

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: 120601DSP-Milw-210 **Agency:** Bureau of Milwaukee Child Welfare

Child Information (at time of incident)

Age: 6 months Gender: Female Male

Race or Ethnicity: Caucasian

Special Needs: None

Date of Incident: 6/1/12

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

On 6/1/12, the agency received a report regarding a 6-month-old infant who had been admitted to the hospital with suspicious injuries. Medical testing showed the infant's injuries included three broken ribs, chronic subdural hemorrhages with focal areas of acute subdural hemorrhages, bruising to the forehead, and other healing injuries including an abrasion to the right hip. Medical professionals stated that all the injuries presented together indicated the infant had been severely physically abused. The mother denied causing the infant's injuries and was inconsistent in her explanation of how the infant was injured. The mother reported that numerous adults had unsupervised access to the infant during the timeframe in which the injuries would have been inflicted. Law enforcement conducted an investigation and no criminal charges have been 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 physical abuse to the infant. The agency collaborated with law enforcement during the assessment. The infant presented with multiple injuries in various stages of healing which was indicative of non-accidental injury. Due to the infant having contact with multiple individuals during the time in which the injuries were inflicted, the agency was unable to identify the person responsible. Physical abuse was substantiated by an unknown maltreater. The infant was determined unsafe and was placed in out-of-home care. A petition was filed in juvenile court and was determined to be a Child in Need of Protection or Services.

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, mother's boyfriend and two adult roommates.

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 infant. The agency ultimately substantiated physical abuse to the infant by an unknown maltreater. Several individuals had contact with the infant during the timeframe in which the injuries were inflicted. While the injuries were clearly indicative of physical abuse, the agency was unable to identify the person responsible. The infant was determined unsafe and was placed in out-of-home care. A petition was filed in juvenile court and the infant was determined to be a Child in Need of Protection or Services. The infant remains in out-of-home care and the family is receiving ongoing services with 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.)

- | | |
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| <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 checked="" 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 6/4/12 initial assessment is not in full compliance with the CPS Access and Initial Assessment Standards.

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