

## 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:** 130421DSP-Milw-318      **Agency:** Bureau of Milwaukee Child Welfare

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

Age: 2 months      Gender:  Female  Male

Race or Ethnicity: African American

Special Needs: None known

**Date of Incident:** April 21, 2013

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

On April 21, 2013, the agency received a report regarding the unexpected death of a two-month-old infant from possible neglect. The mother admitted she drank three beers the prior evening before midnight. The mother said she woke early that morning to feed the infant then she put him back down. He started to cry so she tried soothing him then brought him to bed with her. When the mother woke up three hours later, she found the infant unresponsive and called 911. Paramedics transported the infant to the hospital. Attempts to revive the infant continued but were unsuccessful. The infant was pronounced deceased at the hospital. There were no external signs of trauma or injuries observed on the child. An autopsy was planned and law enforcement was investigating circumstances surrounding the infant's death.

**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. No criminal charges were filed as a result of law enforcement's investigation. The allegation of neglect to the infant by his mother was unsubstantiated. The mother acknowledged drinking alcohol the night before the infant's death but denied she was intoxicated while caring for the children. While the mother admitted co-sleeping with the infant, medical examination could not confirm this contributed to the infant's death. There were no underlying medical conditions or indications of physical trauma found to the child. The agency determined the infant's half-sibling safe in the mother's care. The family was provided with counseling resources and the case was closed.

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 infant's death, he lived with the mother and the infant's four-year-old half-brother. The infant's alleged father lived in the same home until moving out just prior to the infant's death.

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 screened in and assessed the allegation of neglect to the infant. The Initial Assessment completed by the agency has insufficient evidence to substantiate the maltreatment. The mother acknowledged drinking alcohol the night before the infant's death but denied she was intoxicated while caring for the children. While the mother admitted co-sleeping with the infant, medical examination could not confirm this contributed to the infant's death. There were no underlying medical conditions or indications of physical trauma found to the child. The agency determined the infant's surviving half-sibling safe in the mother's care. The family was provided with counseling resources and the case was closed.

**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 type="checkbox"/> Transportation assistance   |
| <input type="checkbox"/> Safety plan implemented  | <input 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 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: [RobertB.Williams@wisconsin.gov](mailto:RobertB.Williams@wisconsin.gov)