

# Milwaukee County Joint Protocol on a Collaborative Response to Child Maltreatment



## Acronyms

AHAS – Aurora Healing & Advocacy Services

CAC – Child Advocacy Center

CAPS – Child Advocacy and Protection Services

CAPS program - includes multiple Child Advocacy Centers (including the MCAC) and the Child Advocacy hospital-based program

CART – Child Abuse Review Team

CSEC – Commercial Sexual Exploitation of a Child

CPS – Child Protective Services

CW – Children’s Wisconsin

DA – District Attorney

DMCPS – Division of Milwaukee Child Protective Services

EDTC – Emergency Department and Trauma Center

FI – Forensic Interview or Forensic Interviewer

LE – Law Enforcement

MCAC – Milwaukee Child Advocacy Center

MDT – Multidisciplinary Team

MOU – Memorandum of Understanding

MPS – Milwaukee Public Schools

NCA – National Children’s Alliance

SANE – Sexual Assault Nurse Examiner

VA – Victim Advocate

WAWM - West Allis & West Milwaukee et al

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## **MILWAUKEE COUNTY CHILD ABUSE REVIEW TEAM (CART) MULTIDISCIPLINARY TEAM**

### **INTERAGENCY AGREEMENT ON A COLLABORATIVE RESPONSE TO CHILD MALTREATMENT**

Whereas, it is the purpose of the undersigned parties to engage in joint cooperation in handling child sexual assault cases, physical assault cases, extreme neglect cases, and drug endangered children cases when needed. This coordinated effort will minimize trauma to the child victim while maximizing child safety and all evidence gathering efforts. Critical to this protocol is that children and their families will be supported through the use of trained, culturally sensitive advocates and mental health providers who can respond to trauma in an informed, sensitive and compassionate way. The key components to this approach include law enforcement, child protective services, prosecutors, the medical community, victim advocates, mental health providers and the public school system. This group of highly trained professionals from each of their organizations will make up the Milwaukee County Child Abuse Review Team's (CART) Multidisciplinary Team (MDT).

Therefore, the undersigned parties do hereby agree to the following principles for a collaborative process in handling child maltreatment:

1. We will commit to creating a system that works to minimize re-victimization of child victims as a consequence of the system. In order to accomplish this, we agree to reduce the number of interviews a child is subject to. This will occur via both minimized use of in-field interviews and maximized use of forensic interviews. To reduce re-victimization we also commit to maximizing the early availability of victim advocates as well as to assessing and meeting the victim's need for mental health services.
2. We will commit to a process and system that supports and encourages the successful prosecution of perpetrators of violence against children. In order to do so, we agree to maximize the use of medical exams by competent medical professionals. We are also committed to collecting evidence in a timely manner and ensuring it gets disseminated to relevant team members.
3. We will commit to maximizing child safety. To accomplish this goal, we will maximize the use of medical evaluations by competent medical professionals, consistently and collaboratively share information between agencies and commit to the development and implementation of a transport protocol.

## **Introduction**

When it is suspected that a child may have been abused or neglected, all agencies participating in this agreement have various roles depending on individual circumstances. (See Addendum "A") This Protocol reflects an agreement regarding the guidelines the team will use to coordinate our community's response.

### **I. Information Sharing**

Information will be shared among team members as allowed under applicable state and federal laws and regulations, including, but not limited to, Wis. Stat. s. 48.981(7)(a)(6), s. 48.981(7)(a)(6m), s. 146.82(2)11, and 45 CFR 164.512(b)(1)(ii), unless barred by attorney/client and/or ethical considerations. Each discipline has a unique relationship with the child and has family history information that can enhance the investigative and service provision process. All multidisciplinary team members will collaborate in the reciprocal process of information sharing to include such facts as are pertinent to the investigation and critical to ensure the safety of the child.

### **II. Notifying Authorities of Child Maltreatment Concerns**

- A. Persons Required to Report vs. Persons Who May Report (See Addendum "B")
- B. Regardless of whether the initial referral is made by a person required to report or not, the matter will be investigated in accordance with Wisconsin CPS Access and Initial Assessments Standards and with individual law enforcement in the same manner, as follows.

### **III. Coordinating a Joint Investigation**

- A. Initial Notification/Contact between Investigating Agencies (LE and DMCPs): This section explains how frontline investigators and MDT members must make contact with the other frontline investigators to coordinate the investigation from the very beginning. For additional statutory timeframes, see Addendum "C."

#### **1. Emergency Circumstances**

- a. Defined as:
  - 1) when the maltreater has continued access to the victim
  - 2) there is potential for loss of evidence
  - 3) the child is at risk of imminent harm
  - 4) immediate threat to child safety
  - 5) a child currently left without supervision
  - 6) a child is seriously injured (as a result of suspected maltreatment)
  - 7) acute sexual assault incident
  - 8) sibling of the child fits the criteria for "emergency" as outlined above
- b. Process for Initial Contact in Emergency Situations:
  - 1) In the event the DMCPs receives a call involving an emergency circumstance, it shall:

- a) Immediately contact the appropriate LE agency
  - b) Indicate the emergent nature and that this is a joint investigation appropriate case
  - c) Coordinate the immediate response, i.e., who is going where and doing what at the beginning of the investigation
- 2) In the event that LE receives a call involving an emergency circumstance, they shall:
- a) Immediately contact DMCPs
  - b) Indicate the emergent nature and that this is a joint investigation appropriate case
  - c) Coordinate the immediate response, i.e., who is going where and doing what at the beginning of the investigation
2. Cases Involving Threat of Harm or Risk of Harm: In the event that either agency receives a report of maltreatment and the possibility of a joint investigation is anticipated it shall:
- a. Contact the other agency as soon as practical to see if the partner agency has also received a call reporting the incident
  - b. Have a discussion to determine whether there is a need for a joint investigation at this point and/or in the future and how that will occur if indicated
- B. If a joint investigation is not indicated and only one of the frontline investigative agencies proceeds forward with an investigation, said agency will continue to share information and investigate in a manner consistent with the rest of this protocol and the multi-disciplinary approach to gathering and sharing information, related to the safety and care of the child(ren).

**V. Development and Implementation of a Joint Investigation Plan**

- A. LE and DMCPs will collaborate on their investigation, sharing information to the greatest extent possible, working towards what is in the best interest of the child from a protective and legal standpoint. At the initial stage, team members should confer to determine whether the matter calls for a joint investigation. Communication and collaborative planning between systems should occur at each step of the investigation. All MDT members will work collaboratively and respectfully with all teammates in the effort to maximize the child's safety while maintaining the integrity of the investigation. The investigators may, as needed, confer with the District Attorney's (DA's) Office throughout the investigation to modify and further develop their plan.
1. Determine who will first see the alleged victim, siblings, and other potential victims, and when and where this will occur. The assigned investigator from DMCPs or LE should be specially trained and all reasonable attempts should be made to assign a staff person with thoughts towards having them remain throughout the duration of the investigation.

2. Assess and respond to any immediate risks to the child(ren)'s physical or emotional safety.
  3. Determine the child(ren)'s or adolescent's need for medical care. Victims of child maltreatment may have urgent medical needs. (See Addendum "D")
  4. Determine a time and place for the interview with the alleged victim, siblings, and other potential victims/witnesses. Minimal facts interviewing, a recorded forensic interview, and the means and ways for transporting the child to the interview should be discussed.
  5. Collect preliminary background information regarding the allegation through interviews with witnesses who have seen or heard information relevant to the investigation.
  6. Collect or arrange for the collection of physical evidence, if available. Physical evidence can include items from which trace evidence can be extracted (clothing, bed sheets, etc.), communications evidence (pictures drawn by the victim, diaries, computer or text messages, etc.), or photographic evidence. Any biological and/or forensic evidence located on the victim's body must be gathered by medical providers (see process below). All physical evidence of a crime (other than photographs) must be inventoried by LE personnel only.
  7. Complete an initial background check on the alleged offender.
- B. Investigative team members (DMCPS and/or LE) should share their gathered information and consult again to discuss and plan the next steps in the investigation, to determine the following and who is doing each piece:
1. Determine which collateral resources may have information relevant to the investigation and discuss and decide who will make contact.
  2. Identify other people/agencies critical in the life of the child(ren), who may have information or records beneficial to the assessment of safety and possible criminal charges. Develop contact information and set up a plan for sharing information (as provided by law) and further communication necessary, to make decisions about the multi-disciplinary investigation and treatment needed in the child(ren)'s life. Consider the need for consents or other means of releasing information. (See Addendums "G," "H," "H-1," "I," "J," and "J-1").
  3. Debrief with medical staff and collateral resources and share information relevant to the investigation and the future needs of the child.
  4. Determine what follow-up is needed, if any, and who will do it; including how and when continued information sharing will occur.
  5. Discuss if or when cases will be presented to the DA's Office for CHIPS or criminal review and how documents and reports will be shared.

## **VI. Mental Health**

The role of the mental health provider is to provide treatment in cases when the child has disclosed maltreatment. Each child seen at the MCAC will be considered for mental health services. Additionally, victims or families who are not clients of the

MCAC may also receive mental health treatment in connection to their work with other CART agencies. For complete information regarding the assessment of the need for mental health treatment, as well as the process for obtaining mental health treatment, see Addendum “K”.

### **VII. Victim Advocacy**

Victim advocacy services play an important role in assisting victims and their families during traumatic and difficult times. These services are made available to MCAC clients during the investigation and subsequent legal proceedings. They are also available via other agencies and to victims and families who are not clients of the MCAC. For complete information regarding the role of a victim advocate, the process for victim advocacy referrals and the types of services provided, see Addendum “L”.

### **VIII. Case Reviews, Staffings, and Case Tracking**

A. Case reviews and staffings will be coordinated and facilitated by designated MCAC staff in conjunction with the DA’s Office.

1. **Weekly Staffings**, MDT members will meet to:

- a. Encourage and support collaboration on the highest level
- b. Problem-solve cases that present unique challenges
- c. Review cases to determine quality assurance
- d. Develop case specific recommendations
- e. Attendees of the weekly staffing may change weekly based upon the individual investigators on each case; regularly-attending MDT team members must also attend to ensure regular membership and administration/leadership input
- f. For information about the process for Weekly MDT staffing meetings, see Addendum “M”
- g. For submissions, please see Addendums “M1 & N1”

2. **Monthly Case Reviews**, MDT members will meet to:

- a. Track systems issues
- b. Track trends related to issues of the same type
- c. Provide more in-depth review of case issues, not sufficiently reviewed during the weekly MDT, when necessary
- d. Track case trends
- e. Make suggestions to CART for possible changes or needs, based upon the case tracking and trends observed
- f. Assist CART with tracking implementation of changes at CART’s direction
- g. Attendees of the monthly staffing will be regularly-attending members of the MDT, representing their CART agencies at the monthly meetings. Individual, case-specific MDT members will only be requested to attend when cases are being reviewed for more in-depth information and issues-tracking purposes.
- h. Forms for requesting a monthly MDT staffing are attached (Addendum “M1 and N1”) and should be submitted to the MDT



coordinator to schedule a staffing.

- i. For information about the process for Monthly MDT case review, see Addendum “N.”
3. The monthly meetings must be in person, while the weekly meetings will be via conferencing options, if necessary.
4. Both types of MDT meetings will utilize a pre-determined set of guiding questions or standardized categories, which will allow for both peer and protocol review. Data from the case reviews will be used to identify strengths, weaknesses, and trends of the Protocol. Data from the MDT’s will be shared quarterly with CART.
5. Full MDT representation at monthly case review promotes an informed process through the contributions of diverse professional perspectives. Case review should be attended by the identified agency representatives capable of participating on behalf of their specific profession. Representatives routinely participating in case review include, at a minimum:
  - a. Law Enforcement
  - b. Child Protective Services
  - c. Prosecution
  - d. Medical
  - e. Mental Health
  - f. Victim Advocacy
  - g. Milwaukee Child Advocacy Center
6. Full MDT representation at weekly staffings promotes an informed process through the contributions of diverse professional perspectives. It is recommended that staffings should be attended by the identified agency representatives capable of participating on behalf of their specific profession. Suggested MDT participants for staffing should include the following as they are able:
  - a. Law Enforcement
  - b. Child Protective Services
  - c. Prosecution
  - d. Medical
  - e. Mental Health
  - f. Victim Advocacy
  - g. Milwaukee Child Advocacy Center

## B. Case Tracking

1. The MCAC is responsible for tracking outcomes on all cases referred to the Center for evaluations and/or services.
  - a. The MCAC will enter information on a computerized database for each case beginning with initial case information. Such information will include client demographics, case outcome and NCA statistical information. Statistics will be routinely gathered on all children and

families seen at the MCAC, including services provided and demographic information.

- b. The MCAC will designate a staff person to oversee the data entry and collective review of case tracking information.
- c. Confidentiality of clients will be protected. Aggregate data will be routinely shared with each system member of CART as is allowable by law.
  - 1) Demographic information regarding juvenile offenders (age 16 and under) will be documented in a manner that protects the specific identity of these minors.
- d. Following is a list of informational items required at a minimum for tracking:
  - 1) Identifying information about child and family including age, ethnicity, primary language, disability, and gender
  - 2) Identifying information about the alleged offender (name and date of birth)
  - 3) Types of maltreatment alleged
  - 4) Relationship of the alleged maltreater to the child
  - 5) Names of team members involved in case and systems involved
  - 6) Charges filed and case disposition in court (criminal and juvenile)
  - 7) Child protection outcomes, including Children's Court status
  - 8) Status of medical/health and mental health referrals
  - 9) Exposure to domestic violence
- e. Per National Children's Alliance (NCA) guidelines, the following aggregate statistical data will be submitted semi-annually
  - 1) Total number of children seen at the MCAC
  - 2) Gender of children seen
  - 3) Race or ethnicity of children seen
  - 4) Number of children seen for what type of maltreatment
  - 5) Number of children receiving
    - a) Medical evaluation
    - b) Court preparation
    - c) Forensic interviews
    - d) Counseling/therapy
  - 6) Number of children maltreated by offender type
  - 7) Age of alleged maltreater
  - 8) DMCPD disposition:
  - 9) DMCPD service status
  - 10) Prosecutorial disposition

2. All MDT members will routinely participate in and support the collection of such data by providing requested case status and outcome information to the MDT Coordinator. Additionally, the MDT's will track trends in cases it reviews and present these to CART on a quarterly and annual basis.

The following agencies agree to follow and use this Protocol in order to safeguard the health and safety of the children in our community. By doing so, these undersigned agencies further agree to establish internal policies and procedures, as well as create Addendums to this Protocol and inter-agency Memorandums of Understanding (MOU's) as needed, which support and align with this Protocol and the goals contained herein:

- Aurora Healing and Advocacy Services
- Children's Wisconsin
- City of Milwaukee Health Department
- City of West Allis Public Health Department
- Department of Children and Families, Division of Milwaukee Child Protective Services
- Medical College of Wisconsin
- Milwaukee County District Attorney's Office
- Milwaukee County Law Enforcement Executives Association
- Milwaukee County Sheriff's Department
- Milwaukee Police Department
- Milwaukee Public Schools
- Sojourner
- West Allis Police Department
- West Allis/West Milwaukee School District
- Wraparound Milwaukee

Milwaukee County agencies interested in becoming members of CART may make an initial request through MCAC.

**ADDENDUM "A"**

Updated 05-15-20

**ROLES & RESPONSIBILITIES OF THE COOPERATING AGENCIES****A. Law Enforcement**

1. Law Enforcement Agencies are responsible for investigating allegations of abuse and neglect that violate the criminal laws of the State of Wisconsin.
2. Law Enforcement Agencies are responsible for intervening when action is needed to protect the child from harm, to apprehend or control a person alleged to have caused harm to a child, to stabilize a situation where further violence may occur, or to insure the safety of persons acting to protect a child who has been harmed or at risk of being harmed.
3. Law Enforcement Agencies are primarily responsible for the collection and preservation of physical, documentary and testimonial evidence that may be used in the prosecution of child abuse and neglect cases in either the Juvenile Courts or the Criminal Courts.
4. Law Enforcement Agencies shall within 12 hours, exclusive of Saturdays, Sundays, or legal holidays, refer to the Division of Milwaukee Child Protective Services all cases of child abuse and neglect reported to it. The DMCPSS may require that a subsequent report be in writing, if necessary, for the preparation of action in Juvenile Court.
5. Law Enforcement Agencies will share information obtained by them or within their control with other protocol agencies, with the understanding that it affects the work done by the other agencies to try to keep children safe (e.g., information from criminal cases where children are present/reside, criminal contact histories, etc.).

**B. Division of Milwaukee Child Protective Services (DMCPSS)**

1. It is the mission of DMCPSS to protect children at risk of abuse or neglect from further harm, to preserve family units when possible or to reunite families, using the least restrictive or intrusive services available, through voluntary means if possible or court action if necessary.
2. The DMCPSS is primarily responsible for making the initial determination of whether a report that a child has been abused or neglected is substantiated and whether the child is likely in need of protection and services, within the guidelines established in Chapter 48 of the Wisconsin State Statutes.
3. The DMCPSS is responsible for assessing the immediate safety and future risk faced by the children and their families in situations in which it is alleged that abuse or neglect has occurred or is likely to occur.
4. Where a child may be at continuing risk, the DMCPSS is responsible for assessing the child's level of safety, providing immediate intervention(s) if necessary, developing a plan on behalf of the child and family and providing

for such services in accordance with that plan.

5. The DMCPs is primarily responsible for collecting and preserving information or evaluations, which may be needed to support ongoing court actions under Chapter 48 and the guidelines established by the State of Wisconsin "Child Protective Services Investigative Standards" and submitting documentation to the Office of the District Attorney for preparation of petitions and other court papers needed to initiate court action.
6. The DMCPs will routinely make reports to the appropriate Law Enforcement Agency of those matters falling within the guidelines as appropriate for referral to Law Enforcement for criminal prosecution.
7. Pursuant to s.48.981(5), the DMCPs will report to the Medical Examiner's Office [as well as Law Enforcement] any reasonable cause to suspect that a child has died as a result of abuse or neglect.
8. For purposes of DMCPs considerations of medical evaluations, DMCPs staff members shall reference and comply with the DMCPs Policy and Procedure, "Medical Evaluations for Children."

**C. District Attorney's (DA'S) Office**

1. The DA's Office has sole responsibility for determining whether formal criminal or juvenile court actions will be initiated based on recommendations from Law Enforcement or the DMCPs.
2. The DA's Office is responsible for assisting Law Enforcement with formal actions required in investigations such as obtaining warrants, recovering suspects and witnesses being held in other jurisdictions, and for providing legal advice to Investigating Officers on issues such as the elements of a crime or a standard for Juvenile Court.
3. The DA's Office is responsible for representing the interests of the State at any hearings conducted with an investigation of an allegation of abuse or neglect, including temporary custody hearings.
4. The DA's Office is responsible for assisting the DMCPs in obtaining Pick-Up Orders and other court orders, as necessary for child welfare and requiring court intervention.
5. The DA's Office as well as the Victim/Witness Unit are responsible for the preparation of witnesses for testimony at any hearings connected with an investigation of child abuse or neglect.

**D. Medical Providers**

1. **CAPS, Milwaukee Child Advocacy Center [MCAC]:**
  - a. As the designated Children's Advocacy Center for Milwaukee County, the purpose of the MCAC is to provide a comprehensive, culturally competent, victim sensitive multidisciplinary team response to allegations of child maltreatment in a dedicated, child-friendly setting.

- b. The team response to allegations of child maltreatment may include video-recorded forensic interviews, specialized medical evaluations, victim support/advocacy, case review, and case tracking.
  - c. The MCAC also assists children and families in accessing mental health assessments and services provided by experts in the treatment of children impacted by abuse and neglect. The individual elements of the team response are provided by MCAC staff and other members of the multidisciplinary team working in close collaboration.
  - d. To the maximum extent possible, components of the team response are provided at the MCAC in order to promote a sense of safety and consistency to the child and family.
  - e. The MCAC will provide copies of videotaped forensic interviews and written reports/medical evaluations to members of the team, as may be necessary for use in the investigation, safety assessment and prosecution of cases of child abuse or neglect.
  - f. Medical evaluations will be offered to all suspected victims of child sexual abuse and physical abuse. Medical evaluations will also be offered to suspected victims of child neglect, upon the request of DMCP, LE or the DA's Office.
  - g. Medical evaluations will be offered to all siblings of a child noted to have injuries, either in the field or as the result of a medical evaluation. Siblings/contacts residing in the same home, or who were cared for by the alleged maltreater should also receive a medical evaluation.
  - h. The MCAC will follow Children's Wisconsin's policies and procedures related to performance of background checks.
2. **Children's Wisconsin [CW]:** Children's Wisconsin is available to meet the medical needs of children, as outlined in the Joint Protocol, when the MCAC is unavailable or when the child requires emergent or inpatient care. The Child Advocacy team will perform medical evaluations for potentially maltreated children at CW during business hours when available and will review cases and assist in coordinating follow-up or after-care for children who are seen at CW Emergency Department after hours and discharged prior to the next business day. When Child Advocacy is not immediately available, consultation will be performed if the patient is an inpatient or the ED providers will evaluate the patient with input and/or review by Child Advocacy.
  3. **Aurora Healing & Advocacy Services [AHAS]:** In collaboration with the CW CAPS Program, AHAS will provide services for suspected child maltreatment victims. AHAS is available to meet the needs of children who it is believed have been victims of sexual assault, as outlined in the Joint Protocol. The AHAS provides advocacy and other services to assist with coordinating aftercare and MDT processes after hours.

#### **E. Victim Advocacy Services**

Advocates are provided by several of the CART partner agencies. In the attached Addendum "L" is further information about, and an outline of, the different types of

services provided by advocates from protocol agencies. As part of this protocol, the following agencies have agreed to provide advocate services in the following manner:

1. An Advocate will be available at the MCAC for cases of suspected child abuse or neglect.
2. Sojourner
  - a. Advocacy staff may provide support groups, personal and legal advocacy, and other support services free of charge to domestic violence victims and their support people.
  - b. Will provide a follow-up telephone contact to the family one-week after their visit to the MCAC and again one month after being seen at the MCAC. The follow-up contact will be done for the purpose of learning how the child and family are coping, reinforcing referrals given, making new referrals as appropriate, offering further assistance with Crime Victim's Compensation and responding to questions. This follow up will be coordinated with the multidisciplinary team.
3. The Milwaukee County DA's Office employs victim/witness specialists who assist child maltreatment victims whose cases are being criminally prosecuted. They provide a variety of services to child maltreatment victims and their supportive family members during the criminal prosecution process, including explaining the criminal court process and escorting witnesses to and from the courtroom.

**F. Mental Health**

The role of the Mental Health provider is to provide treatment in cases when the child has disclosed maltreatment. Each child seen at the MCAC will be considered for mental health services. For complete information regarding the assessment of need for mental health treatment, as well as the process for obtaining mental health treatment, see Addendum "J".

**G. Milwaukee Public Schools/School District of West Allis & West Milwaukee, et. al.**

1. School staff will report all suspected child abuse/neglect via proper statutory means. District policy and procedures will be updated or modified as necessary to make certain that this is done in a legally correct manner. School Administrators will make certain that their staff is properly trained in the correct procedures regarding mandatory reporting.
2. School staff is responsible for assisting in providing support for students who are suspected of and/or confirmed of being abused/neglected.
3. MPS and West Allis-West Milwaukee Public Schools must release information about children who are suspected or alleged victims of abuse and neglect as outlined in Addendums "G" through "J". It is expected that MDT partners will request and obtain school records as part of their investigation or safety assessment.

**ADDENDUM "B"**

Updated 05-15-20

**MANDATORY & DISCRETIONARY REPORTING**  
**OF CHILD MALTREATMENT CONCERNS**

Wis. Stats. §48.981(2)

**(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 sub. (2m) and 2(r), 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 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.

(b) A court-appointed special advocate who has reasonable cause to suspect that a child seen in the course of activities under s.48.236(3) has been abused or neglected or who has reason to believe that a child seen in the course of those activities has been threatened with abuse and neglect and that abuse or neglect of the child will occur shall, except as provided in subs. (2m) and (2r), report as provided in sub. (3).

(bm)

1. Except as provided in subd. 3. and sub. (2m) and (2r), a member of the clergy shall report as provided in sub. (3) if the member of the clergy has reasonable cause to suspect that a child seen by the member of the clergy in the course of his or her professional duties:
  - a. Has been abused, as defined in s. 48.02 (1) (b) to (f); or
  - b. Has been threatened with abuse, as defined in s. 48.02 (1) (b) to (f), and abuse of the child will likely occur.
2. Except as provided in subd. 3. and sub. (2m) and (2r), a member of the clergy shall report as provided in sub. (3) if the member of the clergy has reasonable cause, based on observations made or information that he or she receives, to suspect that a member of the clergy has done any of the following:
  - a. Abused a child, as defined in s. 48.02 (1) (b) to (f).
  - b. Threatened a child with abuse, as defined in s. 48.02 (1) (b) to (f), and abuse of the child will likely occur.
3. A member of the clergy is not required to report child abuse information under subd. 1. or 2. that he or she receives solely through confidential communications made to him or her privately or in a confessional setting if he or she is authorized to hear or is accustomed to hearing such communications and, under the disciplines, tenets, or traditions of his or her religion, has a duty or is expected to keep those communications secret. Those disciplines, tenets, or traditions need not be in writing.
  - a. Any person not otherwise specified in par. (a), (b), or (bm), including an attorney, who has reason to suspect that a child has been abused or neglected or who has reason to believe that a child has been threatened with abuse or neglect and that abuse or neglect of the child will occur may report as provided in sub. (3).
  - b. Any person, including an attorney, who has reason to suspect that an unborn child has been abused or who has reason to believe that an unborn child is at substantial risk of abuse may report as provided in sub. (3).
  - c. No person making a report under this subsection may be discharged from employment for so doing.

**(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.

**ADDENDUM "C"**

Updated 05-15-20

**STATUTORY REQUIREMENTS AND TIME FRAMES FOR  
CHILD MALTREATMENT INVESTIGATIONS**

Wis. Stats. 48.981(3) Reports; investigation.

**(a) Referral of report**

1. A person required to report under sub. (2) shall immediately inform, by telephone or personally, the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department or the sheriff or city, village, or town police department of the facts and circumstances contributing to a suspicion of child abuse or neglect or of unborn child abuse or to a belief that abuse or neglect will occur.
2. The sheriff or police department shall within 12 hours, exclusive of Saturdays, Sundays, or legal holidays, refer to the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department all of the following types of cases reported to the sheriff or police department:
  - a. Cases in which a caregiver is suspected of abuse or neglect or of threatened abuse or neglect of a child.
  - b. Cases in which a caregiver is suspected of facilitating or failing to take action to prevent the suspected or threatened abuse or neglect of a child.
  - bm. Cases in which a person who is not a caregiver is suspected of abuse, as defined in s.48.012 (1) (cm) or (d), of a child
  - c. Cases in which it cannot be determined who abused or neglected or threatened to abuse or neglect a child.
  - d. Cases in which there is reason to suspect that an unborn child has been abused or there is reason to believe that an unborn child is at substantial risk of abuse.
- 2d. The sheriff or police department may refer to the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department a case reported to the sheriff or police department in which a person who is not a caregiver is suspected of abuse or of threatened abuse of a child.
- 2g. The county department, department, or licensed child welfare agency may require that a subsequent report of a case referred under subd. 2. or 2d. be made in writing.
3. Except as provided in sub. (3m), a county department, the department, or a licensed child welfare agency under contract with the department shall within 12 hours, exclusive of Saturdays, Sundays, or legal holidays, refer to the sheriff or police department all cases of suspected or threatened abuse, as defined in s. 48.02 (1) (b) to (f), reported to it. For cases of suspected or threatened abuse, as defined in s. 48.02 (1) (a), (am), (g), or (gm), or neglect, each county department, the department, and a licensed child welfare agency under contract with the

department shall adopt a written policy specifying the kinds of reports it will routinely report to local law enforcement authorities.

4. If the report is of suspected or threatened abuse, as defined in s. 48.02 (1) (b) to (f), the sheriff or police department and the county department, department, or licensed child welfare agency under contract with the department shall coordinate the planning and execution of the investigation of the report.

**(b) Duties of local law enforcement agencies.**

1. Any person reporting under this section may request an immediate investigation by the sheriff or police department if the person has reason to suspect that the health or safety of a child or of an unborn child is in immediate danger. Upon receiving such a request, the sheriff or police department shall immediately investigate to determine if there is reason to believe that the health or safety of the child or unborn child is in immediate danger and take any necessary action to protect the child or unborn child.
2. If the investigating officer has reason under s. 48.19 (1) (c) or (cm) or (d) 5. or 8. to take a child into custody, the investigating officer shall take the child into custody and deliver the child to the intake worker under s. 48.20.
- 2m. If the investigating officer has reason under s. 48.193 (1) (c) or (d) 2. to take the adult expectant mother of an unborn child into custody, the investigating officer shall take the adult expectant mother into custody and deliver the adult expectant mother to the intake worker under s. 48.203.
3. If the sheriff or police department determines that criminal action is necessary, the sheriff or police department shall refer the case to the district attorney for criminal prosecution. Each sheriff and police department shall adopt a written policy specifying the kinds of reports of suspected or threatened abuse, as defined in s. 48.02 (1) (b) to (f), that the sheriff or police department will routinely refer to the district attorney for criminal prosecution.

**(c) Duties of county departments.**

1.
  - a. Immediately after receiving a report under par. (a), the agency shall evaluate the report to determine whether there is reason to suspect that a caregiver has abused or neglected the child, has threatened the child with abuse or neglect, or has facilitated or failed to take action to prevent the suspected or threatened abuse or neglect of the child. Except as provided in sub. (3m), if the agency determines that a caregiver is suspected of abuse or neglect or of threatened abuse or neglect of the child, determines that a caregiver is suspected of facilitating or failing to take action to prevent the suspected or threatened abuse or neglect of the child, or cannot determine who abused or neglected the child, within 24 hours after receiving the report the agency shall, in accordance with the authority granted to the department under s. 48.48 (17) (a) 1. or the county department under s. 48.57 (1) (a), initiate a diligent investigation to determine if the child is in need of protection or services. If the agency determines that a person who is not a caregiver is suspected of abuse or of threatened abuse, the agency may, in accordance with that authority, initiate a diligent investigation to determine if the child is in need or protection or services. Within 24 hours after receiving a report

under par. (a) of suspected unborn child abuse, the agency, in accordance with that authority, shall initiate a diligent investigation to determine if the unborn child is in need of protection or services. An investigation under this subd. 1. a. shall be conducted in accordance with standards established by the department for conducting child abuse and neglect investigations or unborn child abuse investigations.

- b. If the investigation is of a report of child abuse or neglect or of threatened child abuse or neglect by a caregiver specified in sub. (1) (am) 5. to 8. who continues to have access to the child or a caregiver specified in sub. (1) (am) 1. to 4., or of a report that does not disclose who is suspected of the child abuse or neglect and in which the investigation does not disclose who abused or neglected the child, the investigation shall also include observation of or an interview with the child, or both, and, if possible, an interview with the child's parents, guardian, or legal custodian. If the investigation is of a report of child abuse or neglect or threatened child abuse or neglect by a caregiver who continues to reside in the same dwelling as the child, the investigation shall also include, if possible, a visit to that dwelling. At the initial visit to the child's dwelling, the person making the investigation shall identify himself or herself and the agency involved to the child's parents, guardian, or legal custodian. The agency may contact, observe, or interview the child at any location without permission from the child's parent, guardian, or legal custodian if necessary to determine if the child is in need of protection or services, except that the person making the investigation may enter a child's dwelling only with permission from the child's parent, guardian, or legal custodian or after obtaining a court order permitting the person to do so.

2.

- a. If the person making the investigation is an employee of the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department and he or she determines that it is consistent with the child's best interest in terms of physical safety and physical health to remove the child from his or her home for immediate protection, he or she shall take the child into custody under s. 48.08 (2) or 48.19 (1) (c) and deliver the child to the intake worker under s. 48.20.
- b. If the person making the investigation is an employee of a licensed child welfare agency which is under contract with the county department and he or she determines that any child in the home requires immediate protection, he or she shall notify the county department of the circumstances and together with an employee of the county department shall take the child into custody under s. 48.08 (2) or 48.19 (1) (c) and deliver the child to the intake worker under s. 48.20.

2m.

- a. If the person making the investigation is an employee of the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department and he or she determines that it is consistent with the best

- interest of the unborn child in terms of physical safety and physical health to take the expectant mother into custody for the immediate protection of the unborn child, he or she shall take the expectant mother into custody under s. 48.08 (2), 48.19 (1) (cm) or 48.193 (1) (c) and deliver the expectant mother to the intake worker under s. 48.20 or 48.203.
- b. If the person making the investigation is an employee of a licensed child welfare agency which is under contract with the county department and he or she determines that any unborn child requires immediate protection, he or she shall notify the county department of the circumstances and together with an employee of the county department shall take the expectant mother of the unborn child into custody under s. 48.08 (2), 48.19 (1) (cm) or 48.193 (1) (c) and deliver the expectant mother to the intake worker under s. 48.20 or 48.203.
  3. If the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department determines that a child, any member of the child's family or the child's guardian or legal custodian is in need of services or that the expectant mother of an unborn child is in need of services, the county department, department or licensed child welfare agency shall offer to provide appropriate services or to make arrangements for the provision of services. If the child's parent, guardian or legal custodian or the expectant mother refuses to accept the services, the county department, department or licensed child welfare agency may request that a petition be filed under s. 48.13 alleging that the child who is the subject of the report or any other child in the home is in need of protection or services or that a petition be filed under s. 48.133 alleging that the unborn child who is the subject of the report is in need of protection or services.
  4. The county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department shall determine, within 60 days after receipt of a report that the county department, department, or licensed child welfare agency investigates under subd. 1., whether abuse or neglect has occurred or is likely to occur. The determination shall be based on a preponderance of the evidence produced by the investigation. A determination that abuse or neglect has occurred may not be based solely on the fact that the child's parent, guardian, or legal custodian in good faith selects and relies on prayer or other religious means for treatment of disease or for remedial care of the child. In making a determination that emotional damage has occurred, the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department shall give due regard to the culture of the subjects. This subdivision does not prohibit a court from ordering medical services for the child if the child's health requires it.
  5. The agency shall maintain a record of its actions in connection with each report it receives. The record shall include a description of the services provided to any child and to the parents, guardian or legal custodian of the child or to any expectant mother of an unborn child. The agency shall update the record every 6 months until

the case is closed.

- 5m. The county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department may include in a determination under subd. 4. a determination that a specific person has abused or neglected a child. If the county department, department, or licensed child welfare agency makes an initial determination that a specific person has abused or neglected a child, the county department, department, or licensed child welfare agency shall provide that person with an opportunity for a review of that initial determination in accordance with rules promulgated by the department before the county department, department, or licensed child welfare agency may make a final determination that the person has abused or neglected a child. Within 5 days after the date of a final determination that a specific person has abused or neglected a child, the county department, department, or licensed child welfare agency shall notify the person in writing of the determination, the person's right to a contested case hearing on the determination under ch. 227, and the procedures under subd. 5p. by which the person may receive that hearing.
- 5p. A person who is the subject of a final determination under subd. 5m. that the person has abused or neglected a child has the right to a contested case hearing on that determination under ch. 227. To receive that hearing, the person must send to the department a written request for a hearing under s. 227.44 within 10 days after the date of the notice under subd. 5m. of the determination. The department shall commence the hearing within 90 days after receipt of the request for the hearing, unless the hearing is rescheduled on the request of the person requesting the hearing or the contested case proceeding is held in abeyance as provided in this subdivision, and shall issue a final decision within 60 days after the close of the hearing. Judicial review of the final administrative decision following the hearing may be had by any party to the contested case proceeding as provided in ch. 227. The person presiding over a contested case proceeding under this subdivision may hold the hearing in abeyance pending the outcome of any criminal proceedings or any proceedings under s. 48.13 based on the alleged abuse or neglect or the outcome of any investigation that may lead to the filing of a criminal complaint or a petition under s. 48.13 based on the alleged abuse or neglect.
- 5r. Within 15 days after a final determination is made under subd. 5m. that a specific person has abused or neglected a child or, if a contested case hearing is held on such a determination, within 15 days after a final decision is made under subd. 5p. determining that a specific person has abused or neglected a child, the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department shall provide the subunit of the department that administers s.48.685 with information about the the person who has been determined to have abused or neglected the child.
6. The agency shall, within 60 days after it receives a report from a person required under sub. (2) to report, inform the reporter what action, if any, was taken to protect the health and welfare of the child or unborn child who is the subject of the report.

- 6m. If a person who is not required under sub. (2) to report makes a report and is a relative of the child, other than the child's parent, or is a relative of the expectant mother of the unborn child, that person may make a written request to the agency for information regarding what action, if any, was taken to protect the health and welfare of the child or unborn child who is the subject of the report. An agency that receives a written request under this subdivision shall, within 60 days after it receives the report or 20 days after it receives the written request, whichever is later, inform the reporter in writing of what action, if any, was taken to protect the health and welfare of the child or unborn child, unless a court order prohibits that disclosure, and of the duty to keep the information confidential under sub. (7) (e) and the penalties for failing to do so under sub. (7) (f). The agency may petition the court ex parte for an order prohibiting that disclosure and, if the agency does so, the time period within which the information must be disclosed is tolled on the date the petition is filed and remains tolled until the court issues a decision. The court may hold an ex parte hearing in camera and shall issue an order granting the petition if the court determines that disclosure of the information would not be in the best interests of the child or unborn child.
7. The county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department shall cooperate with law enforcement officials, courts of competent jurisdiction, tribal governments and other human services agencies to prevent, identify and treat child abuse and neglect and unborn child abuse. The county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department shall coordinate the development and provision of services to abused and neglected children, to abused unborn children to families in which child abuse or neglect has occurred, to expectant mothers who have abused their unborn children, to children and families when circumstances justify a belief that abuse or neglect will occur and to the expectant mothers of unborn children when circumstances justify a belief that unborn child abuse will occur.
8. Using the format prescribed by the department, each county department shall provide the department with information about each report that the county department receives or that is received by a licensed child welfare agency that is under contract with the county department and about each investigation that the county department or a licensed child welfare agency under contract with the county department conducts. Using the format prescribed by the department, a licensed child welfare agency under contract with the department shall provide the department with information about each report that the child welfare agency receives and about each investigation that the child welfare agency conducts. The department shall use the information to monitor services provided by county departments or licensed child welfare agencies under contract with county departments or the department. The department shall use non-identifying information to maintain statewide statistics on child abuse and neglect and on unborn child abuse, and for planning and policy development purposes.



9. The agency may petition for child abuse restraining orders and injunctions under s. 48.25 (6).

(cm) Contract with licensed child welfare agencies. A county department may contract with a licensed child welfare agency to fulfill the county department's duties specified under par. (c) 1., 2. b., 2m. b., 5., 5r., 6., 6m., and 8. The department may contract with a licensed child welfare agency to fulfill the department's duties specified under par. (c) 1., 2. a., 2m. b., 3., 4., 5., 5m., 5r., 6., 6m., 7., 8., and 9. in a county having a population of 750,000 or more. The confidentiality provisions specified in sub. (7) shall apply to any licensed child welfare agency with which a county department or the department contracts.

## **ADDENDUM “D”**

Updated 05-15-20

### **GUIDELINES FOR MEDICAL EVALUATION OF CHILDREN/ADOLESCENTS**

A medical evaluation should be considered in all cases of suspected physical or sexual abuse. The following guidelines are intended to assist DMCPs, LE and Prosecutors in making the decision that a child needs to be evaluated medically for suspected abuse. The purpose of the medical evaluation is to restore a sense of health and well-being to the child and family, collect verbal and physical evidence when appropriate, make a determination when possible about whether maltreatment has occurred, make referrals when appropriate, and address urgent, unmet medical needs. All cases of suspected sexual abuse and most cases of suspected physical abuse should be offered a medical evaluation; forensic interviews should be considered in all types of maltreatment and witness to crime when suspected child victims or other children in the same environment of care are verbal.

#### **Choosing location for Medical Evaluation:**

- Normal business hours - have the medical evaluation performed at the MCAC assuming there is capacity to do so. If a medical evaluation at the MCAC is indicated, staff should call the MCAC (414-277-8980) to ensure the medical evaluation will be available.
- After hours -
  - Urgent child physical abuse cases should be evaluated at the Children’s Wisconsin EDTC.
  - Acute sexual assault/abuse cases involving children should be evaluated at Children’s Wisconsin EDTC preferentially, but both AHAS emergency room and Children’s Wisconsin EDTC have specialized expertise that is available after hours. In 2020, a 24/7 SANE program staffed by pediatric nurses will be available through the CW EDTC.
  - After hours, if unsure where the child can be best served or about the urgency of the medical evaluation, consultation with specially trained medical personnel is recommended. Medical consultation is available through Children’s Wisconsin, 414-266-2000; ask for the child maltreatment professional on call.

A. The type and extent of physical evaluation the CPS professional or LE may perform in the field in order to make the decision to obtain a medical evaluation is determined by the investigator’s agency’s policy in keeping with applicable laws and standards.

B. The goals of the medical evaluation in all forms of maltreatment are:

1. To diagnose trauma and its cause
2. To diagnose mimics of abuse and neglect
3. To treat the trauma, if necessary
4. To diagnose and treat associated medical conditions (e.g. occult fractures, pregnancy, sexually transmitted infections-most of which are not symptomatic)
5. To collect and document medical-legal evidence
6. To diagnose other forms of maltreatment
7. To reassure the patient and family of the integrity of the body’s health
8. To make referrals as appropriate

- C. Once the decision has been made to have a medical evaluation, the DMCPD or LE investigator will ensure that the child is referred for medical evaluation in a timely manner. Child health and safety will continue to be the paramount concerns.
- D. Evaluations will be provided regardless of the ability to pay. Families will be assisted with obtaining Crime Victim Compensation funding to supplement/substitute insurance benefits when appropriate. Additional financial support options will be presented as available.
- E. When a medical evaluation is requested, the requesting investigator or designee will share all necessary case-specific information with the medical provider to facilitate a thorough and effective triage and forensic medical evaluation, and to prevent unnecessary questioning of the child victim and non-offending caregiver by the medical evaluator. The medical provider will take some medical history as part of the medical evaluation.
- F. Specific considerations in suspected child physical abuse: Cases involving parental discipline should be referred if there is a suspicion of bruising or other injuries. An investigator should err on the side of caution and have the child medically evaluated if there is question, particularly if the child is an infant or toddler and in cases where there are visible injuries and in cases of witnessed abuse involving young children. Infants, toddlers and preschoolers can have potentially life-threatening internal injuries with minimal or no external signs. Medical evaluation for suspected physical abuse is strongly recommended in the following situations:
1. Other than birth injury, any bruise, subconjunctival hemorrhage (red spot in the white of the eye) or mouth injury in an infant who is not yet trying to walk. These are **sentinel injuries** and should always receive medical attention.
  2. Child has made statements indicating possible injuries in areas that are not visible or incomplete disclosure is suspected
  3. If the alleged victim is an infant or toddler (child under 2 years old)
  4. Suspected excessive discipline particularly if an implement is used
  5. Witnessed or alleged shaking of infants
  6. Burns
  7. Bleeding
  8. Possible fractures
  9. Suspected head injuries
  10. Suspected bite injuries
  11. Suspected or alleged abdominal trauma whether or not there is bruising
  12. Possible ingestions, poisoning or exposure to a methamphetamine lab
  13. Suspected victim is developmentally delayed
  14. Suspected victim is or appears to be ill
  15. Siblings and household contacts of an abused child
  16. Siblings and household contacts of a child who dies unexpectedly
- G. Specific considerations in suspected sexual abuse/assault: The decision to perform a medical evaluation in cases of suspected **sexual abuse** is based on the best interest of the child and is made on a case by case basis. Best practice is that all children suspected of being sexually abused should be offered a medical evaluation. An investigator should err on the side of caution and have the child medically evaluated if there is concern for sexual abuse/assault. An evaluation for sexual abuse is strongly recommended if any of the following are present:

1. History of touching under clothing, or digital or object manipulation of the anal or genital area, even if the suspected event was remote in time
  2. History (statement by child or witness) of genital, anal, or oral contact. (e.g. penis-vagina, mouth-penis, etc.) A lack of history for penetration does not exclude the need for an exam.
  3. History giving sufficient reason to believe that abuse occurred in an adolescent/child who for certain reasons would not be able to give a meaningful disclosure (preverbal age, cognitive disability, suspected coaching, etc.)
  4. Report of anogenital symptoms such as discharge, bleeding, or pain; any suspected trauma or infection
  5. Report of abnormal exam findings by a medical provider who is not expert in assessing child abuse
  6. Sibling or household member of index case who has had unsupervised/poorly supervised contact with the suspected offender
  7. Concern for commercial sexual exploitation of a child (CSEC) commonly known as trafficking. See the Supplemental Practice Guidelines for the Initial Response to Commercial Sexual Exploitation of Children (CSEC)/Sex Trafficking of a Minor.
- H. As a guideline, the aforementioned situations are intended to help with decision-making. Not all children will easily fit into a given category, and special cases will be encountered. If there is uncertainty about when or where a child needs to be seen, please call the MCAC or the on-call CW child abuse provider to discuss the case specifics (Addendum D1).
- I. Children/adolescents who have been acutely sexually assaulted should receive follow-up medical evaluation, usually at or within 2 weeks after the initial medical visit. The follow-up appointment has both forensic and medical purposes. Follow-up is important in all children/adolescents but is of particular importance in children/adolescents who have suspected injury at the time of the initial medical evaluation. It is preferred that follow-up occur at the MCAC; however, the decision of where to be seen could be influenced by child/adolescent and family preferences.
- J. If an investigator encounters untreated serious injury, appropriate emergency response should be taken.

<b>MEDICAL CONTACT INFORMATION FOR CHILD PROTECTIVE SERVICES AND LAW ENFORCEMENT INVESTIGATORS</b>			
<b>Urgency</b>	<b>Medical Needs</b>	<b>Phone Number</b>	<b>Instructions</b>
ROUTINE Milwaukee Child Advocacy Center (MCAC)	<ul style="list-style-type: none"> <li>✓ To request a medical opinion about a child seen at the Milwaukee Child Advocacy Center (MCAC).</li> <li>✓ To make an appointment at the MCAC for a medical evaluation or forensic interview</li> </ul>	414-277-8980	<ul style="list-style-type: none"> <li>• This is the main number for the MCAC. Staff will direct the caller to the appropriate person.</li> <li>• If no one answers this number, leave a message. The phone is only answered during business hours.</li> </ul>
	<ul style="list-style-type: none"> <li>✓ To make an appointment for a foster care health screen.</li> </ul>	855-371-8104	The Care4Kids Health Care Coordinators are available 24-7.
ROUTINE Child Advocacy (hospital-based team)	<ul style="list-style-type: none"> <li>✓ To request an expert medical opinion about a child that was seen by the Child Advocacy hospital team.</li> <li>✓ Investigators wish to request an opinion from a Child Abuse Pediatrician about a child seen after hours in the Children’s Hospital of Wisconsin Emergency Department. (Investigators will need to provide photos of skin injuries whenever possible as they are not taken by ED staff.)</li> <li>✓ Investigators wish to request a medical chart review for a child who was not seen by a provider in the CAPS program. (There may be a fee for this type of review.)</li> <li>✓ Investigators wish to request Child Advocacy medical documentation. (General hospital medical records are <b>not</b> provided at this number. See below.)</li> </ul>	414-266-2090	<ul style="list-style-type: none"> <li>• Callers will reach the main office of Child Advocacy hospital-based team. One of the Child Advocacy administrative assistants will direct the caller to the appropriate person.</li> <li>• This phone is only answered during business hours, but you may reach voicemail during that time. Please leave a message; the call will be returned as soon as possible.</li> </ul>
ROUTINE Medical Records requests	<ul style="list-style-type: none"> <li>✓ Investigators need hospital medical records. (Child Advocacy medical documentation can be requested directly from the Child Advocacy office during active investigations. See above.)</li> </ul>	414-266-2301	<ul style="list-style-type: none"> <li>• Children’s Wisconsin Health Information Management (HIM). This number is only answered during business hours.</li> </ul>
URGENT After hours	<ul style="list-style-type: none"> <li>✓ An investigator needs an urgent expert medical opinion regarding a child he/she is evaluating after hours in order to make safety decisions or plan follow-up for the next day.</li> </ul>	414-266-2470 Press “3”	<ul style="list-style-type: none"> <li>• Callers will reach the CHW Physician Referral Service. Ask the operator to page the Child Advocacy Medical Provider on call. Medical providers are on call by telephone from home and are available in case of emergency.</li> </ul>

**Child Advocacy & Protection Services (CAPS) is the name of the program which includes multiple Child Advocacy Centers (including the Milwaukee Child Advocacy Center) and the Child Advocacy hospital-based program.**

**ADDENDUM "E"**

Updated 05-15-20

**INTERVIEWING THE VICTIM AND/OR CHILD WITNESS**

Every effort should be made to avoid victim interviews in the late evening or early morning hours. The non-offending caretaker should be advised that an in depth forensic interview will take place. All investigative agencies will be represented to the extent possible and trauma to the child minimized. All interviews should be coordinated to avoid duplicative interviewing and to minimize the number of times that non-offending family members have to provide information.

**I. Interviewing the Victim (Overview)****A. Minimal Facts Interviews:**

1. Whenever possible, the number of victim interviews will be reduced. The purpose of this action is to preserve the integrity of the investigation and maximize victim safety.
2. First responders should conduct a minimal facts interview. First responders should not conduct a forensic interview with the alleged victim regarding the details of the allegation and should limit any interaction with the victim to brief questions to assess immediate safety, medical needs, protection of evidence, or identification of where alleged abuse occurred.
3. Whenever possible, interviews of child victims and witnesses should be conducted by personnel who are properly trained to elicit accurate information from a child, while minimizing additional trauma to the child. As soon as reasonably possible, a coordinated forensic interview should be scheduled and conducted. (See below).
4. At the discretion of LE and the DMCPs, other factors may be considered, such as children potentially responding negatively to the criminal justice process or where outside negative influences may impact the initial statements a child might make.

**B. Purpose/Goals of a Forensic Interview:**

- a. Minimize the trauma of the investigation for the child
- b. Maximize the information obtained from the child about the alleged events
- c. Maintain the integrity of the investigative process
- d. Minimize contamination of information obtained from the child

**II. Assessing Whether a Recorded Forensic Interview is Appropriate**

- A. In assessing whether to proceed with a recorded forensic interview, it is important to remember that no two cases and no two children are identical, so the planning process for the interview should be flexible.
- B. Discussion needs to occur between the MDT investigators in order to make decisions regarding the type of interview conducted with the child. It is important to share what information is needed by each of the investigative agencies to promote the ability to limit the number of interviews done while ensuring all necessary information is obtained.

- C. When deciding on the plan for the interview, consider a variety of factors:
1. The age, emotional, developmental, language and cognitive abilities, disabilities (if any), cultural or language preferences and needs of the alleged victim, siblings, and other potential victims
  2. The level of training and experience of the interviewer
  3. The qualities of the physical setting for the interview
  4. The timing of the interview
  5. The investigative and child protection needs in the case
  6. For further information, review Addendum "E-1," (Wis. Stats. 908.08).
- D. The following are protocol guidelines for planning the forensic interview with the alleged victim, siblings, and other potential victims who are 17 and under. It is preferred that children be referred to the MCAC for a recorded forensic interview when any of the following factors are evident:
1. All sexual assault cases (ages 3-11 and others meeting criteria of Wis. Stats. 908.08 – see Addendum "E-1")
  2. Severe physical abuse cases, including unexplained injuries
  3. Imminent exposure to the alleged offender
  4. Intra-familial abuse
  5. Recantation is likely
  6. Non-believing caregiver
  7. Multi-offender cases
  8. Non-caregiver cases (ages 3-11 and others meeting criteria of Wis. Stats. 908.08 – see Addendum "E1")
  9. Multi-victim cases
  10. High-profile cases such as homicide, abduction, intentional starvation, etc.
  11. Child witnesses to violence
  12. Drug endangered children
  13. Children under the age of 3 will be looked at on a case-by-case basis to determine if they are appropriate for a taped forensic interview.

### III. Guidelines for How to Conduct a Recorded Forensic Interview

- A. Children should be interviewed in a safe, neutral, child friendly environment in order to reduce the overall number of times a child is interviewed. A forensic interview is a critical part of the investigative process and must be recorded. The preferred location for the forensic interview is the Milwaukee Child Advocacy Center, unless circumstances arise which necessitate the interview occur at an alternate location.
1. Consider if an interview can be delayed and scheduled when the MCAC is open and a family can benefit from the full complement of MCAC services.
  2. Examples of when to conduct immediate interviews during MCAC non-business hours might include, but are not limited to:
    - a. suspect on scene or in custody and DA charging timeline considerations
    - b. cases where a child is not believed or is being influenced to recant

- c. the possibility of case contamination is high and cannot be otherwise controlled

3. If an interview takes place at an alternative location, the agency conducting the interview shall, as soon as possible and by the next business day, contact the MCAC intake personnel to advise them of the interview and to provide information on the case so follow-up services with the victim and families can be facilitated and completed. See Addendum "E-2" form to be completed and submitted to MCAC.
4. Children should be interviewed in accordance with established guidelines. This protocol uses the Wisconsin Forensic Interview Guidelines. The guidelines utilize fundamentals that are consistent with established research on child interviewing.

IV. In discussions with MDT, it may be useful to alter the structure of the interview or utilize different interview approaches depending on the needs and/or age of the child or the existence of any developmental or physical disabilities. Aides and/or tools may be utilized to facilitate when a child is unable to communicate in a narrative fashion. Every effort should be made to allow the child to communicate in their language of origin and/or the language spoken in their household.

- a. When appropriate, the MDT shall consider presenting evidence utilizing standardized methods.
- b. Depending on the unique needs of the child and the MDT, multi-session or subsequent interviews will be explored.

V. A trained forensic interviewer will work in collaboration with MDT partners. The MDT will debrief post forensic interview to review:

- a. Medical concerns
- b. Forensic interview results
- c. LE implications
- d. Safety issues and placement needs
- e. Sibling and other minor recommendations
- f. Non-offending caretaker/family response
- g. Advocacy needs
- h. Mental health needs
- i. Other community referrals

VI. Investigators and/or service providers will meet with the non-offending caregiver to review the appropriate contents of the forensic interview and discuss next course of action.

VII. Documentation of Interviews:

1. All forensic interviews conducted at the MCAC are audio/visually recorded. One original recording is given to law enforcement. MCAC will maintain an original copy, wherefrom other copies will be made available to appropriate agencies as authorized by the court or law enforcement.



2. Any written statements, drawings, or diagrams produced by the child during the interview are labeled as to the time, date, and name of the child and given to law enforcement as evidence, with a copy retained in the electronic health record.

**ADDENDUM "E1"**

Updated 05-15-20

**INTERVIEWING THE VICTIM AND/OR CHILD WITNESS****Wis. Stats. §908.08: Audiovisual recordings of statements of children.**

- (1) In any criminal trial or hearing, juvenile fact-finding hearing under s. 48.31 or 938.31 or revocation hearing under s. 302.113 (9) (am), 302.114 (9) (am), 304.06 (3), or 973.10 (2), the court or hearing examiner may admit into evidence the audiovisual recording of an oral statement of a child who is available to testify, as provided in this section.
- (2)
  - (a) Not less than 10 days before the trial or hearing, or such later time as the court or hearing examiner permits upon cause shown, the party offering the statement shall file with the court or hearing officer an offer of proof showing the caption of the case, the name and present age of the child who has given the statement, the date, time and place of the statement and the name and business address of the camera operator. That party shall give notice of the offer of proof to all other parties, including notice of reasonable opportunity for them to view the statement before the hearing under par. (b).
  - (b) Before the trial or hearing in which the statement is offered and upon notice to all parties, the court or hearing examiner shall conduct a hearing on the statement's admissibility. At or before the hearing, the court shall view the statement. At the hearing, the court or hearing examiner shall rule on objections to the statement's admissibility in whole or in part. If the trial is to be tried by a jury, the court shall enter an order for editing as provided in s. 885.44 (12).
- (3) The court or hearing examiner shall admit the recording upon finding all of the following:
  - (a) That the trial or hearing in which the recording is offered will commence:
    1. Before the child's 12th birthday; or
    2. Before the child's 16th birthday and the interests of justice warrant its admission under sub. (4).
  - (b) That the recording is accurate and free from excision, alteration and visual or audio distortion.
  - (c) That the child's statement was made upon oath or affirmation or, if the child's developmental level is inappropriate for the administration of an oath or affirmation in the usual form, upon the child's understanding that false statements are punishable and of the importance of telling the truth.
  - (d) That the time, content and circumstances of the statement provide indicia of its trustworthiness.
  - (e) That admission of the statement will not unfairly surprise any party or deprive any party of a fair opportunity to meet allegations made in the statement.
- (4) In determining whether the interests of justice warrant the admission of an audiovisual recording of a statement of a child who is at least 12 years of age but younger than 16 years of age, among the factors which the court or hearing examiner may consider are any of the following:
  - (a) The child's chronological age, level of development and capacity to comprehend the significance of the events and to verbalize about them.
  - (b) The child's general physical and mental health.
  - (c) Whether the events about which the child's statement is made constituted criminal or antisocial conduct against the child or a person with whom the child had a close emotional relationship and, if the conduct constituted a battery or a sexual assault, its duration and the extent of physical or emotional injury thereby caused.

- (d) The child's custodial situation and the attitude of other household members to the events about which the child's statement is made and to the underlying proceeding.
  - (e) The child's familial or emotional relationship to those involved in the underlying proceeding.
  - (f) The child's behavior at or reaction to previous interviews concerning the events involved.
  - (g) Whether the child blames himself or herself for the events involved or has ever been told by any person not to disclose them; whether the child's prior reports to associates or authorities of the events have been disbelieved or not acted upon; and the child's subjective belief regarding what consequences to himself or herself, or persons with whom the child has a close emotional relationship, will ensue from providing testimony.
  - (h) Whether the child manifests or has manifested symptoms associated with posttraumatic stress disorder or other mental disorders, including, without limitation, re-experiencing the events, fear of their repetition, withdrawal, regression, guilt, anxiety, stress, nightmares, enuresis, lack of self-esteem, mood changes, compulsive behaviors, school problems, delinquent or antisocial behavior, phobias or changes in interpersonal relationships.
  - (i) Whether admission of the recording would reduce the mental or emotional strain of testifying or reduce the number of times the child will be required to testify.
- (5)**
- (a) If the court or hearing examiner admits a recorded statement under this section, the party who has offered the statement into evidence may nonetheless call the child to testify immediately after the statement is shown to the trier of fact. Except as provided in par. (b), if that party does not call the child, the court or hearing examiner, upon request by any other party, shall order that the child be produced immediately following the showing of the statement to the trier of fact for cross-examination.
  - (am) The testimony of a child under par. (a) may be taken in accordance with s. 972.11 (2m), if applicable.
  - (b) If a recorded statement under this section is shown at a preliminary examination under s. 970.03 and the party who offers the statement does not call the child to testify, the court may not order under par. (a) that the child be produced for cross-examination at the preliminary examination.
- (6)** Recorded oral statements of children under this section in the possession, custody or control of the state are discoverable under ss. 48.293 (3), 304.06 (3d), 971.23 (1) (e) and 973.10 (2g).
- (7)** At a trial or hearing under sub. (1), a court or a hearing examiner may also admit into evidence an audiovisual recording of an oral statement of a child that is hearsay and is admissible under this chapter as an exception to the hearsay rule.

**ADDENDUM "F"**

Updated 05-15-20

**Parent Consent to the Disclosure of Pupil Records to Members of the Multi-Disciplinary Team For Investigation of Suspected or Alleged Child Abuse or Neglect**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Name of Parent or Guardian Name of Student

DOB \_\_\_\_\_, a student in Milwaukee Public Schools, consent to the disclosure of the pupil records regarding my child as identified below, to the following agencies, who are members of a Multi-Disciplinary Team ("MDT"), for the purpose of investigating suspected or alleged child abuse or neglect:

***Pupil Records That May Be Disclosed:***  
**[Check all that apply]**

- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ School Social Work Records
- \_\_\_\_\_ Recent Individual Education Plans (IEPs)
- \_\_\_\_\_ Pupil Health Record
- \_\_\_\_\_ Reports of Internal Investigations Conducted by the School
- \_\_\_\_\_ Other: \_\_\_\_\_

***Pupil Records May Be Disclosed to the Following MDT Agencies:***  
**[Check all that apply]**

- \_\_\_\_\_ Division of Milwaukee Child Protective Services
- \_\_\_\_\_ Children’s Hospital of Wisconsin, Milwaukee Child Advocacy Center
- \_\_\_\_\_ City of Milwaukee Health Department
- \_\_\_\_\_ Milwaukee County District Attorney’s Office
- \_\_\_\_\_ Milwaukee County Law Enforcement Executive Association, including all suburban law enforcement departments
- \_\_\_\_\_ Milwaukee County Sheriff’s Department
- \_\_\_\_\_ Milwaukee Police Department
- \_\_\_\_\_ Sexual Assault Treatment Center, Aurora Sinai Hospital
- \_\_\_\_\_ Sojourner
- \_\_\_\_\_ West Allis Police Department

**This consent is valid for one year from the date indicated below:**

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**\*This document must be maintained by the school with the records of the pupil.**

**ADDENDUM "G"**

Updated 05-15-20

Interagency Agreement Regarding Information-Sharing By Milwaukee Public Schools During a Child-Maltreatment Investigation

**INTERAGENCY AGREEMENT  
BETWEEN**

**THE MILWAUKEE BOARD OF SCHOOL DIRECTORS, THE MILWAUKEE POLICE DEPARTMENT, THE WEST ALLIS POLICE DEPARTMENT, THE MILWAUKEE COUNTY DISTRICT ATTORNEY'S OFFICE, THE DIVISION OF MILWAUKEE CHILD PROTECTIVE SERVICES, AND THE MILWAUKEE COUNTY SHERIFF'S DEPARTMENT**

**WHEREAS**, the Milwaukee Board of School Directors, the City of Milwaukee Police Department, the Milwaukee County District Attorney's Office, the West Allis Police Department, the Division of Milwaukee Child Protective Services, the Milwaukee County Sheriff's Department, and other entities and agencies within Milwaukee County intend to enter into an "Interagency Agreement on a Collaborative Response to Child Abuse and Neglect," the purpose of which is to engage in joint cooperation in the identification, investigation and management of child abuse and neglect causes in a way that minimizes trauma to the child victim, empowers families, and maximizes the information available for optimal case management; and

**WHEREAS**, the agencies who are party to the "Interagency Agreement on a Collaborative Response to Child Abuse and Neglect" wish to collaborate so as to emphasize information sharing and ongoing communication between agencies, while working toward the ultimate goals of preventing child abuse and neglect in the Milwaukee County community; and

**WHEREAS**, the Milwaukee Board of School Directors wishes to participate in information-sharing and to communicate with other agencies for the purpose of preventing child abuse and neglect, while still abiding by its obligations under state and federal laws regarding the confidentiality of pupil records;

**WHEREAS**, Sec. 118.125(2)(n), Wis. Stats., provides that, for the purpose of providing services to a pupil before adjudication, a school board may disclose pupil records to specified governmental entities and employees and to other specified entities, if the disclosure is pursuant to an interagency agreement and the person to whom the records are disclosed certifies in writing that the records will not be disclosed to any other person except as permitted by statute; and

**WHEREAS**, the Milwaukee Board of School Directors wishes to disclose certain pupil records to the City of Milwaukee Police Department, the Milwaukee County District Attorney's Office, the West Allis Police Department, the Division of Milwaukee Child Protective Services, and appropriate courts of

record, for the purpose of providing services to pupils before adjudication, specifically to children who may be abused or neglected;

**NOW, THEREFORE**, the above-named parties agree as follows:

- A. For the purpose of providing services to a pupil who is suspected of having been abused or neglected, Milwaukee Public Schools (MPS), shall disclose certain pupil records and other information upon request, to the Milwaukee County District Attorney's Office, Division of Milwaukee Child Protective Services, the Milwaukee Police Department, the West Allis Police Department, the Milwaukee County Sheriff's Department, and appropriate courts of records.
- B. Examples of pupil records and information that may be disclosed pursuant to this Agreement include, but are not limited to, the following:
  1. Attendance records;
  2. School social worker records;
  3. Recent Individual Education Plans (IEPs);
  4. Pupil health records;
  5. Reports of internal investigations conducted by the school;
  6. Identification of classroom teachers, guidance counselors, school social workers, and other school staff who work with the pupil.
- C. Pupil records and information shall only be disclosed pursuant to this Agreement if the person to whom the records are disclosed certifies in writing that the records will not be disclosed to any other person, except as permitted by law. MPS shall provide the forum to be used for this purpose.
- D. MPS shall advise its school principals of their responsibilities under this Agreement. In the event of a dispute regarding whether particular pupil records or information shall be disclosed pursuant to this Agreement, the final decision shall rest with the MPS Director of the Department of Student Services.

## ADDENDUM "H"

Updated 05-15-20

### Request for MPS Information/Pupil Records Pursuant to Interagency Agreement Regarding Information-Sharing By Milwaukee Public Schools During a Child Maltreatment Investigation

To: \_\_\_\_\_ (MPS School)  
 Re: \_\_\_\_\_ (Name of Child or Children)  
 \_\_\_\_\_  
 \_\_\_\_\_

From:  Division of Milwaukee Child Protective Services     **Date of Referral:** \_\_\_\_\_  
 Milwaukee Police Department                                         (This begins the 60-day timeline)  
 West Allis Police Department  
 Milwaukee County District Attorney's Office  
 Milwaukee County Sheriff's Office

Date of Request: \_\_\_\_\_

Name/Title of Person Requesting Information/Pupil Records: \_\_\_\_\_

**The above-named Agency, which has a legitimate interest in investigating child maltreatment, requests the following information/pupil records pursuant to the Interagency Agreement between the Milwaukee Board of School Directors, the Milwaukee Police Department, the West Allis Police Department, the Milwaukee County District Attorney's office, the Division of Milwaukee Child Protective Services, and the Milwaukee County Sheriff's Department regarding information-sharing during a child maltreatment investigation:**

**[CHECK ALL THAT APPLY]**

- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ School Social Worker Records
- \_\_\_\_\_ Recent Individual Education Plans (IEPs)
- \_\_\_\_\_ Pupil Health Records
- \_\_\_\_\_ Reports of Internal Investigations Conducted by the School
- \_\_\_\_\_ Identification of Classroom Teachers, Guidance Counselors, School Social Workers, and Other School Staff Who Work with the Pupil
- \_\_\_\_\_ Behavioral Records
- \_\_\_\_\_ Other, Please Specify: \_\_\_\_\_

**The requesting Agency certifies that this request is within 60 days of a referral to the DMCPs of suspected abuse or neglect, and this information is being requested to further the investigation of the suspected abuse or neglect. The requesting Agency further certifies that the records will not be disclosed to any other person without the prior consent of the parent, except as permitted by law.**

_____	_____
Signature of Requestor	Date
_____	_____
*Signature of Principal, APIC, or Teacher Leader Upon Release of Information/Pupil Records	Date

**ADDENDUM "I"**

Updated 05-15-20

**The School District of West Allis West Milwaukee et al.  
MDT Release of Information Form**

Parent Consent to the Release of Pupil Records to Members of the Multi-Disciplinary Team For Investigation of Suspected or Alleged Child Abuse or Neglect

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a student in the School District of West Allis West Milwaukee et al, consent to the disclosure of the pupil records regarding my child as identified below, to the following agencies, who are members of a Multi-Disciplinary Team ("MDT"), for the purpose of investigating suspected or alleged child abuse or neglect.:

**Pupil Records That May Be Disclosed: (Check all that apply)**

- Attendance Records
- School Social Work Records
- Recent Individual Education Plans (IEPs)
- Pupil Health Record
- Reports of Internal Investigations Conducted by the School
- Other: \_\_\_\_\_

**Pupil Records May Be Disclosed to the Following MDT Agencies: (Check all that apply)**

- Division of Milwaukee Child Protective Services
- Children’s Hospital of Wisconsin, Child Protection Center
- City of Milwaukee Health Department
- Milwaukee County District Attorney’s Office
- Milwaukee County Law Enforcement Executive Association, including all suburban law enforcement departments
- Milwaukee County Sheriff’s Department
- Milwaukee Police Department
- Sexual Assault Treatment Center, Aurora Sinai Hospital
- Sojourner
- West Allis Police Department
- Milwaukee Public Schools

This consent is valid for one year from the date indicated below:

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

\*This document must be maintained by the school with the records of the pupil.



**ADDENDUM "J"**

Updated 05-15-20

Interagency Agreement Regarding Information-Sharing By The School District of West Allis West Milwaukee et al. During a Child Maltreatment Investigation

**INTERAGENCY AGREEMENT  
BETWEEN**

THE SCHOOL DISTRICT OF WEST ALLIS WEST MILWAUKEE et al., THE MILWAUKEE PUBLIC SCHOOLS BOARD OF SCHOOL DIRECTORS, THE MILWAUKEE POLICE DEPARTMENT, THE WEST ALLIS POLICE DEPARTMENT, THE MILWAUKEE COUNTY DISTRICT ATTORNEY'S OFFICE, THE DIVISION OF MILWAUKEE CHILD PROTECTIVE SERVICES, AND THE MILWAUKEE COUNTY SHERIFF'S DEPARTMENT

**WHEREAS**, The School District of West Allis West Milwaukee et al., the City of Milwaukee Police Department, the Milwaukee County District Attorney's Office, the West Allis Police Department, the Division of Milwaukee Child Protective Services, the Milwaukee County Sheriff's Department, Milwaukee Public Schools Board of School Directors and other entities and agencies within Milwaukee County intend to enter into an "Interagency Agreement on a Collaborative Response to Child Abuse and Neglect," the purpose of which is to engage in joint cooperation in the identification, investigation and management of child abuse and neglect causes in a way that minimizes trauma to the child victim, empowers families, and maximizes the information available for optimal case management; and

**WHEREAS**, the agencies who are party to the "Interagency Agreement on a Collaborative Response to Child Abuse and Neglect" wish to collaborate so as to emphasize information sharing and ongoing communication between agencies, while working toward the ultimate goals of preventing child abuse and neglect in the Milwaukee County community; and

**WHEREAS**, The School District of West Allis West Milwaukee et al. wishes to participate in information-sharing and to communicate with other agencies for the purpose of preventing child abuse and neglect, while still abiding by its obligations under state and federal laws regarding the confidentiality of pupil records;

**WHEREAS**, Sec. 118.125(2)(n), Wis.Stats., provides that, for the purpose of providing services to a pupil before adjudication, a school board may disclose pupil records to specified governmental entities and employees and to other specified entities, if the disclosure is pursuant to an interagency agreement and the person to whom the records are disclosed certifies in writing that the records will not be disclosed to any other person except as permitted by statute; and

**WHEREAS**, The School District of West Allis West Milwaukee et al. Board of School

Directors wishes to disclose certain pupil records to the City of Milwaukee Police Department, the Milwaukee County District Attorney's Office, the West Allis Police Department, the Division of Milwaukee Child Protective Services, Milwaukee Public Schools and appropriate courts of record, for the purpose of providing services to pupils before adjudication, specifically to children who may be abused or neglected;

**NOW, THEREFORE,** the above-named parties agree as follows:

A. For the purpose of providing services to a pupil who is suspected of having been abused or neglected, The School District of West Allis West Milwaukee et al., shall disclose certain pupil records and other information upon request, to the Milwaukee County District Attorney's Office, Division of Milwaukee Child Protective Services, the Milwaukee Police Department, the West Allis Police Department, the Milwaukee County Sheriff s Department, Milwaukee Public Schools and appropriate courts of records.

B. Examples of pupil records and information that may be disclosed pursuant to this Agreement include, but are not limited to, the following:

1. Attendance records;
2. School social worker records;
3. Recent Individual Education Plans (IEPs);
4. Pupil health records;
5. Reports of internal investigations conducted by the school;
6. Identification of classroom teachers, guidance counselors, school social workers, and other school staff who work with the pupil.

C. Pupil records and information shall only be disclosed pursuant to this Agreement if the person to whom the records are disclosed certifies in writing that the records will not be disclosed to any other person, except as permitted by law. MPS shall provide the forum to be used for this purpose.

D. The School District of West Allis West Milwaukee et al. shall advise its school principals of their responsibilities under this Agreement. In the event of a dispute regarding whether particular pupil records or information shall be disclosed pursuant to this Agreement, the final decision shall rest with The School District of West Allis West Milwaukee et al. Director of the Department of Student Services.

**ADDENDUM "J1"**

Updated 05-15-20

**Request for West Allis West Milwaukee Schools Information/Pupil Records Pursuant to Interagency Agreement Regarding Information-Sharing by the West Allis West Milwaukee Schools During a Child Maltreatment Investigation**

TO: \_\_\_\_\_ (WAWM School)  
RE: \_\_\_\_\_ (Name of child or children)  
\_\_\_\_\_  
\_\_\_\_\_

FROM: \_\_\_\_\_ Division of Milwaukee Child Protective Services  
\_\_\_\_\_ Milwaukee Police Department  
\_\_\_\_\_ West Allis Police Department  
\_\_\_\_\_ Milwaukee County District Attorney's Office  
\_\_\_\_\_ Milwaukee County Sheriff's Office  
\_\_\_\_\_ Milwaukee Public Schools

DATE: \_\_\_\_\_ DATE OF REFERRAL: \_\_\_\_\_ (This begins the 60 day time-line)

Name of Person Requesting Information/Pupil Records: \_\_\_\_\_

**The above named Agency, which has a legitimate interest in investigating child maltreatment, requests that the following information/pupil records pursuant to the Interagency Agreement between the West Allis West Milwaukee Schools, the Milwaukee Police Department, the West Allis Police Department, the Milwaukee County District Attorney's office, the Division of Milwaukee Child Protective Services, the Milwaukee County Sheriff's Department regarding information-sharing during a child maltreatment investigation:**

(Check all that apply)

- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ School Social Worker Records
- \_\_\_\_\_ Recent Individual Education Plans (IEPS)
- \_\_\_\_\_ Pupil Health Records
- \_\_\_\_\_ Reports of Internal Investigations Conducted by the School
- \_\_\_\_\_ Identification of Classroom Teachers, Guidance Counselors, School Social Workers, and other Staff Who Work with the Pupil
- \_\_\_\_\_ Behavior Referrals
- \_\_\_\_\_ Others – please specify: \_\_\_\_\_

**The requesting Agency certifies that this request is within 60 days of a referral to the DMCPS of suspected abuse or neglect, and this information is being requested to further the investigation of the suspected abuse or neglect. The requesting Agency further certifies that the records will not be disclosed to any other person without the prior consent of the parent, except as permitted by law.**

\_\_\_\_\_  
Signature of Requestor Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Director of Student Services Upon Date \_\_\_\_\_  
Release Of Information/Pupil Records

\*This document must be maintained by the school with the records of the pupil.

**ADDENDUM "K"**

Updated 05-15-20

**Mental Health Services**

CART supports and encourages children and their family members, who are in need of mental health services, having the ability to receive them. CART and its member agencies believe it is important that therapy and treatment be trauma-informed. Items to be considered in selecting a trauma-informed therapist for a child/teen are:

1. The therapist is knowledgeable about the effects of trauma and maltreatment, and uses treatment modalities that are based in research and considered to be best practice.
2. The therapist is willing to collaborate closely with systems, such as the juvenile/criminal justice system or DMCP, who may be involved in the child/teen's life.
3. The therapist is willing to incorporate family/caregivers into the child/teen's therapy.
4. The therapist has pediatric experience and child abuse expertise, as demonstrated by their participation in ongoing training and peer review.

Each child seen at the Milwaukee Child Advocacy Center will be screened for mental health needs. Based on the results of that screening, advocates are available to assist families with obtaining trauma-informed treatment.

Mental health professional representatives participate in the MDT case review process; however client specific treatment information is not shared without appropriate consent. The purpose of the mental health professional in the case review process is to share general professional information regarding the benefits of mental health treatment for victims and non-offending family members as well as recent trends and available treatments within the discipline.

## ADDENDUM "L"

Updated 05-15-20

### VICTIM ADVOCACY SERVICES

The role of a victim advocate is to either provide directly, or to refer victims and/or their families, for services. Many of the CART agencies in Milwaukee County have advocates who provide some, if not all, of the following services. Although any one agency or advocate may not provide all of the following services, there are advocates from the different agencies amongst Milwaukee County who provide, as a whole, the following services to victims:

1. **Crisis counseling** which includes in person crisis intervention, emotional support, and guidance and counseling. Such counseling may occur at the scene of a crime, following a crime, or can be provided on an on-going basis.
2. **Follow-up contact** which includes in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, and/or check on a victim's progress.
3. **Information and referral** which includes in person or telephone contacts with the victim and/or family during which services and available support are identified and offered.
4. **Group treatment/support** which includes coordination and/or provision of supportive group activities and includes self-help, peer, social support, and others.
5. **Shelter/safe house** which include short- and long-term housing and related support services to victims and families following victimization.
6. **Criminal justice support** which includes support, assistance, information, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.
7. **Emergency assistance** which may include cash, transportation, food, clothing, emergency housing, etc.
8. **Emergency legal advocacy** which include filing temporary restraining orders, injunctions, and other protective orders.
9. **Crime Victim Compensation** which includes making victims aware of the availability of crime victim compensation, assisting the victim in completing the required forms, and/or gathering the needed documentation. It may also include follow-up contact with the victim compensation agency on behalf of the victim.
10. **Personal advocacy** which includes assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with others on behalf of the victim; assisting in filing losses covered by public and private insurance programs; accompanying the victim to the hospital, etc.

**ADDENDUM "M"**

Updated 05-15-20

**The Milwaukee Child Abuse Review Team**  
**Weekly Multidisciplinary Team Staffing**

Dear MDT Member,

By virtue of your assignment, you are now part of Milwaukee's Child Abuse Review Team system and join many various colleagues around the county in law enforcement, child welfare services, medicine, prosecution, mental health, victim advocacy, the school system, and the child advocacy center, who collectively are charged with protecting Milwaukee's children from abuse, violence, and serious child neglect. The member agencies have worked together, in various forms, for decades.

This orientation packet is designed to help you both understand the weekly staffing process and to assist you with both requesting that a case be staffed and participating in the staffing itself.

We appreciate your willingness to assume this assignment. The children of our community are counting on you and your fellow team members to work effectively together to make our community safer.

Thank you,  
Milwaukee Child Abuse Review Team

**CONFIDENTIALITY**

The Milwaukee Child Abuse Review Team ("CART") is considered a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse. As such, the weekly meetings are considered multidisciplinary personnel team meetings. Members of the team may disclose and exchange information, writings, and photographs/visual information to and with one another relating to any incidents of child abuse, even though that information may otherwise be designated as confidential under state law.

**To All Weekly MDT Participants:**

By participating in the Multidisciplinary Team Case Staffing process, which is a subcommittee of the Child Abuse Review Team, you agree that you understand you will be reviewing confidential material and that you may not discuss or otherwise divulge any information from the MDT discussion to any other person or organization. You agree that you understand that if you do so, you may be prosecuted and subsequently convicted of a crime and fined up to 1,000 and/or imprisoned up to six months. By participating in the Weekly MDT staffing process, even if or when by telephonic or other audio-visual means, you agree to keep the information received confidential and abide by the terms of this agreement.

*Statement Prepared by the Office of the District Attorney, Milwaukee County (with language from the confidentiality agreement previously utilized and obtained from the WI Department of Children and Families)*

## **CART Weekly MDT Staffing**

**Purpose of the Meeting:** To review cases which have been handled by CART agencies during the previous weeks' time. The cases will be discussed from a multidisciplinary perspective. The meeting also serves to provide a forum for inter-team communication regarding best practice and general information sharing. Other purposes include to problem solve cases that present unique challenges to one or more of the CART agencies and to serve as an educational forum for multidisciplinary learning. Given the limited time frame for the weekly reviews, the staffing process is not intended to resolve larger, inter-agency process/systems concerns. Although concerns will arise during the weekly staffing process, it is not intended as the forum for fixing process or systems issues; rather, it is intended to be the point for sharing information and follow-up review of a case, for the purposes of wrapping up an investigation and/or moving forward with services and an informed, coordinated multidisciplinary response. It may also be a point where an identified concern indicates a need for additional follow-up or staffing; the MDT group will assist in deciding how to respond to the need for additional work on cases that need it.

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**Where:** By conference call generated through Children's Wisconsin (CW). A representative from MCAC will email the MDT group following receipt of the list of cases to be staffed that week. Said email(s) will contain information related to the number to call for participation by phone in the conference call as well as information about how to log in to a secure web-based meeting platform whereby documents, photos and other relevant files may be shared with the MDT group staffing a case.

**When:** The Weekly MDT staffing is scheduled for Wednesdays from 1:00PM to 2:30PM. Cases are heard in approximately fifteen-minute increments, in the order in which they are assigned.

**Who attends:** The meeting includes core members of the MDT, such as the Division of Milwaukee Child Protective Services (DMCPS), law enforcement investigators and supervisors, medical professionals, social workers, mental health professionals, the District Attorney's Office, Milwaukee Public Schools, advocates from Sojourner, and representatives of the Milwaukee Child Advocacy Center. Other professionals (e.g., West Allis/West Milwaukee Public Schools staff or AHHS staff) may attend on a case by case basis. Physicians and other professionals in training also often sit in and observe the meeting. Although participation may not always be possible by different agencies, the MDT Group strongly encourages that upon receipt of the weekly staffing list, members try to determine whether or not the case is one in which they have participated, so that they can attend at least the portion of the staffing related to "their case."

**What are the criteria for putting a case on the agenda:** Any team agency can ask that a case be added to the agenda, through their Weekly MDT representative. Priority is given to cases placed on the agenda which involve serious injuries and complex medical findings and/or require the coordination of multiple team agencies to ensure the child's protection and/or physical or emotional recovery. Cases are not necessarily added to the agenda, or requested, due to "problems" with a case; rather, some cases may be staffed due to the factual intricacies, the severity of injuries or danger/risk, or simply because an agency partner wants to better understand the dynamics of a case.

Cases meeting one or more of the following criteria should be added to the agenda, *whether or not there are "problems" with the investigation or communication:*

1. Severe physical abuse
2. Death due to non-accidental trauma
3. Multiple victims/multiple perpetrators
4. Young infants, toddlers, preschoolers who are injured and
  - a. Differing opinions on mechanism of injury
  - b. Severe medical neglect that is life threatening including severe malnutrition
5. Cases with numerous risk factors such as
  - a. Medical Child Abuse (formerly referred to as Munchausen Syndrome by Proxy)
  - b. Minors under 12 months of age with abusive injuries
  - c. Suspicion of sex trafficking of minors
  - d. Caregiver or sibling sexual abuse
6. Pregnant teens aged <15

Cases with multiple agency involvement should be seriously considered for addition to the agenda, *whether or not there are "problems" with the investigation or communication:*

(Examples):

1. Physical abuse with sexual abuse findings
2. Daycare, preschool, foster care cases
3. Juvenile perpetrators of abuse
4. Physical or sexual abuse injuries with little or no history or in which photos of the injuries will provide clarification of the injury
5. Ingestions
6. Failure to thrive
7. Burns
8. Repeated law enforcement calls to a home where children are present but has not yet risen to the level of formal intervention
9. Positive medical findings for STD testing
10. Drug endangered children
11. Child witness to homicide



**How do you place a case on the agenda:** The Weekly MDT representative for an agency should email the Weekly MDT Coordinator at [MilwaukeeCountyMDT@chw.org](mailto:MilwaukeeCountyMDT@chw.org). The deadline to request that a case be added to the agenda is 1PM each Monday (for staffing the following Wednesday afternoon at 1:00PM). The title of the email should be "WMDT Submission." Addendum M1 outlines what information should be provided in submitting a case for MDT staffing. Agendas are prepared weekly and sent out to the MDT group no later than the Monday of the staffing week, so all agencies are notified about which cases are on the agenda. If needed, cases can be added on an emergency basis, upon request. Please email or contact the Weekly MDT Coordinator to discuss a possible add-on case.

**How does the case presentation flow:** The cases are presented with a brief summary that explains the nature of the case (physical abuse, sexual abuse, neglect, etc.) and the limited facts needed for staffing the case. Following the chronology of the investigation, if possible, each involved agency will then explain their role and the relevant facts developed from their involvement. Other agencies have an opportunity to clarify the facts, ask questions, express concerns and at times make suggestions. For example, the hospital social worker that first took a history from the parents may open the discussion, followed by a doctor who explains the medical findings, then the detective and/or CPS worker who investigated the case.

**Presentation Guidelines:** Due to the conference occurring telephonically, identify who you are and your agency. Be aware of multiple people speaking at the same time. Be concise, avoid side conversations, do not speak about what you learned from another agency if that agency is represented at the meeting (allow them to speak for themselves), do not personalize differences of opinions with another discipline, and be open to hearing the perspectives of other disciplines.

**Staffing Checklist:** Although the staffing time is limited, the MDT will attempt to address the following issues for each case: type and nature of abuse; presence of other problems, such as domestic violence, substance abuse, etc.; developmental, disability, or cultural concerns; the family's reactions to the child's disclosure and/or involvement of the criminal justice/child protection systems; progress of the investigation; child protection concerns/safety issues; forensic interview outcomes; emotional support needs of the child and non-offending family members; medical findings and recommendations; immediate mental health treatment needs of the child and non-offending family members; immediate educational support needs for the child victim and his/her siblings; and status/decisions regarding the disposition of criminal and Children's Court cases.

**Staffing Recommendations:** The MDT Coordinator, or his/her designee, shall document any recommendations that are discussed during the case review meeting. These recommendations shall be communicated via e-mail to the MDT liaisons within two business days of the staffing meeting. It is the responsibility of each agency's MDT liaison to communicate the recommendations to the appropriate agency staff.

**ADDENDUM "N"**

Updated 05-15-20

**The Milwaukee Child Abuse Review Team**  
**Monthly Multidisciplinary Team Staffing**

Dear MDT Member,

By virtue of your assignment, you are now part of Milwaukee's Child Abuse Review Team system and join many various colleagues around the county in law enforcement, child welfare services, medicine, prosecution, mental health, victim advocacy the school system, and the child advocacy center, who collectively are charged with protecting Milwaukee's children from abuse, violence and serious child neglect. The member agencies have worked together, in various forms, for decades.

This orientation packet is designed to help you both understand the monthly staffing process and to assist you with both requesting that a case be staffed and participating in the staffing itself.

We appreciate your willingness to assume this assignment. The children of our community are counting on you and your fellow team members to work effectively together to make our community safer.

Thank you,  
Milwaukee Child Abuse Review Team

**CONFIDENTIALITY**

The Milwaukee Child Abuse Response Team ("CART") is considered a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse. As such, the monthly meetings are considered multidisciplinary personnel team meetings. Members of the team may disclose and exchange information, writings and photographs/visual information to and with one another relating to any incidents of child abuse, even though that information may otherwise be designated as confidential under state law.

**To All Monthly MDT Participants:**

By participating in the Multidisciplinary Team Case Staffing process, which is a subcommittee of the Child Abuse Review Team, you agree that you understand you will be reviewing confidential material and that you may not discuss or otherwise divulge any information from the MDT discussion to any other person or organization. You agree that you understand that if you do so, you may be prosecuted and subsequently convicted of a crime and fined up to 1,000 and/or imprisoned up to six months. By participating in the Monthly MDT staffing process, even if or when by telephonic or other audio-visual means, you agree to keep the information received confidential and abide by the terms of this agreement.

Statement Prepared by the Office of the District Attorney, Milwaukee County (with language from the confidentiality agreement previously utilized and obtained from the WI Department of Children and Families)

## **CART Monthly MDT Staffing**

**Purpose of the Meeting:** To review cases which have been handled by CART agencies during the previous month. The cases will be discussed from a multidisciplinary perspective. The meeting also serves to provide a forum for inter team communication regarding best practice and general information sharing. Other purposes are to problem solve cases that present unique challenges to one or more of the CART agencies and to serve as an educational forum for multidisciplinary learning. The monthly reviews and related staffing process is intended to allow sufficient time (one-hour staffing slots) to work on resolving complex inter-agency matters. The monthly MDT staffing process has been designed to address issues around the Protocol, process/systems concerns and complex multidisciplinary coordination. The Monthly MDT group will assist in deciding how to respond to the need for additional work on cases that need it, tracking what if any limitations exist in the multidisciplinary teaming process or the CART protocol (if any) and what if any recommendations should be made to CART regarding possible changes to the process or Protocol. Systems issues and patterns will be noted, tracked, and shared on a quarterly basis with the CART committee.

**Confidentiality:** The Milwaukee Child Abuse Review Team ("CART") is considered a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse. As such, the monthly meetings are considered multidisciplinary personnel team meetings. Members of the team may disclose and exchange information and writings to and with one another, relating to any incidents of child, abuse even though that information may otherwise be designated as confidential under state law.

**Where:** DMCPs Offices at 635 N. 26<sup>th</sup> Street in Milwaukee.

**When:** The Monthly MDT staffing is scheduled for the fourth Thursday of every month, from 8:30AM to 10:30AM. The goal is to staff two cases each month and they are heard in one-hour increments, in the order in which they are on the agenda.

**Who attends:** The meeting includes core members of the MDT, such as the Division of Milwaukee Child Protective Services (DMCPs), law enforcement investigators and supervisors, medical professionals, MCAC representatives, mental health professionals, the District Attorney's Office and victim advocates. Milwaukee and West Allis Public Schools, victim advocates from the Sojourner and crisis counselors or medical personnel from AHHS also typically attend. Other professionals may attend on a case by case basis. Physicians and other professionals in training also often sit in and observe the meeting. Although participation may not always be possible by different agencies, the MDT Group strongly encourages that upon receipt of the monthly staffing list, members try to determine whether or not the case is one in which they have participated, so that they can attend at least the portion of the staffing related to "their case."

**What are the criteria for putting a case on the agenda:** Any CART Team agency can ask that a case be added to the agenda. Priority is given to cases placed on the agenda which involve complex multidisciplinary (multi-agency or multi-systems) issues. Priority is also given to cases where a case

is still actively being investigated or developed and the staffing is needed or requested to assist agencies in immediate and/or emergent case planning. Cases are not necessarily added to the agenda, or requested, due to “problems” with a case; rather, some cases may be staffed due to the factual intricacies, the severity of injuries or danger/risk, or simply because an agency partner wants to better understand the dynamics of a case. Some cases may be staffed due to a successful or productive multidisciplinary experience in the case. A monthly MDT staffing should only be requested for cases where multiple systems are involved and thus the case benefits from the multidisciplinary, team approach. CART agencies agree to respect the work of other CART agencies. Unless or until the problem affects multiple systems or implies problems with the goals and processes outlined in the CART Joint Protocol, if the need for the staffing can be resolved by two agencies communicating between themselves, this should be the first process rather than using the multidisciplinary staffing to resolve the issue.

**How do you place a case on the agenda:** The Monthly MDT representative for an agency should email the Monthly MDT Coordinator at [MilwaukeeCountyMDT@chw.org](mailto:MilwaukeeCountyMDT@chw.org). The deadline to request that a case be added to the agenda is the second Thursday of each month. MDT Form A and MDT Form B (Attachments N1 and N2) should be filled out and sent via email. The title of the email should be “MMDT Submission.” If necessary, emergency cases can be added to the agenda after the second Thursday of each month, upon request, and space allowing. Please email or contact the Monthly MDT Coordinator to discuss a possible late add-on case. Agendas are prepared monthly and sent out to the MDT liaisons as soon as possible for the monthly staffing, so that all agencies are notified about which cases are on the agenda. MDT liaisons are then expected to email or contact their agency members who have participated in cases which are on the monthly MDT agenda, or prepare to discuss the case as coverage for a staff member who is unable to attend the monthly staffing.

**How do you place an emergency case on the agenda:** At times, due to the nature of the allegations and the status of the investigation, there may be a need to call an emergency MDT staffing at an earlier time than at the fourth Thursday of the month. First, consider whether a shorter (15-minute) staffing is sufficient to share information and if so, consider submitting the case via the Weekly MDT staffing process. If, however, the case will need additional time (an hour or so), but cannot wait a matter of weeks until the next scheduled Monthly MDT, contact the Monthly MDT Coordinator at the email above to discuss setting up an emergency staffing. Follow the process in the previous paragraph related to MDT Forms A & B and email to the MDT Coordinator, asking that the matter be staffed as an emergency MDT staffing. The MDT Coordinator will then email all Monthly MDT liaisons and work to find a date and time (and location) that is most convenient for as many members as possible, considering the emergent nature of the staffing request. As a reminder, an emergency MDT staffing should still meet the criteria above related to being a multi-system or multidisciplinary issue or need for the staffing. Again, if the need for the staffing can be resolved by two agencies communicating between themselves, this should be the first process rather than using the multidisciplinary staffing to resolve the issue.

**How does the case presentation flow:** A Staffing Checklist is distributed at the start of the meeting (see below) to ensure that key points of the case are included in the discussion. The cases are presented with a brief summary that explains the nature of the case (physical abuse, sexual abuse, neglect, etc.) and the limited facts needed for staffing the case. Following the chronology of the investigation, if possible, each involved agency will then explain their role and the relevant facts developed from their involvement. Other agencies have an opportunity to clarify the facts, ask questions, express concerns and at times make suggestions. For example, the hospital social worker that first took a history from the parents may open the discussion, followed by a doctor who explains the medical findings, then the detective and/or CPS worker who investigated the case. CART Agency members who have participated directly in cases are strongly encouraged to attend and discuss the case at the monthly staffing. If they are unable to attend, their agency's MDT liaison should be prepared to explain their agency's role in the case.

**Presentation Guidelines:** Be aware of and considerate of not speaking over someone or at the same time as another MDT member. Be concise, avoid side conversations, do not speak about what you learned from another agency if that agency is represented at the meeting (allow them to speak for themselves), do not personalize differences of opinions with another discipline, and be open to hearing the perspectives of other disciplines.

**Staffing Checklist:** The MDT Facilitator will utilize a checklist in an effort to ensure that all aspects of each case are covered consistently and to invite all disciplines at the table to participate in the discussion. The checklist will include the following components:

*Case Information:*

1. Type and nature of abuse
2. Presence of other problems, such as domestic violence, substance abuse, etc.

*Cultural Competency:*

3. Developmental, disability, or cultural concerns
4. Family's reactions and respond to the child's disclosure
5. Family's reaction to the involvement of the criminal justice/child protection systems

*Investigative Outcomes:*

6. Progress of the investigation
7. Child protection concerns/safety issues
8. Forensic interview outcomes

*Victim Advocacy:*

9. Emotional support needs of the child and non-offending family members and strategies for meeting those needs

*Medical:*

10. Medical findings and recommendations

*Mental Health:*

11. Treatment needs of the child and non-offending family members and strategies for meeting those needs

*Court Involvement:*

12. Prosecution status/decisions

13. Provisions for court education and court support

*Case Outcomes:*

14. Agency dispositions, including review of criminal and children's court case dispositions and sentencing

**Staffing Recommendations:** The MDT Coordinator, or his/her designee, shall document any recommendations that are discussed during the case review meeting. These recommendations shall be communicated via e-mail to the MDT liaisons within two business days of the staffing meeting. It is the responsibility of each agency's MDT liaison to communicate the recommendations to the appropriate agency staff.

**ADDENDUM "M1" and "N1"**

Updated 05-15-20

**MDT Case Presentation Outline**

**Weekly MDT** - Phone meeting with 15 minutes dedicated per case. Purpose is to ensure an informed and coordinated multidisciplinary response. Occurs every Wednesday.

**Monthly MDT**- In person staffing with one hour dedicated per case. Purpose is to work on resolving complex inter-agency matters and address protocol process/system concerns. Occurs fourth Thursday of every month.

\*\*For comprehensive description of MDT meeting purposes, refer to Joint Protocol addendum M and N.

**Index Child:** Name and DOB

**Mother:** Name and DOB

**Father:** Name and DOB

**Sibling(s):** Name(s) and DOB(s)

**Other collaterals:** Name(s) and DOB(s) of any other relevant child contacts (other household members, other children who may have had contact with the alleged maltreater, etc.)

**Alleged Maltreater:** Name and DOB (if known)

**Law Enforcement:** Name and agency

**District Attorney's Office:** Name and location (Downtown or Children's Court)

**Child Protective Services:** Name and agency

**Medical:** Name and location

**Summary of Concerns:** Please include name of agency requesting the staffing, summary of concerns, case status, and goals for staffing.

**Previously Staffed:**  Yes  No

**Monthly Only - Invitation list:** Name, agency and email address