



Crawford County Health & Human Services Department

225 North Beaumont Road
Prairie du Chien, Wisconsin 53821

Daniel J. McWilliams
Director

Phone: (608) 326-0248
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REPORTING CHILD ABUSE AND NEGLECT

Please call **(608) 326-0248** and ask to speak with the Intake Worker to make a report of abuse or neglect of a child. Please be prepared to share details surrounding the concerns, family dynamics and demographics. See "cheat sheet" on back for further details regarding information you will be asked to disclose.

REQUESTING SERVICES

If abuse or neglect is not suspected yet a family is potentially in need of added support, you may refer them to the Crawford County Community Resource Guide (see link below). Families may also be referred for voluntary services from the Department by contacting (608) 326-0248. The family themselves or a referral source should ask to speak with the Intake Worker who will gather information surrounding the family's demographics, concerns, and possible service needs.

http://www.crawfordcountywi.org/uploads/5/6/5/7/56576979/crawford_county_resource_directory.pdf

WILL I LEARN WHAT HAPPENED?

You will receive follow up correspondence if you are a *mandated reporter* reporting abuse or neglect. Mandated reporters are professionals who are required by law to report suspected abuse and neglect of any child they see while in the course of their professional duties. The follow up letter will provide basic information about the intervention as state law provides for family confidentiality. The social worker will not send you a letter if you are a non-mandated reporter as state law prohibits this breach of family confidentiality.

Persons Required to Report Abuse & Neglect are Physicians, Coroners, Medical Examiners, Nurses, Dentists, Chiropractors, Acupuncturists, Optometrists, Day Care Providers, Chemical Dependency Counselors, Marriage/Family Therapists, Professional Counselors, Physical Therapist, including PT assistants, Occupational Therapists, Dietitians, Speech Therapists, Audiologists, EMTs/Paramedics, Social/Public Assistance Workers as defined under 49.141 (1) (d), School Administrators, Teachers/Counselors, Police/Law Enforcement Officers, Mediators under s.767.11, a child care worker in a child care center, group home or residential care center for children and youth, a child care provider, a member of a treatment staff employed by or working under contract with a county department or a residential care center for children and youth, Court-appointed special advocates (CASA).

You will not receive follow up if you referred a family for services unless the family has provided expressed, written, and informed consent.

GENERAL CONFIDENTIALITY of the FAMILY & CHILDREN'S UNIT

It is the policy and practice of the Crawford County Health & Human Services Department that client identities and client information shall be considered confidential and may be released or disclosed to authorized persons only with the expressed, written, and informed consent of the client or through statutory regulations. The exceptions that apply to exchanges outside of expressed, written and informed consent fall under a "need to know" basis between County Human Service Agencies, DOC, and "other social welfare and law enforcement agencies". Other exceptions are considered for those children under the care or legal custody of the agency for the purpose of providing treatment or care. Confidentiality of Juvenile records and information is outlined in Chapter 48 & 938.

We would like to help our reporter with their reporting experience by providing the following “cheat sheet” to assist you before calling us.

Call “Immediately”- report by phone or in person To Child Protective Services (CPS):

Crawford County Health & Human Services Department

225 N. Beaumont Rd, Suite 326

Prairie du Chien, WI 53821

(608) 326-0248

OR To your local police or sheriff's department

*Please be clear with the Access/Intake worker that you are making a mandated report of abuse or neglect.

- ☐ Demographics of ALL children **residing regularly or intermittently** in the home.
 - Full Name, Date of Birth, Gender, Race/Ethnicity, American Indian Heritage
 - Developmental, Intellectual or behavioral disabilities of ALL children
 - Any mental health, behavioral or health concerns, IEP status
 - School/Daycare – Location, start/end time, grade, transportation to/from school
- ☐ All adult information (significant others, both parents if separated)
 - Full Names, Address, Contact Information
 - Places of employment, Custody or Visitation Schedule
 - Any AODA or Mental Health Concerns
- ☐ Details of the concern, be as **descriptive** as possible
 - Who, what, when, where, how
 - Injury – size, color, placement
 - Where did you receive your information from
- ☐ Contact information of anyone with knowledge of child or family
- ☐ Where is the child now, and where will they be in the next 5 days
- ☐ What would you like to see happen as a result of your call and/or what do you think would help this family

****If you do not know the answer to a question being asked, just say so. ****