



Governor Tony Evers  
Secretary Emilie Amundson  
dcf.wisconsin.gov

October 27, 2020

Jeffrey Renk  
Senate Chief Clerk  
State Capitol, B20 SE  
P.O. Box 7882  
Madison, WI 53707

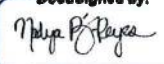
Patrick E. Fuller  
Assembly Chief Clerk  
Risser Justice Center  
17 West Main Street, Suite 401  
P.O. Box 8952  
Madison, WI 53708

Dear Chief Clerk Renk and Chief Clerk Fuller:

In compliance with 2009 Wisconsin Act 78, the Child Welfare Public Disclosure Act, please accept the attached summary reports prepared by the Department of Children and Families on October 27, 2020.

In accordance with Wisconsin Statutes section 48.981(7) (cr) 3.b., the Department is required to "transmit to... the appropriate standing committees of the legislature under s 13.172(3)" summary reports prepared by the Department concerning incidents of death or serious injury to a child that results from suspected abuse or neglect or incidents of egregious abuse or neglect of a child. The summary reports are also made available to the public on the Department's public website.

Sincerely,

DocuSigned by:  
  
EB2B961E5E8F4C9...

Nadya Perez-Reyes  
Assistant Secretary

Attachment

cc: Governor Tony Evers

# 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:** 200511DSP-Milw-998      **Agency:** Division of Milwaukee Child Protective Services

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

Age: 1 month      Gender:  Female  Male  
Race or Ethnicity: White  
Special Needs: None

**Date of Incident:** 05/11/20

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

On May 11, 2020, the agency received a report regarding a 1-month-old infant pronounced deceased in his home. Law enforcement was contacted and initiated a criminal investigation. The Medical Examiner's Office determined the death was due to an unsafe sleep environment. No criminal charges were filed, and the case was closed.

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

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of neglect to the infant by the mother and father; the agency found insufficient evidence to substantiate maltreatment of physical abuse to the infant by the mother and father. The Medical Examiner's Office determined the death was due to an unsafe sleep environment. The agency closed the case upon completion of the Initial Assessment and no service referrals were made.

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 infant resided with his mother and father.

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.)

None

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 and any services provided to the child and child's family since the date of the incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of neglect to the infant by the mother and father; the agency found insufficient evidence to substantiate maltreatment of physical abuse to the infant by the mother and father. The Medical Examiner's Office determined the death was due to an unsafe sleep environment. The agency

closed the case upon completion of the Initial Assessment and no service referrals were made.

**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 or other actions that constitute 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 type="checkbox"/> Referral to services  |
| <input checked="" type="checkbox"/> Initial assessment conducted                                      | <input type="checkbox"/> Transportation assistance   |
| <input type="checkbox"/> Safety plan implemented  | <input checked="" 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 checked="" 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):   |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes    No    Not Applicable   This 90-day summary report completes the Division of Safety and Permanence (DSP) action on 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.

# 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:** 200522DSP-Dane-999      **Agency:** Dane County Department of Human Services

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

Age: 1 Month      Gender:  Female  Male

Race or Ethnicity: Black/African American, Hispanic/Latino

Special Needs: None

**Date of Incident:** 05/22/20

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

On May 22, 2020, the agency received a report regarding a 1-month-old infant pronounced deceased in his home. Law enforcement was contacted and initiated a criminal investigation. The Medical Examiner's Office determined the injuries were consistent with non-accidental head trauma. No criminal charges have been filed in this case, and the investigation remains open.

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

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of evidence to substantiate the allegation of physical abuse to the infant by the father. The Medical Examiner's Office determined the injuries were consistent with non-accidental head trauma. The infant's 3-year-old half sibling was deemed safe and she remained with her mother. The agency closed the case upon completion of the Initial Assessment and no service referrals were made.

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 infant resided at home with his mother and father. The 1-month-old infant's 3-year-old half-sister resided with her mother and had regular visitation with her father in the infant's home.

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.)

None

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 and any services provided to the child and child's family since the date of the incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of evidence to substantiate the allegation of physical abuse to the infant by the father. The Medical Examiner's Office determined the injuries were consistent with non-accidental head trauma. The infant's 3-year-old half sibling was deemed safe and she remained with her mother. The agency closed the case upon completion of the Initial Assessment and no service referrals were made.

**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 or other actions that constitute 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 type="checkbox"/> Referral to services  |
| <input checked="" type="checkbox"/> Initial assessment conducted                                      | <input type="checkbox"/> Transportation assistance   |
| <input type="checkbox"/> Safety plan implemented  | <input checked="" 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 checked="" 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):   |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on 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.

# 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:** 200609DSP-Rock-1004      **Agency:** Rock County Human Services Department

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

Age: 1 Month      Gender:  Female  Male

Race or Ethnicity: White

Special Needs: None

**Date of Incident:** 06/09/20

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

On June 9, 2020, the agency received a report regarding a 1-month-old infant brought to the hospital with multiple injuries. Law enforcement was contacted and initiated a criminal investigation. Medical professionals determined the injuries were consistent with non-accidental head trauma. As a result of law enforcement's investigation, the infant's father was charged with Child Abuse-Recklessly Cause Great Harm. A criminal charge is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

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

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of evidence to substantiate the allegation of physical abuse to the infant by the infant's father. Medical professionals determined the injuries were consistent with non-accidental head trauma. The agency determined the infant safe and he remained with his mother. The family was referred to community services and the agency closed the case upon completion of the Initial Assessment.

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

**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 resided with his mother and father.

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.)

None

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 and any services provided to the child and child's family since the date of the incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of evidence to substantiate the allegation of physical abuse to the infant by the infant's father. Medical professionals determined the injuries were consistent with non-accidental head trauma. The agency determined the infant safe and he remained with his mother. The family was referred to community services and the agency closed the case upon completion of the Initial Assessment.

**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 or other actions that constitute 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 checked="" 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 checked="" 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):   |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on 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.

# 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:** 200616DSP-Dodge-1006      **Agency:** Dodge County Human Services and Health Department

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

Age: 1 Month      Gender:  Female  Male

Race or Ethnicity: White/Hispanic

Special Needs: None

**Date of Incident:** 06/16/20

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

On June 18, 2020, the agency received a CPS report regarding a 1-month-old infant pronounced deceased in his home on June 16, 2020. Law enforcement was contacted and initiated a criminal investigation. Information from law enforcement indicated the cause of death was accidental. No criminal charges were filed, and the case was closed.

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

The agency collaborated with law enforcement to complete the assessment. The initial assessment completed by the agency found insufficient evidence to substantiate neglect of the infant by the mother. The agency determined the infant's siblings safe and they remained with their mother and father. The agency closed the case upon completion of the Initial Assessment and no service referrals were made.

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 infant resided with his mother, father, 1-year-old sibling, 5-year-old sibling, and 7-year-old sibling. The infant's 12-year-old half sibling and 11-year-old half sibling had frequent visitation in the home.

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 October 9, 2017, the agency screened out a CPS Report.

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 and any services provided to the child and child's family since the date of the incident:**

The agency collaborated with law enforcement to complete the assessment. The initial assessment completed by the agency found insufficient evidence to substantiate neglect of the infant by the mother. The agency determined the infant's siblings



safe and they remained with their mother and father. The agency closed the case upon completion of the Initial Assessment and no service referrals were made.

On October 9, 2017, the agency screened out a CPS Report.

**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 or other actions that constitute 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 type="checkbox"/> Referral to services  |
| <input checked="" type="checkbox"/> Initial assessment conducted                                      | <input type="checkbox"/> Transportation assistance   |
| <input type="checkbox"/> Safety plan implemented  | <input checked="" type="checkbox"/> Collaboration with law enforcement                                 |
| <input type="checkbox"/> Temporary physical custody of child  | <input 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 checked="" 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):   |

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**FOR DSP COMPLETION IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site review of the incident:**

N/A

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

N/A

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Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on 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.

# 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:** 200721DSP-Milw-1010      **Agency:** Division of Milwaukee Child Protective Services

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

Age: 2 years      Gender:  Female    Male

Race or Ethnicity: African American/Black

Special Needs: None

**Date of Incident:** 07/21/2020

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

On July 22, 2020, the agency received a report regarding a 2-year-old child who had a serious injury and was pronounced dead while in transit to the hospital on July 21, 2020. Law enforcement was contacted and initiated a criminal investigation. Medical professionals determined the child died as a result of a serious injury. As a result of law enforcement's investigation, the mother was criminally charged with First Degree Reckless Homicide. A criminal charge is merely an allegation and a defendant is presumed innocent until and unless proven guilty.

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

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of neglect to the child by the mother. Medical professionals determined the child died as a result of a serious injury. The child's siblings were deemed unsafe, taken into Temporary Physical Custody, and placed with relatives. Petitions for Protection or Services were filed, and the case remained open to provide ongoing case management services.

Yes    No   Criminal investigation pending or completed?

Yes    No   Criminal charges filed? If yes, against whom? The child's 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 child resided with her mother, her mother's boyfriend, and her 3-year-old sibling. The child's 5-year-old sibling primarily resided with his paternal grandfather. Paternity had not been established for the child.

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:**

At the time of the incident, the family was participating in voluntary Intensive In-Home Services. The last contact by the agency was a home visit with the child, the child's 3-year-old sibling, 5-year-old sibling, and maternal great grandmother on June 30, 2020.

**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.)

On December 19, 2019, the agency screened-in a CPS Report alleging neglect by the mother to the child's then one-month-old sibling. During the assessment period, an additional report was made to the agency on December 27, 2019, alleging neglect by the mother to the child, the child's now 3-year-old sibling and the child's now 5-year-old sibling. A combined assessment of both reports was completed by the agency and the allegations of neglect were unsubstantiated. The case remained opened for voluntary in-home services.

On June 3, 2019, the agency screened-in a CPS Report alleging neglect by the mother to the child. During the assessment

period, an additional report was made to the agency on August 26, 2019, alleging neglect by the mother to the child. A combined assessment of both reports was completed by the agency and the allegations of neglect were unsubstantiated. The family was referred to Early Intervention Services and the case remained opened for voluntary in-home services.

On June 23, 2016, the agency screened-in a CPS Report alleging neglect and physical abuse by the father to the child's now 5-year-old sibling. An assessment was completed by the agency; the allegation of neglect was substantiated, and the allegation of physical abuse was unsubstantiated. The family was referred to community resources and the case was closed upon completion of the Initial Assessment.

On November 13, 2015, the agency screened-in a CPS Report alleging neglect by the mother to the child's now 5-year-old sibling. An assessment was completed by the agency and the allegation of neglect was unsubstantiated. The family was referred to a local community agency for transportation assistance services and the case was closed upon completion of the Initial Assessment.

**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 December 19, 2019, the agency screened-in a CPS Report alleging neglect by the mother to the child's then one-month-old sibling. During the assessment period, an additional report was made to the agency on December 27, 2019, alleging neglect by the mother to the child, the child's now 3-year-old sibling and the child's now 5-year-old sibling. A combined assessment of both reports was completed by the agency and the allegations of neglect were unsubstantiated. The case remained opened for voluntary in-home services.

On June 3, 2019, the agency screened-in a CPS Report alleging neglect by the mother to the child. During the assessment period, an additional report was made to the agency on August 26, 2019, alleging neglect by the mother to the child. A combined assessment of both reports was completed by the agency and the allegations of neglect were unsubstantiated. The family was referred to Early Intervention Services and the case remained opened for voluntary in-home services.

On July 9, 2018, the agency screened-out a CPS Report.

On June 23, 2016, the agency screened-in a CPS Report alleging neglect and physical abuse by the father to the child's now 5-year-old sibling. An assessment was completed by the agency; the allegation of neglect was substantiated, and the allegation of physical abuse was unsubstantiated. The family was referred to community resources and the case was closed upon completion of the Initial Assessment.

On November 13, 2015, the agency screened-in a CPS Report alleging neglect by the mother to the child's now 5-year-old sibling. An assessment was completed by the agency and the allegation of neglect was unsubstantiated. The family was referred to a local community agency for transportation assistance services and the case was closed upon completion of the Initial Assessment.

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 and any services provided to the child and child's family since the date of the incident:**

The agency collaborated with law enforcement and medical professionals to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of neglect to the child by the mother. Medical professionals determined the child died as a result of a serious injury. The child's siblings were deemed unsafe, taken into Temporary Physical Custody, and placed with relatives. Petitions for Protection or Services were filed, and the case remained open to provide ongoing 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 or other actions that constitute 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 type="checkbox"/> Referral to services  |
| <input checked="" type="checkbox"/> Initial assessment conducted   | <input 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 IF RECORD OR ON-SITE REVIEW WAS UNDERTAKEN:**

**Summary of policy or practice changes to address issues identified based on the record or on-site 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 will conduct a further review in this case.

**Recommendations for further changes in policies, practices, rules or statutes needed to address identified issues based on the record or on-site review:**

None at this time.

Yes  No  Not Applicable This 90-day summary report completes the Division of Safety and Permanence (DSP) action on 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.