

Children's Hospital and Health System Patient Care Policy and Procedure

This policy applies to the following entity(s):

☒ Children's Medical Group ☒ Dialysis ☒ Fox Valley Hospital ☒ Milwaukee Hospital ☒ Specialty Clinics
☒ Surgicenter ☒ Urgent Care

SUBJECT: Child Abuse and Neglect Identification and Reporting

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Community Services staff should follow the [Child and Youth Protection/Prevention of Child Maltreatment](#) P&P for guidance.

Guidelines for possible indicators and evaluation of [Physical abuse](#) and [Sexual Abuse/Assault & Sex Trafficking Guidelines](#) can be found under [Patient Care; Clinical Guidelines](#)

DEFINITIONS [Per sec. 48.02 of the Children's Code]

For further details, refer to <http://docs.legis.wisconsin.gov/statutes/statutes/48/1/02>.

"Abuse" means any of the following:

- Physical injury inflicted on a child by other than accidental means.
 - When used in referring to an unborn child: serious physical harm inflicted on the unborn child, and the risk of serious physical harm to the child when born, caused by the habitual lack of self-control of the expectant mother of the unborn child in the use of alcohol beverages, controlled substances or controlled substance analogs, exhibited to a severe degree.
- Sexual intercourse or sexual contact under s. 940.225 (sexual assault), 948.02 (sexual assault of a child), 948.025 (engaging in repeated acts of sexual assault of the same child), or 948.085 (sexual assault of a child placed in substitute care).
 - A violation of s. 948.05 (sexual exploitation of a child).
 - A violation of s. 948.051 (trafficking of a child).
 - Permitting, allowing or encouraging a child to violate s. 944.30(1m) (prostitution).
 - A violation of s. 948.055 (causing a child to view or listen to sexual activity).
 - A violation of s. 948.10 (exposing genitals, pubic area, or intimate parts).

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- Manufacturing methamphetamine in violation of s. 961.41(1)(e) under any of the following circumstances:
 - With a child physically present during the manufacture.
 - In a child's home, on the premises of a child's home, or in a motor vehicle located on the premises of a child's home.
 - Under any other circumstances in which a reasonable person should have known that the manufacture would be seen, smelled, or heard by a child. (Wis. Stat. s. 48.02 (1)).

"Emotional damage" means harm to a child's psychological or intellectual functioning. "Emotional damage" shall be evidenced by one or more of the following characteristics exhibited to a severe degree: anxiety; depression; withdrawal; outward aggressive behavior; or a substantial and observable change in behavior, emotional response or cognition that is not within the normal range for the child's age and stage of development. (Wis. Stat. s. 48.02 (5j)).

"Neglect" means failure, refusal or inability on the part of a caregiver, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child. (Wis. Stat. s. 48.02 (12g)).

POLICY

Children suspected to be victims of child abuse and/or neglect will be properly identified and evaluated by Children's Wisconsin (Children's) staff. Reasonable suspicions of child abuse and neglect will be reported as mandated by Wisconsin Statute 48.981. (Appendix A)

PROCEDURE

I. REPORTING

- A. Children's will educate direct care staff on hire about their role as mandated reporter. Mandated reporters who have a reasonable suspicion of child abuse or neglect are responsible for making a report to the local county child protective services agency in which the family resides and/or law enforcement in the jurisdiction where the maltreatment may have occurred. (Appendix A) For a phone listing by county, refer to Wisconsin Department of Children & Families website: <https://dcf.wisconsin.gov/reportabuse>.
 1. If staff have medical concerns related to child abuse and are looking for direction, staff can consider contacting Child Advocacy. If further assessment is needed for concerns of child neglect, safety/supervision, or parenting concerns, Social Work can be contacted (as available). Consults to either department can be initiated by an order in the electronic medical record and/or a call to the consultant.
 2. Mandated reporting and communication with investigators during an active investigation are exceptions to restrictions regarding disclosure of protected health information. ([Privacy – Uses and Disclosures of Protected Health Information With and Without an](#)

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[Authorization](#))

3. Exceptions to the reporting requirement are outlined in Appendix A. For further guidance, see Appendix B of the [Sexual Abuse/Assault & Sex Trafficking Guidelines](#).
- B. Documentation: Referrals to child protective services and/or law enforcement should be documented in the electronic medical record using the [Mandated Reporting](#) note type or on the Report of Suspected Child Abuse or Neglect form (original to medical records). (Appendix B) Witnessed maltreatment or conversations with a patient or family member regarding maltreatment should be documented in detail in the medical record, including observations and direct quotes by both parties whenever possible. For urgent safety concerns, contact Security Services or local law enforcement.

II. IDENTIFICATION AND EVALUATION

A. Consent for Evaluation

Per sec. 48.981 of the Wisconsin Statutes, “Any person or institution participating in good faith in the making of a report, conducting an investigation, ordering or taking of photographs or ordering or performing medical examinations of a child under this section shall have immunity from any liability, civil or criminal, that results by reason of the action.”

B. Medical

1. For guidance regarding physical abuse identification and evaluation, the treating team should refer to Children’s [Physical abuse guidelines](#). For guidance regarding sexual abuse evaluation and treatment, the team should refer to Children’s [Sexual Abuse/Assault & Sex Trafficking Guidelines](#). For guidance regarding when caregiver access to information can be restricted, refer to the Preventing Harm Exception section of [Information Blocking](#).
2. For non-emergent medical evaluations, staff can refer a patient to their local Child Advocacy Center (CAC) for outpatient assessment if they believe the child would benefit from a second opinion. A referral for a second opinion usually requires that the referring medical provider make a report to authorities if there is a reasonable suspicion for child maltreatment. The provider or designee should then contact the local CAC to schedule an abuse evaluation. (Appendix C) Patients and families are not able to schedule appointments without a referral.
3. Vulnerable adults – Staff with abuse/neglect concerns related to adult patients 18 years of age and over with a physical or mental condition that substantially impairs his/her ability to care for his/her own needs, should consider a report to the local Adult Protective Services agency.

C. Children in Protective Custody Under Authority of Child Protective Services (CPS) or Law Enforcement (LE)

Any visitation limitations or restrictions placed on caregivers or other visitors at Children’s should be documented in the medical record. Children’s cannot provide supervision for restricted caregivers or visitors with the patient, and it should not be assumed the hospital is a supervised setting.

III. RESOURCES

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Teaching Sheets – See Children’s Connect under Child/family resources

- Abusive Head Trauma (1622) ([English](#) and [Spanish](#))
- Child Advocacy Team (1875) ([English](#) and [Spanish](#))
- Confidential Patient Status (1268) ([English](#) and [Spanish](#))
- Medical Evaluation for Injury (1874) ([English](#) and [Spanish](#))
- Medical Evaluation for Suspected Sexual Abuse (1680) ([English](#) and [Spanish](#))
- [Safe and Strong Together: Hug Don’t Hit \(1684\)](#)
- See Teaching Materials Categories [Development-Parenting-Behavior](#), [Child Abuse-Prevention](#), and [Psychology and Psychiatry](#) for additional teaching sheets

Clinical Guidelines, Resources, and References – See Children’s Connect under Patient care

- [Abuse – Drug-Endangered Children Guidelines](#)
- [Abuse – Medical Non-Adherence/Neglect Guidelines](#)
- [Abuse – Physical Abuse Guidelines](#)
- [Abuse – Sexual Abuse/Assault and Sex Trafficking Guidelines](#)
- [Guidelines for HIV Prophylaxis after Sexual Assault in Children and Adolescents](#)
- [Mandated Reporting FAQ](#)

Related Policies

- Patient Care:
 - [Behavioral Outbursts](#)
 - [Confidential Patient Status](#)
 - [Consent for Treatment](#)
 - [Covert Video Surveillance](#)
 - [Domestic Violence – Evaluation of: Intimate Partner Violence; Partner Abuse](#)
 - [Evidence Collection and Preservation: Chain of Evidence](#)
 - [Leaving Against Medical Advice \(“AMA”\)](#)
 - [Missed Appointments and Late Arrival](#)
 - [Refusal to Consent to Treatment or Blood Products](#)
 - [Safe Place for Newborns – Safe Haven](#)
 - [Security Risk Assessment](#)
- Administrative:
 - [Caregiver Misconduct](#)
 - [Harassment/Bullying/Disruptive Behavior](#)
 - [Photographing – Videotaping and Other Recording of Patients, Clients and Employees](#)
- Safety:
 - [Workplace Violence Prevention](#)

Approved by the:

Joint Clinical Practice Council January 15, 2024
Surgicenter Medical Executive Committee March 28, 2024
Milwaukee Medical Executive Committee April 8, 2024
Fox Valley Medical Executive Committee April 10, 2024

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APPENDIX A

Excerpts from the Wisconsin Statutes Children's Code:

(<https://docs.legis.wisconsin.gov/statutes/statutes/48/xxi/981>)

Wis. Stat. s. 48.981 (2) Persons required to report.

- (a) Any of the following persons who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur shall, except as provided under subs. (2m) and (2r), report as provided in sub. (3):
1. A physician.
 - 1m. A naturopathic doctor.
 2. A coroner.
 3. A medical examiner.
 4. A nurse.
 5. A dentist.
 6. A chiropractor.
 7. An optometrist.
 8. An acupuncturist.
 9. A medical or mental health professional not otherwise specified in this paragraph.
 10. A social worker.
 11. A marriage and family therapist.
 12. A professional counselor.
 13. A public assistance worker, including a financial and employment planner, as defined in s. 49.141(1)(d).
 14. A school teacher.
 15. A school administrator
 16. A school counselor.
 - 16m. A school employee not otherwise specified in this paragraph.
 17. A mediator under s. 767.405.
 18. A child care worker in a child care center, group home, or residential care center for children and youth.
 19. A child care provider.
 20. An alcohol or other drug abuse counselor.
 - 20m. A genetic counselor.
 21. A member of the treatment staff employed by or working under contract with a county department under s. 46.23, 51.42, or 51.437 or a residential care center for children and youth.
 22. A physical therapist.
 - 22m. A physical therapist assistant.
 23. An occupational therapist.
 24. A dietitian.

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25. A speech-language pathologist.
26. An audiologist.
27. An emergency medical services practitioner.
28. An emergency medical responder, as defined in s. 256.01(4p).
29. A police or law enforcement officer.
30. A juvenile correctional officer.

Wis. Stat. s. 48.981 (2m) Exception to reporting requirement; health care services.

- (a) The purpose of this subsection is to allow children to obtain confidential health care services.
- (b) In this subsection:
 1. "Health care provider" means a physician, as defined under s. 448.01(5), a naturopathic doctor, as defined under s. 466.01(5), a physician assistant, as defined under s. 448.971(2), or a nurse holding a license under s. 441.06(1) or a license under s. 441.10.
 2. "Health care service" means family planning services, as defined in s. 253.07(1)(b), 1995 stats., pregnancy testing, obstetrical health care or screening, diagnosis and treatment for a sexually transmitted disease.
- (c) Except as provided under pars. (d) and (e), the following persons are not required to report as suspected or threatened abuse, as defined in s. 48.02(1)(b), sexual intercourse or sexual contact involving a child:
 1. A health care provider who provides any health care service to a child.
 2. A person who obtains information about a child who is receiving or has received health care services from a health care provider.
- (d) Any person described under par. (c) 1. or 4. shall report as required under sub. (2) if he or she has reason to suspect any of the following:
 1. That the sexual intercourse or sexual contact occurred or is likely to occur with a caregiver.
 2. That the child suffered or suffers from a mental illness or mental deficiency that rendered or renders the child temporarily or permanently incapable of understanding or evaluating the consequences of his or her actions.
 3. That the child, because of his or her age or immaturity, was or is incapable of understanding the nature or consequences of sexual intercourse or sexual contact.
 4. That the child was unconscious at the time of the act or for any other reason was physically unable to communicate unwillingness to engage in sexual intercourse or sexual contact.
 5. That another participant in the sexual contact or sexual intercourse was or is exploiting the child.
- (e) In addition to the reporting requirements under par. (d), a person described under par. (c) 1. or 4. shall report as required under sub. (2) if he or she has any reasonable doubt as to the voluntariness of the child's participation in the sexual contact or sexual intercourse.

APPENDIX B



Report of Suspected Child Abuse or Neglect

Section I - Subject of report

☐ Patient/family demographic information verified as current. Refer to updated face sheet.

Child's Name _____ **DOB/Age** _____

Address _____ **Phone #** _____

City _____ **State** _____ **Zip** _____ **Gender:** ☐ M ☐ F

Health condition (Physical, developmental, emotional) _____

Mother's name _____ **DOB** _____

☐ Address / phone #'s same as child

Address _____ **Phone #'s 1.** _____

City: _____ **State:** _____ **Zip** _____ **2.** _____

Father's name _____ **DOB** _____

☐ Address / phone #'s same as child

Address _____ **Phone #'s 1.** _____

City: _____ **State:** _____ **Zip** _____ **2.** _____

Section II - Person(s) suspected of abuse/neglect

☐ Unknown / unclear

NAME (First, MI, Last) _____ **DOB/Age** _____ **Relationship to child** _____

1. _____

2. _____

Section III- ABUSE OR NEGLECT ALLEGATIONS

Type of suspected maltreatment (check all that apply). Refer to instructions for category definitions.

☐ Physical injury _____

☐ Sexual _____

☐ Neglect _____

☐ Emotional damage _____

☐ Child threatened with an injury, and reason to believe abuse of the child will occur. _____

Basis of Suspicion / Incident information. Similar past incidents. Other pertinent information.

Section IV- REPORT NOTIFICATION: Agency name, worker's name & phone number(s)

☐ Child Protective Services _____

☐ Law Enforcement _____

For further details regarding Sections I-IV, refer to consult/progress note(s) from:

☐ this writer dated _____ and/or _____

☐ Social Work Assessment dated _____ and/or _____

☐ _____ dated _____

Section V-REPORTING PARTY Information

Printed Employee name and title _____

Work number _____ **Date report(s) made** _____

Employee Signature _____ **Date:** _____ **Time:** _____

(Required)

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ORIGINAL - Medical Records YELLOW - Child Advocacy C615



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APPENDIX C

CHILD ADVOCACY AND PROTECTION SERVICES

Referrals to a Child Advocacy Center are made as part of an investigation of child maltreatment and are made by local enforcement, human service agencies, or by other medical providers.

Only investigators can request forensic interviews. For further information, visit [Children's Wisconsin's Child Advocacy Centers](#) website.

Milwaukee Child Advocacy Center

Family Peace Center, 619 W. Walnut St., Milwaukee, WI 53212
Phone (414) 277-8980 Fax (414) 277-8969

Child Advocacy Center of North Central Wisconsin

705 S. 24th Ave. Suite 400, Wausau, WI 54401
Phone (715) 848-8600 Fax (715) 848-8669

Chippewa Valley Child Advocacy Center

2004 Highland Ave. Suite M, Eau Claire, WI 54701
Phone (715) 835-5915 Fax (715) 835-2172

Fox Valley Child Advocacy Center

2575 E. Evergreen Dr., Appleton, WI 54913
Phone (920) 969-7930 Fax (920) 969-7975

Kenosha Child Advocacy Center

6809 122nd Ave., Kenosha, WI 53142
Phone (262) 653-2266 Fax (262) 653-2277

Racine County Child Advocacy Center

8800 Washington Ave. Suite 200, Mount Pleasant, WI 53406
Phone (262) 898-7970 Fax 262-635-6621

Walworth County Child Advocacy Center

W4063 Highway NN, Elkhorn, WI 53121
Phone (262) 741-1440 Fax (262) 741-3387

Children's Wisconsin Child Advocacy

999 N. 92nd St., Suite 615, Wauwatosa, WI 53226
Phone (414) 266-2090 Fax (414) 266-3157

Other Wisconsin Child Advocacy Centers with Children's Medical providers:

The C.A.R.E. Center

726 N. East Ave., Waukesha, WI 53186
Phone (262) 522-3680 Fax (262) 522-3681

Lakeshore Regional Child Advocacy Center

134 S. Foster Dr., Saukville, WI 53080
Phone (262) 358-9080 Fax (262) 268-2040

Willow Tree Cornerstone Child Advocacy Center

503 S. Monroe Ave., Green Bay, WI 54301
Phone (920) 436-8881 Fax (920) 436-4413