



Have a hand in protecting children.

Mandated Reporters' Resource Guide

Contact the Children's Protective Services Program Office for questions at (517) 335-3704.

The Michigan Child Protection Law

The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect. This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law. For copies of the Child Protection Law, contact the local Department of Human Services (DHS) office or go to <http://www.michigan.gov/dhs>.

List of Mandated Reporters

Mandated reporters are an essential part of the child protection system because they have an enhanced capacity, through their expertise and direct contact with children, to identify suspected child abuse and neglect. Reports made by mandated reporters are confirmed at nearly double the rate of those made by non-mandated reporters.

The list of mandated reporters is as follows:

A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, regulated child care provider, or any employee of an organization or entity that, as a result of federal funding statutes, regulations, or contracts would be prohibited from reporting in the absence of a state mandate or court order (e.g., domestic violence providers). The list also includes specific DHS personnel: eligibility specialist, Family Independence manager, Family Independence specialist, social services specialist, social work specialist, social work specialist manager and welfare services specialist.

Responsibility of Mandated Reporters

Mandated reporters are always required to report suspected child abuse and neglect to DHS. Specific DHS personnel listed above are required to report to DHS when child abuse and neglect is suspected during the course of employment with DHS.

The report must be made directly to DHS. There are civil and criminal penalties for a mandated reporter's failure to make a report. Likewise, there is a civil and criminal immunity for someone making a report in good faith.

Child's Disclosure: The Role of Mandated Reporters

Mandated reporters often have an established relationship with child clients, patients, students, etc., which may give them the advantage of being able to have a conversation with a child using terms the child will understand. When child abuse and/or neglect is suspected, mandated reporters need to **only obtain enough information** to make a report.

If a child starts disclosing information regarding child abuse and/or neglect, mandated reporters should proceed by moving the child into a private environment. This will avoid distraction of the child and provide privacy for a potentially sensitive conversation.

During disclosure, mandated reporters should maintain eye contact and avoid displaying any signs of shock or disapproval. Mandated reporters should only ask open-ended questions that allow the child to freely discuss the incident without being led during the conversation. For example, "*How did you get that bruise?*" Again, these discussions should only proceed to the point needed to **determine whether a report needs to be made** to DHS.

Children may want to tell what has happened but may also want to maintain loyalty to their parent(s). If a report is going to be made, maintain the trust with the child by explaining the reporting process, if appropriate.

Reporting Obligations

The Child Protection Law requires mandated reporters to make an **immediate verbal report** to DHS upon suspecting child abuse and neglect, followed by a **written report within 72 hours** (see page 3). The reporter is not expected to investigate the matter, know the legal definitions of child abuse and neglect, or even know the name of the perpetrator. The Child Protection Law is intended to make reporting simple and places responsibility for determining appropriate action with the Children's Protective Services (CPS) division of the DHS. The authority and actions of CPS are based on requirements in the Child Protection Law.

Mandated reporters must also notify the head of their organization of the report. Reporting the suspected allegations of child abuse and/or neglect to the head of the organization does **not** fulfill the requirement to report directly to DHS.

The Verbal Report

The information in a CPS report needs to be provided by the individual who actually has observed the injuries or had contact with the child regarding the report. It is helpful, but not necessary, for the DHS intake worker to have the information listed below. Contact the CPS Centralized Intake for Abuse & Neglect at 1-855-444-3911 to make the verbal report.

Intake personnel will want the following information, if available:

- Primary caretaker's (parent and/or guardian) name and address.
- Names and identifying information for all household members, including the alleged victim and perpetrator, if known.
- Birth date and race of all members of the household, if known.
- Whether the alleged perpetrator lives with the child.
- The address where the alleged incident happened, if different than the home address.
- Statements of the child's disclosure and context of the disclosure. For example, was the child asked about the injury or did the child volunteer the information?
- History of the child's behavior.
- Why child abuse and/or neglect is suspected.

See Appendix 2 for specific questions that may be asked during the intake process.

The Written Report

Within 72 hours of making the verbal report, mandated reporters must file a written report as required in the Child Protection Law. DHS encourages the use of Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form, which includes all the information required under the law. Mandated reporters must also provide a copy of the written report to the head of their organization. One report from an organization will be considered adequate to meet the law's reporting requirement.

Mandated reporters cannot be dismissed or otherwise penalized for making a report required by the Child Protection Law or for cooperating with an investigation. Even though the written process may seem redundant, the written report is used to document verbal reports from mandated reporters. See Appendix 1 for a copy of the DHS-3200 or access the form at www.michigan.gov/mandatedreporter under Resources.

Forward your written report to:
Department of Human Services
Centralized Intake for Abuse and Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

Or

Email: DHS-CPS-CIGroup@michigan.gov

Or

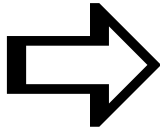
Fax: 616-977-1154 or 616-977-1158

Confidentiality

Strict *state and federal* confidentiality laws govern CPS investigations. The identity of a reporting person is confidential under the law. The identity of a reporting person is subject to disclosure only with the consent of that person, by judicial process, or to those listed under Section 5 of the Child Protection Law (MCL 722.625). The alleged perpetrator may infer from the information in the report who made the complaint and confront mandated reporters, however, CPS will not disclose the identity of a reporting person.

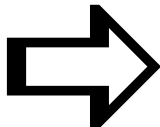
Reporting Process for Mandated Reporters

Verbal Report
Contact CPS
immediately.



Call Centralized Intake for Abuse & Neglect at
1-855-444-3911.

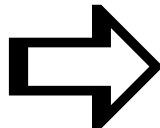
Written Report
Submit a written report
within 72 hours.



Forward your written report to:
Department of Human Services
Centralized Intake for Abuse and Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

Or
Email: DHS-CPS-CIGroup@michigan.gov
Or
Fax: 616-977-1154 or 616-977-1158

Notify the Head of the Organization
Notify the head of the
organization of the report.



Mandated reporters must notify the head of their organization of the report. **Note:** Reporting the suspicion of child abuse or neglect to the head of the organization does not satisfy the reporting requirements imposed by law.

Definitions of Child Abuse/Neglect

Physical Abuse

Physical abuse is a non-accidental injury to a child. Physical abuse may include, but is not limited to, burning, beating, kicking and punching. There may be physical evidence of bruises, burns, broken bones or other unexplained injuries. Internal injuries may not be readily apparent.

Sexual Abuse

Sexual abuse encompasses several different types of inappropriate sexual behavior:

- Any intentional touching/contact that can be reasonably construed as being for the purpose of sexual arousal, gratification, or any other improper purpose.
- Sexual penetration.
- Accosting, soliciting, or enticing a child to commit, or attempt to commit, an act of sexual contact or penetration, including prostitution.

Child Maltreatment

Child maltreatment is defined as the treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive. Possible examples of maltreatment are:

- A parent who utilizes locking the child in a closet as a means of punishment.
- A parent who forces his or her child to eat dog food out of a dog bowl during dinner as a method of punishment and/or humiliation.
- A parent who responds to his or her child's bed-wetting by subjecting the child to public humiliation by hanging a sign outside the house or making the child wear a sign to school which lets others know that the child wets the bed.

Mental Injury

A pattern of physical or verbal acts or omissions on the part of the parent and/or person responsible for the health and welfare of the child that results in psychological or emotional injury/impairment to a child **or** places a child at significant risk of being psychologically or emotionally injured/impaired (e.g., depression, anxiety, lack of attachment, psychosis, fear of abandonment or safety, fear that life or safety is threatened, etc.).

Neglect

Child neglect encompasses several areas:

- Physical Neglect - Negligent treatment, including but not limited to failure to provide or attempt to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding those situations solely attributable to poverty.

- Failure to Protect - Knowingly allowing another person to abuse and/or neglect the child without taking appropriate measures to stop the abuse and/or neglect or to prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the abuse and/or neglect.
- Improper Supervision - Placing the child in, or failing to remove the child from, a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and results in harm or threatened harm to the child.
- Abandonment - The person responsible for the child's health and welfare leaves a child with an agency, person or other entity (e.g., DHS, hospital, mental health facility, etc.) without:
 - Obtaining an agreement with that person/entity to assume responsibility for the child.
 - Cooperating with the department to provide for the care and custody of the child.
- Medical Neglect - Failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting risk of death, disfigurement or bodily harm or with the failure resulting in an observable and material impairment to the growth, development or functioning of the child.

See Appendix 2 for specific questions that may be asked when reporting each type of abuse and neglect.

Indicators of Child Abuse/Neglect

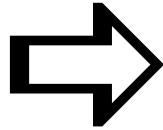
Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact DHS for consultation. Below are some of the commonly accepted physical and behavioral warning signs associated with various forms of child abuse and neglect. **Note that the physical and behavioral indicators below, in themselves, are not the only indicators of child abuse and neglect and, if present, do not always mean a child is being abused or neglected.**

	Physical Indicators	Behavior Indicators
Physical Abuse	<ul style="list-style-type: none"> • Bruises more numerous than expected from explanation of incident. • Unexpected bruises, welts or loop marks in various stages of healing. • Adult/human bite marks. • Bald spots or missing clumps of hair. • Unexplained fractures, skin lacerations, punctures, or abrasions. • Swollen lips and/or chipped teeth. • Linear/parallel marks on cheeks and/or temple area. • Crescent-shaped bruising caused by pinching. • Puncture wounds that resemble distinctive objects. • Bruising behind the ears. 	<ul style="list-style-type: none"> • Self-destructive/self mutilation. • Withdrawn and/or aggressive-behavior extremes. • Uncomfortable/skittish with physical contact. • Arrives at school late. • Expresses fear of being at home. • Chronic runaway (adolescents). • Complains of soreness or moves uncomfortably. • Wears clothing inappropriate to weather to cover body. • Lacks impulse control (e.g., inappropriate outbursts).

	Physical Indicators	Behavior Indicators
Physical Neglect	<ul style="list-style-type: none"> • Distended stomach, emaciated. • Unattended medical needs. • Lack of supervision. • Consistent signs of hunger, inappropriate dress, poor hygiene. • Sudden or unexplained weight change. 	<ul style="list-style-type: none"> • Regularly displays fatigue or listlessness; falls asleep in class. • Steals, hoards or begs for food. • Reports that no caretaker is at home.
Sexual Abuse	<ul style="list-style-type: none"> • Pain or itching in genital area. • Bruises or bleeding in genital area. • Sexually transmitted disease. • Frequent urinary or yeast infections. • Sudden or unexplained weight change. • Pregnancy 12 years or under. 	<ul style="list-style-type: none"> • Withdrawal, chronic depression. • Sexual behaviors or references that are unusual for the child's age. • Seductive or promiscuous behavior. • Poor self-esteem, self devaluation, lack of confidence. • Suicide attempts. • Hysteria, lack of emotional control. • Habit disorders (sucking, rocking).

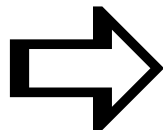
Outcomes of CPS Investigations

Category 5
No services recommended.



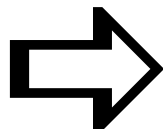
Following a field investigation, CPS determines that there is no evidence of child abuse/neglect.

Category 4
Community service recommended.



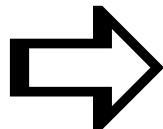
Though child abuse and/or neglect is not confirmed, community services are recommended.

Category 3
Community services are needed to alleviate further risk of harm to the child.



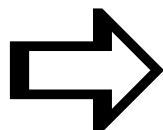
A preponderance of evidence supports that child abuse or neglect occurred. The risk assessment (structured decision-making tool) suggests low or moderate risk of future harm to the child. Community services are needed.

Category 2
Services are required to maintain the child safely in the caretaker's home.



Preponderance of evidence supports that child abuse or neglect occurred. The risk assessment indicates high or intensive risk of future harm to the child. DHS and community services are needed.

Category 1
Court Petition is filed.



Preponderance of evidence supports that child abuse or neglect occurred and the law requires a court petition, court-ordered services are needed to keep the child safe in his/her caretaker's home, or a child is unsafe in his/her caretaker's home.

Miscellaneous Issues

Head Lice Issues

An allegation of neglect based solely on a child having head lice is not appropriate for a CPS investigation. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect.

Therapy Issues

There are times when a child's behavior is a concern and may need further evaluation by a medical professional. If mandated reporters determine psychological help may be needed for a child, they should provide that information to the parent. It is up to the parent and/or guardian to make an appropriate decision for their child.

Medical Issues

- Immunizations - CPS is not authorized to investigate complaints that allege parents are failing or refusing to obtain immunizations for their children. The Michigan Public Health Code provides for exceptions to the immunization requirements.
- Medication - CPS is not responsible for investigating complaints that allege parents are failing or refusing to provide their children with psychotropic medication such as Ritalin.

School Truants and Runaways

Routine complaints on school truants and runaways are not appropriate for CPS. Truancy and running away are not in themselves synonymous with child abuse or neglect.

Multiple Allegations of Chronic Abuse and/or Neglect Suspected

If a mandated reporter reports a suspicion of child abuse/neglect **and** then a new allegation occurs, the mandated reporter must make another verbal and written report of suspected abuse and/or neglect to DHS. It is important to treat each suspected incident of abuse and/or neglect independently as it occurs. Each allegation of suspected child abuse and/or neglect could uncover patterns the CPS investigator would analyze during the intake and investigation process.

Making the Report

- Do not wait until the morning to call Children's Protective Services when the allegations are that the caretaker left the children alone in the middle of the night. The caretaker will usually be back home and it will be difficult to prove. Call when the children are still alone.
- Do not wait a week to report and say that there was no food in the home last week. There may be food in the home now and it will be difficult to prove. Call as soon as you can.
- Children's Protective Services is available and willing to investigate allegations of abuse and neglect, however, it is important that the reporting person provides enough information and details to warrant an investigation.

Michigan's Safe Delivery Act

Under Michigan's Safe Delivery of Newborns law, a parent can anonymously surrender an infant, from birth to 72 hours of age, to an Emergency Service Provider (ESP). An ESP is a uniformed or otherwise identified employee or contractor of a fire department, hospital or police station that is inside the premises and on duty or a paramedic or an emergency medical technician responding to a 911 call.

According to the law, the parent has the choice to leave the infant without giving any identifying information to the ESP. While a parent may remain anonymous, the parent is encouraged to provide family and medical background that could be useful to the infant in the future.

Once a newborn is in the custody of an ESP, the infant is taken to a hospital for an examination. If there are no signs of abuse and/or neglect, temporary protective custody is given to a private adoption agency for placement with an approved adoptive family. If the examination reveals signs of abuse and/or neglect, hospital personnel will make a complaint to Children's Protective Services.

Mandated Reporters' Hotline

Mandated reporters can use this hotline when the Centralized Intake for Abuse & Neglect office has not been adequately responsive to their concerns. The hotline (1-877-277-2585) will allow mandated reporters to formally state their concerns and to seek resolution. These concerns will be investigated, and a timely response will be provided.

When they make the call, they will be asked for the log number that the local CPS office gave them when they reported suspected child abuse or neglect.

Training

DHS will provide training to mandated reporters regarding their requirement to report suspected child abuse and/or neglect. To request training, contact the local DHS office. DHS contact numbers can be accessed at www.michigan.gov/dhs/ under DHS Contacts>Contact Your Local DHS Office or in the government pages of the phone book.

APPENDIX 1

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT Michigan Department of Human Services

Was complaint phoned to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ If yes, Log # _____ ▶ If no, contact Centralized Intake (855-444-3911) immediately				
INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address list on page 2.				1. Date
2. List of child(ren) suspected of being abused or neglected (Attach additional sheets if necessary)				
NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE
3. Mother's name				
4. Father's name				
5. Child(ren)'s address (No. & Street)		6. City	7. County	8. Phone No.
9. Name of alleged perpetrator of abuse or neglect		10. Relationship to child(ren)		
11. Person(s) the child(ren) living with when abuse/neglect occurred		12. Address, City & Zip Code where abuse/neglect occurred		
13. Describe injury or conditions and reason for suspicion of abuse or neglect _____ _____				
14. Source of Complaint (Add reporter code below)				
01 Private Physician/Physician's Assistant	11 School Nurse	42 DHS Facility Social Worker		
02 Hosp/Clinic Physician/Physician's Assistant	12 Teacher	43 DMH Facility Social Worker		
03 Coroner/Medical Examiner	13 School Administrator	44 Other Public Social Worker		
04 Dentist/Register Dental Hygienist	14 School Counselor	45 Private Agency Social Worker		
05 Audiologist	21 Law Enforcement	46 Court Social Worker		
06 Nurse (Not School)	22 Domestic Violence Providers	47 Other Social Worker		
07 Paramedic/EMT	23 Friend of the Court	48 FIS/ES Worker/Supervisor		
08 Psychologist	25 Clergy	49 Social Services Specialist/Manager (CPS, FC, etc.)		
09 Marriage/Family Therapist	31 Child Care Provider	56 Court Personnel		
10 Licensed Counselor	41 Hospital/Clinic Social Worker			
15. Reporting person's name	Report Code (see above)	15a. Name of reporting organization (school, hospital, etc.)		
15b. Address (No. & Street)	15c. City	15d. State	15e. Zip Code	15f. Phone No.
16. Reporting person's name	Report Code (see above)	16a. Name of reporting organization (school, hospital, etc.)		
16b. Address (No. & Street)	16c. City	16d. State	16e. Zip Code	16f. Phone No.
17. Reporting person's name	Report Code (see above)	17a. Name of reporting organization (school, hospital, etc.)		
17b. Address (No. & Street)	17c. City	17d. State	17e. Zip Code	17f. Phone No.
18. Reporting person's name	Report Code (see above)	18a. Name of reporting organization (school, hospital, etc.)		
18b. Address (No. & Street)	18c. City	18d. State	18e. Zip Code	18f. Phone No.
19. Reporting person's name	Report Code (see above)	19a. Name of reporting organization (school, hospital, etc.)		
19b. Address (No. & Street)	19c. City	19d. State	19e. Zip Code	19f. Phone No.

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

20. Summary report and conclusions of physical examination (Attach Medical Documentation)		

21. Laboratory report	22. X-Ray	
23. Other (specify)	24. History or physical signs of previous abuse/neglect <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. Prior hospitalization or medical examination for this child		
DATES	PLACES	
26. Physician's Signature	27. Date	28. Hospital (if applicable)
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into DHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:
Centralized Intake for Abuse & Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154

OR

email this form to DHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
- 5.-7. Child(ren)'s address – Enter the address of the child(ren).
8. Phone – Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint – Check appropriate box noting professional group or appropriate category.

Note: If abuse or neglect is suspected in a hospital, also check hospital.

DHS Facility – Refers to any group home, shelter home, halfway house or institution operated by the Department of Human Services.

DCH Facility – Refers to any institution or facility operated by the Department of Community Health.

15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.

APPENDIX 2

Specific questions need to be answered during the complaint process to provide the most complete and comprehensive description of the alleged abuse or neglect.

The following is a guide for what information reporting persons should have available when placing a call to CPS. In many cases not all of the questions can be answered, but gather as much information as possible; it will enable CPS to make an informed decision as to whether or not to assign the complaint for investigation. Be alert to the following specific information, but do not complete an interview of the child(ren).

The following outlines different situations and specific questions you may be asked:

I. Physical Neglect

- A.** If the allegations involve a ***dirty house***, describe how the house is dirty. **Be very specific.**
- When was the last time you were in the house?
 - Describe what you see when you walk in the house.
 - The words “dirty” or “filthy” are vague and have different meanings to different people. “Garbage on the floor” or “animal feces throughout the house” would be more specific and descriptive.
 - Does the home have an odor?
 - What does the kitchen look like?
 - Are there open containers of food lying around?
 - Is there furniture in the home?
 - Do the children have beds? If so, do the mattresses have bedding on them?
 - Is there running water in the home?
- B.** If the allegations are regarding a ***child not being fed properly***:
- Is there any food in the home right now? How do you know?
 - When was the last time you saw food in the home?
 - What exactly is in the refrigerator and cupboards?
 - Do the children complain about being hungry?
 - Does anybody else buy food for the home?
 - Is there less food during specific times of the month?
- C.** If your concerns are regarding a ***child’s hygiene***:
- Is the child generally clean? If he/she is dirty, describe how he/she is dirty.
 - How often is he/she dirty--twice a week, four or five times a week, every day, etc.?
 - Does the child bathe on a regular basis?
 - Is his/her clothes and/or body dirty?
 - Does he/she have an odor?
 - Does the family have animals?
 - Are the animals indoor pets?
 - Does the home have bugs or rodents (cockroaches, flies, mice, etc.)?

D. If the allegations are concerning *no water or heat in the home*:

- How are you aware of the situation?
- How long has the water and/or heat been off?
- Do the parents have a plan to have the water and/or heat turned back on?
- Does the family have access to water?
- Is the family bringing water into the home?
- Are the children sleeping at the residence or staying elsewhere at night?
- Are the children bathing elsewhere?

E. If the allegations involve *parental drug use*:

- How do you know the parents are using drugs?
- What kind of drugs are they using?
- Do the parents use drugs in front of the child?
- Are the parents selling drugs out of the home?
- Are the parents allowing other people to use drugs in the home or to sell drugs out of the home?
- How does the parent's drug use affect the care of the children?

II. Medical Neglect

- What type of injury or medical need does the child have?
- What type of care does the child require?
- How has the parent failed to meet the child's needs?
- If the child has missed medical appointments, how many?
- When is the last time the child was seen by a doctor?
- How has the parent's failure to provide medical care affected the child?
- Any identifying information about the child's health care provider would be extremely helpful in these types of situations.

III. Failure to Protect

- How has the child been abused or neglected?
- How do you know that the parent is aware of the abuse/neglect?
- Has the parent taken any steps to protect the child?
- Has the parent threatened the child not to talk about the abuse/neglect?
- Did the abuse occur in the past and the parent continued to allow the alleged perpetrator to have contact with the child?
- What type of emotional tie does the parent have with the alleged perpetrator?

IV. Improper Supervision

- If the child is being left home alone, how old is he/she?
- How often is he/she left home alone?
- Is he/she left alone during the daytime or in the evenings?
- How long is he/she usually left alone?
- Is there a phone in the home?
- Does the child know what to do in case of emergency?
- Are any of the children in the home mentally or physically handicapped?
- Has the child ever been left alone overnight?
- Is the child home alone right now?

Please note: According to the Child Protection Law, there is no legal age that a child can be left home alone. It is determined on a case-by-case basis, but as a rule of thumb, a child 10 years old and younger is not responsible enough to be left home alone. A child over the age of 10 and under the age of 12 will be evaluated, but the case may not always be assigned for a CPS investigation.

V. Abandonment

- If a parent leaves the child with the non-custodial parent without making prior arrangements, an assessment will be made to determine if that parent is willing or able to assume responsibility for the child.

VI. Physical Abuse

A. If the allegations involved **physical abuse**:

- How is the child being abused?
- Who is abusing the child?
- With what is the child being abused?
- Has the child ever had marks and/or bruises?
- Has the child ever had any other type of injuries from the abuse?
- When is the last time the child had marks and/or bruises?

B. If the child *currently* has **marks or bruises**:

- How does the child explain them?
- What do the marks look like (burns, welts, scalds, etc.)?
- What color, size, and shape are they?
- Was the skin broken?
- When does the child say he/she was last struck?
- Is the child afraid to go home?
- Did the parent threaten to hit the child again?
- Is the child complaining of pain and/or discomfort?

VII. Sexual Abuse

- Be specific as to why you suspect sexual abuse.
- What has the child done or said to make you suspect sexual abuse?
- When and to whom did the child disclose the sexual abuse?
- Who is the suspected perpetrator?
- Does the perpetrator live in the home?
- Does the perpetrator still have access to the child?
- Is a parent aware?
- What action has the parent taken to protect the child if he/she is aware?
- Has the parent sought medical attention for the child?



State of Michigan
Department of Human Services

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