

## 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:** 120522DSP-Milw-205      **Agency:** Bureau of Milwaukee Child Welfare

**Child Information** (at time of incident)

Age: 9 months      Gender:  Female  Male

Race or Ethnicity: African American

Special Needs: None

**Date of Incident:** 5/22/12

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

On May 22, 2012 the agency received a report regarding an infant who had been pronounced dead at the hospital. The mother reported that she took the infant to urgent care on 5/20/12. He was diagnosed with strep throat and a fever, and was discharged the same evening with a prescription for Ibuprofen and Penicillin. The mother stated that she proceeded to administer the prescriptions as directed over the next two days. She reported that on 5/22/12, the baby was fussy all day and she felt something was wrong, so she called 911. She was unable to get through to the operator, so the mother and her boyfriend transported the baby to the hospital themselves. The baby was not breathing when they arrived at the hospital and was pronounced dead at 12:06 PM. The medical examiner did not find any evidence that neglect or abuse contributed to the infant's death. The infant's 7-year-old and 4-year-old half sisters were also examined by medical professionals and were free from any signs of abuse or neglect. Law enforcement was initially involved in the investigation of the infant's death; however, after initial interviews they decided not to pursue it further. No criminal charges were filed in this case.

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

The 5/22/12 referral alleging neglect to the infant by the mother was screened in and assessed. The agency unsubstantiated neglect to the infant. Once the mother realized the infant was not acting normally, she attempted to contact 911 and received a recorded message. The mother and her boyfriend then drove the infant to the hospital in their car. The infant had recently been seen at Urgent Care and was diagnosed with strep throat and a fever of 102.2°. He was discharged the same evening with a prescription for Ibuprofen and Penicillin, which the mother administered to the infant. The medical examiner found no signs of trauma and there is no evidence to suggest the mother's actions or inactions contributed to the infant's death. The infant's half-siblings were interviewed, as well as examined medically and were found to be free from signs of abuse or neglect. The infant's half-siblings were determined safe in the care of the mother.

- 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 infant lived with his mother, seven-year-old half-sister and four-year-old half-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.)

None

**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 5/22/12 referral alleging neglect to the infant by the mother was screened in and assessed. The referral was unsubstantiated as the medical examiner found no signs of trauma and there is no evidence to suggest the mother’s actions or inactions contributed to the infant’s death. The infant’s half-siblings were determined safe in the care of the mother. The family was provided with community resources for bereavement counseling and is also receiving support from extended family.

**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 type="checkbox"/> Protective plan implemented  | <input checked="" 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. The DSP did not identify practice issues during the review of the incident.

**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](mailto:Tara.Muender@wisconsin.gov)