

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: 130408DSP-Milw-309 **Agency:** Bureau of Milwaukee Child Welfare

Child Information (at time of incident)

Age: 2 weeks Gender: Female Male

Race or Ethnicity: African American

Special Needs: None known

Date of Incident: April 8, 2013

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

On April 8, 2013, the agency received a report regarding a three-week-old infant brought into the hospital with suspicious injuries. Medical professionals stated the infant sustained bi-parietal skull fractures, bilateral tibial metaphyseal fractures and a posterior subdural hematoma. Medical personnel determined the injuries indicative of physical abuse and could not be caused by any natural means in a non-mobile infant. However, the age of the injuries could not be established medically. The mother, the alleged father, and the maternal grandmother had each cared for the infant prior to his hospital admission but all reported being unaware of how the injuries occurred. Upon further investigation by law enforcement, the mother later admitted to dropping the infant. The mother was criminally charged and found guilty of one count of Child Abuse-Recklessly Cause Great Harm, a class E felony, Wisconsin Statutes 948.03(3)(a).

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 physical abuse to the infant by the mother was substantiated. The infant was found to have multiple injuries, which medical personnel determined to be non-accidental trauma. The infant and his brother were determined unsafe, taken into temporary physical custody, and placed in out-of-home care. The agency filed a Child in Need of Protection or Services petition in juvenile court and is providing ongoing case management services to the family.

Yes No Criminal investigation pending or completed?
 Yes No Criminal charges filed? If yes, against whom? The mother.

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):

At the time of the incident, the infant lived with his mother, his alleged father and his two-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.)

N/A

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. Physical abuse to the infant by the mother was substantiated. The mother admitted to dropping the infant, resulting in significant injuries. The infant and his brother were determined unsafe and placed into out-of-home care. The agency filed a Child in Need of Protection or Services petition in juvenile court and is providing ongoing case management services to the family.

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:

N/A

Description of all other persons residing in the OHC placement home:

N/A

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.

N/A

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 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 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:

N/A.

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.