

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: 131201DSP-Milw-388 **Agency:** Bureau of Milwaukee Child Welfare

Child Information (at time of incident)

Age: 5 months Gender: Female Male

Race or Ethnicity: African American

Special Needs: None

Date of Incident: December 1, 2013

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

On December 1, 2013, the agency received a report regarding a five-month-old infant pronounced deceased at the hospital. The report included concerns of neglect to the infant due to conditions in the family's home on the same date. Law enforcement and the Medical Examiner's office were called to investigate the infant's sudden, unexplained death. A pack n play was observed in the mother's bedroom that was unsuitable for an infant, as it contained dirty diapers, old bottles with sour milk, hot sauce, a nursing pillow, drug paraphernalia, and other items. A marijuana-type pipe was found in an ashtray, in the same bedroom. The mother admitted she drank two glasses of wine the prior night but denied any illicit drug use. She further denied any one else was present in the home, with her, on that date. The mother reported that morning she gave the infant a bottle and put him down to sleep in her bed. She said later she got into bed with him and they slept for several hours. The mother stated upon waking up that afternoon, she found the infant unresponsive. The mother said she attempted mouth-to-mouth resuscitation, but was unsuccessful, so she drove him to the emergency room. Hospital staff were unable to revive the infant and he was pronounced deceased. There were no signs of physical trauma observed to the infant. The infant reportedly displayed symptoms of a cold the few days preceding his death. The Medical Examiner determined the infant died of natural causes due to Respiratory Inflammation. The mother was unwilling to provide additional information, so the Medical Examiner could not determine if the infant's symptoms were such that the mother should have sought out medical attention. No criminal charges were filed as a result of law enforcement's investigation.

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

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the child welfare agency found insufficient evidence to substantiate the allegation of neglect to the infant by the mother. The Medical Examiner determined the infant died from natural causes due to Respiratory Inflammation. It was reported the infant displayed cold symptoms the few days preceding his death; however, the mother was unwilling to provide further details. The Medical Examiner could not determine if mother should have sought medical attention for the infant or would have known the infant was in distress due to his illness. The agency offered the mother referrals to grief counseling, which she declined. The case was closed as the Assessment determined there were no other children in the home to warrant further agency intervention.

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):

At the time of the incident, the infant resided with his mother.

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.)

N/A.

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.)

N/A.

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 collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the child welfare agency found insufficient evidence to substantiate the allegation of neglect to the infant by the mother. The Medical Examiner determined the infant died from natural causes due to Respiratory Inflammation. It was reported the infant displayed cold symptoms the few days preceding his death; however, the mother was unwilling to provide further details. The Medical Examiner could not determine if mother should have sought medical attention for the infant or would have known the infant was in distress due to his illness. The agency offered the mother referrals to grief counseling, which she declined. The case was closed as the Assessment determined there were no other children in the home to warrant further agency intervention.

B. Children residing in out-of-home care (OHC) placement at time of incident:

Description of the OHC placement and basis for decision to place child there:

N/A.

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

N/A.

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.

N/A.

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 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 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:

N/A.

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 RobertB.Williams@wisconsin.gov