

## 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: 130107DSP-Milw-280 Agency: Bureau of Milwaukee Child Welfare

### Child Information (at time of incident)

Age: 1 week Gender:  Female  Male

Race or Ethnicity: African American

Special Needs: None

Date of Incident: 1/7/13

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

On 1/7/13, the agency received a report regarding the death of a 1-week-old infant. The infant was discovered by the father lying underneath the mother who was sleeping with the infant on the living room couch. The father reports that on 1/7/13 he woke up at approximately 1:30 am and gave the infant to the mother for a feeding and went back to sleep. The father woke up again at 4:00 am and discovered the mother lying on top of the infant. The father woke the mother and pulled the infant out from underneath her. The father observed the infant to be unresponsive. Emergency medical personnel responded to the 911 call placed by the mother and also observed the infant to be unresponsive. Emergency medical personnel were unable to revive the infant through resuscitation efforts. The mother admitted to drinking alcohol throughout the day and ingesting one prescribed Percocet prior to the infant's death. An autopsy was conducted and the Medical Examiner's preliminary finding is accidental death. Toxicology results are still pending. No criminal charges have been filed in this case.

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

The agency collaborated with law enforcement and medical personnel to complete the assessment. The allegation of neglect to the infant was unsubstantiated. Preliminary autopsy results indicated the death appeared to be accidental despite the mother's use of alcohol and a prescription medication. There is no indication at this time that the mother was intoxicated to the point that it altered her judgment around the care of her infant. The two other children in the home were determined to be safe and the agency has closed the case.

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, 5-year-old half-brother, and 4-year-old half-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 screened in and assessed the allegation of neglect to the infant. Neglect to the infant by his mother was unsubstantiated. The two other children in the home were assessed and were determined to be safe in the home. There were no concerns about the mother and stepfather’s ability to care for the children and no other safety concerns were present during the assessment. The agency has closed the case.

**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 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 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:**

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](mailto:Tara.Muender@wisconsin.gov)