Medical Evaluations for Children

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Any information referenced within this document is considered to be a part of this policy with the exception of the "related resources" section.

Summary:
This policy outlines the procedures the DMCPS Initial Assessment and Ongoing services must follow when determining if a child requires a medical evaluation for suspected abuse, collaborating with other child welfare professionals to gather information, and deciding to transport a child for a medical evaluation. In accordance with §48.02, suspected abuse includes:

- Physical abuse (defined under §48.02(1)(a), §48.02(14g) and §939.22(14))
- Sexual abuse (defined under §48.02(1)(b))
- Neglect (defined under §48.02(12g))

Policy:
A medical evaluation must be considered in cases of suspected physical or sexual abuse. For further explanation of what constitutes physical and sexual abuse see Appendix A and B (attached to this policy).

The initial assessment specialist (IAS) must assess the nature of the alleged maltreatment and its impact based on the age of the child. The worker must also assess the source of the referral. If the referral was provided by medical professionals caring for the child, consideration must be given to any diagnosis of potential maltreatment. The medical information provided by the referral source alone may be sufficient to determine that there are emergency circumstances, assess probable cause, or obtain a court order.

Consultation with a supervisor and the agency attorney is required in determining the need for a medical evaluation without consent of a parent or an individual with legal authority, except in cases of a medical emergency as indicated above *(IA and Access Standards, Chapter 13: Consent Requirement).*

Urgent Needs Cases Requiring an Emergency Response

A.) Physical Abuse

An infant or child should be seen immediately by a medical provider in the following emergency circumstances based on the child's age and developmental capacity:

In reports that indicate a pre-cruising infant has a bruise, mouth injury, or bruise on the white of the eye an immediate response is necessary, as this may indicate a sentinel injury occurred. If there are concerns of physical abuse and the pre-cruising infant appears ill, this also constitutes an immediate response.

Children less than five years old or with atypical development, where there is credible allegation of experiencing a blow to the abdomen or head, being shaken, thrown, slammed, or punched or other severe life threatening injuries constitute an emergency circumstance, even if there are no outward signs of injury. In these situations, the IAS must assure the individual receives prompt medical attention, either by transporting the child immediately to a medical provider or calling 911.

If the IAS is unsure if urgent medical care is needed they must consult their Supervisor immediately or the DMCPS Health Unit, if time and circumstances allow. If time does not allow for this, the IAS should call 911 and should not transport the child.

Other serious child physical abuse include fractures, burns, head trauma, and abdominal trauma require an immediate response and should be evaluated at Children's Hospital Emergency Department. The IAS should request that the medical ER personnel attending to the child's condition contact the Milwaukee Child Advocacy and Protection Services provider on call. If an on-call provider cannot be reached, IAS should encourage ER personnel to consult with the Milwaukee Child Advocacy Center (CAC) as soon as possible.

B.) Sexual Abuse

If sexual abuse occurred within the last 72 hours for a child or less than 120 hours for a teenage child, the child must be medically evaluated immediately so evidence collection can occur and any injuries can be documented. If this is not possible at CAC or SATC, the child must be seen at Children's Hospital Emergency Department.

C.) Neglect

If a neglect allegation may seriously endanger the health of a child an emergency response is necessary and may include the following: serious unmet health needs (such as malnourishment), the suspicion of extreme cruel maltreatment or psychological torture, and ingestion of toxic or illegal substances.

Non-Emergency Response to Urgent Needs Cases

Non-emergency sexual abuse, neglect, and physical abuse evaluations should be performed at the CAC, Sexual Assault Treatment Center (SATC) at Aurora Sinai

Medical Center or Children's Hospital of Wisconsin Emergency Department (dependent on the type of abuse and timing). See the DMCPS Memo: Process for Scheduling Medical Evaluations for further guidance as well as Appendix A, B, and C.

Procedures:

DMCPS' legal authority and process for obtaining consent to transport a child to a medical appointment varies depending on whether an initial assessment case is a primary or second assessment *(Access and IA Standards)*. See the relevant heading for guidance regarding obtaining consent for both primary and secondary cases.

Primary Assessment Cases

In order to conduct a medical evaluation and transport the child to the medical appointment, the IAS must do one of the following:

- obtain consent
- have probable cause
- have a court order
- emergency circumstances are present

A.) Obtaining Consent

Consent of the non-maltreating parent, guardian, or legal custodian, is the preferred method for transporting the child under all circumstances to obtain a medical evaluation, except in medical emergencies.

When the non-maltreating parent refuses or is unavailable to provide consent to transport the child, the IAS must consider whether seeking the consent of the alleged-maltreating parent is appropriate based on the case circumstances (in accordance with §48.08(2) and (§48.205). Seeking consent from the alleged-maltreating parent may be inappropriate in circumstances where previous or current threats to harm the child negatively impact disclosure. The IAS must consult with the supervisor on how to proceed when seeking consent from the alleged-offending parent.

When the suspected maltreater is not identified, it may be appropriate to obtain the consent from either the parent, guardian, or legal custodian whenever possible. However, in cases when it is not known who maltreated the child, the IAS must proceed with a Primary Assessment and follow the requirements of the CPS Access and Initial Assessment Standards (Chapter 13: Consent Requirements).

If it is an emergency circumstance, IAS should call 911 and should not transport the child.

B.) When consent cannot be obtained: Probable Cause and Court Order

When consent is not obtained or given by the parent, guardian, or legal custodian and it is not appropriate to seek consent from the alleged offending parent to transport the child for a medical evaluation, the IAS will take the child into temporary physical custody pursuant to

§48.08(2) and §48.205 and other applicable law, if there is **probable cause** to believe that either:

- The child has been maltreated or is in immediate danger of being maltreated;
- Or that the child is suffering from illness or injury or is in immediate danger from his or her surroundings and removal from the surroundings is necessary.

When the parent is unavailable to give consent and IAS takes the child into custody, attempts to reach the parent, guardian, or legal custodian must continue until they are notified. *See DMCPS Policy: IA 12.00 Taking a Child into Custody for further guidance.*

When consent is not given by the non-offending parent and there is insufficient probable cause to take the child into custody to transport for a medical evaluation, the IAS will consult with the supervisor and the agency attorney to determine if it is appropriate to obtain a **court order** to transport for a medical evaluation. *See DMCPS Policy: IA 14.00 Obtaining a Pick-up Order for further guidance.*

Note: The parent/guardian may consent to a medical examination and indicate their preferred medical provider. The IAS must explain that medical providers with expertise in child abuse may be more beneficial to their child. Primary care providers often do not feel comfortable making child abuse and neglect assessments and many will recommend the child be seen by a medical provider with expertise in child abuse. If the primary care provider indicated by the parent is seen, IAS must accompany the child appointment, explain the nature of the health visit, and ensure all medical recommendations are followed (as primary care providers are less familiar with child abuse examinations compared to medical providers with specialized expertise in child abuse).

Secondary Assessment Cases

In cases when a child is maltreated by a person in a secondary or non-caregiver role and the parent or caregiver is not involved in the maltreatment, the IAS must obtain consent to conduct a medical evaluation and transport the child by the child's parent, guardian or legal custodian.

When a child is placed in out-of-home care, receiving intensive in-home services or is under a court order, the IAS/Ongoing case manager (OCM) has the discretion to take the child to medical evaluations and is encouraged to notify the parent that this is occurring. The assigned worker (IAS or OCM) may transport the child to any appointment necessary for the child's well-being, including medical, educational, dental appointments or other routine care.

Documentation

Efforts to obtain consent and the results of those efforts must be documented in an IAS/OCM case note, including if the child was taken into temporary physical custody, and the date/time of the medical appointment. The IAS/OCM will obtain a copy of the written medical evaluation, including a body chart and any data disks with photos that were taken

at the exam, prior to leaving CAC with the child. If the IAS cannot obtain a copy of the written report, the IAS will ask for a timeframe to expect receipt of the written report. If the OCM cannot obtain a copy of the written report, the OCM will follow up with the CAC and request assistance from an ongoing nurse.

The IAS/OCM will read the written report and review the body chart to verify it states the same information as the verbal report from the examining nurse/doctor. If there are discrepancies between the verbal and written reports, the IAS/OCM will discuss those discrepancies with CAC staff with the goal of modifying the written report to reflect the final outcome of the exam.

NOTE: For additional clarity about roles and responsibilities in conducting medical evaluations see DMCPS Memo Process for Scheduling Medical Evaluations.

Responsibilities:
Initial Assessment specialist, their supervisors, and their program managers, Intensive In-Home Services workers, their supervisors and their program managers, and Ongoing case managers, their supervisors and their program managers.

Related Resources:

- Wisconsin State Statute: Chapter 48 Children's Code (48.295)
- Access and Initial Assessment Standards: Appendix 1 Statutory Definitions of Child Abuse and Neglect: Physical Abuse and Sexual Abuse
- DMCPS Memos and Policies
    - Memo: Scheduling Medical Evaluations, 4/10/2017
    - Memo: Consent to Medical Treatment, 5/19/2010 (for children taken in temporary physical custody)
        - Authorization to Consent to Medical Treatment Talking Points for Social Workers, April 2010
    - Medical Screening for Children Entering Placement IA 25.00 OCM 4.01
    - Signature of Guardian and Legal Custodian IA 26.00, IIHS 00.00 and OCM 21.01
- Court Directive 04-07C: Authorization Allowing the Bureau of Milwaukee Child Welfare *(known as DMCPS)* to Make Decisions Concerning Certain Health Care Matters, Pursuant to Chapter 48
- Children's Hospital of Wisconsin: Child Advocacy Center website
- Joint Protocol for Milwaukee County Child Abuse Review Team (CART): Interagency Agreement on a Collaborative Response to Child Maltreatment Protocol 2016 and Addendums:
    - A: Roles and Responsibilities of the Cooperating Agencies
    - B: Mandatory and Discretionary Reporting of Child Maltreatment Concerns
    - D: Guidelines for Medical Evaluation for Children/Adolescents
    - F: Transportation of Children for a Forensic Interview or Medical Evaluation (Law Enforcement and DMCPS)

Appendix A: Medical Evaluation Guidelines for Physical Abuse

All cases of suspected physical abuse should be considered for medical evaluations. Cases involving parental discipline should be referred if there is a suspicion of bruising or other injuries that resulted. Medical evaluation for suspected physical abuse is recommended in the following situations:

1. Injury/bruising in a non-cruising infant (other than a scratch)
2. Allegation of shaking an infant
3. Any bruising to the face or head; especially in non-prominent areas of the head and body, or any suspected head injury
4. Various stages of healing injuries
5. Multiple injuries
6. Unexplained injuries
7. Unwitnessed injuries
8. Caregiver changing explanation of the injury
9. Explanation inconsistent with the injury or child's abilities
10. Patterned or shaped injuries
11. Impairment of function is observed (such as a limp or decreased use of an arm or leg)
12. Child has made statements indicating possible injuries in areas that are not visible or incomplete disclosure is suspected
13. Suspected excessive discipline, particularly if an implement is used
14. Burns
15. Bleeding
16. Possible fractures
17. Suspected bite injuries
18. Suspected or alleged abdominal trauma whether or not there is bruising
19. Possible ingestations, poisoning, or exposure to a methamphetamine lab
20. Suspected victim is or appears to be ill
21. Siblings and household contacts of an abused child
22. Consult supervisor regarding other types of physical abuse

References

- CART Interagency Agreement on a Collaborative Response to Child Maltreatment Protocol Addendum D(G) and (H)
- Medical Evaluation Guidelines 12/2011 Appendix A of former Medical Evaluation Policy and Forensic Interview (2011)
- Access and Initial Assessment Standards: Appendix 1 Statutory Definitions of Child Abuse and Neglect: Physical Abuse and Sexual Abuse

Appendix B: Medical Evaluation Guidelines for Sexual Abuse

The decision to perform a medical examination 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 exam 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 areas, even if the suspected event was remote in time
2. History (statement by the child or witness) of genital, anal, or oral contact (eg. 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, 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 incompletely experienced in assessing child abuse
6. Sibling or household member of index case who has had unsupervised/poorly supervised contact with a suspected offender.
7. Disclosure of youth engaging in sexual activities in exchange for something of value to the youth or another person (sex trafficking)
8. Consult supervisor regarding other types of sexual abuse

If a youth engages in consensual sex that doesn't constitute sexual abuse, the OCM should offer to schedule a medical appointment with their existing medical provider.

References

- CART Interagency Agreement on a Collaborative Response to Child Maltreatment Protocol Addendum D(G) and (H)
- Medical Evaluation Guidelines 12/2011 Appendix A of former Medical Evaluation Policy and Forensic Interview (2011)
- Access and Initial Assessment Standards: Appendix 1 Statutory Definitions of Child Abuse and Neglect: Physical Abuse and Sexual Abuse

Appendix C: Medical Evaluation Guidelines for Neglect

In cases where neglect is suspected, physical injuries may not be observable. However, observable conditions of an individual or the home environment, as well as recent events may be cause for a medical examination. A medical exam for neglect is strongly recommended if any of the following is present:

1. Serious unmet health needs (such as a child appearing to be malnourished)
2. Exhibits severe confusion
3. Ingestion of toxic or illegal substance(s) may have occurred within the past seven days (such household cleaner, prescription medication, illegal drugs and substances, etc.)
4. The home contained methamphetamine or a drug raid recently occurred in the home
5. An illness is observed that may be related to the home environment
6. The suspicion of extreme cruel maltreatment or psychological torture

If unsure, consult the supervisor and DMCPS Health Unit