



Minnesota Chapter

MEDICAL NEGLECT: HOW AND WHEN TO REPORT

Neglect is the most common form of child maltreatment. Medical neglect occurs when a caregiver fails to provide necessary medical care by refusing or failing to seek, obtain or follow through with necessary medical care, posing serious risk to a child. In 2016, there were 379 cases of medical neglect in Minnesota. Children ages 0-3 and those with disabilities are at higher risk.

Medical reports must include the following three elements:

- Medical problem or condition that needs attention, and identification of recommended intervention(s) that are available and reasonably convenient for the family.
- Serious risk to a child's physical or mental health if they do not receive necessary medical treatment.
- Parent(s)' failure to provide needed intervention(s). *Make every attempt to contact the family to determine why compliance is not occurring (transportation barriers, financial concerns, etc.)*

Tips for making a report

- Include the timeframe for the recommended intervention.
- Document specific information that was communicated to caregivers, including the timeframe for the recommended intervention and the consequences of delaying care. The more detail, the better.
- Use layman's terms as much as possible. Those who screen in reports have little to no medical training.
- When in doubt, report.

Examples of reports from medical providers that may be screened in:

- A school nurse reporting that a child was discharged from the hospital recently and she is concerned the parent is not following discharge care orders because the child was showing physical or behavioral deterioration at school.
- Registered nurse reporting that when providing in-home medical care for a severely disabled child, he observed the child having medical care unmet by the parent(s) between home visits, and the child's health was declining.
- Physician reporting that a parent is unwilling to learn the necessary medical care and/or obtain essential medical equipment for a child who is medically ready for discharge from a hospital setting.

Examples of reports from medical providers that may be screened out*:

- A medical provider calls in because parent did not bring child in for a follow up appointment. The family might have gone to another medical provider.
- A non-insulin dependent child's diabetes is not being managed well. No other detail available.
- Unborn child and it is reported that the mom is not receiving prenatal care – unless substance abuse is known or suspected.
- A child's prescription for a non-urgent medical need is called in, but not picked up. The family does not have transportation.

For further questions or discuss a specific case, consult with a provider who specializes in child abuse and neglect.

University of Minnesota Masonic Children's Hospital – Minneapolis MN
Center for Safe & Healthy Children (612) 273-SAFE (7233) or (612) 365-1000

Hennepin County Medical Center – Minneapolis MN
Center for Safe & Healthy Children (612) 873-3000

Children's Hospitals and Clinics of Minnesota – Minneapolis and St. Paul MN
Midwest Children's Resource Center (MCRC) (651) 220-6750 or 1-866-755-2121

Mayo Clinic – Rochester MN
Mayo Child and Family Advocacy Program (507) 266-0443 daytime or (507) 284-2511

Essentia Health – Duluth MN (218) 786-8364
Gunderson Health System – La Crosse WI 1-800-362-9567

Sanford Health – Sioux Falls SD
Child's Voice Child Advocacy Center (605) 333-2226

Sanford Health – Fargo ND
Child and Adolescent Maltreatment Service (CAMS) (701) 234-2000

* In the event that a report is screened out, supportive services may be offered to the family by the local child welfare agency to help address the child's social, emotional, and/or medical needs

This document was developed by the child abuse and maltreatment work group of the Minnesota Chapter of the American Academy of Pediatrics (MNAAP) in cooperation with the Minnesota Department of Human Services (DHS).