

# 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 and Specialty Clinics
- Milwaukee Hospital and Specialty Clinics  Surgicenter  Urgent Care

## SUBJECT: Child Abuse and Neglect Identification and Reporting

### Table of Contents

POLICY .....	2
PROCEDURE .....	2
I. REPORTING .....	2
II. IDENTIFICATION AND EVALUATION .....	3
III. RESOURCES .....	3
Related Policies.....	4
Appendix A.....	4
Appendix B.....	7
Appendix C.....	8

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

Guidelines for possible indicators and evaluation of [physical abuse](#) and [sexual abuse](#) 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).

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Child Abuse & Neglect Identification and Reporting/ Process Owner: Child Advocacy and Protection

- A violation of s. 948.10 (exposing genitals, pubic area, or intimate parts).
- 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 (CW) staff. Reasonable suspicions of child abuse and neglect will be reported as mandated by Wisconsin Statute 48.981. (Appendix A)

## **PROCEDURE**

### **I. REPORTING**

- A. CW 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>. Making mandated reports for suspected child maltreatment can be stressful. A supervisor may be contacted for support if needed.
- B. If staff have medical concerns related to child abuse and are looking for direction, staff can consider contacting the Child Advocacy department. Child neglect, safety/supervision, or parenting concerns can be directed to Social Work Services (as available). Consults to either department can be initiated by an order in the electronic medical record and/or a call to the consultant.

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Child Abuse & Neglect Identification and Reporting/ Process Owner: Child Advocacy and Protection

- C. Documentation: Referrals to child protective services and/or law enforcement should be documented in the electronic medical record or on the Report of Suspected Child Abuse or Neglect (original to medical records). (Appendix B) Witnessed abuse or conversations with a patient or family member regarding abuse 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 orders for physical abuse identification and evaluation, the treating team should refer to CW [Physical Abuse Guidelines](#). For guidance regarding sexual abuse evaluation and treatment, the team should refer to CW [Abuse - sexual abuse/assault and sex trafficking guidelines](#).
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. Referral for 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)
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 CW should be documented in the medical record. CW 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**

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

- Abusive Head Trauma (1622) ([English](#) and [Spanish](#))
- [Child Advocacy Team](#) (1875)
- [Confidential Patient Status](#) (1268)

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Child Abuse & Neglect Identification and Reporting/ Process Owner: Child Advocacy and Protection

- Confidential Patient Status with Police Custody (1269) ([English](#) and [Spanish](#))
- Medical Evaluation for Suspected Physical Abuse (1874) ([English](#) and [Spanish](#))
- Medical Evaluation for Suspected Sexual Abuse (1680) ([English](#) and [Spanish](#))
- [Medical Testing for Possible Injury](#) (1312)
- [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 – Physical Abuse Guidelines](#)
- [Abuse – Evaluation of Suspected Sexual Abuse Guidelines](#)
- [Guidelines for HIV Prophylaxis after Sexual Assault in Children and Adolescents](#)
- [Mandated Reporting FAQ](#)
- [Medical Non-Compliance Tool](#)
- [Sex Trafficking of Minors Guidelines](#)
- [Sexually Active Teens Evaluation Guidelines](#)

**Related Policies**

- Patient Care:
  - [Behavioral Outbursts – Care of the Patient](#)
  - [Confidential Patient Status](#)
  - [Consent for Treatment](#)
  - [Evidence Collection and Preservation for Police Agencies](#)
  - [Harassment/Disruptive Behavior](#)
  - [Leaving Against Medical Advice](#)
  - [No-Shows, Missed Appointments, and Dismissals](#)
  - [Refusal to Consent to Treatment or Blood Products](#) [Security Risk](#)
- Administrative:
  - [Covert Video Surveillance](#)
  - [Caregiver Misconduct](#)
  - [Safe Place for Newborns – Safe Haven](#)
  - [Privacy: Photographing – Videotaping and Other Recording of Patients, Clients and Caregivers](#)
- Safety:
  - Violence in the Workplace ([Milwaukee](#) and [Fox Valley](#))

Approved by the:  
 Joint Clinical Practice Council August 17, 2020  
 Milwaukee Medical Executive Committee October 5, 2020  
 Fox Valley Medical Executive Committee October 7, 2020  
 Surgicenter Medical Executive Committee October 8, 2020

## **APPENDIX A**

Excerpts from the Wisconsin Statutes Children's Code:

(<https://docs.legis.wisconsin.gov/statutes/statutes/48/XX/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.
  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.
  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.
  25. A speech-language pathologist.
  26. An audiologist.
  27. An emergency medical technician.

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28. A first responder.
29. A police or law enforcement 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 physician assistant, as defined under s. 448.01(6), or a nurse holding a certificate of registration 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)

C7818N (1/10)

ORIGINAL - Medical Records YELLOW - Child Advocacy C615



## **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. Visit [www.chw.org/cac](http://www.chw.org/cac) for further information about Children's Wisconsin's Child Advocacy Centers.

#### **Milwaukee Child Advocacy Center**

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

#### **Fox Valley Child Advocacy Center**

325 N. Commercial St. Suite 400, Neenah, WI 54956  
Phone (920) 969-7930 Fax (920) 969-7975

#### **Kenosha Child Advocacy Center**

8500 75th St. Suite 101, 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

#### **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

#### **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 CW Medical providers:***

##### **Willow Tree Cornerstone Child Advocacy Center**

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

##### **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