## **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

# Child Death, Serious Injury or Egregious Incident Summary Report

Type of Report:	☑ 90-Day ☐ Final	
Case Tracking Num	nber:100712DSP-PN-36 Agency:Dane Co	ounty Dept. of Human Services
Child Information:	Age: 6 1/2 months Gender  Race or Ethnicity: African American  Special needs: None identified prior to the reported	Female ⊠ Male injuries
Child's Residence:	: Nn-home Out-of-home care placement	
Date of Incident:	7/11 or 7/12/10	
The child was brou hospital with blood spinal compression meningitis. Medica	incident, including the suspected cause of death, injury or ught to the ER on 7/12/10 due to fussiness and inability to dat the top of his cervical spinal cord, a torn ligament in n fracture, a hematoma around his spine, and a torn antereal personnel identified injuries as being non-accidental, permeter force causing hyperflexion of his neck. The physicial	o move his arm well. The child was admitted to the the C-4 and C-5 of his spinal column, an L-2 lumbarior ligament. The child also presented with bacterial possibly caused by the child being slammed onto his
The agency substantived with his moth was with a number somewhat fussy and one reported observathe family in June 2. The child's mother maltreatment.	y, including material circumstances leading to incident: antiated physical abuse to the infant by an unknown malting ther, alleged father, aunt and 3 cousins. Reportedly, the bar of extended family, including children, at their home. In a unable to move one arm well. The father reported that riving the child fall or cry out in pain. The father recently 2010. He stated that, in general, he did not provide basing provided most of the care for the child. Medical reports	haby seemed fine on 7/9/10. Over the weekend he had he had he had he had he had
	tion for children in home:	
· · · · · · · · · · · · · · · · · · ·	the child's family: ided with his mother, alleged, father, aunt and three counts.	sins. The child also has half siblings that do not live
☐ Yes ☒ No at the time of the	Statement of Services: Were services under ch. 48 or ch. 9 incident, including any referrals received by the agency or re	38 being provided to the child, family or alleged maltreater ports being investigated at time of incident?
	y describe the type of services, date(s) of last contact betwiving those services:	een agency and recipient(s) of those services, and the
Summary of all years: None	ll involvement in services under ch. 48 or ch. 938 by child's	parents or alleged maltreater in the previous five
	ctions taken by the agency under ch. 48, including any invented in the child's family or alleged maltreater:	estigation of a report or referrals to services involving

Summary of any investigation conducted under ch. 48 or ch. 938 and any services provided to the family since the date of the incident:

The agency screened in, investigated and substantiated maltreatment to the child by an unknown maltreater. The agency determined that the child was unsafe in the care of his parents and was placed into a foster home upon discharge from the hospital. Parents' visits with the child are supervised. The family is receiving Ongoing Services from the agency.

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Additional information	i tor chilaren in olli	-ot-nome (UHC) blace	ment 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 actions taken by agency in response to the incident:

The agency screened in, investigated and substantiated maltreatment to the child by an unknown maltreater. The child was determined to be unsafe in the care of his parents. The parents' visits with the child were supervised at the hospital. Upon discharge from the hospital, he was placed into foster care. Visits between the parents and child continue to be supervised. The family is receiving Ongoing Services from the agency.

# \*Summary of policy or practice changes to address identified issues:

The initial assessment is not in compliance with the CPS Access and Initial Assessment Standards. The DSP and agency have reviewed the assessment together, and the agency agrees with the finding. The agency is addressing the identified practice finding with staff that are responsible for initial assessments.

\*Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues: None

None
Statement of Completion:  ☐ Yes ☐ No This 90-day summary report completes the Division of Safety and Permanence (DSP) review of this case.
* If a full report including agency actions, changes in policies or practices and recommendations for further changes was not completed within 90 days, the DSP will complete and submit the final summary report within 6 months.
This final summary report completes the DSP review of this case.