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 Nu	mber: <u>13020</u>	5DSP-Milw-292	Agency:	Bureau of Milwaukee Child Welfare	
Child Information Age: <u>1 month</u>	(at time of incide	·	Female 🛛 N	Male	
Race or Ethnicity:	Hispanic				
Special Needs:	None				

Date of Incident: 1/30/13

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

On 1/30/13, the agency received a report regarding a 1-month-old who presented at the hospital with multiple injuries. X-rays revealed the infant had rib fractures in different stages of healing, a recent fracture on the right clavicle, and a healing fracture on the left clavicle. Further medical assessment revealed the infant also had bleeding on the brain and Encephalomalacia, or softening of the brain tissue causing irreversible brain injury. Medical personnel determined the injuries were not consistent with birth injuries and were highly specific for child physical abuse. Law enforcement was contacted to investigate the cause of the injuries. The mother and the mother's boyfriend were the only two individuals to provide care to the infant. The mother and the mother's boyfriend both denied causing the injuries to the infant. The criminal investigation is on-going and no criminal charges have been filed at this time.

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 agency substantiated physical abuse to the infant by an unknown maltreater. The infant experienced significant injuries including irreversible traumatic brain injury. Medical personnel indicated that the "entire clinical picture is highly specific and virtually diagnostic of severe and repeated inflicted injury and child physical abuse, including abusive head trauma." The infant and two siblings were determined to be unsafe and were placed in out-of-home care. The agency filed a Child in Need of Protection or Services petition for each child.

Yes No Criminal investigation pending or completed?

Yes No Criminal charges filed? If yes, against whom?

Child's residence at the time of incident: X 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, 3-year-old half-brother and 2-year-old half-brother. The mother's boyfriend did not live in the home, but had frequent contact with the mother and children. The children were not having contact with their adjudicated fathers.

X 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:

The agency received a report alleging physical abuse to the 3-year-old on 1/17/13 and was in the process of completing the assessment at the time of the incident. The worker made contact with the 3-year-old and the mother on 1/17/13. The agency did not have any further contact with the family prior to being notified of the incident involving the infant.

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.) On 5/9/11, the agency screened in a referral for services. The family was referred to community services.

On 1/17/13, the agency screened in a report alleging physical abuse to the 3-year-old. Physical abuse was unsubstantiated. The case remains open for ongoing case management services in relation to the incident involving the infant.

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 substantiated physical abuse to the infant by an unknown maltreater. The infant and his two siblings were determined to be unsafe and were placed in out-of-home care with relatives. The agency filed Child in Need of Protection or Services petitions and the case remains open for ongoing case management services.

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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\boxtimes	Screening of Access report		Attempted or successful reunification
\boxtimes	Protective plan implemented		Referral to services
\boxtimes	Initial assessment conducted		Transportation assistance
	Safety plan implemented	\bowtie	Collaboration with law enforcement
\boxtimes	Temporary physical custody of child	\bowtie	Collaboration with medical professionals
\boxtimes	Petitioned for court order / CHIPS (child in need of	\bowtie	Supervised visitation
	protection or services)	\bowtie	Case remains open for services
	Placement into foster home		Case closed by agency
\square	Placement with relatives		Initiated efforts to address or enhance community
\boxtimes	Ongoing Services case management		collaboration on CA/N cases
			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. In accordance with the DCF memo Series 2010-13, dated December 7, 2010 pertaining to the Child Welfare Case Review Protocol, the Bureau of Performance Management (BPM) will complete an on-site review in case # 130205DSP-Milw-292.

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 <u>Tara.Muender@wisconsin.gov</u>