**Standard Operating Procedure for Reporting Abuse/Neglect of Children**

**Purpose:** The purpose of this Standard Operating Procedure (SOP) is to describe the clinical steps lab staff and volunteers must take when reporting observable, suspected, or threatened incidents of abuse/neglect to a child.   
  
**Relevant Definitions:**

**Child:** For the purposes of reporting child abuse and neglect, a “child” is a person who is less than 18 years of age. All UW-Madison employees and volunteers are mandated to immediately report observable, suspected, or threatened incidents of child abuse/neglect (<https://oed.wisc.edu/child-abuse-and-neglect.htm>).

**Clinical Support Team:**

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| Chris Gioia | 608-235-3659 | Assistant Director of PRTC |
| Candace Johnson-Hurwitz | 314-899-3276 | Study Coordinator |
| John Curtin | 608-217-6221 | Principal Investigator |
| Susan Schneck | 608-293-2412 | Lab Manager |

**Reporting Incidents of Abuse/Neglect to Children**If imminent danger is present, always call 911 first.

Staff/Volunteer to implement the following steps when they learn of an incident, observe an incident, or suspect threat of an incident of child abuse/neglect:

1. When you become aware of a reportable incident or concern contact the designated clinical support team member. Chris Gioia is always the primary clinical support contact, so he should be contacted first. If Chris is unavailable, contact Candace Johnson-Hurwitz, and she will assist you, or direct you to the appropriate clinical support contact.

**Do not tell the participant of your need to make a report, or attempt to investigate the concern through obtainment of additional details. Simply take note of what was reported, or observed, and speak with your clinical contact as soon as possible.** **Ideally, the conversation with the clinical contact should occur prior to the participant’s departure from the lab.**

1. Discuss reportable incident or concern with clinical contact. The designated clinical support contact will obtain description of reportable incident or concern from staff/volunteer. Clinical support contact will determine if it is appropriate, or necessary, to attempt to obtain additional details of reportable incident to make a more substantial report.

Below is a list of additional information that will help make a report substantial. When appropriate, and necessary, the designated clinical support contact will attempt to obtain additional information. If the clinical support contact is unable to obtain the additional information below, a report must still be made.

Additional Information:

* Full Name and Birthdate of Suspected Victim
* Home Address of Suspected Victim
* Daycare/Preschool/School Name and Address
* Full Name and Birthdate of Caregiver(s) of Suspected Victim
* Phone Number for Caregiver(s)
* Full Name and Birthdate of Suspected Perpetrator
* Home Address of Suspected Perpetrator
* Are there any other children/vulnerable people in the household where incident/suspected incident took place?

1. Make report prior to end of business day. Clinical support contact will walk staff/volunteer through the mandatory reporting process via the steps outlined on the University of Wisconsin’s Office for Equity and Diversity website: <https://oed.wisc.edu/child-abuse-and-neglect.htm>.

Make the report to the Child Protective Service Agency in the county where the person suspected of being abused resides. If the county is unknown, any Child Protective Service Agency can take your report. The county help lines are identified on the Wisconsin Department of Children and Families website: <https://dcf.wisconsin.gov/reportabuse>

**To report incidents of abuse or neglect in Dane County, contact:**Dane County Department of Human Services  
**Daytime Hours: 7:45 a.m. -4:30 p.m.  
Daytime Phone: 608-261-KIDS (5437)  
After Hours: 608-255-6067**

1. Staff and clinical support are responsible for informing PI, John Curtin, and Lab Manager, Susan Schneck, of incident. PI and Lab Manager to be notified once intervention plan has been determined, but before execution of plan. This will allow John and Susan to contribute to plan of action as needed.
2. Document outcome of intervention following the clinic procedures for documentation.