

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: 120517DSP-Milw-203 Agency: Bureau of Milwaukee Child Welfare

Child Information (at time of incident)

Age: 3 months Gender: Female Male

Race or Ethnicity: African American

Special Needs: None

Date of Incident: 5/17/12

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

On 5/17/12, the agency received a report regarding an infant who was pronounced dead in his home. The parents reported that the infant had slept in his car seat the majority of the night, but was brought into bed at approximately 5:30 AM. The mother, father and the infant's one-year-old sister were all in bed with the infant at the time. The father stated that he woke at approximately 10:00 AM and found the infant unresponsive. The father alerted the paternal grandfather and called 911 while the grandfather administered CPR to the infant. The paramedics arrived and pronounced the infant dead. No criminal charges were filed in this case.

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

The agency screened in and assessed the allegation of neglect to the infant by his parents. The agency unsubstantiated neglect to the infant. The exact cause of death is unknown; however, there were no injuries or concerns found during the autopsy that would indicate the infant's death was a result of trauma or maltreatment. It is believed the infant's death is due to unsafe sleeping conditions. Due to concerns related to supervision and the sleeping arrangements, the parents agreed to allow the one-year-old to be placed with a paternal aunt during the assessment period. The family was referred for Intensive In-Home Services and an In-Home Safety Plan was implemented at the conclusion of the initial assessment.

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, father, one-year-old sister, paternal grandparents, 20-year-old uncle and 12-year-old uncle.

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 completed an initial assessment regarding the allegation of neglect to the infant by his parents. The agency ultimately unsubstantiated neglect to the infant as the autopsy found nothing that would indicate the infant’s death was a result of trauma or maltreatment. It is believed that the infant’s death is due to unsafe sleeping conditions. The family continues to receive Intensive In-Home Services to address parenting and safe sleeping practices for their one-year-old daughter.

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 checked="" type="checkbox"/> Protective plan implemented | <input type="checkbox"/> Referral to services |
| <input checked="" type="checkbox"/> Initial assessment conducted | <input type="checkbox"/> Transportation assistance |
| <input checked="" 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 checked="" type="checkbox"/> Supervised visitation |
| <input 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 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

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