

## 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:** 130702DSP-Milw-345      **Agency:** Bureau of Milwaukee Child Welfare

**Child Information** (at time of incident)

Age: 15 months      Gender:  Female  Male

Race or Ethnicity: African American

Special Needs: Asthma

**Date of Incident:** July 2, 2013

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

On July 4, 2013, the agency received a report that a 15-month-old child presented at the emergency room with suspicious injuries. Medical professionals determined the child sustained a laceration on his colon and two lacerations on his rectum. Medical professionals determined the child's injuries were indicative of intentionally inflicted trauma, and likely occurred within the 24 hours prior to admittance. Hospital staff ruled out a medical cause for the severe injuries. Law enforcement was contacted and initiated a criminal investigation. The mother stated she brought the child to the emergency room because he had a fever and diarrhea. She denied any knowledge of how the child's injuries occurred. Initially, the mother stated she was the child's sole caregiver; she later said a male neighbor watched the child. Reports also suggested the mother had numerous people in and out of her home while her son was present. Law enforcement continues to investigate, and no criminal charges have been filed.

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

The agency collaborated with medical personnel and law enforcement to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate allegations of physical abuse and sexual abuse to the child by an unknown maltreater. Medical professionals concluded the child's injuries were likely caused by inflicted trauma. The allegations of physical abuse and neglect to the child by the mother were unsubstantiated. Based on information gathered for the agency's assessment, it could not be determined whether the mother had knowledge of the child's injuries, even though she sought medical attention for her child. Due to the severity of the child's injuries and concerns for the mother's ability to protect, the child was determined unsafe and temporary physical custody was taken and placement into out-of-home care. A Child in Need of Protection or Services petition was filed in juvenile court and the case was opened for on-going case management 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):

At the time of the incident, the child lived with his mother. The father resides in the area and shares joint custody of the child. There was no formal arrangement regarding the father's visitation with the child. The father reported his last visitation with the child occurred three weeks prior to the incident.

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.)

N/A.

**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 collaborated with medical personnel and law enforcement to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate allegations of physical abuse and sexual abuse to the child by an unknown maltreater. Medical professionals concluded the child's injuries were likely caused by inflicted trauma. The allegations of physical abuse and neglect to the child by the mother were unsubstantiated. Based on information gathered for the agency's assessment, it could not be determined whether the mother had knowledge of the child's injuries, even though she sought medical attention for her child. Due to the severity of the child's injuries and concerns for the mother's ability to protect, the child was determined unsafe and temporary physical custody was taken and placement into out-of-home care. A Child in Need of Protection or Services petition was filed in juvenile court and the case was opened for on-going case management services.

**B. Children residing in out-of-home care (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 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:**

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 [RobertB.Williams@wisconsin.gov](mailto:RobertB.Williams@wisconsin.gov)