## **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

## 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.

| Cas                                   | se Tracking Number: 120922DSP-Milw-251 Agency: Bureau of Milwaukee Child Welfare   |
|---------------------------------------|--|
|                                       | ild Information (at time of incident) e: 8 months Gender: Female Male  |
| Rad                                   | ce or Ethnicity: African American  |
| Spe                                   | ecial Needs: Premature birth and respiratory issues  |
|                                       | te of Incident: 9/22/12  |
| On<br>The<br>exp<br>bec<br>2-y<br>scr | scription of the incident, including the suspected cause of death, injury or egregious abuse or neglect:  9/23/12, the agency received a report of an 8-month-old child who was admitted to the hospital with suspicious injuries. e child presented with severe and significant burns on his legs, buttocks, and scrotum. The mother gave multiple planations for the injuries, but eventually admitted to law enforcement that she held the child under scalding water in the sink cause he wouldn't stop crying. As a result of the injuries and the mother's confession, the child's 7-year-old half-brother and rear-old sister were also examined by medical personnel. The 7-year-old was found to have multiple non-specific bruises, apes and scars on his body, as well as a loop mark on his upper thigh. The mother was criminally charged and found guilty one count of Child Abuse-Recklessly Cause Great Harm, a class E felony, Wisconsin Statutes 948.03(3)(a). |
| The abucauchar                        | dings by agency, including maltreatment determination and material circumstances leading to incident:  e agency screened in and collaborated with law enforcement to assess the allegation of physical abuse to the child. Physical use to the child by his mother was substantiated. The child presented with significant burns, which the mother admitted to using. The mother disclosed that she was under a great deal of stress due to recent traumatic events and she was unable to addle the child's crying, so she punished the child by burning him. The three children were determined unsafe and were taker to Temporary Physical Custody. The child remained hospitalized until 10/2/12 and was then placed in foster care. The 2-tar-old and 7-year-old were placed with a relative. A Child in Need of Protection or Services Petition was filed and the case mains open for ongoing case management services.   |
|                                       | Yes No Criminal investigation pending or completed? Yes No Criminal charges filed? If yes, against whom? The mother  |
| Chi                                   | ild's residence at the time of incident: 🛛 In-home 🔲 Out-of-home care placement  |
|                                       | mplete the appropriate following section (A. or B. based on the child's residence at the time of the incident).  Children residing at home at the time of the incident:  |
|                                       | <b>Description of the child's family</b> (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, 7-year-old half-brother and 2-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.) On 12/30/11, the agency screened in a report alleging physical abuse to the newborn baby (now 8-month-old) by the parents. The allegation of physical abuse to the baby by his alleged father was substantiated and the father was incarcerated. The mother was given referrals to community resources and the case was closed.

On 5/25/12, the agency screened in a report alleging neglect to the 5-month-old (now 8-month-old) by the parents. Neglect was unsubstantiated and the agency closed the case.

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 collaborated with law enforcement to assess the allegation of physical abuse to the child. Physical abuse to the child by his mother was substantiated. The child presented with significant burns, which the mother admitted to causing. The three children were determined unsafe and were taken into Temporary Physical Custody. The child remained hospitalized until 10/2/12 and was then placed in foster care. The 2-year-old and 7-year-old were placed with a relative. A Child in Need of Protection or Services Petition was filed and the case remains open for 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.)                           |  |
|---|--|-------------|---|--|
| $\boxtimes$   | Screening of Access report                           |             | Attempted or successful reunification             |  |
|   | Protective plan implemented                          | $\boxtimes$ | Referral to services                              |  |
| $\square$   | Initial assessment conducted                         | $\boxtimes$ | Transportation assistance                         |  |
|   | Safety plan implemented                              | $\boxtimes$ | Collaboration with law enforcement                |  |
| $\boxtimes$   | Temporary physical custody of child                  | $\boxtimes$ | Collaboration with medical professionals          |  |
| $\boxtimes$   | Petitioned for court order / CHIPS (child in need of | $\boxtimes$ | Supervised visitation                             |  |
|   | protection or services                               | $\boxtimes$ | Case remains open for services                    |  |
| $\boxtimes$   | Placement into foster home                           |             | Case closed by agency                             |  |
| $\boxtimes$   | Placement with relatives                             |             | Initiated efforts to address or enhance community |  |
| $\boxtimes$   | Ongoing Services case management                     |             | 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.), 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 Bureau of Performance Management (BPM) completed a record review in case # 120922DSP-Milw-251. The review found: BMCW was in compliance with Access and Initial Assessment Standards, with the exception of timely completion of Initial Assessment for one of the two Initial Assessments under review.

BMCW developed and implemented a Child Welfare Access/Initial Assessment Quality Assurance Plan. The purpose is to outline roles and strategies to ensure the timeliness and quality of information collection, analysis, and decision making from the point of access through initial assessment completion. This plan and its strategies are reviewed monthly at agency executive management meetings.

| Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues:  None |  |  |  |  |  |
|--|--|--|--|--|--|
|  | This 6-month 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 RobertB.Williams@wisconsin.gov                          |  |  |  |  |