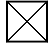
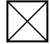
Children's Hospital and Health System
Patient Care Policy and Procedure

This policy applies to the following entity(s):

 Children's Hospital of Wisconsin - Milw

Children's Hospital of Wisconsin – FV

 Children's Hospital of Wisconsin - Surgicenter

Children's Urgent Cares

SUBJECT: Child Abuse and Neglect Identification and Reporting

POLICY

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

"**Abuse**" means any of the following:

1. Physical injury inflicted on a child by other than accidental means. "**Physical Injury**" includes but is not limited to lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm as defined under s.939.22 (14).
2. Sexual intercourse or sexual contact under 940.30 (RE: Sexual Assault).
3. A violation of 940.203 (RE: Sexual Exploitation of Children).
4. Permitting or requiring a child to violate 944.30 (RE: Prostitution).

"**Neglect**" means failure, refusal or inability on the part of a parent, guardian, legal custodian or other person exercising temporary or permanent control over a child, 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.

"**Emotional damage**" means harm to a child's psychological or intellectual functioning which is exhibited by severe anxiety, depression, withdrawal or outward aggressive behavior towards a guardian, legal custodian or other person exercising temporary or permanent control over the child and for which the child's parent, guardian or legal custodian has failed to obtain the treatment necessary to remedy the harm.

Table of Contents

I. CHW Milw STAFF RESPONSIBILITIES RELATED TO REPORTING ABUSE.............................3

II. EVALUATION AT CHW Milw...4

III. CHILDREN IN PROTECTIVE CUSTODY AT CHW UNDER AUTHORITY OF CHILD PROTECTIVE SERVICES (CPS) OR LAW ENFORCEMENT (LE) 7

IV. SURGICENTER STAFF RESPONSIBILITIES RELATED TO REPORTING ABUSE…………..….8

V. EVALUATION AT surgicenter ……………………………………………………………………8

VI. CHILDREN IN PROTECTIVE CUSTODY AT SGC UNDER AUTHORITY OF CHILD PROTECTIVE SERVICES (CPS) OR LAW ENFORCEMENT (LE)………………………………..…8

VII. CHW-FV STAFF RESPONSIBILITES RELATED TO REPORTING ABUSE…………….….…..…9

VIII. EVALUATION AT CHW-FOX VALLEY……………………………………………………..……..9

IX. CHILDREN IN PROTECTIVE CUSTODY AT CHW –FV UNDER AUTHORITY OF CHILD PROTECTIVE SERVICES(CPS) OR LAW ENFORCEMENT (LE)……………………………………...12

Appendix A – Excerpts from WI Statutes...14

Appendix B - Report of Suspected Child Abuse or Neglect..16

Appendix C - Common signs and symptoms of PHYSICAL ABUSE...17

Appendix D - Common signs and symptoms of SEXUAL ABUSE 18

Appendix E - Common Signs and Symptoms of NEGLECT..19

Appendix F – Child Advocacy and Protection Services listings…………………………………..……20

PROCEDURE

I. CHW - Milw STAFF RESPONSIBILITIES RELATED TO IDENTIFYING AND REPORTING ABUSE

A. All CHW professional staff identified as "mandated reporters" by WI Stat. 48.981 (See Appendix A) will receive education to correctly identify common signs and symptoms of child abuse and neglect. Screening for signs of abuse will begin with the patient's initial assessment and continue throughout the visit or hospitalization.

B. If abuse is alleged involving a CHW employee, independent contractor, physician, volunteer, or student, refer to the Administrative Policy and Procedure, 'Misconduct - Investigation of Caregiver Misconduct'.

C. Mandated reporters with a reasonable suspicion of abuse or neglect are responsible for making a report to the local county Child Protective Services agency in which the family resides. For a phone listing by county, refer to WI Department of Children & Families website http://dcf.wisconsin.gov/Children/CPS/cpswimap.HTM.
The referral should be documented in the medical record.
Main campus staff should complete the Report of Suspected Child Abuse or Neglect (Appendix C, form C7818N ordered through SmartWorks), sending the original to Medical Records, and duplicate copy to Child Advocacy (C615).

D. (Main campus) Staff with concerns related to child abuse can contact the Child Advocacy department for consultation. Child neglect, safety/supervision, or parenting concerns can be directed to Social Work Services. Consults to either department can be initiated by an order in the electronic medical record.

E. Cases of suspected child abuse evaluated at main campus will be referred to the Child Advocacy Program. Child Advocacy office hours are between 8:00 AM and 5:00 PM Monday-Friday. Urgent consults outside normal business hours, please page the medical provider via the on-call schedule on the intranet and enter an order in EPIC. Social Work Services provide coverage for the Child Advocacy social worker during non-business hours, and should be contacted through the Social Work on-call schedule.

F. There are occasions when a staff member witnesses an incident or has a direct conversation with a patient or family member regarding abuse. These details should be documented in the medical record. Documentation should include what was asked and answered by both parties. Observations and direct quotes are best. When known, the documentation should include type of abuse or contact, who was responsible for the contact, when it took place, and if it happened more than once. For incidents occurring on main campus, involve Security Services by dialing extension 2552 for non-emergent situations or

by dialing “88” (Children’s Emergency Line) if an immediate Security presence is desired. Refer to “Violence in the Workplace” policy as needed.

G. For information regarding exceptions to sexual abuse reporting, refer to “Guidelines for Evaluation of Sexually Active Adolescents” available on the intranet under “Clinical Resources.”

II. EVALUATION AT CHW - Milwaukee

A. Consent for Evaluation

Per 48.981 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 Team

1. For guidance regarding orders for physical abuse workup, the treating team should refer to “Abuse-Physical Abuse Guidelines.” For guidance regarding sexual abuse evaluation and treatment, the team should refer to “Abuse-Evaluation of Sexual Abuse Guidelines. “ Both can be found on the intranet under, “References” then “Clinical Guidelines.”

2. Evidence Collection

a) Children’s Hospital of Wisconsin physicians and/or staff shall collect the evidence atraumatically and as directed by the instructions included in the Sexual Assault Evidence Kit (provided by the Wisconsin Crime Lab) to ensure that the evidence is collected in such a manner that it may be used in a court of law. See “Abuse-Evaluation of Suspected Sexual Abuse” found
b) Medical photography/Audio Visual Services should be requested during normal business hours to document visible injuries.
c) If the patient has acute bite marks, these should be swabbed and photographed as part of evidence collection.
d) For direction regarding photographs, or other information refer to Patient Care policy “Evidence Collection and Preservation for Law Enforcement Agencies

3. CHW staff can refer a patient to the local Child Advocacy Center for outpatient assessment, if they believe the child would benefit from further medical evaluation or second opinion. The clinic should be contacted by CHHS staff to schedule an abuse evaluation. To locate the nearest center refer to Appendix F. Case history and basic demographics should be provided at this time. If CHW staff has reasonable suspicion of abuse or neglect, CHW staff should initiate reports to investigators as well. Child Advocacy (Main campus) or Social Work/Social Services staff can assist with this if needed. It should be noted, only investigators can request and schedule forensic interviews.

4. For parents/guardians refusing to consent to treatment, refer to “Refusal to Consent to Treatment or Blood Products” and/or “Leaving Against Medical Advice” policies for further direction. In cases of refusing on religious or cultural grounds, consider consulting the Ethics Committee.

5. For cases of newborns up to 72 hours of age brought in and relinquished / abandoned to staff, staff should accept the baby and refer to “Newborns – Safe Place” policy for further direction.

6. Vulnerable adults. Staff with abuse/neglect concerns related to adult patients 18 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. Child Advocacy (CA) Responsibilities

1. Upon receipt of an order on a child suspected to be a victim of child abuse or neglect, a multi-disciplinary evaluation will be initiated. A CA physician is always available to consult. Access the medical provider on service via the intranet on-call schedule. For urgent and routine cases, the page will be returned within 30 minutes. The CA medical provider will communicate initial recommendations, and advise when the consult will be performed based on staffing availability. If there are concerns about abuse or imminent danger, the patient should not be released prior to the consult being performed and/or a safety assessment conducted by investigators.

2. CA staff will inform the attending physician and other appropriate staff of the progress of the evaluation through regular notes in the medical record.

3. A final report of the evaluation will be included in the patient’s medical record with recommendations for action, if necessary.

4. Main campus clinics can also consult CA for abuse concerns in the ambulatory setting. If there is concern the child would be in imminent danger if released, attempt should be made to have an investigator respond to the clinic to conduct a safety assessment prior to patient/family discharge from clinic.

5. Investigators may communicate directly with the medical provider on call to clarify severity of injury and likely mechanism.

6. CA will review the evaluation, the plan, and determine if any further intervention is required the following business day.

a. In certain situations, a CPS worker may need to consult Child Advocacy

regarding a case prior to bringing them to the hospital. In those cases, the investigator can ask the operator to page the first CA provider on call.

D. Social Work/Social Services Responsibilities (Milwaukee campus)

1. Upon receipt of a referral of suspected child abuse, Social Work/Social Services staff should follow directions outlined in Evaluation section II.
2. Social Work/Social Services staff involved in the evaluation of suspected abuse or neglect should remain in regular contact with unit staff regarding the outcome of the evaluation and the plan.
3. (Main campus only) Upon receipt of a referral of suspected child abuse or neglect outside of normal CA hours, the Social Work Services staff should conduct a psychosocial evaluation of the family and presenting situation. Medical evaluation and impressions are deferred to the attending physician and/or CA medical provider.
4. In cases where evaluation is not complete, or in which the patient is the subject of an ongoing protective services' investigation, the Social Work Services staff and the CA social worker will negotiate who will be the primary contact for outside agencies. The assigned CHW social worker is listed in EPIC under Care or Treatment Team.

E Child Advocacy Center Responsibilities

1. The Child Advocacy Centers will conduct multidisciplinary evaluations of child abuse and neglect, and will be considered the preferred site for such evaluations in non-hospitalized, non-emergent patients. Please see Appendix F for locations and contact information for the Child Advocacy Centers.

2. Reports/documentation will be generated by the staff at the Child Advocacy Center, and these will be conveyed to the investigators as dictated by the statute. They will also become part of the electronic medical record.

F. Urgent Care Responsibilities

1. When children present to the Urgent Care with concerns of abuse, or abuse is found to be the cause of their illness or injury, they will be referred to the EDTC for evaluation. The amount of resources required by these patients exceeds what is available in the Urgent care

2. It is the responsibility or the Urgent Care Staff to call in the referral to CPS or Law enforcement since they have firsthand knowledge of the case.

3. Urgent Care should contact EDTC to make them aware of the patient and the situation. Urgent Care staff should also insure the demographic information is correct so that investigators can contact the family if they don't continue on to the EDTC as directed.

4. If imminent danger or absconding with the child is a concern, this information should be conveyed in the referral to CPS and staff should consider contacting law enforcement.

5. Medical neglect and noncompliance concerns are assessed by Social Work Services. Staff should refer to the Medical Noncompliance Guideline Form C7993N for additional assistance. CA is available for phone consultation as needed.

III. CHILDREN IN PROTECTIVE CUSTODY AT CHW UNDER AUTHORITY OF CHILD PROTECTIVE SERVICES (CPS) OR LAW ENFORCEMENT (LE).

A. When it has been determined that the child may be unsafe in the custody of the parent(s), CPS or LE may detain the child to CPS protective custody. Restrictions may be placed on parent or other visitors contact at CHW.

B. CPS or LE must provide a copy of the 'Temporary Physical Custody' order to CHW, to be placed in the patient's medical record and a note entered into EPIC communicating to staff that the child has been detained.

C. The specific directions about denial of parent contact or visitation must be provided in writing. Examples include the agency forms 'Temporary Physical Custody', 'Notification of Court Hearing,' or a fax on agency letterhead.

D. Whenever visitation by a parent or other visitor is restricted or denied, or a child is in protective custody under authority of CPS or LE, a Security Risk Assessment should be performed. Security should be contacted by the CHW social worker or nurse, in addition to entering an EPIC order for Security Risk Assessment (Main Campus). Refer to Patient Care policy, "Security Risk-Care of Patients" and "Confidential Patient Status" for further direction. Staff should refer to the FYI Visitor List for encounter specific directives.

E. When CPS or LE deny parental contact but will allow supervised visitation, they must designate someone other than CHW to supervise visits for the parents. CHW cannot provide supervision for restricted parent(s) or visitors with the patient, and it should not be assumed the hospital is a supervised setting. CPS should inform the parent(s) of the restrictions on their visitation, and advise of requirements for visitation. CHW will deny visitation by a parent if the designated supervision is not available. If there are problems, Security should be called.

F. CHW cannot deny parents contact with their child unless there is direction from CPS or LE, the parent's parental rights are terminated or visitors are disorderly/disruptive, or. Refer to policies, "Harassment/Disruptive Behavior," Behavioral Outburst – Care of the Patient" and "Violence in the Workplace" should situation arise.

G. CHW must consult with parent(s)/legal guardian(s) for consent for treatment issues,

even if no contact is allowed. Refer to the Patient Care Policy, “Consent for Diagnosis and Treatment” for additional information regarding authority for medical decision-making and consent questions.

IV. SURGICENTER STAFF RESPONSIBILITIES RELATED TO IDENTIFYING AND REPORTING CHILD ABUSE

A. Surgicenter nursing staff will receive education to correctly identify common signs and symptoms of child abuse and neglect. During the course of the patient’s admission, any signs of abuse should be noted and acted upon.

B. If abuse is alleged involving a CHW employee, independent contractor, physician, volunteer, or student, refer to the Administrative Policy and Procedure, 'Misconduct - Investigation of Caregiver Misconduct‘.

C. Mandated reporters with a reasonable suspicion of abuse or neglect are responsible for making a report to the local county Child Protective Services agency in which the family resides. For a phone listing by county, refer to WI Department of Children & Families website http://dcf.wisconsin.gov/Children/CPS/cpswimap.HTM. The referral should be documented in the medical record. The reported should seek guidance from Child Protective Services (CPS) as to whether the child can leave with the parent or guardian, or if CPS will respond to the Surgicenter.

D. Staff with concerns related to child abuse can contact the CHW Child Advocacy department for questions.

E. There are occasions when a staff member witnesses an incident or has a direct conversation with a patient or family member regarding abuse. These details should be documented in the medical record. Documentation should include what was asked and answered by both parties. Observations and direct quotes are best. When known, the documentation should include type of abuse or contact, who was responsible for the contact, when it took place, and if it happened more than once.

V. EVALUATION AT SURGICENTER (SGM)

A. Consent for Evaluation Per 48.981 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. Surgicenter staff should document a description of any injuries in the electronic medical record. However, a formal evaluation of the injuries and a statement of the likelihood of abuse is not the responsibility of the Surgicenter staff. It is the responsibility of the investigators to arrange an abuse evaluation.

VI. CHILDREN IN PROTECTIVE CUSTODY AT SGM UNDER AUTHORITY OF CHILD PROTECTIVE SERVICES (CPS) OR LAW ENFORCEMENT (LE)

SGM must consult with parent(s)/legal guardian(s) for consent for treatment issues, even if no

contact is allowed. Refer to the Patient Care Policy, “Consent for Diagnosis and Treatment” for additional information regarding authority for medical decision-making and consent questions.

VII. CHW-FV STAFF RESPONSIBILITIES RELATED TO REPORTING ABUSE

A. All CHW-FV professional staff identified as "mandated reporters" by WI Stat. 48.981 (See Appendix A) will receive education to correctly identify common signs and symptoms of child abuse and neglect.

B. If abuse is alleged involving a CHW-FV employee, independent contractor, physician, volunteer, or student, refer to the Administrative Policy and Procedure, 'Misconduct - Investigation of Caregiver Misconduct‘.

C. CHW –FV Staff with concerns related to child abuse can contact Social Work Services.

D. Cases of suspected child abuse or neglect occurring in patients at Children’s Hospital of WI- Fox Valley will be referred to the Child Protection Agency of the county of where the abuse/neglect is suspected to have occurred. For a list of departments and phone numbers, see Addendum C, Child Protection Agencies and Law Enforcement Agencies-Resource.

E. Theda Clark On-Call Trauma Social Workers provide coverage during non-business hours and should be contacted through the hospital operator.

F. The referral should also be documented in the EHR.

G. There are occasions when a staff member witnesses an incident or has a direct conversation with a patient or family member regarding abuse. These details should be documented in the electronic medical record. Documentation should include what was asked and answered by both parties. Observations and direct quotes are best. When known, documentation should include the type of abuse or contact, who was responsible for the contact, when it took place, and if it happened more than once.
Staff will need to consult with Theda Clark Security by dialing x.2442 if an immediate Security presence is needed. Refer to “Violence in the Workplace” policy as needed.

H. For information regarding exceptions to sexual abuse reporting, refer to “Guidelines for Evaluation of Sexually Active Adolescents” available on the intranet under “Clinical Resources.”

VIII. EVALUATION at CHW- FV

A. Consent for Evaluation

1.Per 48.981 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 Team Responsibilities

1. For guidance regarding orders for physical abuse workup, the treating team should refer to "Abuse-Physical Abuse Guidelines." For guidance regarding sexual abuse evaluation and treatment, the team should refer to "Abuse-Evaluation of Sexual Abuse Guidelines. " Both can be found on the intranet under, "References" then "Clinical Guidelines."

2. Evidence Collection

a. The preferred location for sexual abuse evaluation is the Child Advocacy Center - Fox Valley during normal business hours (M-F 8 am-4:30 pm) 325 Commercial Street Suite 400, Neenah, WI 54956 (920) 969-7930.
*After hours contact Appleton Medical Center Emergency Department for the location of the on-call SANE (Sexual Assault Nurse Examiner).

c. Any questions concerning the kit should be directed to the Child Advocacy Center-Fox Valley at (920) 969-7930, the Crime Lab (608) 266-2031, or the on-call SANE at Appleton Medical Center Emergency Department.

d. Evidence of physical abuse and/or neglect or evidence of sexual abuse other than included in the Sexual Assault Evidence Kit shall be gathered at the discretion of the appropriate law enforcement agency. Photographs by law enforcement agencies or Theda Clark Medical Photography should be requested in cases of physical abuse.

i. If the patient has acute bite marks, these should be swabbed and photographed as part of evidence collection.
ii. For direction regarding photographs, or other information refer to Patient Care policy "Evidence Collection and Preservation for Law Enforcement Agencies".

3. For parents/guardians refusing to consent to treatment, refer to "Refusal to Consent to Treatment or Blood Products" and/or "Leaving Against Medical Advice" policies for further direction. In cases of refusing on religious or cultural grounds, consider consulting the Ethics Committee. At either campus if applicable and with permission, consider contacting the Metropolitan Milwaukee Hospital Liaison Committee for Jehovah's Witnesses for case consultation to explore bloodless alternative strategies.

4. For cases of newborns up to 72 hours of age brought in and relinquished / abandoned to staff,

staff should accept the baby and refer to "Newborns – Safe Place" policy for further direction.

C. Social Work Services Responsibilities

1. Upon receipt of a referral of suspected child abuse or neglect during regular business hours, CHW-FV Social Services staff should follow directions outlined under the procedure section.

2. Upon receipt of a referral of suspected child abuse or neglect outside of normal business hours, staff should contact Child Protection Services of the county of where the abuse/neglect is suspected to have occurred. For a list of departments and phone numbers, see Addendum C, Child Protection Agencies and Law Enforcement Agencies-Resource. Theda Clark On-Call Trauma Social Workers provide coverage during non-business hours and should be contacted through the hospital operator.

3. During normal business hours, social services staff involved in the evaluation of suspected abuse or neglect should remain in regular contact with unit staff regarding the outcome of the evaluation and the plan.

4. CHW-FV Social Services or the Theda Clark On-Call Trauma Social Workers staff may confer/consult with the Child Advocacy Center- Fox Valley staff to discuss the evaluation, plan and any further evaluation that may be indicated.

5. The Social Services Staff and the Child Advocacy Center-FV staff will determine who the main contact for outside agencies is when the evaluation is not complete, or when the child is the subject of an ongoing protective services investigation.

D. Child Advocacy Center - Fox Valley Responsibilities

1. The investigating county department of human services/social services child protection staff and/or law enforcement agency staff may refer any child suspected to be a victim of child abuse or neglect to the Child Advocacy Center at CHW-FV.

2. Upon receipt of a referral on a child suspected to be a victim of child abuse or neglect a multi-disciplinary evaluation will be initiated.

3. Child Advocacy Center staff will inform the primary care provider and other appropriate community professionals, i.e. County Child Protection staff and Law Enforcement Staff of the progress of the evaluation via phone and/or dictated summary by fax.

4. The CHW-FV Social Services staff and the Child Advocacy Center staff will determine who the main contact for outside agencies when: - the evaluation is not complete, or-the

child is the subject of an ongoing protective services investigation.

5. Final report of the evaluation with recommendations for action, if necessary, will be provided and become part of the child's medical record.

E. Community Agencies Responsibilities

A. The investigating county child protection staff and/or law enforcement agency staff are to determine the appropriate resources for evaluations of suspected child abuse and/or neglect in non-hospitalized, non-emergent cases. The Child Advocacy Center-Fox Valley is the preferred site for the initial evaluation of such cases during regular business hours based upon the medical needs of the patient.

IX. CHILDREN IN PROTECTIVE CUSTODY AT CH-FV UNDER AUTHORITY OF CHILD PROTECTIVE SERVICES (CPS) OR LAW ENFORCEMENT (LE).

A. When it has been determined that the child may be unsafe in the custody of the parent(s), CPS or LE may detain the child to CPS protective custody. Restrictions may be placed on parent or other visitors contact at CHW-FV.

B. CPS or LE must provide a copy of the 'Temporary Physical Custody' order to CHW-FV, to be placed with the medical record and a note entered into the electronic medical record.

C. The specific directions about denial of parent contact or visitation must be provided in writing. Examples include the agency forms 'Temporary Physical Custody', 'Notification of Court Hearing,' or a fax on agency letterhead.

D. Whenever visitation by a parent or other visitor is restricted or denied or a child is in protective custody under authority of CPS or LE, contact Theda Clark Security by dialing ext 2442 to update them on the situation and ask for assistance with restrictions on visitors, etc.

E. When CPS or LE deny parental contact but will allow supervised visitation, they must designate someone other than CHW-FV to supervise visits for the parents. CHW-FV cannot provide supervision for restricted parent(s) or visitors with the patient, and it should not be assumed the hospital is a supervised setting. CPS should inform the parent(s) of the restrictions on their visitation, and advise of requirements for visitation. CHW-FV will deny visitation by a parent if the designated supervision is not available. If there are problems, Security Central/Theda Clark Security should be called.

F. CHW-FV cannot deny parents contact with their child unless there is direction from CPS or LE, visitors are disorderly/disruptive or the parent's parental rights are terminated. CHW-FV must consult with parent(s)/legal guardian(s) for consent for treatment issues, even if no contact is allowed. Refer to the Patient Care Policy, "Consent for Diagnosis and Treatment" for additional

information regarding authority for medical decision-making and consent questions.

Approved by the Joint Clinical Practice Council 05/2013
Approved by the Medical Executive Committee -Milw 01/2010
Approved by the Joint Clinical Management Committee 07/2013
Approved by the Medical Executive Committee- FV 07/2013

Teaching Sheets – See CHW intranet

- Medical Evaluation for Suspected Sexual Abuse (1680)
- Sexually Transmitted Diseases and Child Sexual Abuse (1685)
- Medical Evaluation for Suspected Physical Abuse (1874)
- Confidential Patients (1268)
- See Teaching Materials Categories "Development/Parenting/Behavior,""Child Abuse/Prevention," and Psychology/Psychiatry" for additional teaching sheets

Clinical Guidelines, Resources, and References – See CHW Intranet:

- Medical Non-Compliance Guideline form
- Abuse - Physical Abuse Guidelines
- Abuse - Evaluation of Suspected Sexual Abuse Guidelines
- Guidelines for Evaluation of Sexually Active Adolescents

Related Policies

- Patient Care: "Confidential Patient Status", "Security Risk-Care of Patients", " Leaving Against Medical Advice", "Evidence Collection and Preservation for Law Enforcement Agencies," "Consent for Diagnosis and Treatment", "Refusal to Consent to Treatment or Blood Products," "Harassment/Disruptive Behavior," and "Behavioral Outbursts – Care of the Patient"
- Administrative: "Privacy - Photographing - Videotaping and Other Imaging of Patient", "Covert Video Surveillance," "Newborns- Safe Place," and "Misconduct-Investigation of Caregiver"
- Safety: "Violence in the workplace"
- Unit Specific - Ambulatory: "No Clinic Show - Missed Appointment"

Chw.org

- For Child Advocacy Centers / Child Protection Center locations, program brochures / video, FAQ's, and links to local partners, go to: www.chw.org/display/PPF/DocID/44075/router.asp. See also Appendix F.

Appendix A:

Excerpts from <u>Wisconsin Statutes</u>: Chapter 48.981 Children's Code <u>Abused or Neglected Children</u>; as amended 1985 Wisconsin Act 234, enactment, April 10, 1986.

<u>DEFINITIONS</u>

"**Child**" means any person less than 18 years of age.

"**County agency**" means a county child welfare agency under s.48.56 (1) or community human services board under s.46.23.1.

"**Record**" means any document relating to the investigation, assessment and disposition of a report under this section.

"**Reporter**" means a person who reports suspected abuse or neglect or a belief that abuse will occur under this section.

"**Subject**" means the child who is the victim or alleged victim of abuse or neglect, the child's parent or any other person specified in a report or record that is alleged or determined to have abuse or neglected the child.

<u>PERSONS REQUIRED TO REPORT CASES OF SUSPECTED CHILD ABUSE OR NEGLECT</u>.
A physician, coroner, medical examiner, nurse, dentist, chiropractor, optometrist, other medical or mental health professional, social or public assistance worker, school teacher, administrator or counselor, child care worker in a day care center for child caring institution, day care provider, alcohol or other drug abuse counselor, member of the treatment staff employed by or working under contract with a board established under s.46.23, 51.42 or 51.437, physical therapist, occupational therapist, speech therapist, emergency medical technician-advanced (paramedic), ambulance attendant or police or law enforcement officer having reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected or having reason to believe that a child seen in the course of professional duties has been abused or neglected or having reason to believe that a child seen in the course of professional duties has been threatened with an injury and that abuse of the child will occur shall report as provided in sub.(3). Any other person including an attorney having reason to suspect that a child has been abused or neglected or reason to believe that a child has been threatened with an injury and that abuse of the child will occur may make such a report. No person making a report under this subsection may be discharged from employment for so doing.

<u>REPORTS, INVESTIGATION</u>.
Referral of report of suspected child abuse or neglect. Persons required to report under sub.(2) shall immediately contact, by telephone or personally, the county agency, sheriff or city police department and in the case of American Indian children, the tribal government and shall inform the agency or department

of the facts and circumstances contributing to a suspicion of child abuse or neglect or to a belief that abuse will occur.

IMMUNITY FROM LIABILITY.

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. For the purpose of any proceeding, civil or criminal, the good faith of any person reporting under this section shall be presumed. The immunity provided under this subsection does not apply to liability for abusing or neglecting a child.

CORONER'S REPORT

Any person or official required to report cases of suspected child abuse or neglect who has reasonable cause to suspect that a child died as a result of child abuse or neglect shall report the fact to the appropriate medical examiner or coroner. The medical examiner or coroner shall accept the report for investigation and shall report the finding to the appropriate district attorney, the department, the county agency and, if the institution making the report initially is a hospital, to the hospital.

APPENDIX B

Children's Hospital of Wisconsin®

A member of Children's Hospital and Health System.

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 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/medical 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 ____

Appendix C: Common signs and symptoms of PHYSICAL ABUSE

Consider the possibility of physical abuse if ANY of these are present:			
History	**Signs & Symptoms**	**Social Factors**	**Developmental**
• inconsistent with the child's developmental skills • inconsistent with the severity of the child's injury • no history of trauma • delay in seeking medical attention • changes over time or with different caretakers • inconsistent with the mechanism of injury • sibling or pet is blamed for injury • prior suspicious injuries • prior history of referral to Child Protective Services • prior evaluation at the Child Protection Center • history of inconsistent well child care or compliance with medical care • injury blamed on sibling or pet	• multiple injuries when the history implies only one • "pattern" injuries. • cutaneous injuries on a "noncruising" infant. ("Children who don't cruise rarely bruise.") • injuries in unusual locations for accidental trauma (ears, face, neck, palms/soles; padded and protected areas such as the inner thighs, buttocks, chest, back and abdomen). Toddlers run into things and incur bruises over anterior bony prominences such as knees and shins. • injuries of different ages. • intraoral injuries in an infant who is not yet cruising • infant presents with signs/symptoms potentially associated with head injury (ex., mental status changes, persistent vomiting, irritability) and no obvious cause, or obvious source of infection. • Infant presents with no history of trauma or minor history of head trauma, but has signs/symptoms potentially associated with intracranial injury • Significant ALTE without a probable/feasible etiology	• high-risk social factors (example, history of intimate partner violence, chaotic social situation, AODA, mental health problems, chaotic home environment). • signs of neglect • risk of abuse is substantially increased in the care unrelated adult male such as mother's boyfriend • inconsistent or chaotic child care arrangements • young, immature parents • poor parenting skills	• alleged self-injury in an infant <six months old. • Non-supracondylar humeral fractures in young children • fractures in children < one year of age

Appendix D: Common signs and symptoms of SEXUAL ABUSE

Physical Signs and Symptoms
• Secondary enuresis and/or encopresis • Vaginal or urethral discharge • Genital or rectal pain, bleeding or trauma • Lesions in genital/anal area • Dysuria and/or frequency • Pharyngitis • Abdominal pain • Anorexia • Suspected pregnancy • Diagnosed sexually transmitted infection
Social/Behavioral Factors
• Disclosure by child • Statement made by witness to abuse • Coercive or molesting, sexualized behavior • Compulsive masturbation • Sleep problems or nightmares; refusal to sleep alone • Depression or withdrawal from friends and family • Fear that something is wrong with their genital area • New onset fears of persons or places • School refusal/Runaway • Unusual aggressiveness • Substance abuse • Hysterical or conversion reactions • Suicidal ideation or behavior • Other severe behavior changes

Appendix E: Common Signs and Symptoms of Neglect

Physical Signs and Symptoms
• Poor nutrition • Failure to thrive • Inappropriately dressed for weather or dirty/shabby clothing • Poor hygiene, odor • Left alone or unsupervised for long periods • Overly submissive to treatment • Medical care, dental care, or vision needs not met in a timely manner.
Social/Behavioral Factors
• Constant hunger, begs or steals food • Extreme willingness to please. Overly submissive to treatment • Seeks affection from any adult • Frequently absent from school • Arrives early and stays late at school or play areas or others people’s homes • Does not expect comfort from parents. Turns to strangers indiscriminately for attention or affection • Truant or runaway • Nightmares • States parent(s) are rarely around.

Appendix F

CHILD ADVOCACY AND PROTECTION SERVICES

All locations listed have medical provider availability for outpatient exams
Only investigators can request forensic interviews
For further information, go to CHHs website www.chw.org and search "Child Advocacy Centers"

Child Protection Center
Entrance - 1020 N. 12th St. - 5th Floor * Milwaukee WI 53233
Mailing Address - Child Protection Center - MS# 746 * PO Box 1997 * Milwaukee WI 53201
Phone 414-277-8980 Fax 414-277-8969
(CHW Psychiatry & Behavioral Medicine Staff available onsite for outpatient evaluation/treatment)

Chippewa Valley Child Advocacy Center-Eau Clair
2004 Highland Ave * Suite M * Eau Claire, WI 54701 * 715-835-5915 * Fax 715-835-2172

Fox-Valley Child Advocacy Center - Fox Valley - MS# 944
325 N. Commercial St., Suite 400 * Neenah, WI 54956 * 920-969-7930 * Fax 920-969-7975

Willow Tree Cornerstone Child Advocacy Center – Green Bay
503 S. Monroe Ave * Green Bay, WI 54301 * 920-436-8881 * Fax 920-436-4413

Kenosha Child Advocacy Center - Kenosha - MS# 621
8500 75th St. Suite 101 * Kenosha, WI 53142 * Clinic 262-653-2266 * Fax 262-653-2277

Racine County Child Advocacy Center – Racine
2405 Northwestern Avenue * Suite 205 * Racine, WI 53404 * 262-898-7970 * Fax 262-635-6621

The C.A.R.E. Center - Waukesha - MS# 746
726 N. East Avenue * Waukesha, WI 53186 * 262-522-3680 * Fax 262-522-3681
Co-located with Family Services of Waukesha, which provides additional services such as mental health

Walworth County Child Advocacy Center-Walworth
W4051 County Rd. NN*Elkhorn, WI 53121* 262-741-3387* Fax 262-741-3387

Child Advocacy Center of North Central Wisconsin-Wausau
705 S. 24th Ave.*Suite 400* Wausau, WI 54401 *715-848-8600*Fax 715-848-8669

CHW Child Advocacy Center, CCC Suite 615
Main Campus consultation for inpatients/ambulatory areas
Phone 414-266-2090 * Fax 414-266-3157