## **DEPARTMENT OF CHILDREN AND FAMILIES**

□ 90-Day

Final

the child, any member of the child's family or alleged maltreater:

In 2004 the agency provided services to this mother when she was a minor.

Division of Safety and Permanence

Type of Report:

## Child Death, Serious Injury or Egregious Incident Summary Report

Cons Tracking Number 100702DSD DN 21	Book County Human Samiage Dont
Case Tracking Number: 100702DSP-PN-31 Agency:	Rock County Human Services Dept.
Child Information: Age: 23 months	Gender: 🛛 Female 🔲 Male
Race or Ethnicity: White-Hispanic  Special needs: None prior to this incident	_
Special needs: None prior to this incident	
Child's Residence:  In-home  Out-of-home care placement	
Date of Incident: 7/2/10 and earlier	
On 7/2/10 the agency received a report that the child was taken to child had bruising on her forehead and cheeks, was vomiting and Upon examination, it was learned that the child had numerous broad hamstring and inner thigh, in different stages of healing and made belt bruising. She had abusive head trauma with three potential developmental delays. The babysitter, who is a relative and a mit that over the past week the child had bruises but did not change be	o the hospital emergency room with suspicious injuries. The d lethargic. The child also had two linear marks on her labia. ruises, including bruising on her arms, ribs, back, buttock, left le by different objects, such as a footprint, fingerprint, wire and brain bleeds. She has some brain damage and is at risk for inor, confessed to beating the child. The child's mother knew
Findings by agency, including material circumstances leading to in The agency substantiated physical abuse to the injured child by a child and her sibling by her mother. The mother was not truthful social worker, initially attempting to protect herself and the youn The mother admitted that she did not seek medical care when she placed in Juvenile Detention, and the mother has been criminally	an unknown maltreater and substantiated neglect to the injured l during the interviews with law enforcement and the agency ng babysitter. The babysitter confessed to harming the child. e saw different injuries on her daughter. The babysitter was
Additional information for children in home:	
Description of the child's family: The child lived with her mother and older sibling.	
$\square$ Yes $\boxtimes$ No Statement of Services: Were services under character the time of the incident, including any referrals received by the ag	. 48 or ch. 938 being provided to the child, family or alleged maltreater gency or reports being investigated at time of incident?
If "Yes", briefly describe the type of services, date(s) of last coperson(s) receiving those services: $N/A$	ontact between agency and recipient(s) of those services, and the
Summary of all involvement in services under ch. 48 or ch. 938 years: None	3 by child's parents or alleged maltreater in the previous five
Summary of actions taken by the agency under ch. 48, including	ng any investigation 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 and investigated the report on this incident. Physical abuse to the child by the babysitter was substantiated. Neglect to both children by their mother also was substantiated. The children were determined to be unsafe in their mother's care. Both children were removed from their mother's care. The injured child was placed into treatment foster care and her uninjured sibling was placed with relatives. The mother's contact with the children is supervised by the agency. The family is receiving Ongoing Services from the agency, which includes services for the mother and children.

## **DEPARTMENT OF CHILDREN AND FAMILIES**

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Additional information for children 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 actions taken by agency in response to the incident:

The agency screened in, investigated and substantiated the allegations of maltreatment to the children. The agency determined the children to be unsafe in the care of their mother. Contact between the mother and children is supervised. The injured child was placed into a treatment foster home and later placed with relatives. The agency arranged court ordered Kinship Care placements for both of the children. The sibling was examined medically, and the injured child continues to receive medical and therapeutic services. The family continues to receive Ongoing Services.

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

None

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

None

Stateme	ent of Completion:	
	□ N - T   OO	

$\boxtimes$	Yes		No	This 90-day	y summary	repor	t comp	oletes the	e Division	of Safet	y and	Permanence	(DSP	) review of	this c	ase.
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\* 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.