

Chapter DHS 13

REPORTING AND INVESTIGATION OF CAREGIVER MISCONDUCT

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Note: Chapter HFS 13 was created as an emergency rule effective October 1, 1998. Chapter HFS 13 was renumbered to chapter DHS 13 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

DHS 13.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.40 (4g) and (4r) and 227.11 (2), Stats., to protect clients served in specified department-regulated programs by establishing a process for reporting allegations of abuse or neglect of a client or misappropriation of client’s property to the department, establishing a process for the investigation of those allegations and establishing the due process rights of persons who are subjects of the investigations.

History: Cr. Register, June, 1999, No. 522, eff. 7-1-99.

DHS 13.02 Applicability. This chapter applies to the department, to all specified department-licensed, certified, approved or registered entities and to all persons employed by or under contract with an entity and who have access to the entity’s clients and who are under the entity’s control.

History: Cr. Register, June, 1999, No. 522, eff. 7-1-99.

DHS 13.03 Definitions. In this chapter:

(1) (a) “Abuse” means any of the following:

1. An act or repeated acts by a caregiver or nonclient resident, including but not limited to restraint, isolation or confinement, that, when contrary to the entity’s policies and procedures, not a part of the client’s treatment plan and done intentionally to cause harm, does any of the following:

a. Causes or could reasonably be expected to cause pain or injury to a client or the death of a client, and the act does not constitute self-defense as defined in s. 939.48, Stats.

b. Substantially disregards a client’s rights under ch. 50 or 51, Stats., or a caregiver’s duties and obligations to a client.

c. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client’s psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward aggressive behavior, agitation, or a fear of harm or death, or a combination of these behaviors. This subdivision does not apply to permissible restraint, isolation, or confinement implemented by order of a court or as permitted by statute.

2. An act or acts of sexual intercourse or sexual contact under s. 940.225, Stats., by a caregiver and involving a client.

3. The forcible administration of medication to or the performance of psychosurgery, electroconvulsive therapy or experimental research on a client with the knowledge that no lawful authority exists for the administration or performance.

4. A course of conduct or repeated acts by a caregiver which serve no legitimate purpose and which, when done with intent to harass, intimidate, humiliate, threaten or frighten a client, causes or could reasonably be expected to cause the client to be harassed, intimidated, humiliated, threatened or frightened.

(b) “Abuse” does not include an act or acts of mere inefficiency, unsatisfactory conduct or failure in good performance as the result of inability, incapacity, inadvertency, or ordinary negligence in isolated instances, or good faith errors in judgment or discretion.

(2) “Access,” when used in reference to a person’s access to clients, means that in the course of performing the person’s expected duties for or functions with the entity, or as a nonclient resident of the entity, the person has or may have direct, regular contact with clients served by the entity.

(3) (a) “Caregiver” means a person who is all of the following:

1. A person who has received regulatory approval from an agency or is employed by or under contract with an entity.
2. A person who has access to the entity’s clients.
3. A person who is under the entity’s control.

(b) “Caregiver” does not include any of the following:

1. A person who performs solely clerical, administrative, maintenance or other support functions for the entity and is not expected to have regular, direct contact with clients or the personal property of clients.
2. A person who is employed by or under contract with an entity to provide infrequent or occasional services, such as delivering items to the facility, equipment maintenance, groundskeeping, construction or other similar services that are not directly related to the care of a client.

(4) “Caregiver misconduct registry” means information collected and preserved in a database by the department on all caregivers who have been found to have abused or neglected a client or misappropriated a client’s property, except for persons licensed, permitted, certified or registered under ch. 441, 448, 449, 450, 451, 455 or 459, Stats.

(5) “Caregiver registry” means the registry required under s. 146.40 (4g), Stats., which consists of 2 lists, the list under s. DHS 129.10 of nurse aides qualified by training and testing to work in a hospital or nursing home or for a home health agency or hospice program, and the caregiver misconduct registry, which includes nurse aides, under this chapter.

(6) “Client” means a person who receives care or treatment from an entity.

(7) “Course of conduct” means a pattern of conduct composed of a series of acts over a period of time, however short, evidencing a continuity of purpose.

(8) “Credential” means a license, permit or certificate of certification or registration issued under chs. 440 to 480, Stats.

(9) “Department” means the Wisconsin department of health services.

(10) “Employed by” means working for another for compensation on a full-time, part-time, temporary or per diem basis.

(11) “Entity” has the meaning given in s. 50.065 (1) (c), Stats.

Note: Entities include those facilities, organizations or services that are licensed or certified by, approved by or registered with the department under the following chapters of the department’s administrative rules:

- DHS 34 Emergency mental health service programs
- DHS 35 Outpatient Mental Health Clinics
- DHS 36 Comprehensive Community Services
- DHS 40 Mental health day treatment services for children
- DHS 50 Youth Crisis Stabilization Facilities
- DHS 61 Community mental health, alcoholism and other drug abuse (AODA) program
- DHS 63 Community support programs for chronically mentally ill persons
- DHS 75 Community Substance Abuse Standards
- DHS 82 Certified adult family homes
- DHS 83 Community-based residential facilities

- DHS 88 Licensed adult family homes
- DHS 89 Residential care apartment complexes (formerly, assisted living facilities)
- DHS 105.17 Personal Care Agencies
- DHS 110 Ambulance service providers
- DHS 124 Hospitals
- DHS 127 Rural medical centers
- DHS 131 Hospices
- DHS 132 Nursing homes
- DHS 133 Home health agencies
- DHS 134 Facilities serving people with developmental disabilities

(12) “Misappropriation of property” means any of the following:

(a) The intentional taking, carrying away, using, transferring, concealing or retaining possession of a client’s movable property without the client’s consent and with the intent to deprive the client of possession of the property.

(b) Obtaining property of a client by intentionally deceiving the client with a false representation which is known to be false, made with the intent to defraud, and which does defraud the person to whom it is made. In this paragraph, “false representation” includes a promise made with the intent not to perform it if it is a part of a false and fraudulent scheme.

(c) By virtue of his or her office, business or employment, or as trustee or bailee, having possession or custody of money or of a negotiable security, instrument, paper or other negotiable writing of another, intentionally using, transferring, concealing, or retaining possession of the money, security, instrument, paper or writing without the owner’s consent, contrary to his or her authority, and with the intent to convert it to his or her own use or to the use of any other person except the owner.

(d) Intentionally using or attempting to use personal identifying information as defined in s. 943.201 (1) (b), Stats., or an individual’s birth certificate or financial transaction card as defined in s. 943.41 (1) (em), Stats., to obtain credit, money, goods, services or anything else of value without the authorization or consent of the individual and by representing that he or she is the individual or is acting with the authorization or consent of the individual.

(e) Violating s. 943.38, Stats., involving the property of a client, or s. 943.41, Stats., involving fraudulent use of a client’s financial transaction card.

(13) “Misconduct” means abuse or neglect of a client or misappropriation of a client’s property.

(14) (a) “Neglect” means an intentional omission or intentional course of conduct by a caregiver or nonclient resident, including but not limited to restraint, isolation or confinement, that is contrary to the entity’s policies and procedures, is not part of the client’s treatment plan and, through substantial carelessness or negligence, does any of the following:

1. Causes or could reasonably be expected to cause pain or injury to a client or the death of a client.

2. Substantially disregards a client’s rights under either ch. 50 or 51, Stats., or a caregiver’s duties and obligations to a client.

3. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client’s psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward behavior, agitation, fear of harm or death, or a combination of these behaviors. This paragraph does not apply to permissible restraint, isolation or confinement implemented by order of a court or as permitted by statute.

(b) “Neglect” does not include an act or acts of mere inefficiency, unsatisfactory conduct or failure in good performance as the result of inability, incapacity, inadvertency or ordinary negligence in isolated instances, or good faith errors in judgment or discretion.

(15) “Nonclient resident” has the meaning specified in ss. 48.685 (1) (bm) and 50.065 (1) (cn), Stats.

(16) “Nurse aide” means a nurse’s assistant as defined in s. DHS 129.03 (14), a home health aide, as defined in s. DHS 129.03 (11) or a hospice aide, as defined in s. DHS 129.03 (11r).

Note: Chapter DHS 129 was repealed and recreated effective 12–1–08. “Nurse aide” is now defined at s. DHS 129.03 (30). “Nurse’s assistant”, “home health aide” and “hospice aide” are not defined.

(17) “Reasonable cause” means that the greater weight of evidence provides a reasonable ground for belief that the individual committed the act as alleged.

(18) “Under the entity’s control” means a person employed by or under contract with the entity for whom the entity does 2 or more of the following:

(a) Determines whether the person may provide care, treatment, support or similar services to clients served by the entity.

(b) Directs the policies or procedures the person must follow in performing his or her duties as a caregiver.

(c) Directs the conditions under which the person performs his or her duties as a caregiver.

(d) Directs the work assignments of or tasks performed by the caregiver.

(e) Determines the person’s work schedule.

(f) Supervises or evaluates the person’s work or job performance, including imposing discipline or awarding performance awards.

(g) Determines the compensation the person received for performing his or her duties as a caregiver.

(19) “Without consent” has the meaning given in s. 939.22 (48), Stats.

History: Cr. Register, June, 1999, No. 522, eff. 7–1–99; reprinted to correct error in (1) (a) 1, (intro.), Register, August, 1999, No. 524; corrections in (5) and (16) made under s. 13.93 (2m) (b) 7, Stats., Register December 2003 No. 576; CR 04–040: am. (15) Register November 2004 No. 587, eff. 12–1–04; corrections in (5), (9) and (16) made under s. 13.92 (4) (b) 6. and 7., Stats., Register November 2008 No. 635.

DHS 13.04 Caregiver misconduct registry.

(1) ESTABLISHMENT AND MAINTENANCE. The department shall establish and maintain a database of caregivers as an official record of persons found to have abused or neglected a client or misappropriated a client’s property under the requirements of this chapter. The database shall contain the following lists:

(a) *Nurse aides.* A list of all nurse aides who have been found under s. DHS 13.05 (6) or (7) to have abused or neglected a client or misappropriated a client’s property and to whom any of the following applies:

1. The nurse aide waives a hearing to contest the listing of the finding in the registry or fails to file a timely request for a hearing under s. DHS 13.05 (7) (b) after receipt of the department’s notice of the department’s intent to enter its findings about the nurse aide in the registry.

2. The hearing officer under s. DHS 13.05 (7) (d) 6. finds reasonable cause to believe that the nurse aide abused or neglected a client or misappropriated a client’s property.

(b) *All other caregivers.* A list of all persons other than nurse aides who have been found under s. DHS 13.05 (6) or (7) to have abused or neglected a client or misappropriated a client’s property and to whom any of the following applies:

1. The person waives a hearing to contest the listing of the finding in the registry or fails to file a timely request for a hearing under s. DHS 13.05 (7) (b) after receipt of the department’s notice of the department’s intent to enter its findings about the person in the registry.

2. The hearing officer under s. DHS 13.05 (7) (d) 6. finds reasonable cause to believe that the person abused or neglected a client or misappropriated a client’s property.

(2) CONTENT. Information about a person in the caregiver misconduct registry shall include all of the following:

(a) The person’s social security number, if available.

- (b) The person's full name, including middle initial.
- (c) The person's mailing address.
- (d) The person's date of birth.
- (e) Any finding made by the department under s. DHS 13.05 (6), or, if appealed, by a hearing officer under s. DHS 13.05 (7), that the person abused or neglected a client or misappropriated the property of a client, and whether the person filed a rebuttal statement with the department under s. DHS 13.05 (6) (c) 2. e. disputing that finding.

(3) RELEASE OF CAREGIVER MISCONDUCT REGISTRY INFORMATION. With the exception of the person's social security number and to the extent permitted by state and federal law, the information included in the registry about individuals is public information. The department shall respond promptly to inquiries concerning registry information. A request for registry information shall be in writing and accompanied by a self-addressed stamped envelope.

Note: The Wisconsin Caregiver Misconduct Registry may be accessed at: <https://www.dhs.wisconsin.gov/caregiver/misconduct.htm>. Written requests for registry information may be sent to the Office of Caregiver Quality, P.O. Box 2969, Madison, WI 53701-2969

History: Cr. Register, June, 1999, No. 522, eff. 7-1-99.

DHS 13.05 Allegations of caregiver misconduct.

(1) DEFINITIONS. In this section:

- (a) "Community-based residential facility" has the meaning given in s. 50.01 (1g), Stats.
- (b) "Home health agency" has the meaning given in s. 50.49 (1) (a), Stats.
- (c) "Nursing home" has the meaning given in s. 50.01 (3), Stats.
- (d) "Report" means any allegation of misconduct that has been filed, either orally or in writing, and includes any similar additional allegations that are discovered during the course of an investigation.
- (e) "Reporter" means the person or entity who files a report with the department.
- (f) "Subject of the report" means the person against whom an allegation of misconduct is made or, when an attorney files a written notice of appearance in the matter, the attorney representing the person.

(2) ENTITY'S RESPONSIBILITY TO PROTECT CLIENTS. Upon learning of an incident of alleged misconduct, an entity shall take whatever steps are necessary to ensure that clients are protected from subsequent episodes of misconduct while a determination on the matter is pending.

(3) ENTITY'S RESPONSIBILITY TO REPORT ALLEGATIONS. (a) *Entity's duty to report to the department.* Except as provided under pars. (b) and (c), an entity shall report to the department any allegation of an act, omission or course of conduct described in this chapter as client abuse or neglect or misappropriation of client property committed by any person employed by or under contract with the entity if the person is under the control of the entity. The entity shall submit its report on a form provided by the department within 7 calendar days from the date the entity knew or should have known about the misconduct. The report shall contain whatever information the department requires.

Note: Information and resources for reporting misconduct through the Misconduct Incident Reporting system is available at <https://www.dhs.wisconsin.gov/caregiver/complaints.htm>.

(b) *Entity's duty to report to the department of safety and professional services.* In addition to the reporting requirement under par. (c), an entity shall report to the department of safety and professional services any allegation of misconduct committed by any person employed by or under contract with the entity, if the person holds a credential from the department of safety and professional services that is related to the person's employment at, or contract with, the entity. The entity's report shall be made within 7 calendar

days from the date the entity knew or should have known about the misconduct.

Note: This report may be mailed to the Department of Safety and Professional Services, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 or emailed to DHSCaregiverIntake@dhs.wisconsin.gov for referral.

(c) *Entity's duty to report child abuse or neglect to county authorities.* In accordance with s. 48.981, Stats., an entity shall immediately report, by telephone or personally, to the county department of social services or human services or the sheriff or city, village or town police department the facts and circumstances contributing to a suspicion that child abuse or neglect has occurred or to a belief that it will occur. In addition, the entity shall notify the department in writing or by phone within 7 calendar days that the report has been made.

Note: To notify the Department that a report has been made, email DHSCaregiverIntake@dhs.wisconsin.gov.

(d) *Entity's duty to notify subject of the report.* An entity shall notify the subject of a report under par. (a), (b) or (c) that an allegation of abuse or neglect of a client or misappropriation of a client's property has been made and that the report is being forwarded to the appropriate authority. Notice to the subject of the report shall be given as soon as practicable, but within 7 calendar days of the entity's reporting to the appropriate authority.

(e) *Penalty for failure to report incidents of caregiver misconduct.* An entity that intentionally fails to report an allegation of misconduct under this subsection by any person employed by or under contract with the entity may be required to forfeit not more than \$1,000 and may be subject to any of the following sanctions:

1. Submission by the entity of a plan of correction for approval by the department, and implementation of the plan of correction.
2. Implementation by the entity of a department-imposed plan of correction.
3. Any regulatory limitations or conditions, as appropriate, imposed by the department on the entity.
4. Suspension or revocation of licensure, certification or other approval for a period of not more than 5 years.
5. Notification in a local newspaper of the act and, if applicable, any forfeiture imposed.

Note: When allegations that are the subject of a report involve the possible commission of a crime, reporters should also separately notify law enforcement authorities having jurisdiction in the case.

(4) REPORTS SUBMITTED TO THE DEPARTMENT BY OTHER PERSONS. (a) If any individual believes that a person employed by or under contract with an entity has abused or neglected a client or misappropriated a client's property, the individual may report this to the department. The report may be made by phone or in writing on a form provided by the department.

Note: To report a complaint, access <https://www.dhs.wisconsin.gov/guide/complaints.htm> or call and leave a message at 800-642-6552.

(b) Upon receiving a report under par. (a), the department shall do all of the following, as appropriate:

1. In accordance with s. 48.981, Stats., immediately notify county authorities with reasonable particularity if the action that forms the basis for the allegation of abuse or neglect involves a victim who is a minor.
2. Immediately notify the department of safety and professional services if the subject of the report holds a credential from the department of safety and professional services.
3. In accordance with s. 46.90, Stats., notify the lead elder abuse agency designated under s. 46.90 (2), Stats.

(c) If an individual believes that a person employed by or under contract with an entity has abused or neglected or misappropriated the property of a client who is aged 60 or older or subject to the infirmities of aging and who either does not reside in a nursing home or community-based residential facility licensed under ch. 50, Stats., or receive services from a home health agency licensed under ch. 50, Stats., the individual or entity may file a report with the agency designated by the county board to serve as the lead

agency for elder abuse in accordance with s. 46.90, Stats. The lead elder abuse agency designated under s. 46.90 (2), Stats., shall notify the department that it has received the report.

Note: When allegations that are the subject of a report involve the possible commission of a crime, reporters should also separately notify law enforcement authorities having jurisdiction in the case.

(5) FORWARDING FINDINGS FROM OTHER INVESTIGATIONS TO THE DEPARTMENT. Upon conclusion of an investigation conducted pursuant to a report made under sub. (3) (b) or (c) or (4) to county authorities in accordance with s. 48.981, Stats., or s. 46.90, Stats., or to the department of safety and professional services, the county authorities or the department of safety and professional services shall forward the findings to the department.

(6) REVIEW BY THE DEPARTMENT. (a) *Responsibility.* The department shall review and, if necessary, conduct further investigation in regard to each report it receives under sub. (3) or (4). The department shall coordinate its investigatory efforts with other investigatory authorities or agencies where appropriate and, if necessary, conduct further investigation when notified of allegations under subs. (3) (c) and (4) (c).

(b) *Investigation procedures.* 1. After receiving a report of alleged misconduct, the department shall review the report and shall make a determination as to whether further investigation is necessary. In reviewing reports it receives, the department shall consider at least all of the following:

a. Whether the allegation of misconduct is a violation of any statute, rule or standard of practice.

b. Whether the allegation of misconduct, if taken as a whole, has merit.

2. If the department determines that an allegation lacks merit, the department shall notify in writing the reporter, the subject of the report and the involved entity or staffing agency, if known, of the department's determination.

3. If the department determines further investigation of a report is necessary, the department shall provide the subject of the report, the reporter and the involved entity or the staffing agency, if known, with written notice of the department's decision to conduct further investigation. The notice shall contain all of the following:

a. A brief statement regarding the nature and purpose of the investigation.

b. The sanctions that will result if the allegation of misconduct is substantiated.

c. A statement that if additional allegations are discovered during the course of the investigation, the additional allegations will be investigated as part of the report that is the subject of the notice.

d. A statement that the subject of the report may have a representative of his or her choice present when there is any contact with the department's investigators during the course of the investigation.

(c) *Decision.* After completing its investigation, the department shall prepare a written decision and provide it to the subject of the report. If the decision is mailed, it shall be mailed to the subject's last known address. Distribution and content of the written decision shall be as follows:

1. 'No reasonable cause to substantiate the allegation.' If the department determines that there is no reasonable cause to substantiate the allegation, the department's written decision shall be provided to the subject of the report, the involved entity or staffing agency, if known, the reporter and to other agencies as appropriate. The decision shall contain a brief description of the allegation and the investigation conducted by the department, with enumeration of the findings and conclusions. If an additional allegation was discovered during the investigation, the department's decision may include information about the additional allegation and of the department's decision regarding the additional allegation, or the department may separately inform the subject of the report

of the additional allegation and of the department's decision regarding the additional allegation.

2. 'Reasonable cause to substantiate the allegation.' If the department determines there is reasonable cause to substantiate the allegation, the department's written decision shall be provided to the subject of the report, the involved entity or staffing agency, if known, the reporter and to other agencies as appropriate. The decision shall contain all of the following:

a. A description of the allegation, a summary of the investigation conducted by the department and a statement of the findings and conclusions. If an additional allegation was discovered during the investigation related to the report, the department's decision may include information about the additional allegation and of the department's decision regarding the additional allegation, or the department may separately inform the subject of the report of the additional allegation and of the department's decision regarding the additional allegation.

b. Notice that the subject of the report may contest the department's decision by timely requesting a hearing before the department of administration's division of hearings and appeals. The notice shall describe the appeal process under sub. (7).

c. Notice that the subject of the report may waive the right to a hearing, but, that if the subject waives the right to a hearing, the finding will be entered on the caregiver misconduct registry.

d. Notice that if the subject of the report does not contest the department's decision by timely requesting a hearing, the department will find that the subject committed the alleged act of misconduct and that the finding will be entered on the caregiver misconduct registry. The notice shall also describe the consequences of entering the finding on the registry.

e. Notice that the subject of the report, whether or not the subject appeals the department's decision, may submit a short written rebuttal statement to dispute the finding, and that the statement's existence will be included in the caregiver misconduct registry but will not, by itself, have any effect on the consequences of having the finding entered on the registry.

(7) APPEAL. (a) *Right to a hearing.* The subject of a report may appeal the department's decision that the misconduct took place.

(b) *Request for a hearing.* An appeal shall be in writing and shall take the form of a request for a hearing. The request for a hearing shall be filed with the department of administration's division of hearings and appeals within 30 calendar days after the date of the decision. A request for hearing is considered filed on the date the request is received by the division of hearings and appeals.

Note: Send requests for a hearing to Division of Hearings and Appeals, P.O. Box 7875, Madison, Wisconsin 53707.

(c) *Department action.* 1. If the subject of a report files a timely appeal, the department may not enter the subject's name and a summary of the department's decision on the caregiver misconduct registry until the hearing examiner's decision is mailed and then only in accordance with par. (d).

2. If the subject of a report waives the right to a hearing or does not file a timely appeal pursuant to this paragraph, the department shall enter, as applicable, a substantiated finding of misconduct on the caregiver misconduct registry within 10 business days after the last day of the period during which the subject may appeal the department's decision. The department shall maintain the person's name, documentation of the department investigation, including the nature of the allegation and evidence that led the department to conclude the misconduct took place and the person's rebuttal statement, if provided, on the caregiver misconduct registry. The department shall include on the registry the information that the person did not appeal the decision.

(d) *Hearing and decision.* 1. Where the acts involved in the department's investigation are the same as those involved in a judgment of conviction of a state court, the judgment of conviction

tion is admissible in evidence and constitutes substantial evidence adverse to the subject of the report.

2. The provisions of subch. III of ch. 227, Stats., apply to hearings and subsequent proceedings held under this section.

3. If a subject of the report files a timely appeal, the department of administration's division of hearings and appeals shall hold a hearing within 90 days in accordance with s. 227.42, Stats., and issue a written decision within 30 calendar days after the conclusion of the hearing.

4. The division of hearings and appeals shall provide copies of the written decision to the subject, the department's bureau of quality assurance and, if known, to the reporter and the entity involved in the alleged incident or the staffing agency.

5. If the division of hearings and appeals finds that there is no reasonable cause to believe that the subject of the report performed the alleged abuse or neglect of a client or misappropriation of a client's property, a finding substantiating the allegation shall not be entered on the caregiver misconduct registry.

6. If the division of hearings and appeals finds that there is reasonable cause to believe that the subject of the report performed the alleged abuse or neglect of a client or misappropriation of a client's property, the department shall enter the subject's name and the division of hearings and appeals' decision on the caregiver misconduct registry within 10 business days after the date on which the decision was received by the department's bureau of quality assurance.

7. The division of hearings and appeals' written decision shall include:

a. Notice that the subject of the report may submit a brief written rebuttal statement to the department to dispute the hearing examiner's decision and that, if submitted, the caregiver misconduct registry will indicate that the department has a rebuttal statement available upon request.

b. Notice that the subject of the report has the right to petition for further review pursuant to s. 227.53, Stats.

(8) DISCLOSURE OF FINDINGS. (a) *Substantiated allegations.*

1. The department, in response to an inquiry made to the caregiver misconduct registry, shall indicate whether the person's name is listed on the registry as having a finding of misconduct and, if listed, whether a rebuttal statement exists.

2. The department's decision pertaining to a listed finding and any related rebuttal statement may be obtained only by sending a written request to the department pursuant to s. DHS 13.04 (3).

(b) *Unsubstantiated allegations.* 1. Except as provided in subd. 2., the department in response to an inquiry made to the caregiver misconduct registry may not release information from a report under any of the following circumstances:

a. When there is an investigation pending into allegations of misconduct.

b. When the department's investigation and review does not lead to a substantiation of the allegation of misconduct.

c. When the department of administration's division of hearings and appeals does not find reasonable cause that the subject of the report performed the alleged acts of misconduct.

2. Information pertaining to unsubstantiated allegations of misconduct may be disclosed only to any of the following:

a. Authorized staff of the department and of the federal department of health and human services for purposes related to performance of their departmental duties.

b. A law enforcement officer or agency for purposes of related investigations or prosecutions.

c. A court or administrative agency for use in related investigations or proceedings regarding licensing or regulation of an entity, licensing or regulation of a licensed health professional or regulation of a person about whom notification is made under s. 146.40 (4), Stats., except that information that is part of a child abuse or neglect record subject to s. 48.981, Stats., may be released only as allowed by s. 48.981 (7), Stats.

d. A person engaged in bona fide research who, at the department's discretion, has been granted access but only if information that identifies the person, client, complainant and entity involved is not disclosed to the researcher.

e. Other persons as required by law.

(c) *Duration of placement on the caregiver misconduct registry.* The information placed on the caregiver misconduct registry relating to findings of client abuse or neglect or misappropriation of client property shall remain on that registry permanently unless any of the following occurs:

1. The division of hearings and appeals' decision is reversed by a court of law.

2. The department is notified of the death of the person listed on the caregiver misconduct registry.

3. The information is required to be altered by law.

History: Cr. Register, June, 1999, No. 522, eff. 7-1-99; CR 04-040: am. (6) (c) (intro.), renum. (7) (b) 1. to be (7) (b) and am., r. (7) (b) 2. Register November 2004 No. 587, eff. 12-1-04; **corrections in (3) (b) (title), (4) (b) 2., (5) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.**