

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: 111010DSP-Milw-164 Agency: Bureau of Milwaukee Child Welfare

Scope of DSP Review of Incident

- No Review. The information contained in this report was provided by the agency.
 90-Day Review

Child Information (at time of incident)

Age: 11 months Gender: Female Male

Race or Ethnicity: African American

Special Needs: None

Date of Incident: 10/10/11

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

On October 10th, the agency received a report from the medical examiner regarding an 11-month-old baby who had been pronounced dead in his home. The father initially reported that he had gotten up at approximately 4am, and when he checked on the baby, he didn't appear to be breathing. The father reported that he woke the mother, who called 911 and attempted CPR on the baby. The paramedics performed CPR upon their arrival, but the baby remained unresponsive. The mother accused the father of suffocating the baby at the time of the incident. The father changed his account of the incident multiple times, but eventually confessed to intentionally covering the baby's mouth and nose with a sock until he stopped breathing.

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

The 10/10/11 referral alleging physical abuse to the baby by his father was screened in and assessed. Physical abuse to the baby by his father was substantiated. The father admitted to intentionally preventing the baby from breathing to cause his death.

The father has been charged with 1st Degree Intentional Homicide. Jury trial was scheduled to begin 4/30/12.

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):

Prior to the incident, the baby 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 at the age of 18 years or older. (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 belief of maltreatment or threatened harm may not be screened in for an initial assessment, and no further action is required by the agency.)

A 1/21/10 referral alleging neglect by the father to the infant (the deceased 11 month old) was screened in, assessed and unsubstantiated. The referral was the result of a domestic violence incident between the mother and father, and the neglect allegation was unsubstantiated. The baby was unharmed during the altercation.

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 this child. The allegation of physical abuse by the father to the baby was substantiated. The father admitted to intentionally causing the death of the baby. The case was closed as there are no other children in the home.

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 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 type="checkbox"/> Collaboration with law enforcement |
| <input type="checkbox"/> Temporary physical custody of child | <input 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:

None - No DSP Review

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

None - No DSP Review

- 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 PaulaL.Brown@wisconsin.gov