

STATE OF MICHIGAN
GOVERNOR'S TASK FORCE ON CHILD ABUSE AND NEGLECT

A Model Child Abuse and Neglect Protocol
With an Approach Using a
Coordinated Investigative Team

State of Michigan
Department of Human Services



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Glossary of Abbreviations

Children’s Protective Services.....	CPS
Child Advocacy Center.....	CAC
Code of Federal Regulations.....	CFR
Child Protection Law.....	CPL
Computer Programs and Systems Inc.....	CPSI
Child Victim Identification Program.....	CVIP
Drug Endangered Children.....	DEC
Department of Human Services.....	DHS
Family Independence Agency.....	FIA
Friend of the Court.....	FOC
Governor’s Task Force on Child Abuse and Neglect.....	GTF
Human Papilloma Virus.....	HPV
Herpes Simplex Virus.....	HSV
Internet Crimes Against Children.....	ICAC
Law Enforcement Notification Form.....	LEN
Michigan Compiled Law.....	MCL
National Center for Missing and Exploited Children.....	NCMEC
National Institute on Drug Abuse.....	NIDA
Nucleic Acid Amplification Test.....	NAATs
Occupational Safety and Health Administration.....	OSHA
Publication.....	PUB
Coordinated Investigative Team.....	Team

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I. Introduction

In December 1991 the Governor's Task Force on Child Abuse and Neglect, formerly the Governor's Task Force on Children's Justice (GTF), was created pursuant to federal legislation to respond to the challenges involved with the handling of child abuse, particularly child sexual abuse-cases in Michigan.

One of the cornerstone recommendations of the GTF was the development of a protocol for the handling of child abuse and neglect cases in Michigan. After many months of work by the GTF, a *Model Protocol* was developed and adopted. The *Model Protocol* was revised in 1998 and again in 2012.

This *Model Protocol* is designed to be adapted at the local level, county by county, applying the attached guidelines for developing a community-based interagency child abuse and neglect protocol. Any county-specific changes to this *Model Protocol* must still adhere to the Child Protection Law, the *GTF Forensic Interviewing Protocol* (DHS-PUB 779), and to any other relevant statute provisions. Mandatory requirements of law enumerated in this *Model Protocol* cite the specific statute. Other procedures and actions listed should be considered and followed as recommended practices. Prosecutors are encouraged to take a leadership role in the construction, implementation and maintenance of a local protocol using this model and the attached guidelines.

This *Model Protocol* is an investigative and systems roadmap to provide for better coordination of prosecutor, law enforcement, children's protective service workers, child advocacy center staff, as well as the medical, mental health, school and friend of the court staff who deal with child abuse and neglect cases.

The application of this *Model Protocol* will be enhanced by statewide training sponsored by the Governor's Task Force and the Department of Human Services and will be conducted by a highly trained multi-disciplinary group. The purpose of this training is to prepare local investigators and team members to conduct competent child abuse and neglect investigations, which will reduce trauma to children while protecting the rights of the accused.

II. Statement of Purpose

Responding to child abuse and neglect is a profound challenge for every community. Prosecutors, law enforcement, children’s protective services, and other professionals recognize the special needs of child victims and are committed to working together to respond to the problem.

The Child Protection Law (CPL) recognizes the need for coordinating the investigation of certain cases and requires that protocols be drafted at the local level in order to accomplish this goal.

As set forth in MCL 722.628(6)¹:

In each county, the prosecuting attorney and the department shall develop and establish procedures for involving law enforcement officials as provided in this section. In each county, the prosecuting attorney and the department shall adopt and implement standard child abuse and neglect investigation and interview protocols using as a model the protocols developed by the governor's task force on children's justice as published in FIA Publication 794 (revised 8-98) and FIA Publication 779 (8-98), or an updated version of those publications.

The *Model Protocol* in the present document applies to those situations described in Section 8 of the CPL, as amended. It incorporates, by reference, the *GTF Forensic Interviewing Protocol* (DHS-PUB 779) and serves as a minimum standard for investigations. The *Model Protocol* should be expanded at the local level. Coordinating an effective investigation should be the goal in every case of child abuse and neglect, whether the offense is perpetrated by a person responsible for the child’s health or welfare or someone else. However, such coordination is statutorily required for cases involving certain types of child abuse or neglect. The Michigan Child Protection Law (MCL 722.621 et seq.) at MCL 722.628(3) and (4) provides:

(3) In conducting its investigation, the department shall seek the assistance of and cooperate with law enforcement officials within 24 hours after becoming aware that 1 or more of the following conditions exist:

(a) Abuse or neglect is the suspected cause of a child's death.

¹ MCL 722.628 is included in its entirety in Appendix B.

(b) The child is the victim of suspected sexual abuse or sexual exploitation.

(c) Abuse or neglect resulting in severe physical injury to the child. For purposes of this subdivision and section 17, "severe physical injury" means an injury to the child that requires medical treatment or hospitalization and that seriously impairs the child's health or physical well-being.

(d) Law enforcement intervention is necessary for the protection of the child, a department employee, or another person involved in the investigation.

(e) The alleged perpetrator of the child's injury is not a person responsible for the child's health or welfare.

(f) The child has been exposed to or had contact with methamphetamine production.

(4) Law enforcement officials shall cooperate with the department in conducting investigations under subsections (1) and (3) and shall comply with sections 5 and 7. The department and law enforcement officials shall conduct investigations in compliance with the protocols adopted and implemented as required by subsection (6).

Please see Appendix B for a list of all statutes related to child abuse and neglect cases.

It is recognized that there is a need for coordination of investigation and services for abused and neglected children and their families. In order to provide a more consistent and appropriate response to children, representatives of the designated agencies agree to adopt and adhere to this *Model Protocol* in all cases of child abuse and neglect.

<u>Agency</u>	<u>Responsible Party</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Goals

The overriding philosophy of this *Model Protocol* is to consider first and foremost what is best for the child while ensuring the rights of the accused. The following goals are the basis for this policy:

- A. To ensure that child abuse and neglect cases are properly and effectively investigated and prosecuted.
- B. To reduce trauma and provide protection and continued support for abuse victims and their families.
- C. To improve cooperation among professionals and agencies that furthers the development of common goals and methodologies for better management of child abuse and neglect cases, including limiting the number of times a child is interviewed.
- D. To encourage open communication among all parties to resolve difficulties that may arise in the use of the *Protocol*.
- E. To increase awareness and reporting of child abuse and neglect cases.
- F. To ensure proper training for all professionals within the scope of this *Protocol*.
- G. To encourage early and continued coordination between Children's Protective Services (CPS) and law enforcement to make investigations more timely and inclusive.
- H. To urge consideration of the opinions and advice of all agencies involved in protecting the child before any final decisions are made.
- I. To support the videorecording of investigative forensic interviews of children at child advocacy centers or in similar settings. The Governor's Task Force on Child Abuse and Neglect supports videorecording as a best practice.
- J. To encourage the establishment and utilization of child advocacy centers.

IV. General Legal Principles

- A. To ensure that accurate information is received from the child and to protect the rights of the accused, the *GTF Forensic Interviewing Protocol* will be utilized (DHS-PUB 779), MCL 722.628(6).
- B. More than one interview may be necessary to complete the investigation; however, all subsequent interviews must follow the *GTF Forensic Interviewing Protocol*. See the Phased Interview Section in the *GTF Forensic Interviewing Protocol* (DHS-PUB 779).
- C. No interview should be conducted in the presence of the perpetrator. MCL 722.628c
- D. If the county videorecords or audiorecords, follow the procedures set forth in the Introduction Section “Videorecording or Audiorecording and Documentation” in the *GTF Forensic Interviewing Protocol* (DHS-PUB 779). MCL 712A.17b and MCL 600.2163a²
- E. Copies of all interviews, inculpatory or exculpatory, must be retained. MCL 712A.17b and MCL 600.2163a
- F. When it is determined that the accused is not a “person responsible for the child’s health or welfare,” as defined in the Child Protection Law, CPS shall not investigate the complaint and promptly turn the case over to the appropriate law enforcement agency for investigation and disposition. MCL 722.623(6)
- G. Confidentiality is imposed upon both the Department of Human Services (DHS) and the law enforcement agency. While the law enforcement agency may receive information from the central registry of DHS, the statute provides that information may only be given to another entity named in the statute. MCL 722.627
- H. The results of all medical, psychiatric and psychological exams of the child (performed by specialized personnel when possible) should promptly be made available to CPS, the investigative branch of DHS. 45 CFR 164.512

² Included in its entirety in the *GTF Forensic Interview Protocol* (DHS-PUB 779) in the Videorecording Laws Appendix of that document.

V. Child Protection Law and its Requirements

Child abuse and child neglect are defined under the Child Protection Law (CPL) at MCL 722.622. Those definitions provide as follows:

- (e) "Child" means a person under 18 years of age.
- (f) "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy.
- (j) "Child neglect" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:
 - (i) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
 - (ii) Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

The Child Protection Law requires certain professionals to report child abuse or neglect to the Department of Human Services when they have reasonable cause to suspect that a child is being abused or neglected.

Section 3(1) of the Child Protection Law sets forth (See MCL 722.623):

- (1) An individual is required to report under this act as follows:
 - (a) 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, or regulated child care provider who has reasonable cause to suspect child abuse or neglect shall make immediately, by telephone or otherwise, an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72 hours after making the oral report, the reporting person shall file a written report as required in this act. If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by this section. One report from a hospital, agency, or school is adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation.

- (b) A department employee who is 1 of the following and has reasonable cause to suspect child abuse or neglect shall make a report of suspected child abuse or neglect to the department in the same manner as required under subdivision (a):
 - (i) Eligibility specialist.
 - (ii) Family independence manager.
 - (iii) Family independence specialist.
 - (iv) Social services specialist.
 - (v) Social work specialist.
 - (vi) Social work specialist manager.
 - (vii) Welfare services specialist.

VI. Using a Coordinated Investigative Team Approach

- A. Every county should have a Coordinated Investigative Team (Team). While each Team will be structured and operate somewhat differently, according to the defined needs of the county, the implementation of this *Model Protocol* will underlie its objectives.
- B. The primary purpose of the Team is to ensure coordination of the procedures and practices of the various agencies, organizations and personnel involved in the detection, investigation and prosecution of child abuse and neglect cases.
- C. Among the duties and responsibilities contemplated are regular meetings to increase communication among Team members. Whether Teams act only in an oversight capacity, or are actively involved in case-by-case decision-making, the Team will facilitate and support the work of its members, coordinate the sharing of information, and provide oversight to increase awareness of, and compliance with, the law and best practices outlined in this *Model Protocol*.
- D. The Child Protection Law requires the following officials to coordinate their efforts, and they form the central county Team. MCL 722.628 Sec. 8(6)
 - 1. Prosecuting attorney – Team leader.
 - 2. Law enforcement investigator.
 - 3. Children’s Protective Services investigator.
- E. The Team may include but is not limited to the following additional professionals, on a case-by-case basis:
 - 1. Child advocacy center (CAC) personnel.
 - 2. Medical personnel.
 - 3. Mental health personnel.
 - 4. School personnel.
 - 5. Friend of the court personnel.

- F. The roles of the Team members should be determined by the central county Team. Not every case will require the participation of all Team members.
- G. Each law enforcement agency should designate at least one investigator and an appropriate backup, each specifically identified and specially trained to handle cases of child abuse and neglect occurring within its jurisdiction.
- H. Each member of the county Team should have received specialized training in the handling of child abuse and neglect cases. This training should include the *GTF Forensic Interviewing Protocol* (DHS-Pub 779).
- I. Any area or department within the county that is unable to find a trained investigator should, as an alternative, identify a specific law enforcement agency and investigators within that agency who can be called on to ensure complete coverage. It is recommended that these responsibilities be coordinated between the county's sheriff department and local state police posts.

Cases of child abuse or neglect occurring in the following locations will be handled by the agency listed below:

Location: _____ Agency: _____

Location: _____ Agency: _____

Location: _____ Agency: _____

- J. All designated Team members shall be provided with a contact phone number list, including numbers for after-hour emergencies, which shall be maintained and distributed by the Team coordinator.
- K. County team objectives
 - 1. To coordinate the investigation.
 - 2. To conduct a thorough and objective investigation.
 - 3. To minimize trauma to the victim.
 - 4. To ensure fairness to the accused.

L. Team investigations will:

1. Interview all witnesses, including but not limited to children and members of the victim's household or family pursuant to the *GTF Forensic Interviewing Protocol*.
2. Utilize the *GTF Forensic Interviewing Protocol* or arrange for an interview at a CAC in all interviews with children.
3. Obtain medical treatment, when necessary.
4. Arrange for an immediate medical exam when an allegation involves sexual and/or severe physical abuse which occurred in the past 72 hours. Whenever possible, the exam shall be provided by specially trained medical personnel.
5. Interview members of the victim's family, including children.
6. Collect and preserve evidence.
7. Interview the alleged perpetrator.
8. Obtain family and medical histories. This may require contacting more than one physician, including family doctor and current emergency/specially trained provider.
9. Coordinate efforts with law enforcement, with the courts and with CPS when assistance is needed with removal of children.
10. Assess the risk of harm to any children involved in an investigation and plan a course of action with the prosecutor, law enforcement and CPS to ensure that all children are protected.

M. Cases of special note that prompt a specific response

1. Medical issues: When a case requires a medical evaluation of a child, refer to *Section XI: Medical Personnel* of this *Model Protocol*.
2. Digital evidence: When a case involves digital evidence and the need for forensic evaluation, refer to *Appendix C: Cases Involving Digital Evidence* of this *Model Protocol*.

3. Methamphetamine: When a case involves methamphetamine exposure, refer to *Appendix D: Michigan Drug Endangered Children (DEC) Response Protocol* of this *Model Protocol*.

VII. Prosecutors

- A. Prosecutors should take a leadership role with their county protocol and Team. This role should include:
1. Developing and implementing a county Child Abuse and Neglect Protocol in accordance with this *Model Protocol*.
 2. Coordinating the activities of the Team.
 3. Reviewing the investigation of the case to ensure compliance with the County Protocol when a case requires the Team because it falls under the Child Protection Law (MCL) 722.628 Sec. 8 (3).
 4. Providing legal counsel on issues relative to the investigation and prosecution of child abuse and neglect cases.
 5. Facilitating in-service training for local members of the Team at least annually.
 6. Raising awareness of the county protocol, particularly among mandatory reporters and professionals covered by the county protocol, including medical providers, mental health providers, school officials, and child advocacy center staff.
- B. Prosecutors should pursue consistent practices in charging, negotiating pleas and disposing of child abuse and neglect cases in each county and should:
1. Minimize trauma to the child victim throughout all legal proceedings.
 2. Ensure the rights of the accused.
- C. Prosecutors should enhance the advocacy of child abuse and neglect victims:
1. By designating a person to act as the advocate for child abuse and neglect victims.
 2. By establishing an office policy that accommodates the special needs of child abuse and neglect victims during their exposure to the civil and criminal justice system.

- D. Prosecutors should, as appropriate, make the notices required under MCL 722.628a (2)-(5).
1. If an individual is bound over to circuit court for any of the following crimes, the prosecuting attorney shall execute the notices as prescribed by subsections (2) to (5):
 - a. Criminal sexual conduct in the first, second or third degree in violation of Section 520b, 520c, or 520d of the Michigan Penal Code, 1931 PA 328, MCL 750.520b, 750.520c, and 750.520d.
 - b. Assault with intent to commit criminal sexual conduct in violation of Section 520g of the Michigan penal code, 1931 PA 328, MCL 750.520g.
 - c. A felonious attempt or a felonious conspiracy to commit criminal sexual conduct.
 - d. An assault on a child that is punishable as a felony.
 - e. Child abuse in the first, second or third degree, in violation of Section 136b of the Michigan penal code, 1931 PA 328, MCL 750.136b.
 - f. Involvement in child sexually abusive material or child sexually abusive activity in violation of Section 145c of the Michigan penal code, 1931 PA 328, MCL 750.145c.
 2. If the individual is an employee of a nonpublic school as defined in Section 5 of the revised school code, 1976 PA 451, MCL 380.5, the prosecuting attorney shall notify the governing body of the nonpublic school.
 3. If the individual is an employee of a school district or intermediate school district, the prosecuting attorney shall notify the superintendent of the school district or intermediate school district.
 4. If the individual is an employee of a department that provides a service to children and youth as described in Section 115 of the social welfare act, 1939 PA 280, MCL 400.115, the prosecuting attorney shall notify the county director of social services or the superintendent of the training school.

5. If the individual is a child care provider, the prosecuting attorney shall notify the department, the owner or operator of the child care provider's child care organization or adult foster care location authorized to care for a child, and the child care regulatory agency with authority over that child care organization or adult foster care location authorized to care for a child.

6. Upon final disposition of a criminal matter for which a notice was given under subsections (2) to (5), the prosecuting attorney shall notify each person previously notified under subsections (2) to (5) of that disposition.

VIII. Children's Protective Services

- A. The Children's Protective Services Centralized Intake office receives initial complaints and, based on the information obtained, makes one of the following determinations:
1. Determines that there is reasonable suspicion that a child is being neglected or abused by a person responsible for the child and that the suspected abuse complaint is covered under Section 8(3) (a) (b), (c) or Section 3(6) or (9). Following such a determination, CPS will:
 - a. Immediately contact the law enforcement agency in the jurisdiction where abuse occurred.
 - b. Route the case to the appropriate county for investigation.
 - c. Complete and distribute the Law Enforcement Notification Form (LEN).
 - i. To law enforcement in the jurisdiction where abuse occurred.
 - ii. To the prosecutor's office.
 - d. Assign a CPS investigator from an appropriate county office. This investigator will:
 - i. Initiate the investigation within the response time required by its priority.
 - ii. Coordinate investigation with law enforcement in a timely manner.
 - iii. Follow the *Coordinated Team Approach*, in *Section VI* of this *Model Protocol*.
 - e. Complete the field investigation and, based on its results, determine in which single category, prescribed by Section 8d, to classify the allegation of child abuse or neglect.³
 - f. Initiate a family/juvenile court action if necessary.

³ MCL 722.628(12)

2. Determines that there is reasonable suspicion to believe that a child is being neglected or abused by a person responsible for the child and that the suspected abuse complaint is not covered under Section 8(3) (a) (b) or (c). Following such a determination, CPS will:
 - a. Assign a CPS investigator from the appropriate county office.
 - b. Follow the guidelines set forth in CPS PSM 713-1 through 713-13.
 - c. Initiate the investigation within the response time required by its priority.
 - d. Contact the child immediately and conduct a face-to-face interview with the child within 24 hours, or initiate an investigation within 24 hours and conduct an interview within 72 hours.
 - e. Complete a field investigation and, based on its results, determine in which single category, prescribed by Section 8d, to classify the allegation of child abuse or neglect.⁴
 - f. Initiate a family/juvenile court action if necessary.
3. Determines there is reasonable suspicion to believe a child was abused by a person not responsible for the child's health or welfare and therefore CPS will not investigate the complaint. Following such a determination, CPS will:
 - a. Contact the appropriate law enforcement agency in the jurisdiction where the alleged abuse occurred.
 - b. Fax a child abuse complaint to prosecutor's office using a LEN.

4 Ibid

4. Determines that CPS will not investigate the allegations received because CPS lacks jurisdiction. Following such a determination, CPS will:
 - a. Transfer the complaint to a competent jurisdiction with authority over the allegations. These jurisdictions include:
 - i. Tribal authorities.
 - ii. The Bureau of Children and Adult Licensing.
 - b. Reject the complaint because:
 - i. The allegations have already been investigated.
 - ii. The allegations have been discounted after preliminary investigation.
 - iii. The complaint doesn't meet the definition of child abuse or neglect.
 - iv. There is no reasonable cause for the complaint because:
 - a) The information in it is vague/insufficient.
 - b) It is based on speculation.
 - c) The child exhibits normal/exploratory behavior.
 - v. The reporting person is unreliable or not credible.
 - vi. The child's family has fled to another state and the child is not currently in Michigan.

B. The Child Protection Law 722.18 Section 8(5) provides:

Involvement of law enforcement officials under this section does not relieve or prevent the department from proceeding with its investigation or treatment if there is a reasonable cause to suspect that the child abuse or neglect was committed by a person responsible for the child's health or welfare.

IX. Law Enforcement Officers

- A. When a law enforcement agency receives an initial complaint, it will:
1. Evaluate the complaint to determine appropriate action to take. In order to do so, it will:
 - a. Interview and gather information from the person reporting the offense and other witnesses.
 - b. Interview the child, when emergent or necessary, to obtain minimal facts of the alleged abuse using interviewing techniques in accord with the *GTF Forensic Interviewing Protocol*.
 - c. Identify the relationship of the alleged perpetrator of abuse and/or neglect to the child who is disclosing abuse.
 - d. Document the child's verbatim statements regarding abuse and neglect.
 - e. Collect evidence and photographs injuries if applicable.
 - f. Contact the designated investigator and/or specialized unit that deals with child abuse cases, if available, and follow their instructions for further actions.
 2. Evaluate any current danger to the child. If child is in imminent risk of harm in the home environment requiring immediate removal, the law enforcement agency will:
 - a. If suitable relative or friend is available:
 - i. Place the child with suitable relative or friend.
 - ii. Notify the Children's Protective Services Centralized Intake at 1-855-444-3911.
 - iii. Notify the person responsible for the child's health or welfare of the removal.
 - iv. Complete the required family/juvenile court form in the county where the child resides and contact the court for a preliminary hearing date.

- b. If no suitable relative is available or if the person responsible for the child's health or welfare is not cooperative:
 - i. Take the child into custody.
 - ii. Notify the Children's Protective Services Centralized Intake at 1-855-444-3911.
 - iii. Complete the required court form and contact family/juvenile court for preliminary hearing date.

- B. When a law enforcement agency determines there is reasonable suspicion to believe that a child is being neglected or abused by a person responsible for the child's health or welfare, it will:
 - 1. Notify CPS immediately by phone and follow-up with a written report within 72 hours.
 - 2. Determine whether there is reasonable suspicion to believe the complaint is covered under Section 8(3) (a) (b), (c) or Section 3(6) or (9). In order to do so, it will:
 - a. Assign a Team member for investigation.
 - b. Follow *An Approach Using a Coordinated Investigative Team* in Section VI of this Model Protocol.
 - c. Coordinate with CPS in a timely manner to schedule and conduct initial investigatory interviews of victims, parents, alleged perpetrators, and significant others.
 - d. Make reports available to the rest of the Team.
 - 3. Complete the required family/juvenile court form in the county where the child resides and contact the court for a preliminary hearing date.

- C. When a law enforcement agency determines there is reasonable suspicion to believe child was abused by a person not responsible for the child's health or welfare, it will:
1. Conduct a thorough and objective investigation. In order to do so, it will:
 - a. Interview all witnesses, including but not limited to children and members of the victim's household or family, pursuant to the *GTF Forensic Interviewing Protocol*.
 - b. Utilize the *GTF Forensic Interviewing Protocol* or arrange for an interview at a CAC whenever children are interviewed.
 - c. Obtain medical treatment, if necessary.
 - d. Arrange for an immediate medical exam when an allegation involves sexual and/or severe physical abuse which occurred in the preceding 72 hours. Whenever possible, the exam shall be provided by protocol-trained medical personnel.
 - e. Interview members of the victim's family, including children, using the *GTF Forensic Interviewing Protocol*.
 - f. Collect and preserve evidence.
 - g. Interview the alleged perpetrator.
 - h. Obtain family and medical histories. This may require contacting more than one physician, including family doctors, EMS personnel, or specially trained hospital staff providers.
 2. Present its findings in the case to the prosecutor's office at the conclusion of the investigation for consideration.
- D. When a law enforcement agency determines that the abuse of a child is of a sexual nature, it will complete all necessary documentation, including the state-required Sex Motivated Crime Report (MSP DD-079) as required under PA 132 of 1955, 28.246.

X. Child Advocacy Centers

- A. A child advocacy center (CAC) is a neutral, safe place for the child and family. Additionally, a CAC is the hub from which the County Coordinated Investigative Team (Team) functions. It is a centralized location for the Team's initial contact with the family and continued case review, team support and potential victim support services.
- B. Child advocacy center (CAC) forensic interviewers will conduct interviews of children in cases referred to the CAC by Children's Protective Services (CPS) and/or law enforcement.
1. Forensic interviewers are trained in the *Governor's Task Force (GTF) Forensic Interviewing Protocol*, in the linguistics of children, and in interviewing techniques.
 2. Forensic interviewers will utilize the *GTF Forensic Interviewing Protocol* in all interviews of children.
 3. Forensic interviews will be documented pursuant to the *GTF Forensic Interviewing Protocol*.
 4. Forensic interviews of children will be conducted in a space that is developed for children and accommodates their needs.
 5. Forensic interviews are essentially Team interviews as Team members will watch from another location and have an opportunity to provide input to the interviewer. The intent is that a child will only be interviewed one time in a neutral, welcoming setting where all the members of the Team have the opportunity for input.
 6. Forensic interviewers must remain neutral and unbiased.
 7. The forensic interviewer of a child for the investigation will not participate in any follow up mental health, advocacy or medical services in that child's case.
- C. The GTF supports as a best practice the videorecording of investigative forensic interviews of children at child advocacy centers or in similar settings. If the county videorecords or audiorecords and interview, it will follow the procedures recommended in the *GTF Forensic Interviewing Protocol*, (DHS-PUB 779), MCL 712A.17b and MCL 600.2163a.⁵

⁵ Included in its entirety in the *GTF Forensic Interviewing Protocol* (DHS-PUB 779), in the Videorecording Laws Appendix.

XI. Medical Personnel

- A. All medical personnel are mandated reporters under the Child Protection Law (CPL) and must report when they have reasonable cause to suspect child abuse or neglect.
1. Medical personnel follow these procedures for reporting suspected child abuse or neglect to Children's Protective Services (CPS):
 - a. Identify the relationship of the alleged perpetrator of abuse and/or neglect to the child who is disclosing abuse.
 - b. Document the child's verbatim statements regarding abuse and neglect.
 - c. Immediately make a telephone referral to CPS Centralized Intake at 1-855-444-3911.
 - d. Submit a completed CPS-3200 form within 72 hours.
 2. Investigating whether actual child abuse or neglect has occurred is the responsibility of CPS and law enforcement.
 3. Any legally recognized privileged communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631 Sec. 11.
 4. Medical personnel making the report shall notify the superior or administrator of the hospital or agency of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. See MCL 722.623 Sec. (1) (a).
 5. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623 Sec. (1) (a).

6. The reporting person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623 Sec. 3. (1) (a).
 7. The identity of a reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625 Sec. 5.
 8. A person acting in good faith who makes a report, cooperates in an investigation or assists in any other requirement of the CPL is immune from civil or criminal liability that might otherwise be incurred by that action. See MCL 722.625 Sec. 5.
 9. Medical personnel who knowingly fail to report to CPS instances of suspected child abuse or neglect are civilly liable for damages proximately caused by the failure and are guilty of a misdemeanor. See MCL 722.633 Sec. 13. (1) (2).
- B. Medical personnel should take temporary custody of a child when release of the child to the parent or caregiver would endanger the child's health or welfare as determined by a physician. See MCL 722.626. In such cases, medical personnel should:
1. Notify CPS immediately when a child is taken into medical temporary custody.
 2. Take temporary medical custody by admitting the child to the hospital with or without parental consent.
 3. Detain the child in the hospital until the next business day of the family division of circuit court.
- C. Medical personnel should also do the following:
1. Obtain a medical history from the parent, caregiver and/or child sufficient to formulate a differential diagnosis, to plan treatment and to ensure the safety of the child.
 - a. Speak with the adult and child separately whenever possible.
 - b. Document in the medical chart the questions asked by medical personnel and the statements or responses by the child in the medical chart. The use of quotations is encouraged. Obtaining a medical history is subject to the following stipulations:

- i. Investigating whether actual child abuse or neglect has occurred is the responsibility of CPS and not of medical personnel reporting suspected child abuse.
 - ii. Accurate and detailed statements from the child are essential for other Team members.
 - iii. Statements concerning abuse, when obtained for the purpose of medical diagnosis and/or treatment, are generally admissible in court.
2. Perform a physical exam to identify (or rule out) injuries to all body parts.
 - a. An exam for suspected abuse generally includes a thorough skin exam and exam of the eyes, ears, nose, mouth, genitals and anus.
 - b. When injuries are identified, they should be documented with photographs that identify the patient and which contain a ruler to provide scale.
 - c. The use of body diagrams of visible injuries is also strongly encouraged.
 - d. Photo-documentation of the genital and anal area is strongly encouraged in cases of suspected sexual abuse.
3. Collect specimens of possible DNA for analysis using the State of Michigan Forensic Evidence Kit. This should be done:
 - a. Whenever the alleged perpetrator's DNA may be present on the child's body.
 - b. If the sexual assault occurred 72 hours or less before the exam.
4. Test for sexually-transmitted infection as indicated.
 - a. Testing
 - i. Testing should be done on sites that have potentially been exposed to skin-to-skin contact as indicated by the child's statements, the perpetrator's statements, or the Team's suspicion.

- ii. Routine testing of all children is generally not recommended. Testing should be done when supported by appropriate history or the findings of clinical examination.
- iii. The testing that may be necessary includes the following:
 - a) Examination to evaluate for anogenital warts and vesicular or ulcerative lesions (herpes).
 - 1) Warts are generally confirmed by exam only. HPV (Human Papilloma Virus) testing can be performed if the warts need to be removed. Typing of the HPV is optional.
 - 2) Suspicious lesions should be swabbed for herpes testing by HSV (Herpes Simplex Virus) culture or PCR (Polymerase Chain Reaction).
 - 3) HSV Serology is strongly discouraged.
 - b) Gonococcal cultures of the throat, genitals and anus as indicated.
 - 1) NAATs (Nucleic Acid Amplification Test) may be used as available.
 - 2) If the child is less than 16 years old, positive NAAT testing must be confirmed prior to treatment.
 - c) Chlamydial cultures from the genitals and anus as indicated.
 - 1) NAATs may be used as available.
 - 2) If the child is less than 16 years old, positive NAAT testing must be confirmed prior to treatment.
 - d) Genital/urethral discharge should be tested for trichomonas and strep. Testing for bacterial vaginosis may also be considered.
 - e) Blood testing for HIV and syphilis as indicated by history or clinical examination.
 - 1) Testing for hepatitis C may be considered based on risk factors.
 - 2) Testing for hepatitis B may be considered if the child is unimmunized or if immunization status is unknown.
 - f) Blood and/or urine testing for drugs typical of abuse and for alcohol when necessary and appropriate.

XII. Mental Health Personnel

- A. Mental health personnel are mandated reporters under the Child Protection Law (CPL) and must report when they have reasonable cause to suspect child abuse or neglect.
1. Mental health personnel will follow these procedures for reporting suspected child abuse or neglect to Children's Protective Services (CPS):
 - a. Identify the relationship of the alleged perpetrator of abuse or neglect to the child who is disclosing abuse.
 - b. Document the child's verbatim statements regarding abuse and neglect.
 - c. Immediately make a telephone referral to CPS Centralized Intake at 1-855-444-3911.
 - d. Submit a completed CPS-3200 form within 72 hours.
 2. Investigating whether actual child abuse or neglect has occurred is the responsibility of CPS and law enforcement.
 3. Any legally recognized privileged communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631 Sec. 11.
 4. Mental health personnel making the report shall notify the superior or administrator of the agency of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. See MCL 722.623 Sec. (1) (a).
 5. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623 Sec. (1) (a).
 6. The reporting person shall not according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623 Sec. 3. (1) (a).

7. Identity of the reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625 Sec. 5.
 8. A person acting in good faith who makes a report, cooperates in an investigation or assists in any other requirement of the CPL is immune from civil or criminal liability that might otherwise be incurred by that action. See MCL 722.625 Sec. 5.
 9. Mental health personnel who knowingly fail to report to CPS instances of suspected child abuse are civilly liable for damages proximately caused by the failure and are guilty of a misdemeanor. See MCL 722.633 Sec. 13. (1) (2).
- B. If a child is identified as needing therapy during the investigative or court process, the child may be referred for therapy by a local Child Advocacy Center (CAC), by the prosecutor's office, by CPS, or by a court order.
- C. If the child was seen at a CAC for a forensic interview, the assigned therapist should obtain a release of information from the parent or caregiver of the child to have the forensic interview report released to the therapist. The report provides a detailed description of the allegations and the therapist can make a CPS-3200 if new or further allegations of abuse arise in the course of treatment.
- D. When reporting claims of child abuse and neglect a mental health agency employee should follow specific criteria.
1. The CPL does not preclude or hinder a mental health agency from investigating claims of child abuse or neglect by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a Sec.12a.
 2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.
 3. An internal investigation should not interfere or hinder an investigation being conducted by CPS or law enforcement.

4. An internal investigation should be coordinated with any investigation being conducted by CPS and/or law enforcement to:
 - a. Avoid duplicative interviews.
 - b. Ensure the child is interviewed by a trained forensic interviewer.
 - c. Ensure proper case management.

XIII. School Personnel

- A. School personnel or regulated child care providers are mandated reporters under the Child Protection Law (CPL) and must report when they have reasonable cause to suspect child abuse or neglect:
1. School personnel or regulated child care providers will follow these procedures for reporting suspected child abuse or neglect to Children's Protective Services (CPS):
 - a. Identify the relationship to the child of alleged perpetrator of abuse or neglect to the child who is disclosing abuse.
 - b. Document the child's verbatim statements regarding abuse or neglect.
 - c. Immediately make a telephone referral to CPS Centralized Intake at 1-855-444-3911.
 - d. Submit a completed CPS-3200 form within 72 hours.
 2. A school employee or regulated child care provider making a report shall notify the superior or administrator of the agency of his or her finding and that the report has been made and shall make a copy of the written report available to the person in charge. See MCL 722.623 Sec. (1) (a).
 3. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623 Sec. (1) (a).
 4. The reporting person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623 Sec. 3. (1) (a).
 5. The identity of reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625 Sec. 5.
 6. A person acting in good faith who makes a report, cooperates in an investigation or assists in any other requirement of the CPL is immune from civil or criminal liability that might otherwise be incurred by that action. See MCL 722.625 Sec. 5.

7. A school or child care professional who knowingly fails to report to CPS instances of suspected child abuse is civilly liable for damages proximately caused by the failure and is guilty of a misdemeanor. See MCL 722.633 Sec. 13. (1) (2).
8. Public and private schools and other institutions shall cooperate with CPS during an investigation of reported child abuse or neglect.
9. School personnel should cooperate with the Team. Cooperation includes:
 - a. Allowing access to the child without parental consent pursuant to Section 8(8) of the CPL.
 - b. Allowing CPS to interview the child alone regardless of whether law enforcement officials are present.
 - i. Before contact with the child, CPS should review CPS's responsibility under Section 8(9) (a) of the CPL with the designated school staff person.
 - ii. After interviewing the child, CPS should review with the designated staff member and the child the response that CPS will take, pursuant to Section 8(9) (b).
 - iii. CPS may share additional information with the designated staff member without the child present, pursuant to the confidentiality provisions of the CPL.
10. Immediately after the interview, CPS should notify the person responsible for the child's health and welfare that CPS or law enforcement had contact with the child.
11. Temporary delay in notification is permitted if the notice would compromise the safety of the child or the child's siblings or the integrity of the investigation.
12. Investigation of child abuse or neglect is the responsibility of CPS and law enforcement officials, pursuant to the CPL.
 - a. School staff are not to investigate or determine if abuse or neglect actually occurred.

- b. No child should be subjected to a search at school that requires the child to expose buttocks, genitalia, or breasts under Section 8(8) of the CPL.
- 13. Lack of cooperation by the school does not relieve or prevent CPS from proceeding with its responsibilities under the CPL.
- B. All of the CPL requirements are required and should be complied with regardless of any other requirements of the school.
- C. When reporting claims of child abuse and/or neglect a school employee should consider specific criteria.
 - 1. The CPL does not preclude or hinder a school or agency from investigating claims of child abuse or neglect by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a Sec.12a.
 - 2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.
 - 3. An internal investigation should not interfere or hinder an investigation being conducted by CPS or law enforcement.
 - 4. An internal investigation should be coordinated with any investigation being conducted by CPS and/or law enforcement to:
 - a. Avoid duplicative interviews.
 - b. Ensure a child is interviewed by a trained forensic interviewer.
 - c. Ensure proper case management.

XIV. Friend of the Court Personnel

- A. Friend of the court personnel are mandated reporters under the Child Protection Law (CPL) and must report when they have reasonable cause to suspect child abuse or neglect.
1. Friend of the court personnel will follow these procedures for reporting suspected child abuse or neglect to Children's Protective Services (CPS):
 - a. Document the child's verbatim statements regarding abuse or neglect.
 - b. Identify the relationship of the alleged perpetrator of abuse and/or neglect to the child who is disclosing abuse.
 - c. Immediately make a telephone referral to CPS Centralized Intake at 1-855-444-3911.
 - d. Submit a completed CPS-3200 form within 72 hours.
 2. Investigating whether actual child abuse or neglect has occurred is the responsibility of CPS and law enforcement.
 3. Any legally recognized privileged communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631 Sec. 11.
 4. A Friend of the court professional making a report shall notify the superior or administrator of the agency of his or her finding and that the report has been made and shall make a copy of the written report available to the person in charge. See MCL 722.623 Sec. (1) (a).
 5. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623 Sec. (1) (a).

6. The reporting person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623 Sec. 3. (1) (a).
 7. The identity of reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625 Sec. 5.
 8. A person acting in good faith who makes a report, cooperates in an investigation or assists in any other requirement of the CPL is immune from civil or criminal liability that might otherwise be incurred by that action. See MCL 722.625 Sec. 5.
 9. A Friend of the court professional who knowingly fails to report to CPS instances of suspected child abuse is civilly liable for damages proximately caused by the failure and is guilty of a misdemeanor. See MCL 722.633 Sec. 13. (1) (2).
- B. When reporting claims of child abuse and/or neglect, a Friend of the court employee should consider specific criteria.
1. The CPL does not preclude or hinder an agency from investigating claims of child abuse or neglect by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a Sec.12a.
 2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.
 3. An internal investigation should not interfere or hinder an investigation being conducted by CPS or law enforcement.
 4. An internal investigation should be coordinated with any investigation being conducted by CPS and/or law enforcement to:
 - a. Avoid duplicative interviews.
 - b. Ensure the child is interviewed by a CPS and/or law enforcement trained forensic interviewer.
 - c. Ensure proper case management.

- C. When a judge or referee refers a case of suspected child abuse or neglect to the friend of the court for determination of custody and/or parenting time, the friend of the court will:
1. Interview the parties involved, not including children.
 2. Determine whether a 3200 report has been made to CPS.
 3. If a 3200 report has been made, determine the status of the investigation and whether the child has been interviewed either by CPS, law enforcement or at CAC.
 - a. Review the child's statement if the child has been interviewed.
 - b. Contact the Coordinated Investigative Team (Team) to arrange interview by trained forensic interviewer if the child has not been interviewed. See *Section VI*, of this *Model Protocol*.
 4. Decide, based on the referral by the court or referee, whether an FOC investigation should be delayed pending the outcome of any CPS investigation.
 5. Determine whether the child is in therapy/treatment or has been evaluated by a mental health professional regarding the allegation.
 6. If a reportable disclosure of suspected child abuse or neglect is made during an investigation regarding custody/parenting time, a 3200 report must be made to CPS. See item A. in this Section. The case should then proceed with a Coordinated Investigative Approach Team. See *Section VI*, of this *Model Protocol*.
 7. Consider this *Model Protocol's* recommendation that any disclosure of any crime against a child be reported to law enforcement (whether or not the report is mandated pursuant to the CPL).
 8. Make every effort to cooperate with CPS, law enforcement and other courts or agencies to help assure the safety of children.
 9. In cases in which there are conflicting criminal and family division orders, assist in coordinating information among courts, CPS and the foster care worker.
 10. When a case does not involve child abuse or neglect, interview the child using interviewing techniques in accord with the *GTF Forensic Interviewing Protocol*.

Appendix A

Important Phone Numbers:

DHS

Centralized Intake:

County DHS Offices:

Director:

CPS Program Manager:

Foster Care Supervisor:

Police Departments

Local:

Sheriff:

State Police:

Prosecutor's Office

General Information:

Juvenile Court:

Warrants:

Victim Services:

Courts

Circuit:

Probate:

Friend of the Court:

Probation Services:

Appendix B

Statutes Cited Within Model Protocol

User Note: This index lists the short title of the statutes that are referenced in this *Model Protocol*. A few statutes have been cited in their entirety within this index. [MCL §§ 722.621, 722.624, 722.625, 722.626, 722.628, and 722.631] The Michigan statutes listed here are current as of July of 2012. For updates see: www.legislature.mi.gov.

Code of Federal Regulations:

45 CFR 164.512. PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION
Uses and disclosures for which an authorization or opportunity to agree or object is not required.

Michigan Complied Laws:

MCL § 28.246. Neglect or refusal of officers or officials to perform duties as misdemeanor; penalty.

MCL § 600.2163a. Definitions; prosecutions and proceedings to which section applicable; use of dolls or mannequins; support person; notice; videorecorded statement; special arrangements to protect welfare of witness; videotape deposition; section additional to other protections or procedures; violation as misdemeanor; penalty.

MCL § 712A.17b. Definitions; proceedings to which section applicable; use of dolls or mannequins; support person; notice; videorecorded statement; shielding of witness; videorecorded deposition; special arrangements to protect welfare of witness; section additional to other protections or procedures.

MCL§ 722.621. This act shall be known and may be cited as the "child protection law."

MCL § 722.622. Definitions.

MCL § 722.623. Individual required to report child abuse or neglect; written report; transmitting report to county department; copies to prosecuting attorney and probate court; conditions requiring transmission of report to law enforcement agency; pregnancy of or venereal disease in child less than 12 years of age; exposure to or contact with methamphetamine production.

MCL § 722.623a. Knowledge or suspicion of alcohol, controlled substance, or metabolite of controlled substance in body of newborn infant; report required; exception.

MCL § 722.624. Persons permitted to report child abuse or neglect.

In addition to those persons required to report child abuse or neglect under section 3, any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or a law enforcement agency.

MCL § 722.625. Identity of reporting person; confidentiality; disclosure; immunity; good faith presumed.

Except for records available under Section 7(2)(a), (b), and (n), the identity of a reporting person is confidential subject to disclosure only with the consent of that person or by judicial process. A person acting in good faith who makes a report, cooperates in an investigation or assists in any other requirement of this act is immune from civil or criminal liability that might otherwise be incurred by that action. A person making a report or assisting in any other requirement of this act is presumed to have acted in good faith. This immunity from civil or criminal liability extends only to acts done according to this act and does not extend to a negligent act that causes personal injury or death or to the malpractice of a physician that results in personal injury or death.

MCL § 722.626. Detention of child in temporary protective custody; preliminary hearing; examinations; report; medical evaluation.

(1) If a child suspected of being abused or neglected is admitted to a hospital or brought to a hospital for outpatient services and the attending physician determines that the release of the child would endanger the child's health or welfare, the attending physician shall notify the person in charge and the department. The person in charge may detain the child in temporary protective custody until the next regular business day of the probate court, at which time the probate court shall order the child detained in the hospital or in some other suitable place pending a preliminary hearing as required by Section 14 of Chapter 12A of the probate code of 1939, 1939 PA 288, MCL 712A.14 , or order the child released to the child's parent, guardian, or custodian.

(2) When a child suspected of being an abused or neglected child is seen by a physician, the physician shall make the necessary examinations, which may include physical examinations,

x-rays, photographs, laboratory studies, and other pertinent studies. The physician's written report to the department shall contain summaries of the evaluation, including medical test results.

(3) If a report is made by a person other than a physician, or if the physician's report is not complete, the department may request a court order for a medical evaluation of the child. The department shall have a medical evaluation made without a court order if either of the following occurs:

(a) The child's health is seriously endangered and a court order cannot be obtained.

(b) The child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

MCL § 722.627. Central registry; availability of confidential records; closed court proceeding not required; notice to individuals; amending or expunging certain reports and records; hearing; evidence; release of reports compiled by law enforcement agency; information obtained by citizen review panel; dissemination of information to pursue sanctions for dereliction of duty by agency employee.

MCL § 722.627a. Availability of information, reports, and records to legislature; disclosure of or keeping confidential information as misdemeanor.

MCL § 722.627b. Child fatality review team; membership; review of child fatality; training and orientation; creation of advisory committee; review by citizen review panel; annual report; transmission of report to governor and legislature; disclosure of information; member of review team as member for purposes of MCL 691.1407; registry of statistical information regarding children's deaths.

MCL § 722.627c. Release of information from child protective services records or case in which child has died; decision by director; determination.

MCL § 722.627d. Release of information by director; preliminary decision to release or deny information; extension of time period; evidence.

MCL § 722.627e. Release of information by director; prohibitions.

MCL § 722.627f. Release of information by director; preliminary decision to release or deny request; notice; final decision; writing; right to appeal.

MCL § 722.627g. Release of information by director; individuals to be notified.

MCL § 722.627h. Appeal of director's decision.

MCL § 722.627i. Fee; federal assurances and waivers.

MCL § 722.627j. Individual not named in central registry case as perpetrator of child abuse or neglect; documentation; receipt of central registry clearance information; request; automated systems.

MCL § 722.627k. Death of child under court jurisdiction; notification to legislator and children's ombudsman.

MCL § 722.628. Referring report or commencing investigation; informing parent or legal guardian of investigation; duties of department; assistance of and cooperation with law enforcement officials; procedures; procedures by prosecuting attorney; cooperation of school or other institution; information as to disposition of report; exception to reporting requirement; surrender of newborn; training of employees in rights of children and families; determination of open friend of the court case.

(1) Within 24 hours after receiving a report made under this act, the department shall refer the report to the prosecuting attorney and the local law enforcement agency if the report meets the requirements of subsection (3)(a), (b), or (c) or Section 3(6) or (9) or shall commence an investigation of the child suspected of being abused or neglected. Within 24 hours after receiving a report, whether from the reporting person or from the department under subsection (3)(a), (b), or (c) or Section 3(6) or (9), the local law enforcement agency shall refer the report to the department if the report meets the requirements of Section 3(7) or shall commence an investigation of the child suspected of being abused or neglected or exposed to or who has had contact with methamphetamine production. If the child suspected of being abused or exposed to or who has had contact with methamphetamine production is not in the physical custody of the parent or legal guardian and informing the parent or legal guardian would not endanger the child's health or welfare, the agency or the department shall inform the child's parent or legal guardian of the investigation as soon as the agency or the department discovers the identity of the child's parent or legal guardian.

(2) In the course of its investigation, the department shall determine if the child is abused or neglected. The department shall cooperate with law enforcement officials, courts of competent

jurisdiction, and appropriate state agencies providing human services in relation to preventing, identifying, and treating child abuse and neglect; shall provide, enlist, and coordinate the necessary services, directly or through the purchase of services from other agencies and professions; and shall take necessary action to prevent further abuses, to safeguard and enhance the child's welfare, and to preserve family life where possible. In the course of an investigation, at the time that a department investigator contacts an individual about whom a report has been made under this act or contacts an individual responsible for the health or welfare of a child about whom a report has been made under this act, the department investigator shall advise that individual of the department investigator's name, whom the department investigator represents, and the specific complaints or allegations made against the individual. The department shall ensure that its policies, procedures, and administrative rules ensure compliance with the provisions of this act.

(3) In conducting its investigation, the department shall seek the assistance of and cooperate with law enforcement officials within 24 hours after becoming aware that 1 or more of the following conditions exist:

(a) Abuse or neglect is the suspected cause of a child's death.

(b) The child is the victim of suspected sexual abuse or sexual exploitation.

(c) Abuse or neglect resulting in severe physical injury to the child. For purposes of this subdivision and Section 17, "severe physical injury" means an injury to the child that requires medical treatment or hospitalization and that seriously impairs the child's health or physical well-being.

(d) Law enforcement intervention is necessary for the protection of the child, a department employee, or another person involved in the investigation.

(e) The alleged perpetrator of the child's injury is not a person responsible for the child's health or welfare.

(f) The child has been exposed to or had contact with methamphetamine production.

(4) Law enforcement officials shall cooperate with the department in conducting investigations under subsections (1) and (3) and shall comply with Sections 5 and 7. The department and law enforcement officials shall conduct investigations in compliance with the protocols adopted and implemented as required by subsection (6).

(5) Involvement of law enforcement officials under this section does not relieve or prevent the department from proceeding with its investigation or treatment if there is reasonable cause to suspect that the child abuse or neglect was committed by a person responsible for the child's health or welfare.

(6) In each county, the prosecuting attorney and the department shall develop and establish procedures for involving law enforcement officials as provided in this section. In each county, the prosecuting attorney and the department shall adopt and implement standard child abuse and neglect investigation and interview protocols using as a model the protocols developed by the governor's task force on children's justice as published in FIA Publication 794 (revised 8-98) and FIA Publication 779 (8-98), or an updated version of those publications.

(7) If there is reasonable cause to suspect that a child in the care of or under the control of a public or private agency, institution, or facility is an abused or neglected child, the agency, institution, or facility shall be investigated by an agency administratively independent of the agency, institution, or facility being investigated. If the investigation produces evidence of a violation of Section 145c or sections 520b to 520g of the Michigan penal code, 1931 PA 328, MCL 750.145c and 750.520b to 750.520g, the investigating agency shall transmit a copy of the results of the investigation to the prosecuting attorney of the county in which the agency, institution, or facility is located.

(8) A school or other institution shall cooperate with the department during an investigation of a report of child abuse or neglect. Cooperation includes allowing access to the child without parental consent if access is determined by the department to be necessary to complete the investigation or to prevent abuse or neglect of the child. The department shall notify the person responsible for the child's health or welfare about the department's contact with the child at the time or as soon afterward as the person can be reached. The department may delay the notice if the notice would compromise the safety of the child or child's siblings or the integrity of the investigation, but only for the time 1 of those conditions exists.

(9) If the department has contact with a child in a school, all of the following apply:

(a) Before contact with the child, the department investigator shall review with the designated school staff person the department's responsibilities under this act and the investigation procedure.

(b) After contact with the child, the department investigator shall meet with the designated school staff person and the child about the response the department will take as a result of contact with the child. The department may also meet with the designated school staff person without the child present and share additional information the investigator determines may be shared subject to the confidentiality provisions of this act.

(c) Lack of cooperation by the school does not relieve or prevent the department from proceeding with its responsibilities under this act.

(10) A child shall not be subjected to a search at a school that requires the child to remove his or her clothing to expose his buttocks or genitalia or her breasts, buttocks, or genitalia unless

the department has obtained an order from a court of competent jurisdiction permitting such a search. If the access occurs within a hospital, the investigation shall be conducted so as not to interfere with the medical treatment of the child or other patients.

(11) The department shall enter each report made under this act that is the subject of a field investigation into the CPSI system. The department shall maintain a report entered on the CPSI system as required by this subsection until the child about whom the investigation is made is 18 years old or until 10 years after the investigation is commenced, whichever is later, or, if the case is classified as a central registry case, until the department receives reliable information that the perpetrator of the abuse or neglect is dead. Unless made public as specified information released under Section 7d, a report that is maintained on the CPSI system is confidential and is not subject to the disclosure requirements of the Freedom of Information Act, 1976 PA 442, MCL 15.231 to 15.246.

(12) After completing a field investigation and based on its results, the department shall determine in which single category, prescribed by section 8d, to classify the allegation of child abuse or neglect.

(13) Except as provided in subsection (14), upon completion of the investigation by the local law enforcement agency or the department, the law enforcement agency or department may inform the person who made the report as to the disposition of the report.

(14) If the person who made the report is mandated to report under Section 3, upon completion of the investigation by the department, the department shall inform the person in writing as to the disposition of the case and shall include in the information at least all of the following:

(a) What determination the department made under subsection (12) and the rationale for that decision.

(b) Whether legal action was commenced and, if so, the nature of that action.

(c) Notification that the information being conveyed is confidential.

(15) Information sent under subsection (14) shall not include personally identifying information for a person named in a report or record made under this act.

(16) Unless Section 5 of Chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.5, requires a physician to report to the department, the surrender of a newborn in compliance with Chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20, is not reasonable cause to suspect child abuse or neglect and is not subject to the Section 3 reporting requirement. This subsection does not apply to circumstances that arise on or after the date that Chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20, is repealed. This subsection applies to a newborn whose birth is described in the born alive infant protection act,

2002 PA 687, MCL 333.1071 to 333.1073, and who is considered to be a newborn surrendered under the safe delivery of newborns law as provided in Section 3 of Chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.3.

(17) All department employees involved in investigating child abuse or child neglect cases shall be trained in the legal duties to protect the state and federal constitutional and statutory rights of children and families from the initial contact of an investigation through the time services are provided.

(18) The department shall determine whether there is an open friend of the court case regarding a child who is suspected of being abused or neglected if a child protective services investigation of child abuse and neglect allegations result in any of the following dispositions:

(a) A finding that a preponderance of evidence indicates that there has been child abuse and neglect.

(b) Emergency removal of the child for child abuse and neglect before the investigation is completed.

(c) The family court takes jurisdiction on a petition and a child is maintained in his or her own home under the supervision of the department.

(d) If 1 or more children residing in the home are removed and 1 or more children remain in the home.

(e) Any other circumstances that the department determines are applicable and related to child safety.

(19) If the department determines that there is an open friend of the court case and the provisions of subsection (18) apply, the department shall notify the office of the friend of the court in the county in which the friend of the court case is open that there is an investigation being conducted under this act regarding that child and shall also report to the local friend of the court office when there is a change in that child's placement.

(20) Child protective services may report to the local friend of the court office any situation in which a parent, more than 3 times within 1 year or on 5 cumulative reports over several years, made unfounded reports to child protective services regarding alleged child abuse or neglect of his or her child.

(21) If the department determines that there is an open friend of the court case, the department shall provide noncustodial parents of a child who is suspected of being abused or neglected with the form developed by the department that has information on how to change a custody or parenting time court order.

MCL § 722.628a. Execution of notices by prosecuting attorney of individuals bound over to circuit court for certain crimes; notification upon final disposition; confidentiality.

MCL § 722.628b. Referral of case to prosecuting attorney; review.

MCL § 722.628c. Interview with child.

During an investigation of suspected child abuse or neglect, the child reported to have been abused or neglected shall not be interviewed in the presence of an individual suspected to have perpetrated the abuse.

MCL § 722.628d. Categories and departmental response; listing in child abuse or neglect registry; report to legislature.

MCL § 722.628e. Investigation checklist.

MCL § 722.629. Multidisciplinary services; biennial report; continuing education programs; dissemination of information.

MCL § 722.629a. Annual report.

MCL § 722.630. Lawyer-guardian ad litem.

MCL § 722.631. Privileged communications.

Any legally recognized privileged communication except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication is abrogated and shall not constitute grounds for excusing a report otherwise required to be made or for excluding evidence in a civil child protective proceeding resulting from a report made pursuant to this act. This section does not relieve a member of the clergy from reporting suspected child abuse or child neglect under Section 3 if that member of the clergy receives information concerning suspected child abuse or child neglect while acting in any other capacity listed under Section 3.

MCL § 722.632. Report to law enforcement officials or probate court.

MCL § 722.633. Failure to report suspected child abuse or neglect; damages; violation as misdemeanor; unauthorized dissemination of information as misdemeanor; civil liability; maintaining report or record required to be expunged as misdemeanor; false report of child abuse or neglect.

MCL § 722.634. Religious beliefs.

MCL § 722.637. Submission of petition for authorization under MCL 712A.2; exception.

MCL § 722.638. Submission of petition for authorization under MCL 712A.2; conditions; request for termination of parental rights; conference.

Appendix C

Cases Involving Digital Evidence

When Team members have located digital evidence or have reason to believe such evidence exists, appropriate investigative measures must be taken to ensure the protection of the evidence and the integrity of the investigation. Below are some of the steps that can be taken to safeguard the material and chain of custody.

- When investigators have probable cause to believe that digital evidence exists, the necessary steps should be taken to obtain a search warrant from the prosecutor's office or consent from someone who has control over the material.
- When conducting searches of locations suspected of containing equipment holding digital evidence, the investigators should have someone with the Team that is familiar in the identification and operation of the equipment. If the Team does not have the resources for digital forensic investigation in its jurisdiction, the Team is encouraged to contact their nearest ICAC (Internet Crimes Against Children) Task Force.
- Recovered digital evidence should be forensically examined by a trained and certified professional. If the Team does not have this resource in its jurisdiction, the Team should contact its nearest ICAC Task Force.
- If the Team has digital evidence of the abuse/neglect prior to the forensic Interview, the Team should refer to Quick Guide #6: Guidelines for the Use of Physical Evidence, in the *GTF Forensic Interviewing Protocol* prior to the forensic Interview.
- Copies of the any sexually abusive material should be submitted to the Child Victim Identification Program (CVIP) at the National Center for Missing and Exploited Children (NCMEC). Submission guidelines can be found on the NCMEC website, www.ncmec.org.
- All handling of sexually abusive material MUST follow the protocol set forth in the Adam Walsh Child Protection and Safety Act (42 U.S.C. §16911 *et seq*).

Appendix D

MICHIGAN DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

This response protocol is a guide for managing the safety issues of children who are found in drug labs and/or homes. Procedures are intended for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found in drug labs and/or homes. Due to the unique and harmful byproducts produced from methamphetamine (“meth”), this protocol is designed primarily for use of meth endangered children but may also be applied to other controlled substances.

Drug Endangered Children (DEC) are children under age 18 found in homes: (a) with caregivers who are manufacturing controlled substances in/around the home (“meth labs”) or (b) where caregivers are dealing/using controlled substances and the children are exposed to the drug or drug residue (“meth homes” and/or “drug homes”). Given these circumstances, the protocol should be followed to ensure the safety, health and welfare of the child.

A DEC response team will be managed at the local level, and should be comprised of administrators who can ensure that agency personnel are knowledgeable about the DEC protocol and that the protocol is being followed. Representation on a DEC response team should include personnel from: Prosecutor’s office, law enforcement agency (LEA), Department of Human Services (DHS), school system, medical staff, and local public health.

Pursuant to Public Act 263 of 2006, if a central registry case involves a child’s exposure to or contact with methamphetamine production, the DHS shall refer the case to the prosecuting attorney for the county in which the child is located.

A. INITIAL DISCOVERY: RESPONSE TO CHILDREN FOUND IN A DRUG HOME

Appropriate Responder: LEA, DHS, and if LEA gives clearance, additional responders

1. Any responder who discovers children living in a home where meth or other drugs are being used, dealt and/or manufactured and where the children are exposed to the drug or drug residue will contact LEA (call 9-1-1) and Department of Human Services (DHS) and request dispatch to the scene.
2. Pursuant to P.A. 256 of 2006, in conducting an investigation of child abuse involving a child’s exposure to or contact with methamphetamine production, DHS shall seek the assistance of and cooperate with law enforcement officials within 24 hours of initial discovery. Law enforcement officials shall cooperate with DHS in conducting investigations of child abuse related to methamphetamine exposure or contact.

3. If while in the home, any responder other than LEA sees or smells any signs of a potential meth lab or evidence of other narcotic use, he/she will exit immediately without alarming the suspects and contact LEA.
4. Other responders may only enter a drug home if it has been secured and determined safe by LEA. Other responders will work under the direction of LEA to assist in removing children, and if directed to do so, their belongings, from the home.

B. INITIAL DISCOVERY: RESPONSE TO CHILDREN FOUND AT METH LABS

Appropriate Responder: Law Enforcement Authority (LEA)

For the purposes of this protocol, a meth lab is considered any location where chemicals and/or equipment used to make methamphetamine are present.

1. Only Occupational Safety and Health Administration (OSHA)-certified LEA will enter a known meth lab. Any other responders who are in a home and begin to have suspicions that a meth lab is present will exit immediately without alarming the suspects; contact LEA (call 9-1-1); request immediate dispatch; and give details about the scene (weapons, odors, number of people inside, chemicals, equipment, etc.).
2. Noone other than OSHA-certified LEA will remove adults/children from a home that contains a meth lab. This is for the safety of everyone involved; uncertified responders may inadvertently set off an explosion. The chemicals used to make meth are highly volatile. Labs are often guarded by firearms, traps, explosives and other hazards.
3. If a child protective services worker is not already on the scene, responders shall contact DHS and request immediate dispatch, state that children have been found at a meth lab and if possible, state the names and dates of birth.
4. LEA will enter the lab wearing appropriate safety gear (Refer to OSHA Standards 1910.132-137 (Personal Protective Equipment); secure the scene; and remove adults and children from home.
5. No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. Either a Tyvek® suit or the clothing contained in the DEC kits should be placed on the child or over the children's clothing. If essential items such as medications, eyeglasses, etc. must be removed, place in a sealed bag.

C. PRELIMINARY MEDICAL ASSESSMENT OF CHILDREN

Appropriate Responder: DHS and Medical personnel

Pursuant to P.A. 266 of 2006, DHS shall have a medical evaluation made without a court order if the child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

DHS, and in their absence the LEA, will ensure that medically-trained personnel conduct an initial assessment as soon as possible (within 4 hours) upon discovery of children at meth lab/home. If children are in need of emergency care please refer to letter D, below. (Refer to Michigan DEC Medical Care Protocol)

D. EMERGENCY TRANSPORT OF CHILDREN TO MEDICAL FACILITY

Appropriate Responder: Emergency Medical Services (EMS)

If children have critical injuries, illness, or severe emotional trauma, transport to the Emergency Room (ER) immediately. If children were removed from a meth lab, call prior to arrival, alert of possible chemical contamination and follow ER procedures.

E. PHOTOGRAPHING AND DECONTAMINATION OF CHILDREN REMOVED FROM METH LAB/HOME

Appropriate Responder: LEA Note: DHS may be on the scene to assist LEA with children.

Special consideration should be given to who assists children with the decontamination process. A child may be uncomfortable being undressed by someone of the opposite sex or someone other than a medical professional.

1. If possible, photograph and decontaminate the children (remove chemical residue) at the scene by taking the children to a safe location that affords privacy and by doing the following: Wear nitrile gloves; photograph children in original clothing to document condition of child; photograph any visible injuries; dress in disposable Tyvek® suit or clean clothing provided by a responder; follow LEA procedure for disposal of contaminated gloves, and clothing.
2. If not possible to decontaminate at the scene, protect responders and response vehicles from chemical residue on child prior to transport by doing the following: Wear nitrile gloves; leave child in existing clothing; wrap child in a disposable emergency blanket or a thick blanket; or put oversized coat/sweat suit over child's clothing; and follow LEA procedure for disposal of contaminated gloves.

F. OBTAINING URINE SAMPLE FROM CHILDREN WITHIN 4 (FOUR) HOURS

Appropriate Responder: Medical Personnel

A urine sample should be collected from all children who are removed from meth labs. For children removed from meth homes (where meth was being used or dealt but not manufactured), DHS should collaborate with LEA and medical personnel to determine whether a urine screen should occur, based on the likelihood of exposure, weighing such factors as the child's access to the drugs. Any urine samples must be collected within 4 hours of the child's removal to yield the most accurate results (for medical analysis and for evidence for prosecuting child endangerment). Consideration should be given to the age and sex of the child when determining who will monitor (and assist, if necessary) the child during this process.

Note: If possible, order a urine screen that will test for presence of meth or other controlled substances at any detectable level (performed at 50 nanograms or lower. Do not use NIDA thresholds for screening purposes).

G. FORENSIC INTERVIEW OF CHILDREN

Appropriate Responder: DHS responsibility in conjunction with LEA to ensure that appropriately trained personnel conduct forensic interview per DHS protocol.

The purpose of this brief interview is to determine the children's primary caregiver, the kind of care the children are receiving and the degree of access children have had to the meth lab and/or drugs.

1. If possible, given specific circumstances, conduct forensic interview of child at the scene to ascertain:
 - a. Last meal eaten and who prepared it.
 - b. Last bathing and by whom.
 - c. How child feels physically and mentally.
 - d. Child aware if anyone in home smokes? If yes, what do they smoke.
 - e. Anything in house that bothers the child.
 - f. Other siblings living in the house who aren't home right now.

2. A second forensic interview in a child-friendly setting should occur within 48 hours of discovery of children within a drug endangered environment.

H. REMOVAL AND PLACEMENT OF CHILDREN

Appropriate Responder: DHS and/or LEA

When DHS finds that a child within a drug home is at an imminent risk of harm or threatened harm and it is contrary of the welfare of the child to remain in the home, DHS must intervene on behalf of these children and determine the appropriate action and/or placement, per DHS policy.

Pursuant to Public Act 256 of 2006, within 24 hours after DHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, DHS shall submit a petition for authorization by the court under MCL 712A.2.

If DHS is unable to respond to the scene, any available responder should contact a local DHS office to report the drug endangered child. Other responders should not release children to neighbors, relatives, etc.

1. If DHS is seeking removal, DHS will contact the court to obtain an order for out-of-home placement.
2. DHS will obtain children's birth and medical information from caregivers and serve notice of preliminary hearing.
3. If not done previously, child(ren) will be decontaminated per the national protocol (see Procedure E details).
4. After an order from the court is obtained, DHS will transport children to out-of-home placement and explain the following to the children's caregivers:
 - a. The children were removed from a drug endangered home and had exposure to controlled substances and/or hazardous materials.
 - b. The children must be medically assessed pursuant to Procedure C.
 - c. The children will need additional exams/care within 30 days pursuant to DHS policy or a court order.
 - d. If the children were taken from an operational meth lab, the following should also be explained to the caregiver:
 - i. If child has not been properly decontaminated, the caregiver should immediately bathe the child with soap and warm water. Any contaminated clothing and coverings used for transport should either be cleaned by washing in hot water and laundry detergent separately from other clothing or placed in the garbage in a closed plastic bag.
 - ii. None of the child's personal belongings were removed from the home due to danger of chemical contamination.

I. LOCATION OF OTHER CHILDREN

Appropriate Responder: DHS

1. DHS will attempt to locate all other children known to live in the drug home who were not present at the time of discovery.
2. DHS will arrange an initial child-friendly forensic interview to determine how many hours it has been since the children have been in the home and determine if an initial medical assessment is appropriate to determine whether children are in need of emergency care.

J. DOCUMENTATION OF CHILD ENDANGERMENT

Appropriate Responder: LEA and DHS

LEA should follow Michigan State Police Methamphetamine Protocol

DHS should follow Department of Human Services policy for documentation

1. The clandestine/drug lab and/or anything else that can support a finding of child endangerment will be documented. The documentation should make clear the degree of accessibility to the child. Documentation will occur in writing, photos and/or video and will include any of the following risk factors:
 - a. Visible evidence of children's presence, particularly proximity of children's belongings to chemicals
 - b. Children's accessibility to drugs, drug residue, chemicals, syringes and drug paraphernalia
 - c. Proximity of hazards to children's play, sleep and eating areas
 - d. Other hazards and indications of neglect
 - e. Access to pornography
 - f. Access to weapons
 - g. Food quantity and quality
 - h. Sleeping conditions
 - i. Sanitary conditions
2. Document any surveillance equipment, weapons (note if loaded) and/or explosives (note if live).
3. Retrieve samples for forensic laboratory.
4. Interview neighbors and other witnesses as appropriate.

5. Dismantle meth lab (must be completed by personnel certified to dismantle clandestine labs)
6. LEA will share appropriate information and/or investigative reports regarding child endangerment with DHS.

K. COMPLETE MEDICAL EVALUATION OF CHILDREN

Appropriate Responder: Medical Doctor See Michigan DEC Medical Protocol

L. PROSECUTION AND ADMINISTRATIVE FOLLOW-UP

Appropriate Responder: LEA, DHS, prosecution, medical providers

1. LEA will complete necessary reports that include documentation of child endangerment and forward them to the local prosecuting attorney.
2. LEA will notify the local enforcing agency under Public Act 307 for all meth related incidents.
3. LEA, DHS and medical providers will coordinate exchange of information contained in DHS intake/investigation report(s), medical report (including urine screen results), and LEA report. Each agency should ensure that the appropriate reports are forwarded to the prosecutor's office.
4. Pursuant to Public Act 256 of 2006, within 24 hours after DHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, DHS shall submit a petition for authorization from the court under MCL 712A.2
5. The prosecuting attorney will review evidence and information gathered from other agencies and decide what legal action should be taken, including the following:
 - a. Filing criminal charges.
 - b. Filing child neglect petition in Family Court Division of Circuit Court.
 - c. Making referral of potential child abuse or neglect to Department of Human Services.
 - d. Notifying law enforcement of potential illegal drug activity (if law enforcement not yet involved).
 - e. Participating in forensic interview of drug endangered children.
6. Prosecutor should share all accessible information with other agencies and interested parties.
7. In the event that DHS does not substantiate abuse or neglect, the prosecutor should consider filing petition in family court without their involvement if situation so warrants.

M. FOLLOW-UP CARE FOR CHILDREN

Appropriate Responder: DHS, medical/mental/developmental/dental health providers

1. For children that are under the care and custody of the State of Michigan, DHS will ensure that all follow-up medical, dental, mental health and developmental evaluations are occurring as needed and all necessary treatment is being provided to the child.
2. DHS will collaborate with medical/mental/developmental health care providers to evaluate the needs of the children.
3. DHS will provide information on appropriate follow-up care to children's caregivers.
4. DHS should not allow child/parent visits to occur in homes that formerly housed meth labs unless it has been cleaned pursuant to PA 258 and 260 (check with local public health department to confirm). This is because presently, Michigan has no standardized method for tracking and certifying decontamination of such sites

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.