

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: 120705DSP-Barr-217 **Agency:** Barron County Department of Health and Human Services

Child Information (at time of incident)

Age: 9 months Gender: Female Male

Race or Ethnicity: Caucasian

Special Needs: None

Date of Incident: 7/5/12

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

On 7/6/12, the agency received a report of possible physical abuse to a 9-month-old child. The parents reported that the child fell down the stairs at their home. They took the child to a local hospital and she was later air lifted to Children's Hospital in the Twin Cities. Medical professionals determined that the child had three skull fractures and a collapsed left lung. Initially, the medical professionals believed the injuries were beyond what would occur from a fall down the stairs; however, upon viewing photographs of the home and the stairs taken by law enforcement, they determined it was possible and ruled the injuries accidental. No criminal charges will be filed in this case.

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

The agency screened in and assessed the allegation of physical abuse to the child. The agency collaborated with law enforcement and medical professionals to complete the assessment. The agency ultimately unsubstantiated the allegation of physical abuse. Law enforcement and the agency viewed the home where the incident occurred. They found the stairs were wooden and there were no side railings. The child fell from the top of the stairs and landed on the cement floor. Photographs of the stairs were sent to the medical team and it was determined that the injuries were accidental. The child was determined safe and the agency closed the case.

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 child lived with his mother, father, and paternal grandfather. The child's half-brother by the mother visits the home on alternating weekends during the school year and for extended time during the summer.

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.)

On 7/18/11, a report was received regarding possible drug and alcohol use by the mother while pregnant, as well as possible drug activity in the home. The report was screened in for assessment and the allegation was unsubstantiated.

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 child. The agency collaborated with law enforcement and medical professionals during the assessment and determined the injuries were accidental. Physical abuse was unsubstantiated. The child was determined safe in the home and the agency closed the case.

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.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Screening of Access report | <input 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 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): |

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 will complete a full record review in case #120705DSP-Barr-217.

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 Tara.Muender@wisconsin.gov