

## 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.

**Case Tracking Number:** 121129DSP-Racin-269      **Agency:** Racine County Human Services Department

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

Age: 2 years      Gender:  Female  Male

Race or Ethnicity: African American

Special Needs: Developmental delays

**Date of Incident:** 11/29/12

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

On 11/29/12, the agency received a report regarding a 2-year-old child who presented at the hospital with 2<sup>nd</sup> degree burns to both of his feet, up to his mid-calf area on both legs. The child was transferred to the burn unit at Children's Hospital of Wisconsin. The mother provided multiple stories regarding the injuries to law enforcement, but ultimately admitted to causing the injuries to the child. The mother reported she recently potty trained the 2-year-old. The morning of the incident, the mother was getting ready to leave the home with the children when the mother discovered the 2-year-old defecated on himself. The mother reported became angry and put him in scalding, hot water. The mother stated she remembered running the water, but did not test its temperature. Medical personnel confirmed the injuries were consistent with forced immersion into scalding water. The mother was criminally charged with one count of Child Abuse-Intentionally Cause Great Bodily Harm and found guilty on 6/13/13.

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

The agency collaborated with law enforcement to complete the assessment. Physical abuse to the child by the mother was substantiated. The mother admitted to causing the injuries to the child after becoming angry over a potty training accident. Medical personnel confirmed the injuries were consistent with forced immersion into scalding water. The child was taken into custody, along with his 6-year-old sister and 5-year-old brother, after the agency determined the children were unsafe in the care of the mother. The mother's sister moved out of the home with her three children after the incident.

- Yes  No Criminal investigation pending or completed?  
 Yes  No Criminal charges filed? If yes, against whom? The mother

**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 child lived with his mother, 6-year-old half sister, 5-year-old half brother, his maternal aunt, and three cousins aged 10 months, 2 years and 5 years.

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 agency screened in and assessed the allegation of physical abuse to the child. Physical abuse by the mother was substantiated. The agency determined the mother’s three children were unsafe in her care and placed the children in out-of-home care. Child in Need of Protection or Services petitions were filed in juvenile court and the family continues to receive ongoing case management services from the agency.

**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 checked="" type="checkbox"/> Temporary physical custody of child  | <input checked="" type="checkbox"/> Collaboration with medical professionals                           |
| <input checked="" type="checkbox"/> Petitioned for court order / CHIPS (child in need of protection or services) | <input checked="" type="checkbox"/> Supervised visitation  |
| <input checked="" type="checkbox"/> Placement into foster home   | <input checked="" type="checkbox"/> Case remains open for services                                     |
| <input type="checkbox"/> Placement with relatives  | <input type="checkbox"/> Case closed by agency   |
| <input checked="" 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 6-month summary report completes the Division of Safety and Permanence (DSP) review of this case.

The agency must submit an electronic copy of the completed 90-Day Summary Report to [RobertB.Williams@wisconsin.gov](mailto:RobertB.Williams@wisconsin.gov)