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Governor Tony Evers
Secretary Emilie Amundson

Secretary's Office

May 1, 2020

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

Patrick Fuller
Assembly Chief Clerk
Risser Justice Center
17 West Main Street, Suite 401
Madison, WI 53703

Dear Mr. Renk and Mr. Fuller,

In compliance with the 2009 Wisconsin Act 78, the Child Welfare Public Disclosure Act, please accept the attached summary report prepared by the Department of Children and Families on May 1, 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.

A handwritten signature in black ink that reads "Danielle Melfi".

Danielle Melfi
Assistant Secretary

cc: Governor Tony Evers

Attachments

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: 191123DSP-DODGE-965 **Agency:** Dodge County Human Services and Health Department

Child Information (at time of incident)

Age: 7 months Gender: Female Male

Race or Ethnicity: White/Caucasian

Special Needs: None

Date of Incident: 11/23/19

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

On November 23, 2019, the agency received a report regarding a 7-month-old infant brought to the hospital with multiple injuries. Medical personnel determined the injuries were non-accidental in nature. Law enforcement was contacted and initiated a criminal investigation. 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 personnel to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the infant by an unknown maltreater. Medical professionals determined the infant sustained injuries consistent with non-accidental trauma. The infant and his sibling were deemed unsafe, taken into temporary physical custody, and placed with relatives. Petitions for Protection or Services were filed. Upon completion of the Initial Assessment, the infant and his sibling were returned to the parents' care after they were assessed as protective. The Petitions for Protection or Services were dismissed, and the agency closed the case. 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, and 2-year-old sibling.

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 personnel to complete the assessment. The Initial Assessment completed by the agency found a preponderance of the evidence to substantiate maltreatment of physical abuse to the infant by an unknown maltreater. Medical professionals determined the infant sustained injuries consistent with non-accidental trauma. The infant and his sibling were deemed unsafe, taken into temporary physical custody, and placed with relatives. Petitions for Protection or Services were filed. Upon completion of the Initial Assessment, the infant and his sibling were returned to the parents' care after they were assessed as protective. The Petitions for Protection or Services were dismissed, and the agency closed the case. 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 checked="" 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 type="checkbox"/> Case remains open for services |
| <input checked="" 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): |

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

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: 191203DSP-ROCK-969 **Agency:** Rock County Human Services Department

Child Information (at time of incident)

Age: 2 years Gender: Female Male

Race or Ethnicity: Black/African American

Special Needs: None

Date of Incident: 12/03/19

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

On December 3, 2019, the agency received a report regarding a two-year-old child who was pronounced deceased in the hospital. Law enforcement was contacted and initiated a criminal investigation. The Medical Examiner's Office noted signs of asphyxiation, but no signs of trauma. Toxicology results are pending. 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 personnel to complete the assessment. The Initial Assessment completed by the agency found insufficient evidence to substantiate neglect of the child by the mother. The Medical Examiner's Office noted signs of asphyxiation, but no signs of trauma to the child. 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 child resided with his mother, his maternal grandmother, his maternal grandmother's significant other, and a friend of his mother. The child's biological father did not have visitation.

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.)

The following history is related to the child's mother:

On February 22, 2019, the agency screened-in a CPS Report alleging neglect of the two-year-old child by his mother and his maternal grandmother. An assessment was completed by the agency and the allegations of neglect were unsubstantiated. The case was closed upon completion of the Initial Assessment.

There is no history related to the child's father.

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.) The following history is related to the child's mother:

On February 22, 2019, the agency screened-in a CPS Report alleging neglect of the two-year-old child by his mother and his maternal grandmother. An assessment was completed by the agency and the allegations of neglect were unsubstantiated. The case was closed upon completion of the Initial Assessment.

On June 18, 2015, the agency screened-out a CPS Report.

There is no history related to the child's father.

The following history is related to the child's maternal grandmother:

On February 22, 2019, the agency screened-in a CPS Report alleging neglect of the two-year-old child by his mother and his maternal grandmother. An assessment was completed by the agency and the allegations of neglect were unsubstantiated. 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 personnel to complete the assessment. The Initial Assessment completed by the agency found insufficient evidence to substantiate neglect of the child by the mother. The Medical Examiner's Office noted signs of asphyxiation, but no signs of trauma to the child. 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): |

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

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.