminal investigation is pending and no criminal charges have been filed at this time.

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. Physical abuse to the infant by an unknown maltreater was substantiated. The treating physician stated in her report, “The findings of diffuse, non-acute subdural hemorrhages with no medical explanation, indicates that an episode of severe trauma involving rotational forces to the head occurred in the past. With no history of severe accidental rotational forces to the head in this child finding further increases concern of physical abuse.” The physician further notes, “The more acute subarachnoid blood seen on the initial CT scans as well as the retinal hemorrhages were most likely due to a second episode of trauma that occurred within two weeks of the head CT and ophthalmology exam.” Based on these medical findings, it was determined the infant suffered two non-accidental traumas within a two week time span. During the course of the investigation, both sets of grandparents and the daycare provider were ruled out as possible maltreaters. Both parents continue to deny maltreating the infant. The children were determined unsafe and placed in the home of relatives. The agency has filed a Child in Need of Protection or Services petition.

☒ 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):

The infant lived with his mother, father and 1½-year-old brother until 12/30/12. On 12/30/12, the mother moved into the home of the maternal grandparents with both children. The children were visiting the father at his home from 1/6/13 until 1/8/13, at which time the infant was hospitalized.

☒ **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:

On 12/12/12, the agency received a report with concerns the mother was not following through with cardiology appointments for the infant's medical condition. The agency screened out the CPS Report and screened it in as a Services Report. The assigned worker did not make contact with the family until 1/10/13, at which time the worker learned the infant was admitted to the hospital. The worker made phone contact with the mother who stated she was willing to meet with the worker once the infant was discharged from the hospital. The extent of the infant's injuries was not known at the time of the phone call.

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.)

On 12/12/12, the agency screened out a report with allegations of neglect to the infant; however, opened the case as an offer of services. The case was open with the agency at the time of the incident.

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 infant. Physical abuse by an unknown maltreater was substantiated. Both children were determined unsafe and placed in the home of relatives. The agency has filed a Child in Need of Protection or Services petition and the family is receiving ongoing case management services.

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:

Description of all other persons residing in the OHC placement home:

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.

Summary of any actions taken by agency in response to the incident: (Check all that apply.)

- ☒ Screening of Access report
- ☐ Protective plan implemented
- ☒ Initial assessment conducted
- ☐ Safety plan implemented
- ☒ Temporary physical custody of child
- ☒ Petitioned for court order / CHIPS (child in need of protection or services)
- ☐ Placement into foster home
- ☒ Placement with relatives
- ☒ Ongoing Services case management
- ☐ Attempted or successful reunification
- ☒ Referral to services
- ☒ Transportation assistance
- ☒ Collaboration with law enforcement
- ☒ Collaboration with medical professionals
- ☒ Supervised visitation
- ☒ Case remains open for services
- ☐ Case closed by agency
- ☐ Initiated efforts to address or enhance community collaboration on CA/N cases
- ☐ 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. In accordance with the DCF memo Series 2010-13, dated December 7, 2010 pertaining to the Child Welfare Case Review Protocol, the DSP completed an on-site review in case #120101DSP-Ocon-284 and prior reports involving the family. The report found: a Child Protective Services (CPS) Report from 2012 was screened out in error, erroneously documented as a Services Report, and was not screened within 24 hours of its receipt. A Child Protective Services (CPS) Report from 2013 was not screened within 24 hours of its receipt and was erroneously assigned an incorrect response time as another vulnerable child remained in the home and was accessible to the alleged maltreator. The

Initial Assessments completed in 2012 and 2013, physical observation and/or interviews with the children did not occur within the required response times and the safety determinations were not in accordance with the Wisconsin Child Protective Services Safety Intervention Standards.

The Quality Improvement plan implemented by the agency included training for all workers completing the Access function for the agency, all afterhours workers are required to complete the necessary training pertaining to Access and Initial Assessment before placement on the work schedule, the CPS Supervisor discusses proper documentation for Initial Assessments for employees performing this function, and the CPS Supervisor is participating in the Supervisor as Safety Decision Maker training provided by the state.

Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues:

None

☒ Yes ☐ No ☐ Not Applicable This 6-month summary report completes the Division of Safety and Permanence (DSP) review of this case.

The agency must submit an electronic copy of the completed 90-Day Summary Report to RobertB.Williams@wisconsin.gov