

Contact SCAN provider on-call about ANY injury in an infant ≤12 months old.
Inclusion Criteria: suspected physical abuse of any age (see [Appendix A](#) - i.e., TEN4-FACES-P bruising in a child ≤4 years of age)
Exclusion Criteria: none

History (see [Appendix B](#)):
 If you suspect abuse, contact attending to discuss case prior to obtaining detailed history.

- Separate >3 yo and caregiver, if possible
- Use "What happened?" and "Tell me more about that."
- Document questions and answers word for word

Full physical exam should include:

- Developmental stage / neuro exam
- Total oral cavity, including frenula
- Skin exam in good light (include scalp, ears, behind ears, mid-axillary lines, all skin folds)
- Anus and genitalia (with labial traction for girls)
- Palpate skeleton for defects and calluses

Document Injuries:

- Diagram injuries in Epic
- Obtain digital photographs ([Appendix C](#))

Initial Management:

Labs:

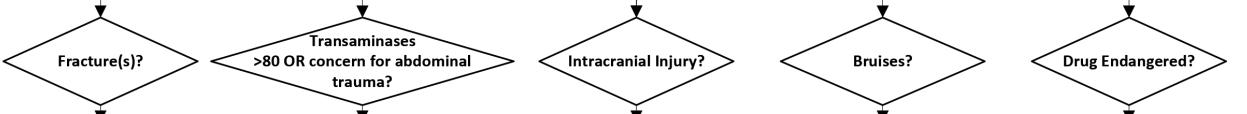
- CBC w diff, type & screen, AST, ALT, PT/PTT, amylase, lipase

Imaging:

- Skeletal survey if <2 years of age
- Non-contrast Head CT (with 3D recon if):
 - Abnormal neurological exam OR
 - <6 months old OR
 - <1 year old with head/facial injuries OR rib fractures OR multiple fractures OR witnessed shaking

Consultations:

- SCAN (Suspected Child Abuse and Neglect Team)
- Consider Surgery consult (must consult surgery if admitted)
- Social work
- Report to DCF Hotline (1-800-842-2288) and file 136 form within 12 hours ([Appendix D](#))



Fracture(s)?

Labs:

- Ca, PO4, Mg, iCal
- 25-OH Vitamin D
- Intact PTH, Alk phos

Consider consultations as appropriate:

- Orthopedics
- Neurosurgery

Transaminases >80 OR concern for abdominal trauma?

Refer to [Blunt Liver/Spleen Injury Pathway](#).

Consult:

- Pediatric surgery if not already done

Imaging:

- CT of abdomen and pelvis with IV contrast

Labs:

- Consider urinalysis

Intracranial Injury?

Consult:

- Neurosurgery
 - Confirm acceptable timing of dilated eye exam
- Ophthalmology
 - For dilated retinal exam within 24 hours of admission
- Consider Neurology consult and EEG if altered mental status or concern for seizures

Imaging:

- Consider non-contrast MRI of brain and cervical spine

Bruises?

Labs:

- Factor 8, 9
- vW factor Ag
- vW factor activity

Drug Endangered?

Consult:

- Toxicology 800-222-1222
 - Discuss appropriate testing to confirm exposure

Labs:

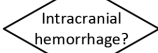
- Urine tox screen
- Consider ethanol, acetaminophen, ASA level
- Test for specific substances, as needed

Imaging:

- Chest XRay

Coding Tips:
 In addition to specific injury codes, apply appropriate code for suspected or confirmed maltreatment.

Suspected	Confirmed
<ul style="list-style-type: none"> • T76.12 Child physical abuse • T76.92 Unspecified child maltreatment 	<ul style="list-style-type: none"> • T74.12 Child physical abuse • T74.92 Unspecified child maltreatment
<ul style="list-style-type: none"> • Z04.7 Encounter for examination and observation following alleged physical abuse • Z04.72 Encounter for examination and observation following alleged child physical abuse • Z02.84 Encounter for child welfare examination 	



Intracranial hemorrhage?

Labs:

- Fibrinogen
- Thrombin time
- D-dimer
- Factors 8, 9

ED Discharge Criteria:

- No identified injury requiring admission
- Safety plan in place, per DCF
- SCAN team contacted
- Follow-up plan in place

Inpatient Admission Criteria:

- Suspected physical abuse in patient <1 yr old
- Injury requires admission
- DCF unable to arrange immediate safety plan
- If admitted, consult pediatric surgery and SCAN team.

Inpatient Discharge Criteria:

- Family understands patient care needs
- PCP updated and follow up plans arranged
- Post-discharge safety plan per DCF

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Below are examples of when to consider physical abuse at any age.

This list is not all-inclusive.

Historical Findings Concerning for Physical Abuse:

- A disclosure of abuse is made by a child or caregiver
- There is either no explanation, or a vague explanation, given for a significant injury
- There is an explicit denial of trauma in a child with obvious injury
- An important detail of the explanation changes in a substantive way
- An explanation is provided that is inconsistent with the child's physical and/or developmental capabilities
- There is an unexplained or unexpected notable delay in seeking medical care
- Different witnesses provided markedly different explanations for the injury or injuries

Physical Findings Concerning for Physical Abuse:

- ANY injury to an infant (<12 months old) or pre-ambulatory child, including but not limited to bruises, burns, abrasions, oral injuries, fracture, intracranial injury, abdominal injury
- Injuries in any age child to locations not common for accidental injury, such as over the abdomen/torso, ears, mouth/genitals, neck or non-bony prominences (TEN-4 FACES-P; see below)
- Multiple injuries in different stages of healing
- Patterned injuries
- Additional evidence of child neglect



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Pneumonics that may be helpful:

- **Bruising to the:**

T: Torso

E: Ears

N: Neck on children

4: Under 4 years old and bruising *anywhere* on children under 4 months

F: Frenulum

A: Angle of Jaw

C: Cheek

E: Eyelid

S: Sclera

P: Patterned injury

- **When considering a child with injury, consider:**

A: Appearance (Is this a patterned injury?)

B: Baby (<12 months old, bruise on children who don't cruise)

U: Unusual location (ears, mouth, genitals, etc.)

S: Story (Is there changing or inadequate history?)

E: Expected care (Is there a delay in seeking care?)



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If child 3+, leave the child in the company of staff and **talk with caregiver separately first**.

Children 3+ may be interviewed separately from caregiver with guardian permission. **DO NOT** interview children in front of caregivers.

1. Have guardian/caregiver consent to full exam (including looking at private areas) in front of child, and then have caregivers wait elsewhere (out of earshot).
2. Bring in another staff member to observe your exam/record conversation.
3. Establish rapport with child (ask about pets, school, activities, talents/strengths).
4. Perform PE --- upon encountering injury ask the child "What happened here?"
 - Record your questions and any statements by child word for word.
 - If child discloses abuse, follow up with "tell me more about that."
 - You may ask who, what, where, when, number of times, circumstance, who else was there, if anyone else hurts child, if someone else gets hurt.
 - Use these general guidelines for what children of different ages are able to report:

Age of Child	Who	What	Where	When	# of times	Circumstance
3						
4-6						
7-8						
9-10						
11-12						

This is only a general guideline. Each child's capacity will vary depending on his or her unique circumstances and developmental level.

(Cornerhouse interview training materials 2004)

- **DO NOT:** Coerce or bribe children to talk, ask questions that contain the answer, ask yes/no or multiple choice questions, or show shock or disapproval. Maintain an interested neutral demeanor.
5. Document both your questions and child's answers in the record. Anything you recorded word for word from the child should be documented in quotes.



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Forensic digital photographs may be obtained using the general procedure outlined below:

1. The digital camera (or other image capture device) should be left on the “auto focus” setting.
2. The first image (Photo #1) should be of the patient’s registration sticker to document this information and designate the start of the image series.
3. The second image (Photo # 2) should be of the patient’s face.
4. The remaining photos should consist of a three-shot sequence of images which include:
 - Overall- demonstrating the general area of interest/injury
 - Mid-range- closer view focusing in on area of interest/injury
 - Close-up- close up images while keeping in focus (with and without scale)
5. Close up images should be taken using an ABFO No.2 (“L” shaped) forensic scale placed in the same plane and adjacent to the area of interest/injury.
6. Images should be obtained shooting at 90 degrees to the area of interest/injury (and the scale for close-up images).
7. Additional lighting may be used to demonstrate features of the area.
8. Documentation should be made in the medical record that forensic images have been obtained.
9. Forensic photographs should be accompanied by a diagram in the electronic medical record indicating location and a written description of injuries.



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REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

DCF-136
05/2015 (Rev.)



Careline
1-800-842-2288

Within forty-eight hours of making an oral report, a mandated reporter shall submit this form (DCF-136) to the relevant Area Office listed below
See the reverse side of this form for a summary of Connecticut law concerning the protection of children.

Please Print or Type

Child's Name	<input type="checkbox"/> M <input type="checkbox"/> F	Age Or DOB	Race:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American (not of Hispanic Origin)	<input type="checkbox"/> Hispanic <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Child's Address					
Name Of Parents Or Other Person Responsible For Child's Care			Address		Phone Number
Name Of Careline Worker To Whom Oral Report Was Made			Date Of Oral Report		Date And Time Of Suspected Abuse/Neglect
Name Of Suspected Perpetrator, If Known			Address And Phone Number, If Known		Relationship To Child
Nature And Extent Of Injury(ies), Maltreatment Or Neglect					
Describe The Circumstances Under Which The Injury(ies), Maltreatment Or Neglect Came To Be Known					
Describe The Reasons Such Persons(s) Are Suspected Of Causing Such Injuries, Maltreatment Of Neglect					
Information Concerning Any Previous Injury(ies), Maltreatment Or Neglect Of The Child Or His/Her Siblings					
Information Concerning Any Prior Cases(s) In Which The Person(s) Have Been Suspected Of Causing An Injury(ies), Maltreatment Or Neglect Of A Child					
List Names And Ages Of Siblings, If Known					
What Action, If Any, Has Been Taken To Treat, Provide Shelter Or Otherwise Assist The Child?					

REPORTER SECTION

Reporter's Name:	Reporter's Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American (not of Hispanic Origin) <input type="checkbox"/> Hispanic (any race) <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other _____	
Agency Name:		
Phone Number:		
Agency Address:		
City:		
Reporter's Signature	Position	Date

WHITE COPY: TO DCF AREA OFFICE (see below)

IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH MORE DOCUMENTATION

Bridgeport 100 Fairfield Avenue Bridgeport, CT 06604 203-384-5300 TDD: 203-384-5399 Fax: 203-384-5306	Danbury 131 West Street Danbury, CT 06810 203-207-5100 TDD: 203-748-8325 Fax: 203-207-5169	Hartford 250 Hamilton Street Hartford, CT 06106 860-418-8000 TDD: 800-315-4082 Fax: 860-418-8325	Manchester 364 West Middle Turnpike Manchester, CT 06040 860-533-3600 TDD: 800-315-4415 Fax: 860-533-3734	Norwalk 761 Main Avenue, I-Park Complex Norwalk, CT 06851 203-899-1400 TDD: 203-899-1491 Fax: 203-899-1463, 203-899-1464
Meriden One West Main Street Meriden CT 06451 203-238-8400 TDD: 203-238-8517 Fax: 203-238-6425	Middletown 2081 South Main Street Middletown, CT 06457 860-638-2100 TDD: 860-638-2195 Fax: 860-346-0098	Milford 38 Wellington Road Milford, CT 06461 203-306-5300 TDD: 203-306-5604 Fax: 203-306-5606	New Britain One Grove Street, 4th Floor New Britain, CT 06053 860-832-5200 TDD: 860-832-5370 Fax: 860-832-5491	New Haven One Long Wharf Drive New Haven, CT 06511 203-786-0500 TDD: 203-786-2599 Fax: 203-786-0660
Norwich Two Courthouse Square Norwich, CT 06360 860-886-2641 TDD: 860-885-2438 Fax: 860-887-3683	Torrington 62 Commercial Blvd Torrington, CT 06790 860-496-5700 TDD: 860-496-5798 Fax: 860-496-5834	Waterbury 395 West Main Street Waterbury, CT 06702 203-759-7000 TDD: 203-465-7329 Fax: 203-759-7295	Willimantic 322 Main Street Willimantic, CT 06226 860-450-2000 TDD: 860-456-6603 Fax: 860-450-1051	Special Investigations Unit 505 Hudson Street, 7 th Floor Hartford, CT 06106 860-550-6696 FAX: 860-723-7237

SUMMARY OF LEGAL REQUIREMENTS CONCERNING CHILD ABUSE/ NEGLECT

PUBLIC POLICY OF THE STATE OF CONNECTICUT (C.G.S. §17a-101)

To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse or neglect, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

WHO IS MANDATED TO REPORT CHILD ABUSE/NEGLECT?

Child Advocate and OCA Employees	Mental Health Professionals
Chiropractors	Optometrists
Coaches and Directors of a Private Youth Sports, Organization or Team	Persons Paid to Care for Children
Coaches and Athletic Directors of Youth Athletics	Persons who Provide Services to and have Regular Contact with Students
Dental Hygienists	Pharmacists
Dentists	Physical Therapists
Department of Children and Families Employees	Physician Assistants
Domestic Violence Counselors	Podiatrists
Office of Early Childhood Employees and Department of Public Health Employees who are Responsible for Licensing Day Cares and Camps	Police Officers
Family Relations Counselors (Judicial Dept.)	Probation Officers (Juvenile or Adult)
Family Rel. Counselor Trainees (Judicial Dept.)	Psychologists
Family Services Supervisors (Judicial Dept.)	Public or Private Institution of Higher Education Administrators, Faculty, Staff, Athletic Directors, Athletic Coaches and Athletic Trainers
Licensed Foster Parents	Registered Nurses
Licensed Marital and Family Therapists	School Administrators
Licensed or Unlicensed Interns at Any Hospital	School Coaches
Licensed or Unlicensed Resident Physicians	School Guidance Counselors
Licensed Physicians	School Paraprofessionals
Licensed Practical Nurses	School Superintendents
Licensed Professional Counselors	School Teachers
Licensed Surgeons	Sexual Assault Counselors
Licensed/Certified Alcohol and Drug Counselors	Social Workers
Licensed/Certified Emergency Medical Services Providers	Substitute Teachers
Medical Examiners	
Members of the Clergy	

DO THOSE MANDATED TO REPORT INCUR LIABILITY?

No. Any person, institution or agency which, in good faith, makes or does not make a report, shall be immune from any civil or criminal liability provided such person did not perpetrate or cause such abuse or neglect.

IS THERE A PENALTY FOR NOT REPORTING?

Yes. Any person required to report who fails to do so may be prosecuted for a Class A misdemeanor and may be required to participate in an educational and training program. Any person who intentionally and unreasonably interferes with or prevents a report may be prosecuted for a Class D felony.

IS THERE A PENALTY FOR MAKING A FALSE REPORT?

Yes. Any person who knowingly makes a false report of child abuse or neglect may be fined not more than \$2,000 or imprisoned for not more than one year or both. The identity of such person shall be disclosed to the appropriate law enforcement agency and to the alleged perpetrator of the abuse.

WHAT ARE THE REPORTING REQUIREMENTS?

- An oral report shall be made by a mandated reporter by telephone or in person to the DCF Careline or to a law enforcement agency as soon as practicable, but not later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. If a law enforcement agency receives an oral report, it shall immediately notify Careline. Oral reports to the Careline shall be recorded.
- Within 48 hours of making an oral report, a mandated reporter shall submit a written report to the DCF Careline on the DCF-136, "Report of Suspected Child Abuse or Neglect."
- When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for children or a public or private school, the reporter shall also submit a copy of the written report to the person in charge of such institution, school or facility or the person's designee.

DCF CHILD ABUSE AND NEGLECT CARELINE: 1-800-842-2288

STATUTORY REFERENCES: C.G.S.17a-28, §17a-101 et seq.; §46b-120

DEFINITIONS OF ABUSE AND NEGLECT

Abused Child: Any child who has a non-accidental physical injury, or injuries which are at variance with the history given of such injuries, or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

Neglected Child: Any child who has been abandoned or is being denied proper care and attention, physically, educationally, emotionally, or morally or is being permitted to live under conditions, circumstances or associations injurious to his or her well-being.

Exception: The treatment of any child by an accredited Christian Science practitioner shall not by itself constitute neglect or maltreatment.

CHILD UNDER AGE 13 WITH VENEREAL DISEASE: A physician or facility must report to Careline upon the consultation, examination or treatment for venereal disease of any child who has not reached his or her 13th birthday.

DO PRIVATE CITIZENS HAVE A RESPONSIBILITY FOR REPORTING?

Yes. Any person having reasonable cause to suspect or believe that any child under the age of 18 is in danger of being abused or has been abused or neglected may cause a written or oral report to be made to the Careline or a law enforcement agency. Any person making the report in good faith is immune from any liability, civil or criminal. However, the person is subject to the penalty for making a false claim.

WHAT IS THE AUTHORITY AND RESPONSIBILITY OF THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF)?

All child protective services in Connecticut are the responsibility of the Department of Children and Families.

Upon the receipt of a report of child abuse or neglect, the Careline shall cause the report to be classified, evaluated immediately and forwarded to the appropriate Area Office for the commencement of an investigation or for the provision of services within timelines specified by statute and policy.

If an investigation produces evidence of child abuse or neglect, DCF shall take such measures as it deems necessary to protect the child, and any other children similarly situated, including, but not limited to, immediate notification to the appropriate law enforcement agency, and the removal of the child from his or her home with or without the parents' consent consistent with state law.

If DCF has probable cause to believe that the child or any other child in the household is at imminent risk of physical harm from the surroundings, and that immediate removal from such surroundings is necessary to ensure the child's safety, the Commissioner or designee shall authorize any employee of DCF or any law enforcement officer to remove the child and any other child similarly situated from such surroundings without the consent of the child's parent or guardian. The removal of a child shall not exceed 96 hours. If the child is not returned home within such 96-hour period, with or without protective services, DCF shall file a motion for temporary custody with the Superior Court for Juvenile Matters.

WHAT MEANS ARE AVAILABLE FOR REMOVING A CHILD FROM HIS OR HER HOME?

- 96-Hour hold by the Commissioner of DCF or designee (see above).
- 96-Hour hold by a physician – Any physician examining a child with respect to whom abuse or neglect is suspected shall have the right to keep such child in the custody of a hospital for no longer than 96 hours in order to perform diagnostic tests and procedures necessary to the detection of child abuse or neglect and to provide necessary medical care with or without the consent of such child's parents or guardian or other person responsible for the child's care, provided the physician has made reasonable attempts to (1) advise such child's parents or guardian or other person responsible for the child's care that the physician suspects the child has been abused or neglected, and (2) obtain consent of such child's parents or guardian or other person responsible for the child's care. In addition, such physician may take or cause to be taken photographs of the area of trauma visible on a child who is the subject of such report without the consent of such child's parent's or guardian or other person responsible for the child's care. All such photographs or copies thereof shall be sent to the local police department and the Department of Children and Families.
- Bench order of temporary custody – Whenever any person is arrested and charged with an offense under Section 53-20 or 53-21 or under Part V, VI, or VII of Chapter 952, as amended, the victim of which offense was a minor residing with the defendant, any judge of the Superior Court may, if it appears that the child's condition or circumstances surrounding the case so require, issue an order to the Commissioner of the Department of Children and Families to assume immediate custody of such child and, if the circumstances so require, any other children residing with the defendant and to proceed thereon as in other cases.

WHAT IS THE CENTRAL REGISTRY OF PERPETRATORS OF ABUSE OR NEGLECT?

The Department of Children and Families maintains a registry of persons who have been substantiated as responsible for child abuse or neglect and pose a risk to the health safety or well-being of children. The Central Registry is available on a 24-hour daily basis to prevent or discover child abuse of children.