## **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

## 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Case Tracking Number:	100404DSP-PN-13	Agency:	Bureau of Milwaukee Child Welfare
Child Information: Age	e: 3 months		Gender: ☐ Female ☒ Male
-	ce: Latino		
	ecial needs: None		
Description of the child's The infant resided with l	s family: his married parents and older s	sibling.	
Child's Residence: In	-home	acement	
Date of Incident: 4/4/10	0		
The child was in the hos		leotaped ho	n, injury or egregious abuse or neglect: olding her hand over the baby's mouth/nose six times during the empting to kill the child.
Physical abuse by the modern Depression. Reportedly	, the mother admitted to police buse - Intentional/High Probab	r the birth o	of her children, the mother refused services for Post Partum was attempting to kill the child. She is criminally charged with eat Bodily Harm and is incarcerated. The children were
Additional information fo	r children in home:		
			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 desc person(s) receiving t $N/A$		s) of last co	ntact between agency and recipient(s) of those services, and the
Summary of all involute years: None	vement in services under ch. 4	8 or ch. 938	by child's parents or alleged maltreater in the previous five
	taken by the agency under ch. er of the child's family or allege		ng any investigation of a report or referrals to services involving er:
Summary of any inve	estigation conducted under ch.	48 or ch. 93	38 and any services provided to the family since the date of the
The BMCW comple that the children are assessment with loca as the 16th St. Clinic	safe with their father who recal law enforcement and the me	eives suppo edical facili	the mother was substantiated. The assessment determined out from extended family. The BMCW coordinated its ity. The family has been referred to community resources such and behavioral health counseling to address the needs of the
Additional information fo	r children in out-of-home (OHC	) placemen	t at time of incident:
Description of the Ol	HC placement and basis for dec	cision to pla	ace child there:

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

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**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 investigated and substantiated the reported maltreatment. The family was assessed and referred to community services. The case with the agency was closed.

*Summary of	policy or	practice chan	ges to address	identified issues:
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None

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

None

Statement	of	Completion:
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$oxed{oxed}$ Yes	☐ No	This 90-day summary repor	t completes the Division o	f Safety and Permanence	(DSP) review	w of this case.
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<sup>\*</sup> 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.