

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: 120915DSP-Wauk-248 **Agency:** Waukesha County Dept. of Health and Human Services

Child Information (at time of incident)

Age: 10 weeks Gender: Female Male

Race or Ethnicity: Caucasian

Special Needs: None

Date of Incident: 9/15/12

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

On 9/16/12, the agency received a report of an infant death which occurred the previous day. On the day of the incident, the father was outside the home with the 2-year-old and 3-year-old, while the mother was inside the home with the infant. The father came into the home and observed the mother with blood on her hands. The mother told the father that she killed the infant. The father found the infant and believed she was already deceased. The father did not call emergency services or law enforcement regarding the infant. The father arranged to have the mother admitted to a hospital and transported her there. During the admission process, the mother told hospital staff she stabbed the infant. Hospital staff then contacted law enforcement. The mother admitted to law enforcement that she heard voices telling her to kill the infant and herself. She reported she had not slept in 4-5 days and wanted the voices to stop, so she stabbed the infant in the torso multiple times with a kitchen knife. The mother has been criminally charged with one count of 1st Degree Intentional Homicide. The father was criminally charged with one count of Failure to Report Death of Child. A criminal charge is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

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

The agency screened in the report and collaborated with law enforcement to complete the assessment. The agency substantiated physical abuse to the infant by the mother. Neglect to the 2-year-old and 3-year-old by the mother and father was also substantiated. The mother admitted to stabbing the infant. The father failed to report the death of his child, and did not act in a protective manner to ensure safety of the other children following the incident. The 2-year-old and 3-year-old were determined unsafe and placed in the home of a relative. The agency filed a Child in Need of Protection or Services Petition in juvenile court and the case remains open for ongoing case management services.

Yes No Criminal investigation pending or completed?

Yes No Criminal charges filed? If yes, against whom? The mother and father

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 her mother, father, 2-year-old sister and 3-year-old brother.

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 the assessment and substantiated physical abuse to the infant by the mother. Neglect by the mother and father to the other children was also substantiated. The 2-year-old and 3-year-old were determined unsafe and taken into Temporary Physical Custody. The children continue to reside in the home of a relative. A Child in Need of Protection or Services Petition was filed in juvenile court. The case remains open for ongoing case management 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 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 type="checkbox"/> Placement into foster home | <input checked="" type="checkbox"/> Case remains open for services |
| <input checked="" 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 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