

## 6-Month Final 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: 121105DSP-Milw-275 Agency: Bureau of Milwaukee Child Welfare

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

Age: 1 year Gender:  Female  Male

Race or Ethnicity: African American

Special Needs: Received heart transplant in February 2012

Date of Incident: 12/3/12

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

On 12/3/12, the agency received a report regarding a child who was allegedly being medically neglected. The child received a heart transplant due to an enlarged heart in February 2012. Medical personnel reported concerns that the mother was not following through with the child's medical appointments or consistently administering anti-rejection medication to the child. The child had been admitted to the hospital on 11/5/12 after the mother had failed to attend multiple medical appointments scheduled to address the child's fever and vomiting. Medical personnel determined, based on undetectable levels of the medication in the child's blood, the child had missed several doses of her anti-rejection medication. While at the hospital, the child arrested on three occasions and had to be placed on life support each time. No criminal charges will be filed in this case.

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

The agency collaborated with medical personnel to assess the allegation of neglect to the child by the mother. Neglect to the child by the mother was substantiated. The child has significant special needs due to her heart transplant. The mother knowingly failed to follow through with medical appointments or administer necessary medication to ensure the child's well-being. The child was taken into temporary physical custody on 1/22/13. A Child in Need of Protection or Services petition has been filed. A safety assessment was completed on the child's three half brothers, ages 8, 7, and 5, who do not have special needs, and there are no safety concerns identified at this time.

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 child lived with her mother, father, maternal grandmother, 8-year-old half brother, 7-year-old half brother, and 5-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.)

On 3/15/12, the agency screened out allegations of physical abuse and neglect to the 6-year-old (now 7-year-old).

On 7/13/12, the agency screened in an allegation of neglect to the 10-month-old (now 1-year-old). Neglect was unsubstantiated and the agency closed the case.

**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 child. Neglect to the child by the mother was substantiated. The child was taken into temporary physical custody on 1/22/13. The three older children were determined safe in the care of the mother. A Child in Need of Protection or Services petition was filed and the family continues to receive 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.)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Screening of Access report   | <input type="checkbox"/> Attempted or successful reunification   |
| <input type="checkbox"/> Protective plan implemented   | <input type="checkbox"/> Referral to services  |
| <input checked="" type="checkbox"/> Initial assessment conducted   | <input type="checkbox"/> Transportation assistance   |
| <input type="checkbox"/> Safety plan implemented   | <input 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 type="checkbox"/> Supervised visitation   |
| <input 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.), 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) completed a record review in case # 121105DSP-Milw-275. The review found: BMCW practice in Access was not in compliance with state standards related to review of Child Protective Services (CPS) history, and practice in Initial Assessment did not consider relevant CPS history of a household member.

BMCW developed and implemented a Child Welfare Access/Initial Assessment Quality Assurance Plan. The purpose is to outline roles and strategies to ensure the timeliness and quality of information collection, analysis, and decision making from the point of access through initial assessment completion. This plan and its strategies are reviewed monthly at agency executive management meetings.

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues:**

None

Yes  No  Not Applicable This 6-month 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)