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STATE OF MICHIGAN

DEPARTMENT OF HEALTH & HUMAN SERVICES

FOUR STAGES OF PREVENTIVE SERVICES FOR FAMILIES (PSF)

There are four basic stages in the PSF cycle. They are assessment, intervention, evaluation, and closure. By reading this item, you will get a good understanding of how a case flows and perhaps gain some new insights into the complicated dynamics within the family.

It is important that you understand what happens during these stages from your own perspective as well as from the family's perspective. You will react to the family based on your professional work experience. Likewise, the family will react to you based on their life experiences, their prior relationships with authority figures and other Department of Human Services (DHS) personnel, and according to the recent events in their personal lives. Each specialist and family is unique.

STAGE 1: ASSESSMENT-DISCOVERING STRENGTHS AND NEEDS

Assessment is an awkward time for both you and the family. You are two strangers coming together. You may come to the family uninvited, with an offer to help. The family may not even be aware that they need help. They may not want help. They may not trust someone from the government. Although some families are eager for help, it is not surprising that others are cautious.

Many families are nervous about why you are there and what will happen. They are reluctant to let you in the door and even more reluctant to let you into their lives. It will take a lot of patience on your part to draw in those families.

There are many possible causes for reluctance of families to become involved with PSF. Each of these causes requires a different response from you.

Fear of Removal

1. The family may be reluctant because they are afraid that you will remove their children from them. You need to be honest about being required to report neglect and abuse. However,

you need to state even more strongly that your goal is to help the family keep their children. You want the family's children to remain in their own home. Advise families that their chances of avoiding children's protective services (CPS) complaints are increased by participating with PSF. Their involvement shows that they want to improve their parenting and that they care about their children.

Previous Negative Experience

2. The family may have had a previous negative experience with a previous DHS employee, a counselor, law enforcement, etc. who was working with them. The family may need to vent their anger regarding that past experience. It is important that to let the family vent. It is important not to leap to the defense of a co-worker or fellow professional. It is equally wise not to join the family in putting down another professional. Acknowledge how the family feels. Listening does not mean that you agree with the family's point of view. It does indicate that you know how to listen and how to allow others the right to their opinion. Listening will often cause the family's anger to dissipate enough to hear what PSF can offer. You may be able to point out how the philosophy of PSF will protect them from similar negative experiences.

Facing Issues

3. The family may be reluctant because facing issues and problems is frightening. These families need reassurance, encouragement and support. They need to see that you have confidence in their abilities, strengths, and resources. The family needs to see that you have confidence in the ability of the PSF to help.

Sharing Concerns with a Stranger

4. The family may be reluctant to share their problems and concerns with a stranger. Many people have been taught that family problems are private and are not to leave the family. Many people have pride and are ashamed of what goes on in their homes. These families need to be assured that what they share with the specialist is confidential and remains confidential. They need to be assured that you will respect their privacy. They need to know that they can share what they want

to share when they want to share. It helps to stress that this is a voluntary program.

As you talk to each family, you need to understand where the family stands in terms of functioning and health. Invite the family to participate in the program and attempt to make it hard for the family to refuse help. Sometimes you and the family will conclude that the family does not need the help that PSF offers. Sometimes they need a referral to a different program. Hopefully, you and the family will arrive at the same conclusion regarding the family's need. The goal of assessment is to provide PSF to families who both need and want it.

Questions

During the assessment stage, the family will ask themselves several questions. They will ask:

1. What is PSF all about?
2. Will it help our family?
3. Is the specialist someone we can trust?

Likewise, during assessment, you will be asking questions.

1. Are there some things I know how to do that will help this family?
2. Is the family an appropriate referral to PSF?
3. Does this family want help?
4. Is this family ready to work or will they want me to do all the work for them?

The eventual goal is to get the families connected with resources to meet their needs so that they no longer need PSF. That is unlikely to happen unless they first get connected to you.

Such connections do happen and happen regularly. They happen when you have empathy, respect, patience and understanding to give to families. Look hard to find the strengths that have kept these families functioning. These strengths will help families set goals that will enable them to meet their children's needs and to function better as a family. Attempt to place yourself in the family's situation in order to see their strengths, to see how they have coped, to understand their actions, and to see their potential.

Needs and Strengths

Do a thorough assessment of both the family's strengths and needs. A major part of the assessment is working with family members to identify strengths that can be maximized to reduce the likelihood of maltreatment occurring in the future. Identifying family strengths helps develop the specialist-family relationship by focusing on what is positive. It can reduce resistance that may be present simply because the family has been identified as needing service. Understanding family strengths will make it easier to work with the family and design strategies to help family members change problematic behaviors and conditions. The primary source of information about family strengths is the family itself. Often, a family has never thought about their strengths. You may need to assure and convince the family that they do, in fact, have strengths. Looking at strengths can be a time to compliment the family and affirm their ability to change and grow.

Family Assessment

Rely on the family's input when doing the assessment (DHS-1613) and go over each area with the family. There is no one right way to do this. It will take time to do the assessment well. It may take more than one home call. It may be done differently with different families because each family is unique. Time spent at the beginning of the relationship doing the assessment will provide the foundation for knowing what goals are important, what resources the family has, and what resources the family needs.

Adopt the family's pace in getting the assessment done. You will need to use a variety of questions. However, the family should not feel that they are being interrogated. If appropriately used, questions can demonstrate interest and concern as well as gather necessary information. Try to get to know the family in order to understand them and their situation better. When possible seek the input and opinion of each family member. You will also gain insight from careful observation of the physical environment and the way the family interacts with each other and with you.

Let the family take the lead in giving input. Attempt to simplify the conversation when working with low-functioning clients and be as concrete as possible. Be sensitive to clients who are illiterate or who are poor readers. Try to determine what family members

actually think about their family. If the family asks what you think, you should be honest.

During the assessment, do not be surprised to see the family at times feeling afraid, threatened, or insecure. The family may avoid you, challenge you, or question if they want to be involved. Families may also feel eager, excited, and hopeful. The goal during assessment is to meld such feelings into a working relationship in which both sides become committed and progress to the next stage-intervention.

STAGE 2: INTERVENTION - CREATING A FAMILY PLAN

The intervention stage occurs when you and the family commit to working on solutions to some of the issues that have been impairing family functioning. If there a barrier that needs to be addressed before the family is able to begin working on goals, help the family to do so.

Meeting Concrete Needs

Begin by demonstrating your ability to help by doing something to make things better for the family. Usually the things that can be done at this early stage are concrete in nature. Families begin by revealing problems that are easily observable, like a need for food, clothing, shelter, or furnishings. When you act quickly to put families in touch with resources to meet these concrete needs, you prove your willingness and ability to help.

Meeting concrete needs serves as an early building block of a helping relationship. The family begins to feel that you are on their side and care about them, and begins to hope their situation can improve. Ask the family to begin to picture how things could be better. Point out how the strengths the family possesses have helped the family to survive and function under extremely difficult circumstances in the past.

Developing and Implementing a Family Plan

Help the family develop a family plan and implement it. A family plan specifically addresses a strength the family wants to increase

or a need that the family wants to address. It is important that the family be actively involved both in creating the family plan and implementing it. The plan should express goals that are clear, behavior-specific, realistic, and measurable. These goals will address the treatment needs identified and help the family change the conditions/behaviors causing risk to the children. Use the intervention strategies most appropriate for that family. Explain to the family what services are available within the community and make referrals for those services the family chooses. When goals are chosen, state them in positive terms rather than negative. The final goal for every family is not the impossible goal of perfection, but for the parents to be able to protect their children, nurture their children, and meet their physical and developmental needs.

Family Chooses Goals

Allow the family to choose the area that they desire to work on first. It may be a strength to build on or a need to address. The family may not choose the need that you see as most pressing. The family is likely to choose an area where they see some hope for change. It may be an area where they have greater confidence for success. They may choose an area where their need to have complete faith and trust in you is less. If the family can achieve the goal they select initially they may then be willing to work on areas that they were afraid to approach at first and to dig deeper into issues that put the family at risk for abuse and/or neglect.

Try to help the family decide what they want to do, the best way to do it successfully, and how long it is likely to take. Typically, family plans include more than one goal. Try to make sure that the family is never overwhelmed by the goals they have set. Trying to do too much at one time is likely to lead to feelings of inadequacy and fear of failure. These feelings can paralyze a family and keep them from progressing.

Unmet Goals

When a family does not reach their goals, it is important not to blame them. If the family is unable to complete a task, it may mean the task was inappropriate or the problem was too large and needs to be further reduced. As families choose tasks, try to break them into small steps that the family is able to complete successfully. If the family is not successful, redefine the tasks so that the family can be successful or change the tasks completely. Try to understand what went wrong. For example, if the reason the task

was not completed is that the baby has been suffering chronic ear infections, the response will be different than if the task was not done because the family does not truly want to do that task.

Setting Tasks

It is important that the service agreement be a workable document that provides opportunities for the family to be successful. Tasks should be very specific, stating what activities must be accomplished to reach the goal. Tasks will include the services and intervention strategies that best meet the family's needs and build on their strengths and resources.

Flexibility

Flexibility is critical in developing and implementing service agreements. The family's needs and resources change. There must be flexibility to allow for changing circumstances and also a willingness to try new approaches when the old ones are not succeeding. Both you and the family can use creative brainstorming to try and develop new approaches to tackle difficult problems. Remember the three rules of the solution focused approach:

- If it isn't broke, don't fix it.
- Once you know what works, do more of it.
- If it doesn't work, don't do it again: do something different.

Try not to get stuck in a rut and try not to let the family get stuck in a rut. Planning is a dynamic process: no plan should be static. Keep the family moving ahead toward their goals.

STAGE 3: EVALUATION - MEASURING PROGRESS TOWARD GOALS

Evaluation helps to establish accountability between you, the family, and other service providers. It may determine how much effort each party has actually expended and with what results. You might ask: Have service providers really delivered their service? Has the family followed through on its commitments? Have the target problems been resolved, stayed the same or have they become worse?

Assessing Accomplishments

To evaluate progress, you and the family will assess the extent to which the family, you, and other service providers have accomplished specific tasks. The evaluation should include a point-by-point description of the progress being made toward accomplishing each goal.

Schedule a time to evaluate progress with the family. Use the DHS-1327, Family Progress Assessment. Ask family members their perceptions of task and goal achievement. If goals and tasks have been written using behavioral and measurable language, there should be little debate about the level of achievement. If there are differences in the family's and your perceptions, those differences should be clarified in the written quarterly report. There may not be total agreement about how successfully things have gone; different people will have different points of view on how things have turned out. Hopefully, however, there can be agreement on when a goal has been achieved, when it needs to be changed, when it needs to be broken down into smaller steps, etc.

Feedback, Amending the ISP

Once the past has been reviewed, discuss with the family any need to revise the family plan or written service agreement. This is an opportunity for you to provide feedback to families about what they have done well and what actions they may need to take to promote even healthier family functioning. The service agreement may need to be amended to identify goals not yet addressed. If family circumstances have changed significantly, the service agreement may need to be amended. Again, the problems/tasks need to be broken down into achievable steps for change that can be accomplished in a reasonable time frame.

Assess whether the family is relating well to the formal and informal support systems that have been set up. Specific questions that should be considered are:

- Has the family engaged in services as planned?
- Have the support services been helpful to the family in achieving tasks and goals?
- Have the services been provided in a timely manner?

- Has the service provider developed a reasonable degree of rapport with the family?
- Is there a need to alter the plan of service based on changes in the family?

You and the family need to be realistic about change. Change occurs in small incremental steps. While it may not be possible to help a family progress to the level you desire, cases should be closed when the parents are able to adequately meet their children's needs with the support base of family and services that exist for them. The case must be closed when the family requests that it be closed. There will be times when you will close the case because the family is not making any progress after services have been provided for a reasonable length of time.

STAGE 4: CASE CLOSURE

Case closure is not only a decision that you make, it is also an issue that needs to be worked through with the family. No matter what the reason for closure, you and the family will inevitably have strong feelings about it. Sometimes the feeling is one of relief, but more often there will be feelings of loss, sadness, satisfaction, achievement. The way you handle the decision about closure and the feelings that it generates can either undermine the accomplishments made or can serve as a solid base for the family to continue to make progress without you.

Be aware that A family-created crisis may occur as a reaction to anticipated independence resulting from the planned closure. Families should be involved in the evaluation and closure process. Closure can be a positive learning experience for you and the family if certain steps are followed. Once the evaluation of family progress has indicated that the case should be closed, it is recommended that you:

- Meet with the family to discuss the case closure.
- Establish time frames with the family for when the case should be closed.
- Acknowledge both the family's and your feelings about the case closure.

- Review the progress made as a result of PSF involvement, emphasizing the hard work the family has done that resulted in the positive changes. Celebrate the goals that have been accomplished.
- Refer the family to any additional resources that are needed.
- Encourage the family to stay connected to any current resources that are needed.
- Leave the door open for services should they be needed in the future.

Personal Closing Letter

Write a personal letter to the family noting what they have accomplished; identifying what things need to continue for healthy functioning; and thanking the family for their hard work. Include a Family Response Questionnaire with a reply envelope addressed to your Family Independence Manager (FIM).

REGISTRATION

Referrals for Preventive Services for Families (PSF) are registered on ASSIST using the ASSIST Registration Functions (see AUM 150).

Requests are usually given to a family independence manager (FIM), who will determine if the case should be assigned to a family independence specialist (FIS) for assessment, or if the referral should be denied. You may register a PSF referral to yourself if all of the following apply:

- You already have the family active for another program.
- You either receive a PSF referral directly or decide that a referral is appropriate for the family.
- Your FIM approves and initials the referral.

For families who are not receiving any other assistance, such as FIP, FS, etc., there may not be enough information available about the family to complete the registration process. In these instances, the DHS-133A, ASSIST Services Referral, Registration and Changes, should be completed to capture the family demographic information needed to register the referral. Fill out all known information about the family. Each local office may establish procedures for handling registration of PSF referrals.

The case remains registered on ASSIST until the FIM either assigns the case to a FIS for assessment or denies the request. If after 90 days the request remains pending, the FIM may withdraw the registration and re-register it until the case can be assigned to a FIS.

Note: Some cases may **not** be assigned. Each local office determines the number of families it can effectively serve and prioritizes cases. By registering cases that are not able to be assigned to a specialist, statistics are generated to document the need for preventive services.

CASE OPENING FOR ASSESSMENT

When a referral is assigned to you, open the referral for assessment on CIMS, using Target Group Code 53 (see BAM 909, FSPN CIMS Fields, TG - Target Group Codes). Opening the case

for assessment on CIMS automatically disposes of the pending registration on ASSIST.

Case Opening Date

The date the referral is assigned is considered the case opening date.You must complete the assessment within **45 days** from the case opening date.

Conduct the family assessment of need and eligibility for PSF services by completing the DHS-1613, Case Screening and Family Assessment Guide (CSFAG), as described below.

FAMILY ASSESSMENT

Assessing a family means that you, with the help and input of the family, identify a family's strengths and needs to determine their risk for child abuse/neglect. Understanding the family's strengths and resources, as well as their needs and concerns, is a prerequisite for service. Understanding their strengths is necessary to build upon them. Understanding their needs is necessary to help reduce the risk for abuse/neglect.

Document the results of the assessment on the DHS-1613, Case Screening and Family Assessment Guide (CSFAG). The family's strengths and needs are scored. The Needs Score indicates the family's potential risk of child abuse/neglect, and whether eligibility for PSF exists.

Conducting the Family Assessment

Begin your assessment of the family by getting to know and understand them. The best way to do this is to spend time with the family in their home. You come in as the family's guest with their permission, and with an offer to help the family.

DHS-1613, Case Screening and Family Assessment Guide

Based on your observations and the information you gather in discussions with the family and others, document the family's strengths and resources, their needs and concerns, on the DHS-

1613. Ask the family if there are other people that they would like you to talk with about the family dynamics. Have the parent or other caretaker sign an DHS-1333, Release of Information, and follow up on that contact. Others may include service providers, friends, relatives, school personnel or others that have knowledge of the family's needs and skills.

Family Input

The DHS-1613 contains 16 areas to be evaluated, associated with family functioning, child well being, and child abuse/neglect. Go over each of the 16 areas on the DHS-1613 with the family. When possible, seek the input and opinions of each family member. You will assign a strengths score and a needs score for each area. (See Scoring for more specific instructions for scoring are included later in this item)

Families may have both strengths and needs in the same area.

Example: A family may have a need in terms of housing because the house is located in an unsafe neighborhood and there are concerns about the children being safe while playing in their yard. The family may also have a strength in housing because the home itself has been made child-proof, is kept clean, and is well organized. The family possesses both needs and strengths in the area of housing.

Evaluating Strengths

An important part of the assessment is identifying family strengths that can be maximized to reduce the likelihood of child abuse/neglect occurring in the future. The primary source of information about family members' strengths is the family itself. A family may never have thought about their strengths. You may need to assure and convince the family that they do have strengths. Looking at strengths can be a time to compliment the family and affirm their ability to change and grow.

Evaluating Needs

Looking at needs provides an opportunity for the family to evaluate barriers that have hindered them from being the family they would like to be. Try to come to a mutual understanding with the family of their needs and concerns. Some level of agreement is necessary for the family to be motivated to participate in the ongoing intervention process.

Needs and areas of concerns of the family cannot be ignored. However, **focus on strengths** when developing intervention plans. The service agreement should not focus on eliminating inappropriate behavior, but should focus on **enhancing positive behaviors** that are already occurring or that can be started.

Assessment Tools

The following forms are available to help you conduct the assessment:

- DHS-189, Eco Map - Completing this form allows a family to see how they are connected to the environment and the people around them by “drawing” the connections. It is a visual tool, that helps families identify both positive and negative relationships.
- DHS-202, PSF Personal Inventory - This form asks questions that will help both you and the parent better understand his/her feelings, needs and strengths. Either you or the parent can complete the form. Do not leave this for the family to complete on their own. Be sure to follow up on any mental health issues.
- DHS-203/203A, PSF Questions to Aid in Using the Case Screening and Family Assessment Guide and notes page. This form provides a list of possible questions for you to ask when conducting the family assessment. You may use the DHS-203A to document answers to the questions.
- DHS-204, PSF Family Portrait - A Word Picture of Your Family - This form allows the family to rate where they feel they are in specific areas that relate to the DHS-1613. This will help you identify areas of strengths and needs.

It is important to realize that each form may not be appropriate for use with every family. Some questions might **not** be asked of every family you are assessing. These tools are intended to be non-threatening ways to obtain information. Consider the family you are assessing, their experiences and frame of reference, when deciding whether a tool will be useful and is appropriate. Use discretion and judgement in using these tools.

Disagreement in Assessment

When strong disagreement exists between you and the family about a strength or a need, you might ask the family what others

close to them would say about that strength or need. These disagreements most often occur when the client is in denial about something.

Consider other available information, such as prior history in the case record, information from the referral source, etc., before making a judgement. You must be able to explain the rationale for the score on the DHS-1613. The standards of the community, the openness of the family, the prior case record, and information from extended family and other community resources must be considered and could affect scoring.

Scoring

Complete the DHS-1613 by assigning a score of 0 - 3 to each of the 16 areas of strength and need listed.

Assign a score to an area based on the effect the strength or need has on family functioning. If a strength or need is present in the family, decide how strong a factor it is.

Remember, a family can have a strength and need in the same area.

Points

Assign each area a strength and need score of either 0, 1, 2 or 3 points, using the following guidelines:

0 - No Effect/Unknown - Not an area of significant strength or need. It includes situations in which:

- An assessment has **not** been made.
- No particular strength or need is observed.
- A strength or need is observed but it is judged to not affect family functioning.

1 - Somewhat Evident - You suspect that a strength or need exists, but you have not observed it directly, nor has any other credible source. A credible source could be another professional in the community working with a family, or a relative such as a grandparent who is also helping the family. It is presumed that such a strength or need has a **minimal impact** on family functioning.

2 - Evident - The family, you, or a credible witness has observed the strength or need. You may score a strength or need as evident even when you and the family do not agree, provided you can

document the rationale for the score. Evident means that the strength or need has a **moderate impact** on family functioning.

3 - Strongly Evident - The strength or need is observable by the family, you, or by a credible witness and has a **serious impact** on family functioning.

Note: If there is any indication of active abuse or neglect, make a verbal referral to children's protective services (CPS) immediately. Within 72 hours, forward a completed DHS-3200, Report of Suspected Child Abuse, or other written report to CPS.

Assigning Points

Assign points using the following guidelines:

1. Assign points in each area according to **impact** and **observability**.
   - Determine **impact** related to the child's well-being by the extent to which:
     - A strength improves family functioning, and
     - A need interferes with family functioning.
   - Determine **observability** by the extent to which:
     - A strength or need can be observed directly, or
     - You can provide rationale that the strength or need exists.
2. An area should be scored higher than zero only when:
   - The strength improves healthy family functioning.
   - The need interferes with healthy family functioning.

Example: A client may have a problem with housekeeping that does not impair family functioning. The family involved does not disagree about the housekeeping standard. There are no safety hazards that negatively impact the children. The family has a messy house, but no one is disturbed by it and it is not unsanitary. You would assign a score of 0 in the housing area.

3. Score the same strength or need in only one area.

Example: A mother's depression may be scored under mental health, emotional health, or under physical health, but that one symptom should not result in a score in each of those areas. The

area chosen to address the strength or need is not as significant as the fact that it is scored only once.

Needs Scores on the DHS-1613

The needs score on the DHS-1613 is intended to identify a family's risk of child abuse, neglect or exploitation. As risk of child abuse/neglect increases, the needs score will increase.

Needs Score of 10 through 20

Families are **eligible for PSF** based on a needs score. A family who scores 10 through 20 is most appropriate for the PSF program.

Needs Score less than 10

Families who score less than 10 may have problems, but not serious enough to require PSF. Consider referring families to other community service programs as appropriate.

Note: The FIM may approve PSF for families with a needs score of less than 10. A family with a low needs score might be approved because there are no other community services available, current services are not working, or there have been repeated complaints to CPS. The FIM must sign the DHS-1614 to indicate approval of PSF services for the family.

Needs Score Greater than 20

Families whose needs score is above 20 are considered to be at high risk for child abuse/neglect and a complaint should be made to CPS. If CPS decides not to investigate a family with a high needs score, or finds no preponderance of evidence after investigation, the FIM may approve the case for PSF. The FIM must sign the DHS-1614 to indicate their approval of PSF for the family.

APPROVAL OF PSF SERVICES AFTER ASSESSMENT

Families whose needs score on the DHS-1613 is from10 through 20, or whom the FIM has approved for service, are eligible for PSF if they agree to receive PSF.

No further eligibility determination is necessary and no evaluation of income or assets is required.

Complete the DHS-1021, PSF Service Agreement, and the DHS-1614, PSF Initial Service Plan. The DHS-1535, Family Self-Sufficiency Plan (FSSP), may be completed instead of the DHS-1021.) If this is a two-parent family, use one parents PRPFC as the PSF plan. See Developing A Service Agreement and Completing The Initial Services Plan below.

CIMS Coding

Change the case from open for assessment to open for PSF services on CIMS by doing the following:

- Change the target group code to 54, and
- Enter the initial needs score from the DHS-1613 in the **pre-assessment** field.

Note: For pilot program cases, opened strictly for purchase of services, use target group code 55. This is for PSF cases in which the specialist is not expected to provide direct service but is acting as the referral source, monitor of the service and payment provider.

See BAM 909, CHANGES TO AN ACTIVE CASE (CIMS) for additional CIMS coding instructions.

DEVELOPING A SERVICE AGREEMENT

Develop a plan of action with the family. Establishing a plan helps both you and the family express what goals they hope to accomplish, what tasks are required to achieve those goals, and time frames for accomplishing these goals. The plan is an agreement between you and the family. The DHS-1613 should be a tool used in the development of the plan.The family chooses at least one concern in which they would like to work on. Develop clear goals to facilitate the desired changes.

DHS-1021, PSF Service Agreement

Document the plan using the DHS-1021, PSF Service Agreement or FSSP. This form serves as a contract between you and the family and identifies:

- Areas the family wishes to work on.
- Goals that have been set.
- Strengths that will help the family achieve their goals.
- Barriers to overcome in order to reach their goals.
- Specific tasks to be done.

The family may choose to complete the agreement themselves, or you may complete it for them. It should **not** be completed by the family or you alone but through discussions between you and the family. If you complete the form, be sure to use the family's words when completing the form.

You and the parents sign the service agreement. Give the original copy of the agreement to the family.

Establishing Goals

You must be involved in setting goals with the family.

No one plan attempts to address every issue facing a family or spell out every goal. Rather, you and the family develop a series of plans. When one set of goals is attained, new goals are set. You and the family establish a time frame for accomplishment of goals. Goals are reviewed regularly. In this way, families take small steps toward goals that add up to major changes.

Goals should be very specific and concrete. Help the family break the goals into small, achievable tasks. You and the family agree on what specific tasks need to be accomplished, who will do them, and when they will be done.

It is recommended that you:

- Actively involve the family in the planning process, making sure that the family's feelings and concerns have been heard, respected, and taken into account. This leads to family ownership and investment in the goals.

- Select reasonable and achievable goals that address the area the family would like to work on first.

- Initially select goals that can be accomplished quickly. Quick successes lead to increased self-esteem, increasing the chances of future successes.

- Make sure that goals are very specific so everyone knows exactly what needs to be done and who is responsible for doing it.
- State goals behaviorally using words that make the goals measurable so that successes will be clear.
- State goals positively, indicating the desired behavior rather than highlighting the negative behaviors that the family wants to stop doing. Ask the family what they will be doing instead.
- Write goals in clear and understandable language, using the family's key words. Break the goals into small, meaningful, and incremental tasks.
- Help the family choose tasks that use the family's strengths and resources.
- Select tasks that can be achieved realistically by you and the family in the agreed-upon time frame.
- Include how and when progress will be evaluated.
- Recognize and applaud progress no matter how small and praise each completed task as an achievement.
- Monitor progress regularly and update the plan as needed.

Questions for Goal Setting

Here are some questions that may be helpful for you to consider during goal setting:

- What goals must be achieved to reduce the risk factors for abuse and neglect?
- What are the family's priorities among the goals?
- What intervention approaches or services will facilitate successful goal achievement?
- What is the family willing to do to change things?
- What will you do to help facilitate change?

- What resources, both formal and informal, are available for this family?

Assigning Time Frames

After developing goals with the family, establish realistic time frames for completion. Determining the time frames is based on a thorough understanding of the family's needs and concerns, their strengths and resources, their ability and motivation to change, knowledge of treating similar concerns and needs, and the family's input regarding the length of time it will take for them to accomplish the goals.

COMPLETING THE INITIAL SERVICE PLAN

Complete the DHS-1614, PSF Initial Service Plan, once you have done the following:

- Completed the family assessment using the DHS-1613.
- Determined the family is eligible for PSF services.
- Established a plan of intervention with the family by completing the service agreement (DHS-1021 or - FSSP).
- Acquired basic information about the family such as:
  - Names.
  - Address.
  - Dates of birth.
  - Place of employment of any family member.
  - Schools that any children in the family attend.
  - All contacts you have had with or about the family up to this time, including a brief description of each.
  - A summary of the major strengths, resources, needs, and concerns of the family.
  - Agencies with which the family is currently working with.

- Description of any major barriers, along with methods or ideas for overcoming them.
- The goals and tasks agreed on with the family.

The Initial Service Plan is due within 45 days of the case opening date. Attach a copy of the service agreement (DHS-1021 or FSSP) to the plan.

TYPES OF SERVICE PSF CAN OFFER

It is important to remember too many professionals and/or too many services may overwhelm a family and increase feelings of powerlessness. Provide the following services to PSF families, either directly or through referral, when appropriate:

- Assessment.
- Case management.
- Community linkages.
- Counseling.
- Crisis intervention.
- Education and training.
- Family planning.
- Health-related services.
- Homemaking.
- Housing assistance.
- Information about issues specific to that family, e.g., lice, learning disabilities, etc.
- Money management.
- Referral for parent education, counseling, mentors, parent-aides.
- Referral for food clothing, furniture, and household goods distribution centers.

CLOSING A CASE BASED ON ASSESSMENT

Close a case as a result of the assessment when:

- The family is not eligible for PSF because their needs score on the DHS-1613 is either too high or too low.
- The family chooses **not** to participate.
- The family cannot be located.

Document the reason for the closure by completing the DHS-1331, PSF Closing During Assessment Period/Services Not Opened.

Refer to other programs when appropriate.

Closing on CIMS

Close the case on CIMS by entering the following:

- Date of closure as the service close date.
- Goal Status 7.
- Program Status 1.

EARLY ON® FORMS

Early On Addenda are a blend of *Early On* report requirements and PSF report requirements. Complete *Early On* forms ***only*** when you have agreed to act as the service coordinator for a PSF family whose child is involved with *Early On*. Attach the forms to the PSF Initial Service Plan and to the PSF redetermination reports and consider this as the *Individualized Family Service Plan (IFSP)* for the *Early On* program.

The IFSP is an ongoing document used by families participating in *Early On* and members of each family's team. The *Early On* team consists of the family, the service coordinator and anyone the family identifies to be part of the process. It is designed with the family. It is the plan of action and outcomes that the family would like for their child and for the family. It is the compilation of all the reports, notes, and records of team members throughout the duration of the child's involvement with *Early On*.

Early On® Forms

- Any child enrolled in *Early On* must have a record located at the local lead agency, which contains all *Early On* related forms pertaining to the family. See the online *Early On* manuals (EOM).

  DHS-1336, PSF *Early On* Individual Service Plan Family, add form to the Preventive Services for Families initial service plan - Complete within 45 days of case opening. Attach to the DHS-1614, PSF initial service plan. The completed DHS-1336 and DHS-1614 combine to serve as part of the *Early On* IFSP.

  You must be present at the child's assessments in order to better understand the child's special needs and how they might be addressed using the resources available. The IFSP must be completed on an annual basis.

- DHS-1335, *Early On* IFSP Review and Progress Report, complete at 6 months, 18 months, and 30 months after case opening. Attach to the DHS-1325, PSF Quarterly Progress Report/Redetermination Report. *Early On* requires certain paperwork to be reviewed and amended every six months. See RFF 1335 and RFF 1325 for specific requirements.

- DHS-1330, PSF *Early On* Transition/Discharged/Exit Report - Complete three to six months before the *Early On* eligible child turns three. It is the written plan used to transition a child out of the *Early On* program and into other services such as Head Start, pre-school, etc.

Refer to the online *Early On* manuals (EOM).

RESOURCES

You will refer families to other resources for services when necessary. You may sometimes need to make arrangements to pay for the services, as described in this item.

PSYCHIATRIC OR PSYCHOLOGICAL SERVICES

Psychiatric or psychological diagnostic assessments/examinations may be needed in some cases to resolve uncertainties regarding the nature of the problem or the capacity of the parents to use and benefit from PSF services. Use the DHS-93, Examination Authorization for Services, to pay for assessment/examination costs, if:

1. The service is **not** available without charge through local resources, including community mental health agencies; and

2. The service is **not** a Medicaid covered service (If Medicaid eligibility exists, and the service is covered under Medicaid, the provider must bill Medicaid. Testing, diagnosis and evaluation are Medicaid covered services); and

3. The parents are unable to pay and do **not** have private insurance which will cover the needed service. Private insurance must be billed before using the DHS-93. In unusual circumstances, if a unique assessment/examination is required, an exception may be made with prior approval, even though third party payment is available. Obtain prior approval from the local office director, district manager, or designee.

Payment via the DHS-93 for psychological and psychiatric services is restricted to psychological and psychiatric **assessments/examinations only**. Treatment services may **not** be authorized using the DHS-93. Treatment services may be funded through Medicaid, when it is a covered service or through private insurance, or appropriate purchase of service contracts. See RFF 93 for additional information.

Obtain an estimated cost of the assessment/examination before the service is provided. Do not authorize payment for more than the estimated amount.The estimate and the actual billing for service must detail the service provided, including the cost of:

- Individual testing.

- Clinical interviews.
- Writing the report.
- Recommendation for treatment.

Coding instructions for the DHS-93 are in RFF 93, Diagnostic Examination Fee Schedule.

Use the EN-051, Medical Services Authorization Exception Report, to monitor medical service authorizations that exceed the amount listed in the Diagnostic Examination Fee Schedule in SRM 234.

FUNDING FOR SPECIAL SERVICES

Following are other resources which may be available:

Child Protection: Working Together as Community Partners, CP/CP

Funding may be available locally to purchase homemaking and parent mentoring services through this program. See your manager for specific information on accessing this funding.

Child Safety and Permanency Plan, CSSP

Funding may be available locally for purchasing services for families and children facing the greatest risk of out-of-home placement; or to enable children to return home or move toward permanency. See your manager for specific information on accessing this funding.

Family Reunification

These funds are only available for use with families receiving PSF in very special circumstances and when funds are not available from any other source. When the need does arise, the local office must request an exception from the Family Preservation Specialist assigned to your county.

Purchase of Service Contracts (POS)

Purchase of Service (POS) contracts may be available. Check the Local Office Contracting Guide on program eligibility and services available.

Early On®

PSF families involved with *Early On* may access *Early On* funds in certain circumstances. Document the need that the child has and how the funding obtained will meet that need in the service plan and indicate what other funding was sought before using *Early On* gap funding.

Refer to the *Early On* manuals for more information (EOM).

Other Agencies

Other Agencies - There are other agencies that PSF can contact for financial assistance. These include but are not limited to: Salvation Army, United Way, Red Cross, Michigan State Housing Development Authority, Section 8 Housing, Children's Special Health Services, and local church benevolent funds.

JOINT POLICY DEVELOPMENT

Medicaid, Adult Medical Program (AMP) also known as Adult Benefit Waiver (ABW), Transitional Medical Assistance (TMA/TMA-Plus), and Maternity Outpatient Medical Services (MOMS) policy has been developed jointly by the Department of Community Health (DCH) and the Department of Human Services (DHS).

DOCUMENTATION

Document all contacts. Keep records of all program-related activities, phone calls, interviews, home visits, collateral contacts, and case conferences. Include the date of the contact, the person contacted, the method of contact (e.g., phone, home visit) and a brief description of the contact.

Contact Logs

Use the DHS-214, PSF Contact Log, or the DHS-1790, Client Contact Sheet, to document contacts. The following definitions and abbreviations may be used:

- **H/C** (Home Call) - A visit to the family's residence.
- **NC/HC** (No Contact Home Call) - A home call attempt in which no one was home.
- **F/F** (Face to face) - Any contact made in person other than at the person's own home. Include where it occurs (e.g., F/F office, F/F school, etc.).
- **TX** (Telephone call)
- **C/C** (Collateral Contact) - Collateral contacts are contacts made with anyone **not** identified on the case as a family member, such as other agencies, another DHS worker, the school, etc. The method of contact should also be documented, such as C/C TX, C/C F/F.
- **Case/C** (Case Conference) - A discussion of the case with a manager, coworker, or other agency personnel who are working with the family.

EVALUATING FAMILY PROGRESS

Formal case evaluations must be completed on a regular basis to measure progress and to revise the service agreement, as necessary. Quarterly progress reports are required, and a full redetermination of eligibility is required every six months.

Quarterly Progress Reports

The first quarterly report is due in the month containing the 90th day from the case opening date. **Note:** This may be **less** than 90 days from when you completed the DHS-1614, PSF Initial Service Plan.

Complete the quarterly progress report as follows:

1. Review the current service agreement (DHS-1021, PSF Service Agreement, or the DHS-4783, Personal Responsibility Plan and Family Contract).

2. Engage the family in a discussion about progress towards goals and tasks established in the service agreement. The DHS-1327, PSF Family Progress Assessment, may be used.

3. Collect information from all service providers regarding progress toward achieving case goals.

4. Complete the DHS-1325, PSF Quarterly Progress Report/Redetermination Report, including:

    - Documenting all contacts with the family and others involved with the family, including a brief description of the contact; and

    - Summarizing the major events or changes in the family's situation; and

    - Assessing progress on prior goals and identifying what the goals will be for the next quarter.

Change the quarterly review date on CIMS to three months from the current date when the quarterly review is completed. See BAM 909 for CIMS coding instructions.

Progress Issues

Focus on the following issues when evaluating progress:

- What changes (if any) have occurred in the conditions and behaviors causing the risk for neglect/abuse?

- What case plan tasks have been accomplished and how do you know that they have been accomplished?

- What progress has been made toward achieving case goals?
- Are services being provided as planned and/or are other services needed to help the family achieve case goals?
- Should a new case plan or service agreement be developed based on the progress (or lack of progress) during the last quarter?
- What is the current level of risk for abuse/neglect?
- Has the progress been so significant that the Preventive Services case can be closed?

Progress Assessment Tool (DHS-1327)

The DHS-1327, PSF Family Progress Assessment, is a non-threatening tool that may be used with the family for reviewing progress toward goals. Each goal is identified and the family is asked to rate their progress toward achieving the goal and identify what it would take for them to move to the next step.

Six Month Redetermination

The first redetermination of eligibility is due six months from the case opening date.

Complete the steps listed above for completing a quarterly progress report and in addition, answer the following questions:

- Is there a continued need for PSF?
- Does the family agree to continue PSF?
- Is the family making progress on the goals they have set?
- Have the goals changed or are there new goals?
- Is the family connected with needed resources?

At redetermination, also do the following:

- Describe the formal and informal resources with which the family is currently connected,
- Identify any potential connections that need to be made in the next six months;
- Provide a plan for making those connections; and

- Describe any barriers that are keeping the family from making progress toward their goals and propose means to remove or overcome those barriers.

Document these actions and the answers to the above questions on the DHS-1325.

When the redetermination is completed change the redetermination date on CIMS to six months from the previously documented date.

CASE CLOSURE

Closure Reasons

Close PSF in the following circumstances:

- The family no longer needs PSF services because the family's functioning has improved **and** the risk of child abuse and neglect, has been reduced.
  - Determine improved family functioning based on the achievement of family goals and/or the ability of the family to remain connected to formal and informal resources without your assistance.
  - Determine that the risk of child abuse and neglect is reduced when the family achieves a lower needs score on the DHS-1613, Case Screening and Family Assessment Form.
- A Children's protective services (CPS) case is opened for the family. The CPS disposition places the family in Category I or II.
- The family's continuation in the PSF program is no longer appropriate because they are **not** making any progress, despite their involvement with PSF.
- The family has stated that they no longer want preventive services.
- The family has moved and their whereabouts are unknown.

Closure When Goals Attained

As emphasized during other stages of the intervention process, clients should be involved in the evaluation and closure process whenever possible. When evaluation of the family's progress indicates that PSF services are no longer necessary, it is recommended that you do the following:

- Meet with the family to discuss the case closure.
- Establish time frames (together) for when the case should be closed.
- Acknowledge the family's and your feelings about the case closure.
- Be aware that a family-created crisis that may occur as a reaction to anticipated independence resulting from the planned closure.
- Review the progress made as a result of PSF involvement, emphasizing the hard work the family has done that resulted in the positive changes.
- Refer the family to any additional resources that are needed.
- Encourage the family to stay connected with current resources.
- Leave the door open for services should they be needed in the future.

Closure Activities

When closing a PSF case, do the following:

1. Reassess the family using the DHS-1613.
2. Complete the DHS-1329, PSF Closing/Transfer Report.
3. Send a personal closing letter to the family (there is not a required format for this letter.) Include the following information in your letter, as appropriate:
    - Thank the family for their involvement in the program.
    - Congratulate them for their hard work and specific successes.

- Encourage them to continue those relationships and connections that have proved helpful to them.
- Advise the family how to access PSF in the future if necessary.

Attach a copy of the letter to the DHS-1329.

4. Send the family the DHS-1326, PSF Family Response Questionnaire, with a return envelope addressed to your FIM. The DHS-1326 is intended to provide feedback from families regarding the effectiveness of the program

CIMS Closure Coding

Close the case on CIMS by entering the following:

- **Service Close** - Enter the date of closure.
- **Program Status** - 1.
- **Post-Assessment** - Enter the needs score from the closing DHS-1613.
- **Goal Status** - Choose from the following codes:
  - **3 = Goals Achieved/Services No Longer Needed** - The goals have been attained and/or the family is able to access and maintain services on their own.
  - **4 = Case Terminated/Services Not Available** - The goals have not been achieved. The family situation has deteriorated and you have made a CPS referral, or CPS has been opened and the family placed in Category I or II.
  - **5 = Case Terminated/Client Request** - Either you or the family is requesting closure.

    The family may request closure if they no longer desire PSF services, even though the goals have **not** been attained.

    Or you may determine the family is **not** making any progress. Make every effort to help families overcome barriers to progress. However, due to limited resources, closing the case may be the most appropriate decision.

- **6 = Client Death or Move -** The family has moved out of the county and did not request that their PSF case be transferred, can no longer be located or the case member requesting PSF has died.
- **7=Case Terminated/Client Refusal-**The family did not want FSF, could not be located, or did not qualify for services. This code is used **only** to close a case after assessment (target group 53). Goal Status 7 is **never** used when closing a case after you have provided direct services (target group 54) or POS (target group 55)

See BAM 909 for additional coding instructions.

CASE TRANSFERS

Transfer an active PSF case to another county when the family moves to another county in Michigan and asks that their PSF case be transferred to the new county.

A reassessment is not required when transferring a case. However, the new specialist should meet with the family to get to know them and their circumstances and develop a service agreement appropriate for the family's new situation.

Refer to SRM 152, Assignment, Reassignment and Transfer for additional system information.

COMMUNITY COLLABORATION

You may collaborate with other community agencies to initiate and improve community services, and may have extensive contacts with other agency professionals in your work with families. As a result of these contacts, you will gain an extensive understanding of formal community resources.

Likewise, you may become aware of the unmet needs of families and which resources are lacking in a community. Your unique understanding of both community assets and community needs enables you to participate in general community efforts aimed at the prevention of child abuse and neglect.

You can help with:

- Identifying community concerns and problems.
- Identifying those persons in the community willing to address those concerns and problems.
- Brainstorming about strategies to solve the problems.
- Selecting which strategies should be implemented in the community.

Role of the FIS

Your manager may ask you to collaborate and work for community development through:

1. Membership on a Multi-Purpose Collaborative Body (MPCB).

   MPCBs are composed of professionals and laypersons united to plan, implement, and coordinate multidisciplinary services within a the community. They do not become directly involved with clients, but serve as a vehicle to raise money and coordinate needed programs.

   In addition, MPCBs may provide education and public information. The goal of the MPCB is to establish a comprehensive, coordinated community preventive services and protective service program that has a high degree of interagency cooperation.

2. Encouragement of family involvement.

You can encourage families to become involved with neighborhood associations or resource centers where they can give as well as receive resources and support.

3. Formation of a new collaborative.

   You might initiate the formation of a new collaborative to start a clothing bank, an after school program, a young mothers' support group, etc.

4. Working with existing collaboratives.

   You may collaborate with other community resources to help specific families reduce their risk of abuse or neglect and meet the treatment needs of the child and the family.

   You must be aware of the specific services provided by community agencies and professionals, the target populations served, areas of specialization, eligibility criteria, waiting lists, and fees for services. With this knowledge you can determine the most appropriate services to help families achieve their goals.

5. Partnerships with existing agencies.

   You often work in partnership with other community agencies, making referrals and helping families establish needed connections with resources. Other providers should be used when there is a specific family condition, behavior, or need which warrants intervention by a specialist in that area.

   Before making referrals, obtain a release of information from the family. The referral should specify:

   - The reason for the referral, including any specific areas for assessment and/or treatment.
   - The time frame for the assessment or treatment and what feedback the agency is expected to provide to you.
   - The purpose and objectives of any requested evaluation.

     Example: You might specify that you want to know the parents' level of alcohol use and the effect it has on their ability to parent.

6. Convening meetings regarding service delivery.

In some cases, it may be appropriate to convene a meeting with the family and others involved with service delivery to review the family's progress. During this meeting, you should address any inconsistencies or problems with service delivery.

It is important to make sure that all service providers are working toward the same overall case plan. Examine whether the types, quality, and quantity of services are adequate. As problems are identified, identify a strategy for addressing them. This approach to problem solving is also excellent modeling for the client.

Through your collaboration efforts, you become involved in building preventive services resources and collaborations in the community. You help families identify and expand their options to help themselves and connect with resources, including family, friends, and community supports.

CPS PROGRAM DESCRIPTION

The purpose of Children's Protective Services (CPS) is to ensure that children are protected from further physical or emotional harm caused by a parent or other adult responsible for the child's health and welfare and that families are helped, when possible, to function responsibly and independently in providing care for the children for whom they are responsible.

The CPS program is based on the conviction that protection of children is primarily the responsibility of parents. When parents and other responsible adults fail, and children are harmed or are at sufficient risk to warrant intervention, CPS intervenes to safeguard the rights and welfare of children whose families are unable or unwilling to do so.

By law, the department has the responsibility to receive and respond to any complaint of child abuse, child neglect, sexual abuse, sexual exploitation, or maltreatment by a person responsible for the child's health or welfare.

In each case being investigated (with a few exceptions), CPS must complete a safety assessment to assess the present or imminent danger to a child during the investigation and at other important points during the life of the case. CPS must also complete a risk assessment on the family which determines the risk of future harm to the child. (See PSM 713-01-CPS Investigation-General Instructions and Checklist, Safety Assessment overview section for when a safety assessment does not need to be completed and PSM 713-11-Risk Assessment for when a risk assessment does not need to be completed.)

When investigation of the complaint determines that there is a preponderance of evidence of abuse or neglect by a person responsible for the child's health or welfare, the department must assess the needs and strengths of the family. In these cases, services must be provided to the family, until the conditions affecting the child no longer place the child at risk or until other services are in place to alleviate the risk.

Because children have a right to be with their own parents, the ultimate objective of CPS is to protect children by stabilizing and strengthening families whenever possible through services, either direct or purchased, to the parents or other responsible adults to help them effectively carry out their parental responsibilities. When-

ever possible, extended family members should be engaged to assist parents to take adequate care of their children. When appropriately assessed, planned for and supported, extended family support and care is a child welfare service that reflects the principles of child-centered, family-focused casework practice. In this system, the child's need for safety, nurturance, and family continuity drives service delivery and funding.

Children's needs should be considered in the context of having a family with a focus on maintaining and building family ties. This approach acknowledges the integrity of extended family networks as described by families, respects family strengths and diversity, builds upon family resources, and works to strengthen families by preventing the unnecessary separation of children from their families. Family members should be viewed as collaborative partners in service delivery with interventions offered to strengthen and, when necessary, increase the ability of the extended family to care for children by achieving family connectedness.

Child protection is a child-centered, family-focused service. In most cases, efforts must be made to keep families together. Placement of children out of their homes should occur only if their well-being cannot be safeguarded with their families. Appropriate relative caregivers should be the first choice of placement whenever the child can be safely placed with them.

CPS is distinctive in several ways:

- The request for children’s protective services usually comes from someone other than the custodial parents (although it may come from one parent) in the form of a complaint of alleged child abuse and/or neglect.
- The parents may be unaware of what is happening to the child, or may be unable or unwilling to ask for and use help, even though they may know they need it.
- Parents may lack the motivation to seek and use available resources, or the community may have failed to identify potential child abuse/neglect situations and provide the services which could have prevented the need for CPS involvement.
- Once a complaint is received, CPS intervention must be evaluated by the department in the interests of the child who is reported neglected/abused.

- Any services must be offered on behalf of the child, even though, without a court order, the parent has the choice of accepting or rejecting the services that are offered.
- There are five possible disposition categories for CPS cases:
  - Category V-Cases in which CPS is unable to locate the family, no evidence of child abuse and/or neglect (CA/N) is found or the court declines to issue an order requiring family cooperation during the investigation.
  - Category IV-Cases in which a preponderance of evidence of CA/N is not found. The department must assist the child's family in voluntarily participating in community-based services commensurate with risk level determined by the risk assessment (structured decision making tool).
  - Category III-Cases in which the department determines that there is a preponderance of evidence of CA/N and the risk assessment indicates a low or moderate risk. A referral to community-based services must be made by CPS.
  - Category II-Cases in which the department determines that there is a preponderance of evidence of CA/N and the risk assessment indicates a high or intensive risk. Services must be provided by CPS, in conjunction with community-based services.
  - Category I-Cases in which the department determines that there is a preponderance of evidence of CA/N (risk must be at least high at initial assessment, at reassessment or by override) and a court petition is needed and/or required. Services must be provided by CPS (or foster care), in conjunction with community-based services.

The receipt of a complaint by DHS requires CPS to respond promptly to complaints of alleged child abuse and/or neglect in order to determine the validity of the complaint and determine whether the complaint is to be investigated by CPS staff, transferred to another unit that has jurisdiction (e.g., another state, American Indian Tribal Unit, law enforcement, etc.) to investigate, or be rejected. When assigned for CPS investigation, CPS must take the following actions:

1. Complete a safety and risk assessment on all households (See PSM 713-01-CPS Investigation-General Instructions and

Checklist, Safety Assessment overview section for when a safety assessment does not need to be completed and PSM 713-11-Risk Assessment for when a risk assessment does not need to be completed).

2. When there are safety factors present, determine which interventions, if any, will keep the child safe.

3. Determine whether there is a preponderance of evidence of CA/N. If there is a preponderance of evidence of CA/N:

   - Determine if the child can safely remain in the home.
   - Determine and identify the family problems which contributed to, or resulted in, CA/N and the family strengths which can be built on for the purpose of referring the family to community-based services.
   - Consider family strengths and evaluate the potential for treatment of the underlying factors to ameliorate risk factors and to assist the family in taking adequate care of the child.
   - Attempt to engage the family in services. The plan for services should be developed in consultation with the parents/responsible adults and the family support network, if appropriate. The goal is to stabilize and rehabilitate the family through services provided by the department, purchased services and/or the use of other appropriate community resources to meet the needs of the child and parents. Intensive in-home services including the use of the family's support system must be considered in an effort to prevent out-of-home placement, when safe to do so.
   - File a petition with the Family Division of Circuit Court in situations where the child is unsafe, where there is active resistance to CPS intervention, or when there is resistance to, or failure to benefit from, CPS intervention and that resistance/failure is causing an imminent risk of harm to the child.

PRIMARY FUNCTIONS

Children's Protective Services (CPS) program responsibilities include the three primary functions of intake, field investigation, and service provision and intervention.

Intake

Intake begins when a complaint alleging child abuse/neglect is received by the department, and is completed when a determination is made to:

1. Transfer the complaint to another jurisdiction for investigation of the complaint (for example, law enforcement, American Indian Tribal Unit, another state, etc.).
2. Assign for field investigation. (A preliminary investigation may be part of intake and precede assignment for field investigation if the complaint requires clarification.)
3. Reject the complaint. A decision is made not to investigate the complaint, and the complaint is not appropriate for transfer to another agency.

Field Investigation

The field investigation is the process of gathering and evaluating information in order to assess the current safety and future risk of harm to a child and to reach a disposition regarding the complaint allegations. The department must commence the field investigation within 24 hours of receipt of the complaint (based on the priority level, commencement may be required to occur before that). During the CPS investigation process, CPS must obtain information regarding the child's extended family system and resources. The field investigation should be completed and a disposition made within 30 calendar days of the receipt of a complaint.

Service Provision and Intervention

Service provision and intervention includes the use of structured decision-making tools to help determine the level of intervention needed and which, if any, services will be provided to the family. The use of these assessments provides a valid and reliable way of uniformly working with families when a preponderance of evidence

of child abuse and/or neglect is found to exist and to regularly measure case progress.

TWENTY-FOUR (24) HOUR SERVICE

The Department of Health and Human Services uses a statewide Centralized Intake (CI) system to receive complaints of abuse and neglect. CI is staffed 24 hours a day, seven days a week. Intake staff receive complaints, and evaluate and act upon them as required. The Department of Health & Human Services must ensure that a known and well-publicized system is in place for receiving after-hour telephone complaints. The CPS Hotline number, 1-855-444-3911, must be made widely available and, at a minimum, must be given to police agencies, juvenile courts, public health staff, physicians, clergy, neighborhood centers, hospitals, schools, and other social agencies.

It is critical that telephone numbers for CPS are readily accessible and listed in the easiest places for the public to locate. Local offices must be listed in all appropriate directories serving residents within the county boundaries.

COMMUNITY EDUCATION

As part of the department's local office community education effort, the following pamphlets may be used:

- DHHS Pub-3, Child Protection Law.
- DHHS Pub-112, Mandated Reporter's Resource Guide.
- DHHS Pub-31, Parent's Guide to Children's Protective Services.

The DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, form should be widely distributed, particularly to those mandated by the Child Protection Law to report suspected child abuse or neglect.

The pamphlets and reporting forms are available on the DHHS public website at www.michigan.gov/dhs-publications and www.michigan.gov/dhs-forms under the Children's Protective Services section.

ELIGIBLE CLIENTS

Michigan's Child Protection Law states that an individual up to eighteen years of age is eligible for Children's Protective Services (CPS). Complaints can neither be rejected (not investigated), nor dispositioned based solely on factors such as age or behavioral problems (e.g., incorrigibility or legal status such as delinquency). The criteria for both assignment and disposition of complaints are:

- 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 nonaccidental physical or mental injury, sexual abuse or exploitation, maltreatment, negligent treatment, or failure to protect.

Department of Human Services (DHS), or community-based service providers, are to provide services to all children under eighteen years of age whenever any of the following conditions exist:

- All cases determined to be Category III, II or I by CPS.
- A child is petitioned into the Family Division of Circuit Court and the court requests supervision by the department in the child's home.

  Note: Court wards placed in their own homes are served by the CPS program. In contrast, court wards placed outside their own homes are the responsibility of the foster care program.

LEGAL BASE

The following federal and state laws are the legal base for Children's Protective Services in Michigan:

Federal Law

Social Security Act, Title IV, Part A, Sec. 402(a)

Federal Indian Child Welfare Act, Public Law 95-608 25 USC Sub-section 1901-1952

State Social Welfare Laws

1939 PA 280 (MCL 400.115b, 400.55(h) and 400.56(c))

State Child Protection Law (CPL)

1975 PA 238 (MCL 722.621 et seq.)

State Child Care Organization Licensing Law

1973 PA 116 (MCL 722.111 - 722.128)

Juvenile Code

1939 PA 288 (MCL 712A.1 et seq.)

Public Health Code

1978 PA 368 (MCL 333.17001 et seq.)

LEGAL DEFINITIONS

Amendment

A change in case record or central registry information such as case name, address, code, case number, etc., including any change to correct inaccurate information.

American Indian, American Indian Child, American Indian Tribe (formerly Native American)

See NAA 100 through NAA 615 for the definitions of American Indian, American Indian child, and American Indian tribe.

Basis-in-Fact

Direct, personal knowledge on the part of the reporting person that is specific and concrete and reasonably indicates harm or threatened harm to a child's health or welfare.

Central Registry Case/ Substantiated Case

A central registry/substantiated case is any case that the department determines that a preponderance of evidence of child abuse and/neglect occurred and any one of the following:

- The case is classified as Category I or II (Section 8 and 8d of the CPL). (See Five Category Disposition.)
- The perpetrator is a nonparent adult who resides outside the child’s home (Section 8d(3)(4) of the CPL).
- The perpetrator is a licensed foster parent (Section 8d(3)(4) of the CPL).
- The perpetrator is an owner, operator, volunteer or employee of a licensed or registered child care organization (Section 8d(3)(4) of the CPL).
- A CPS case that was investigated before July 1, 1999 and the disposition of the complaint was “substantiated.”

Child

A person under 18 years of age.

Child Abuse

Harm or threatened harm to a child's health or welfare that occurs through nonaccidental 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 clergy.

Child Abuse/Neglect Central Registry (CA/NCR or central registry)

The system maintained by the department that is used to keep record of all reports filed with the department under the CPL in which a preponderance of relevant and accurate evidence of child abuse or neglect is found to exist (substantiated case) (Section 2(c) of the CPL) and contains:

- Historical Registry - list of complaints entered on central registry prior to 8-1-92, which identifies perpetrators who have not been provided written notification of their names having been placed on central registry.
- Perpetrator Registry - list of perpetrators who have been provided written notification of their names having been placed on central registry.

Child Care Organization

Defined in 1973 PA 116 (MCL 722.111 to 722.128) and includes child care centers, nursery schools, parent cooperative preschools, foster family homes, foster family group homes, children’s therapeutic group homes, child care homes, child caring institutions, child placing agencies, children's camps and children’s campsites.

Child Neglect

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:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

- Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or any 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.

Children's Protective Services

Program services designed to rectify conditions which threaten the health and safety of children due to the actions or inactions of those responsible for their care. These services include investigation of a child abuse/neglect complaint; determination of the facts of danger to the child and immediate steps to remove the danger; providing or arranging for needed services for the family and child; and when appropriate, initiation of legal action to protect the child.

Complaint

Written or verbal communication to the department of an allegation of child abuse or neglect. The term "complaint" in the Children's Protective Services manual (PSM) is interchangeable with the term "report" in the Child Protection Law.

Domestic Violence

A pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

Exploitation

Improper use of a child for one's own profit or advantage.

Expunge

To eliminate electronically stored information or to remove and destroy reports, records, documents and materials.

False Complaint

A false allegation of child abuse or neglect made knowingly by an individual to the department. A person who knowingly makes a false report of child abuse or neglect is guilty of a misdemeanor if the false report was for an alleged misdemeanor offense. If the

false report was for an alleged felony offense of child abuse and neglect, then the person is guilty of a felony.

Five Category Disposition

The five dispositions for CPS investigations are:

Category V - services not needed. This category is used in cases in which CPS is unable to locate the family, **no** evidence of child abuse and/or neglect (CA/N) is found, or the Family Division of Circuit Court is petitioned to order family cooperation during the investigation but declines, and the family will not cooperate with CPS. Further response by the department is not required.

Category IV - community services recommended. Following a field investigation, the department determines that there is not a preponderance of evidence of CA/N. The department **must** assist the child's family in voluntarily participating in community-based services commensurate with the risk to the child.

Category III - community services needed. The department determines that there is a preponderance of evidence of child abuse or neglect, and the structured decision-making tool (risk assessment) indicates a low or moderate risk of future harm to the child. The department **must** assist the child's family in receiving community-based services commensurate with the risk to the child. The person who harmed the child is not listed on central registry. If the family does not voluntarily participate in the services, or fails to make progress in reducing the risk of further harm to the child, the department may reclassify the case as category II if the child's safety indicates a need for CPS intervention.

Exception: If there is a finding of preponderance of evidence of CA/N and the perpetrator is any of the following, the perpetrator must be identified on central registry, even when the SDM risk for the household is determined to be low or moderate:

- Licensed foster parent.
- Nonparent adult who resides outside the child's home.
- Owner, operator, volunteer or employee of a licensed or registered child care organization.
- Owner, operator, volunteer or employee of a licensed or unlicensed adult foster care family home or adult foster care small group home.

Category II - children's protective services required. The department determines that there is a preponderance of evidence of CA/N, and the structured decision-making tool (risk assessment) indicates a high or intensive risk of future harm to the child. CPS **MUST:**

- Open a protective services case.
- Provide services.
- List the perpetrator of the CA/N on the central registry, either by name or as "unknown," if the perpetrator has not been identified.

Category I - court petition required - CPS determines that there is a preponderance of evidence of CA/N and 1 or more of the following is true:

- A court petition is required by the Child Protection Law.
- The child is not safe and a petition for removal is needed.
- CPS previously classified the case as category II, and the child's family does not voluntarily participate in services and court intervention is needed to ensure the family participates in services to ameliorate issues which place the child at risk of imminent harm.
- There is a violation, involving the child, of a crime listed or described in section 8a(1)(b), (c), (d) or (f) or of child abuse in the first or second degree as prescribed in section 136b of the Michigan Penal Code, 1931 PA 328, MCL 750.136b. (See CPF 718-5, CPS Appendix F-The Michigan Penal Code for a listing of these violations of the penal code.)

Extended Family Network

Includes the nuclear family with the non-custodial parent, extended or blended family, and other adults viewed as family who have an active role in the functioning of the child's family. These adults may or may not reside in the immediate area**.**

Local Office CPS File

The compilation of documents maintained at the local office that pertain to a CPS complaint. It is the intent of the Child Protection Law that the CPS file include all reports, documents and materials

pertaining to the CPS investigation of a complaint and to the services provided to the child and the family.

Medical Practitioner

A medical practitioner is one of the following:

- A physician or physician's assistant licensed or authorized to practice under part 170 or 175 of the public health code, MCL 333.17001 to 333.17088 and MCL 333.17501 to 333.17556.
- A nurse practitioner licensed or authorized to practice under section 172 of the public health code, MCL 333.17210.

Mental Health Practitioner

A psychiatrist, psychologist, or psychiatric social worker including a licensed master's social worker, licensed bachelor's social worker, or registered social work technician (under 1978 PA 368, as amended) who has successfully completed a psychiatric social service practicum.

Non-offending Caretaker

In domestic violence cases, the "non-offending caretaker" is defined as the "adult victim" living in the home who has NOT been found to be abusive to the children. In all other CA/N cases, the "non-offending caretaker" is any other adult residing in the home who has not been found to be abusive or neglectful.

Perpetrator Notification

Notification to an individual that his/her name has been entered on the perpetrator registry of central registry, advising him/her who has access to the registry and record, and informing him/her of his/her rights to review the record and challenge it.

Person Responsible For The Child's Health Or Welfare

A person responsible for a child's health or welfare is any of the following:

- A parent, legal guardian, or person 18 years of age or older who resides for any length of time in the same house in which the child resides.
- A nonparent adult. A nonparent adult is a person 18 years of age or older and who, regardless of the person's domicile, meets **all** of the following criteria in relation to the child:
  - Has substantial and regular contact with the child.
  - Has a close personal relationship with the child's parent or with another person responsible for the child's health or welfare.
  - Is not the child's parent or a person otherwise related to the child by blood or affinity to the third degree (parent, grandparent, great-grandparent, brother, sister, aunt, uncle, great aunt, great uncle, niece, nephew).
- A nonparent adult who resides in any home where a child is receiving respite care.

Note: This includes nonparent adults residing with a child when the complaint involves sexual exploitation (human trafficking).

- An owner, operator, volunteer, or employee of 1 or more of the following:
  - A licensed or registered child care organization as defined in Section 1 of 1973 PA 116 (MCL 722.111).
  - A licensed or unlicensed adult foster care family home or adult foster care small group home as defined in Section 3 of the Adult Foster Care Facility Licensing Act, 1979 PA 218 (MCL 400.703).
  - Child Care Organization or Institutional Setting.

Power Of Attorney

A written, signed document authorizing another person to act as one's agent for specific purposes for a limited period of time. (As an example, a parent may leave a child in the care of a neighbor while the parent is on vacation and may leave a written statement that, during that vacation period, the neighbor may consent to any needed surgery or medical treatment for the child.) Court action is not necessary for a power of attorney and a power of attorney is not equivalent to an order of guardianship.

Preponderance Of Evidence

Evidence which is of greater weight or more convincing than evidence which is offered in opposition to it.

Relative

As defined in MCL 712A.13a(j), relative means an individual who is at least 18 years of age and related to the child by blood, marriage, or adoption, as grandparent, great-grandparent, great-great-grandparent, aunt or uncle, great-aunt or great-uncle, great-great-aunt or great-great-uncle, sibling, stepsibling, nephew or niece, first cousin or first cousin once removed, and the spouse of any of the above, even after the marriage has ended by death or divorce. A stepparent, ex-stepparent, or the parent who shares custody of a half-sibling shall be considered a relative for the purpose of placement. Notification to the stepparent, ex-stepparent, or the parent who shares custody of a half-sibling is required as described in section 4a of the foster care and adoption services act, 1994 PA 203, MCL 722.954a. A child may be placed with the parent of a man whom the court has found probable cause to believe is the putative father if there is no man with legally established rights to the child. A placement with the parent of a putative father under this subdivision is not to be construed as a finding of paternity or to confer legal standing on the putative father.

Relative/Unrelated Caregiver Care (Formerly Kinship Care)

The full-time nurturing and protection of children when they must be separated from the nuclear family and be cared for by a non-custodial parent, relatives, grandparents, stepparents or other unrelated

adults who have a bond with a child. Relative/unrelated caregiver care arrangements may be made between and among family members or, alternatively, may involve child welfare agencies. Relative/unrelated caregiver care is unique because of the nature of this type of care, the capacity to provide family continuity, the role of relative/unrelated caregiver care as part of a child welfare service, and relationships between relative/unrelated caregiver care, family preservation, out-of-home placements, and permanency.

Non-court Ward Relative/Unrelated Caregiver Placement occurs when the family decides the children can safely live with a non-custodial parent, relative, or unrelated caregiver. In this arrangement, a social worker may be involved in helping family members plan for the child, but a child welfare agency does not assume legal custody of, or responsibility for, the child.

Court Ward Relative/Unrelated Caregiver Placement involves placing children in relative/unrelated caregiver care as a result of a determination by the court and CPS that a child must be separated from his or her parent(s) because of abuse, neglect, drug dependency, abandonment, imprisonment, or special medical circumstances. The court places the child in the legal custody of the child welfare agency or authorizes legal guardianship with relatives or unrelated caregivers, and the relative/unrelated caregiver placement provides the full-time care, protection, and nurturing that the child needs.

Referral

Information which is transmitted from a department CPS staff person to another person, agency or unit.

Relevant Evidence

Evidence having a tendency to make the existence of a fact that is at issue more probable than it would be without the evidence.

Severe Physical Injury

An injury to the child that requires medical treatment or hospitalization **and** that seriously impairs the child's health or physical well-being.

Sexual Abuse

Engaging in sexual contact or sexual penetration with a child, as defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a.

Sexual Exploitation

Allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging, or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act as defined in section 145c of the Michigan penal code, 1931 PA 328, MCL 750.145c.

Specified Information

Information in a CPS case record that relates specifically to the department's actions in responding to a complaint of CA/N regulated by Section 7 of the CPL. Certain information is not considered specified information. See Section 2(y) of the CPL.

Unrelated Caregiver (Formerly Fictive Kin)

Adults who are not related to a child by blood, marriage, or adoption who have a psychological/emotional bond with the child and are identified as "family" as a result of their active role in the functioning of the nuclear family.

Unsubstantiated Case

CPS case the department classifies under Sections 8 and 8d as Category III, IV or V. (***Exception:*** Category III cases in which the perpetrator is a nonparent adult who resides outside the child's home, a licensed foster parent or an owner, operator, volunteer, or employee of a licensed or registered child care organization are substantiated cases [Section 8d(3)(4) of the CPL]).

CPS OPERATIONAL DEFINITIONS

The legal definitions for child abuse, child neglect and child sexual abuse are found in PSM 711-4, CPS Legal Requirements and Definitions and are narrowly defined, based on the language of the Michigan Child Protection Law (CPL) and other laws that provide the legal base for Child Protective Services (CPS). The following definitions are broader in scope and are intended to assist workers in the intake, investigation and dispositional phases and in the provision of post-investigative services.

The department is responsible for the investigation of complaints of child abuse allegedly committed by a person responsible for the child's health and welfare.

Person Responsible

A person responsible for the child's health or welfare means:

- A parent (including a minor parent or noncustodial parent whose parental rights have not been terminated).
- Legal guardian.
- Licensed foster parent.
- Person 18 years of age or older who resides for any length of time in the same household in which the child resides (including live-in adult friends of the parent or foster parent, adult siblings and relatives, roomers, boarders, live-in sitters, housekeepers, etc.).
- A nonparent adult. A nonparent adult is a person 18 years of age or older and who, regardless of the person's domicile, meets **all** of the following in relation to the child:
  - Has substantial and regular contact with the child.
  - Has a close personal relationship with the child's parent or with another person responsible for the child's health or welfare.
  - Is not the child's parent or a person otherwise related to the child by blood or affinity to the third degree (parent,

grandparent, great grandparent, brother, sister, aunt, uncle, great aunt, great uncle, niece, nephew).

- A person who cares for the child in a licensed or registered child care center, group child care home, family child care home, children's camps or child caring institution, as defined in Section 1 of 1973 PA 116 or a licensed or unlicensed adult foster care family home or adult foster care small group home as defined in Section 3 of 1979 PA 218.

Note: When the residence of the alleged perpetrator or relationship to the family is in question, the department will proceed to investigate but may make a referral for concurrent investigation by law enforcement.

Child

A person under 18 years of age at the time MDHHS receives a complaint of child abuse and/or neglect.

Resides

CPS should consider a person residing in a home when indicators (such as law enforcement information, Secretary of State clearances, statements from family members or neighbors, etc.) suggest that an individual is living in a home.

Imminent Danger of Harm

There is likelihood of immediate harm. This term is used in the priority response criteria and the safety assessment, see PSM 712-4, Intake-Minimal Priority Response Criteria and PSM 713-01, CPS Investigation - General Instructions and Checklist, Safety Assessment Overview.

Imminent Risk of Harm

There is likelihood of immediate harm.

Child Abuse

The CPL defines child abuse. The different types of child abuse are defined below.

Physical Abuse

Physical abuse (injury) means a nonaccidental occurrence of any of the following:

- Death.
- Deprivation or impairment of any bodily function or part of the anatomy.
- Permanent disfigurement.
- A temporary disfigurement which requires medical intervention or which occurs on a repetitive basis.
- Brain damage.
- Skull or bone fracture.
- Subdural hemorrhage or hematoma.
- Dislocations.
- Sprains.
- Internal injuries.
- Poisoning.
- Drug or alcohol exposed infants. (See PSM 716-7, Substance Abuse Cases.)
- Burns.
- Scalds.
- Bruises.
- Welts.
- Open wounds.
- Loss of consciousness.
- Adult human bites.
- Provoked animal attacks.

Note: Nonaccidental: Expected, intentional, incidental, and/or planned behavior on the part of the parent, caretaker or person responsible for the child's health and welfare, which results in physical or mental injury to a child. An action which a reasonable person would expect to be a proximate cause of an injury. FF

Mental Injury

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

Note: To make a finding of mental injury, a mental health practitioner must assess the child and either diagnose a psychological condition or determine that the child is at significant risk of being psychologically or emotionally injured/impaired.

Child Maltreatment

The treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive.

Possible examples of maltreatment are:

- A parent who utilizes locking the child in a closet as a means of punishment.
- A parent who ties their child to a stationary object as a means to control or punish their child.
- A parent who forces their child to eat dog food out of a dog bowl during dinner as a method of punishment and/or humiliation.
- A parent who is teaching their child how to be an accessory in criminal activities (e.g., shop-lifting).
- A parent who responds to their child's bed-wetting by subjecting the child to public humiliation by hanging a sign outside the house or making the child wear a sign to school, which lets others know that the child has wet his/her bed.

Sexual Abuse

Sexual Abuse means:

- Sexual contact which includes but is not limited to the intentional touching of the victim's or alleged perpetrator's intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or alleged perpetrator's intimate parts, if that touching can be reasonably construed as being for the purposes of sexual arousal, gratification, or any other improper purpose.
- Sexual penetration which includes sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body. (Emission of semen is not required.)
- Accosting, soliciting or enticing a minor child to commit, or attempt to commit, an act of sexual contact or penetration, including prostitution.
- Knowingly exposing a minor child to any of the above acts.

Child Neglect

The CPL defines child neglect. The different types of child neglect are defined below.

Physical Neglect

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

Medical Neglect

Failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting a risk of death, disfigurement or bodily harm or with the failure resulting in an observable and material impairment to the growth, development or functioning of the child.

Failure to Protect

Knowingly allowing another person to abuse and/or neglect the child without taking appropriate measures to stop the abuse and/or neglect or to prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the abuse and/or neglect.

For assessing failure to protect in domestic violence cases, see PSM 713-08, Special Investigative Situations, Domestic Violence section.

Improper Supervision

Placing the child in, or failing to remove the child from, a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in harm or threatened harm to the child.

Note: Reasonable: Black's Law Dictionary: being synonymous with rational; equitable; fair, suitable, moderate

Abandonment

Placing or leaving a child with an agency, person or other entity (e.g., MDHHS, hospital, mental health facility, etc.) without:

- Obtaining an agreement with that person/entity to assume responsibility for the child or
- Cooperating with the department to provide for the care and custody of the child.

Threatened Harm

A child found in a situation where harm is **likely to occur** based on:

- A current circumstance (e.g., home alone, domestic violence, drug house).
- A historical circumstance (e.g., a history of abuse/neglect, a prior termination of parental rights or a conviction of crimes against children) absent evidence that past issues have been **successfully** resolved.

Some examples include, but are not limited to:

- A child is home alone.
- Driving under the influence of alcohol and/or illegal substances.
- Drug house.
- Domestic violence.
- New child with prior termination of parental rights.
- Known perpetrator of a crime against a child moving into the home (See PSM 712-6, CPS Intake-Special Cases and PSM 713-08, Special Investigative Situations, Complaints Involving A Known Perpetrator Moving In or Residing With A New Family sections.)

(See PSM 713-08, Special Investigative Situations, Threatened Harm section.)

Severe Physical Abuse

Physical abuse that results in severe physical injury or threatened harm to the child due to extreme actions by the parent, including but not limited to:

- Choking the child to unconsciousness.
- Holding a gun to a child's head.
- Threatening the child with a knife.

Battering

Chronic and repeated physical abuse that results in severe physical injury to the child.

Torture

Inflicting great bodily injury or severe mental pain or suffering upon another person within his or her custody or physical control with the intent to cause cruel or extreme physical or mental pain and suffering. Proof that the victim suffered pain does not need to be present to find that torture occurred.

Cruel

Brutal, inhuman, sadistic or that which torments.

Custody or Physical Control

The forcible restriction of a person's movements or forcible confinement of the person so as to interfere with that person's liberty, without that person's consent or without lawful authority.

Great Bodily Injury

Serious impairment of a body function which includes, but is not limited to, one or more of the following:

- Loss of a limb or loss of use of a limb.
- Loss of an eye or ear or loss of use of an eye or ear.
- Loss or substantial impairment of a bodily function.
- Serious visible disfigurement.
- A comatose state that lasts for more than 3 days.
- Measurable brain or mental impairment.
- A skull fracture or other serious bone fracture.
- Subdural hemorrhage or subdural hematoma.
- Loss of an organ.
- Loss of a foot, hand, finger, or thumb or loss of use of a foot, hand, finger, or thumb.

OR

One or more of the following conditions:

- Internal injury.
- Poisoning.
- Serious burns or scalding.
- Severe cuts.
- Multiple puncture wounds.

Severe Mental Pain or Suffering

A mental injury that results in a substantial alteration of mental functioning that is manifested in a visibly demonstrable manner caused by or resulting from any of the following:

- The intentional infliction or threatened infliction of great bodily injury.

- The administration or application, or threatened administration or application, of mind-altering substances or other procedures calculated to disrupt the senses or the personality.

- The threat of imminent death.

- The threat that another person will imminently be subjected to death, great bodily injury, or the administration or application of mind-altering substances or other procedures calculated to disrupt the senses or personality.

PREVENTION

Primary Prevention

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment. Universal approaches to primary prevention might include:

- Public service announcements that encourage positive parenting.
- Parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting.
- Family support and family strengthening programs that enhance the ability of families to access existing services, and resources to support positive interactions among family members.
- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect.

Secondary Prevention

Secondary prevention activities are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, domestic violence, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services to parents or families that have a high incidence of any or all of these risk factors. Activities are designed to alleviate stress and promote parental competencies and behaviors that will increase the family's ability to successfully nurture their children. Approaches to secondary prevention programs might include:

- Parent education programs for teen parents or substance abuse treatment programs targeted to parents with young children.

- Parent support groups that help at-risk parents deal with their everyday stresses and meet the challenges and responsibilities of parenting.
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes.
- Respite care for families that have children with special needs.
- Family resource centers that offer information and referral services to at-risk families.

Tertiary prevention

Tertiary prevention activities focus on high-risk families and families where maltreatment has occurred (substantiated) and seek to reduce the negative consequences of the maltreatment and to prevent recurrence. These prevention programs may include services such as:

- Intensive family preservation activities designed to strengthen families who are in crisis and protect children who are at risk of harm.
- Individualized service plans that include families in identification of their needs, strengths and replacement behaviors.
- Parent mentor programs with stable, non-abusive families acting as “role models” and providing support to families in crisis.
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes.
- In-home mental health services for children and families affected by maltreatment to improve family communication and functioning.

SEX TRAFFICKING VICTIM

A sex trafficking victim is defined as an individual subject to the recruitment, harboring, transportation, provision, patronizing, or soliciting of a person for the purposes of a commercial sex act or who is a victim of a severe form of trafficking in persons in which a

commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform the act is under 18 years old.

RESPONSIBILITY TO RECEIVE AND INVESTIGATE COMPLAINTS

The Michigan Child Protection Law stipulates that the department is the appropriate point for receipt of **all** complaints of child abuse or neglect, as defined in the Child Protection Law. The department must take and transfer certain complaints to other counties or agencies that have the jurisdiction and ability to investigate them. Examples are:

1. Those allegedly perpetrated by a teacher, teacher's aide, or member of the clergy are to be transferred to the appropriate local law enforcement agency.

2. Those in which the alleged victim is located in another county or state are to be transferred to that jurisdiction.

3. Those that allegedly occurred in certain child-caring homes, centers or children's camps are to be transferred to the Bureau of Community and Health Systems (BCHS); see PSM 716-9.

Individuals making complaints to CPS of behavior or activities which include no allegation or suggestion of child abuse or neglect are to be advised (and assisted, if necessary) to file their complaint directly with other appropriate agencies (for example, law enforcement, mental health, schools, Friend of the Court, etc.) who have the authority and ability to respond. Examples are:

1. Complaints of failure to pay child support.
2. Squabbling/fighting among unrelated schoolmates.
3. A case in which the alleged victim is over 18 years of age and there are no younger siblings.

Although the department is the designated reporting point, the law also permits citizens to make complaints directly to law enforcement. If such complaints are determined appropriate only for investigation by law enforcement, there is no requirement for law enforcement to notify CPS.

Every complaint received alleging child abuse and/or neglect is to be assessed to determine appropriateness for acceptance for investigation by CPS or for referral to the prosecuting attorney or law enforcement. Centralized intake (CI) staff are responsible for making the determination for assignment after the initial screening (including a preliminary investigation) and then forwarding the com-

plaint to the county of assignment. The county is responsible for forwarding the referral to the prosecuting attorney or law enforcement if the complaint is assigned. If the complaint is rejected or transferred, CI is responsible for the transfer to law enforcement or the prosecuting attorney. If the department's investigation reveals that the alleged perpetrator is not a person responsible for the health or welfare of the child, a referral is to be made to the appropriate law enforcement agency along with a copy of the written report and the results of any investigation.

Child abuse or neglect incidents reported directly to law enforcement and determined by them to have been committed by a person responsible for the health or welfare of the child must be referred to the department with a copy of the written report and the results of any investigation.

Both the department and law enforcement are required upon receipt of a complaint of child abuse or neglect to either commence an investigation or refer to the appropriate authority within 24 hours.

ASSIGNMENT DISPUTES

The local MDHHS office may disagree with an assignment and the local supervisor may contact a CI supervisor in the following limited circumstances:

- Technical error.
- Complaint is on an ongoing case and the worker has entered more information into MiSACWIS that would eliminate the need for complaint investigation.
- The county has additional information that should be added to the complaint or is believed to be new information.

Note: The county director or designee may contact the second-line CI manager or director to discuss assignment disputes. CI is responsible for the final decision on the assignment of complaints.

Local MDHHS offices are responsible for transferring assignments from county to county. Disputes between counties should be resolved by the involved county directors with the Business Service Center directors involvement, if necessary.

REJECTION DISPUTES

The local MDHHS office may contact Centralized Intake if they disagree with a rejection due to additional information known to the county staff.

Note: The local county office director or designee may contact the second-line CI manager or director to discuss rejection disputes. CI will make the final decision on assignment of complaints.

INTAKE - INITIAL COMPLAINT

Intake begins when a complaint alleging child abuse and/or neglect is received by the department. The complaint is usually made through a telephone contact by the reporting person, but may also occur as an in-person or written contact. The intake process is focused on initial fact gathering and evaluation of information to determine the validity of the complaint, whether it meets statutory criteria for investigation, and to assess the level of risk to the child. Evaluation of the complaint information determines the nature and priority of the initial response.

SOURCES OF COMPLAINTS

Complaints of suspected child abuse or neglect originate from various sources, including professionals mandated by law to report, DHS employees, and the general public.

Mandated Reporters

Professionals mandated by law to report

Includes physicians, dentists, physician's assistants, registered dental hygienists, medical examiners, nurses, persons licensed to provide emergency medical care, audiologists, psychologists, marriage and family therapists, licensed professional counselors, social workers, licensed master's social workers, licensed bachelor's social workers, registered social service technicians, social service technicians, persons employed in a professional capacity in any office of the friend of the court, school administrators, school counselors or teachers, law enforcement officers, members of the clergy, regulated child care providers or employees of an organization or entity that, as a result of federal funding statutes, regulations or contracts, would be prohibited from reporting in the absence of a state mandate or court order (for example, domestic violence providers).

Note: Each local friend of the court office determines who is employed in a professional capacity at their local office.

DHS employees mandated by law to report

Includes eligibility specialists, family independence managers, family independence specialists, social services specialists, social work

specialists, social work specialist managers, and welfare services specialists. Also includes any employee of DHS who is listed as a professional mandated by law to report above. See Employee Handbook Policies 200, Mandated Reporter- Child, for how mandated DHS employees are to report suspected child abuse and neglect.

Note: Children's Protective Services investigators are not required to file a separate report of suspected abuse and/or neglect on their own active investigations. If the CPS investigator learns of a new allegation, suspects new maltreatments, or identifies additional household victims, they **must** thoroughly investigate those allegations as part of the active investigation and document the findings in the disposition.

General Public

Includes neighbors, friends, relatives, legislators, the news media, etc.

COMPLAINT PROCESS

Department of Human Services uses a statewide Centralized Intake (CI) for the reporting of abuse and neglect.

CPS Centralized Intake

CI is staffed 24 hours a day, 7 days a week and can be reached at 1-855-444-3911. The reporting person will be asked to be as specific as possible about the alleged abuse or neglect, indicating what was observed or heard which caused suspicion of abuse or neglect.

If a person comes into the local office to make a complaint in person, the local office should offer a DHS phone and the CI number to make the complaint from the office. If the person does not want to talk on the phone, the local office must take the complaint on a DHS-3550, Intake Form, and forward to CI.

All complaints received by the local office through fax or email must be sent to CI with a phone call alerting CI to the complaint.

CI contact information:

Toll-Free - 1-855-444-3911.

Fax - 616-977-1154 and 616-977-1158.

E-mail - DHS-CPS-CIGroup@michigan.gov.

Mandated Reporters-Non-DHS Employees

The Child Protection Law requires mandated reporters to make an **immediate** verbal report to DHS upon suspecting child abuse and neglect. Mandated reporters must also make a written report within 72 hours. Mandated reporters should be asked to use the DHS-3200, Report of Actual or Suspected Child Abuse or Neglect form, to fulfill the written report requirement. Professional reports (for example, police reports, hospital reports, etc.) can take the place of the DHS-3200, unless critical information is missing in the professional report.

At intake, the mandated reporter will be reminded of the legal requirement to submit a written report on the DHS-3200 form within 72 hours to DHS.

The form is available online from the DHS public website. If the reporting person does not have the DHS-3200 form or access to the Internet, a form is to be sent to the mandated reporter immediately in order to expedite compliance with the law.

Note: Due to federal laws and regulations, domestic violence providers and substance abuse agencies can only provide the information required for reporting by the Child Protection Law (MCL 722.623) unless the client signs a consent for release of information to DHS for a CPS investigation. See SRM 131, Confidentiality, Domestic Violence Provider Records section and, PSM 717-6, Release of Information Documenting Substance Abuse, for more information.

Mandated Reporters-DHS Employees

Mandated Reporter-Child. DHS employees, including those who are professionals mandated by law to report, must report suspected child abuse and neglect; see EHP 200.

DHS employees must call CI to make a complaint. The ability to enter a complaint into MiSACWIS CPS is a function which only CI can perform.

INTRA-DEPARTMENTAL COLLABORATION

A close working relationship should be established between CPS and other DHS units to ensure complaints are made appropriately to CPS and, that appropriate referral and coordination of services take place.

When multiple workers are serving the same family concurrently, they should collaborate and coordinate their activities to minimize duplication, inconsistencies or gaps in services.

COORDINATION WITH PROSECUTING ATTORNEY AND LAW ENFORCEMENT

In each county, the department and the prosecuting attorney must develop procedures and a referral plan for involving law enforcement officials in the investigation of child abuse complaints consistent with the guidelines below.

To meet standard of promptness requirements, referral procedures should allow for an initial verbal referral with written follow-up. Counties which have after-hours, multiple-county coverage responsibilities must keep each other informed of the local referral plan.

Required Referrals

The Michigan Child Protection Law (CPL) (MCL 722.623 and 722.628) requires DHS **to refer to the prosecutor and law enforcement within 24 hours** of receipt of all complaints with allegations that indicate:

- Potential violations of the following sections of the penal code. See PSM 718-5, The Michigan Penal Code.
  - First-, second-, third-, and fourth-degree child abuse (MCL 750.136b). Examples of what may constitute criminal child abuse include, but are not limited to:

    Intentionally causing serious mental or physical harm, intentionally committing an act likely to cause **serious** mental or physical harm, or a person's omission causes serious physical or mental harm.

    Intentionally causing physical harm or a person's omission causes physical harm.
  - Felony possession of child sexually abusive material (MCL 750.145c).
  - First-, second-, third-, and fourth-degree criminal sexual conduct of a child and assault with intent to commit criminal sexual conduct (MCL 750.520b - 750.520g).

- Potential violations of the public health code involving methamphetamine (MCL 333.7401c).
- Abuse or neglect is the suspected cause of a child's death.
- The child is the suspected victim of sexual abuse or sexual exploitation.
- Abuse or neglect is the suspected cause of severe physical injury.
- The child has contact with or exposure to methampetamine production.
- The abuse or neglect was committed by a person **not** responsible for the child's health or welfare (for example, teacher, member of clergy, etc.).

The Law Enforcement Notification (SWSS CPS-generated) form should be used to refer complaints as required (MCL 722.623 and 722.628).

Required Coordination With Law Enforcement

MCL 722.628(3) states that CPS **must seek the assistance of and cooperate with law enforcement within 24 hours** of receipt of a complaint that includes allegations that:

1. Abuse or neglect is the cause of a child's death.
2. The child is the victim of sexual abuse or sexual exploitation.
3. Abuse or neglect resulted in severe physical injury. 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.
4. Law enforcement intervention is necessary for the protection of the child, a department employee or another person involved in the investigation.
5. The alleged perpetrator of the child's injury is not a person responsible for the child's health or welfare.
6. The child has been exposed to or had contact with methamphetamine production.

Note: The county office where the complaint is assigned is responsible for forwarding the referral to the prosecuting attorney or law enforcement if required; see PSM 711-6. If the complaint is not assigned, CI will make the referral to the prosecuting attorney or law enforcement as required.

The Law Enforcement Notification (SWSS CPS-generated) form should be used to seek the assistance of law enforcement as required (MCL 722.628(3)).

Child Abuse and Neglect Investigation and Interview Protocol

MCL 722.628(6) requires that the prosecuting attorney and the department in each county adopt and implement a standard child abuse and neglect investigation and interview protocol. **The protocol, A Model Child Abuse Protocol (DHS Pub-794, revised 9/07), developed by the Governor's Task Force on Children's Justice, should be used as a model.**

It is extremely important that CPS staff and law enforcement personnel recognize and respect each other's respective roles and responsibilities in a joint investigation. Every effort must be made to maintain communication, coordination and cooperation between the two professions, and each must be sensitive to the professional needs and responsibilities of the other. Specifically CPS staff should:

- Encourage and pursue frank and open communication with law enforcement to avoid the actions or efforts of one interfering with the professional responsibilities of the other.
- Pursue a mutually satisfactory solution to apparent incompatibilities or conflicts between procedures of the two organizations. If necessary, seek the assistance of supervisory/administrative staff or the prosecuting attorney to reach a mutually satisfactory resolution to such differences.

If law enforcement has requested that CPS delay starting an investigation, and it is determined that CPS cannot wait, law enforcement should be notified and the concerns discussed. They should be advised that DHS understands their desire to wait, but that DHS determined that there is imminent risk of harm to a child, and DHS must proceed, preferably with them. If a prosecutor has

ordered the delay, a decision about whether CPS should proceed or not must be made by the county director in the local office involved.

Evidence obtained through law enforcement in the course of an investigation must be included, as appropriate, in the DHS-154, Investigation Report. All law enforcement documents, reports, materials and records pertaining to an **ongoing** law enforcement investigation of suspected child abuse or neglect must be considered confidential and must not be released by the department; see SRM 131, Confidentiality - Law Enforcement Records. These ongoing records cannot be used in court or administrative hearings unless provided by the accused.

The Child Protection Law (MCL 722.628b) requires the department to refer (by sending a copy of the DHS-154) cases to the prosecuting attorney in the county where the child is located if there is a preponderance of evidence of child abuse/neglect and the case involves the death, sexual abuse, sexual exploitation, or serious physical injury of a child, or a child has been exposed to, or had contact with, methamphetamine production; see SRM 131, Confidentiality - Children's Services for information regarding redaction of the DHS-154 prior to sending. The prosecuting attorney must review the DHS-154 to determine if the investigation complied with the protocol adopted by the county as required (MCL 722.628(6)).

Law Enforcement Interviews Of Alleged Perpetrators

When CPS is conducting a coordinated CA/N investigation with law enforcement on child death cases, sexual abuse cases, severe physical injury cases and cases where a child has been exposed to or had contact with methamphetamine production, and the law enforcement agent or designee has interviewed the alleged perpetrator without CPS being present, the following guidelines must be used:

- If the law enforcement interview made proper inquiry into all of the allegations, and obtained all pertinent information needed by CPS, the CPS worker does not need to re-interview the alleged perpetrator for the purposes of investigation. The information gathered by law enforcement must be summarized in a social work contact.

Note: When entering the contact in the Social Work Contacts module, use the date and time law enforcement conducted the interview with the perpetrator, designate the contact type as face-to-face, and document that law enforcement conducted the interview. (If law enforcement made a complaint to CPS **subsequent** to conducting this interview, use the date and time of the complaint as the contact date and time.)

- If the law enforcement interview did not make proper inquiry into all of the allegations or did not obtain any other information needed by CPS, the worker must attempt to coordinate with law enforcement to conduct a follow-up interview to gather the needed information and/or make the appropriate inquiries.

  Exception: If the alleged perpetrator is not subject to an ongoing criminal investigation, the CPS worker does not need to coordinate the follow-up interview with law enforcement.

The use of law enforcement interviews of alleged perpetrators does not relieve CPS from conducting needed interviews with these or other persons for the purpose of completing investigations, ongoing assessment and/or service planning.

Law Enforcement Interviews of Alleged Victims

It is important to keep in mind the issue of child suggestibility and the potential of traumatizing children if they are subjected to multiple interviews. If the law enforcement agent or designee has interviewed the alleged child victim(s) or other children in the home on child death cases, sexual abuse cases, severe physical injury cases, and cases where a child has been exposed to or had contact with methamphetamine production, CPS may use the interview conducted by law enforcement to satisfy the policy requirement to interview the child when **all** of the following criteria are met and documented in a social work contact, along with a summary of the interview:

- The person conducting the interview was trained in forensic interviewing techniques (outlined in the Forensic Interviewing Protocol (DHS Pub 779, revised 10/07)).

- The person conducting the interview stated that he/she used forensic interviewing techniques during the interview of the child.

- The interview contained proper inquiry into all of the allegations and other information needed by CPS.

Note: When entering the contact in the Social Work Contacts module, use the date and time law enforcement conducted the interview with the alleged victim, designate the contact type as face-to-face, and document that law enforcement conducted the interview. (If law enforcement made a complaint to CPS **subsequent** to conducting this interview, use the date and time of the complaint as the contact date and time.)

If any of the above criteria for interviewing children are **not** met, CPS must attempt to coordinate with law enforcement in conducting a follow-up interview using forensic interviewing techniques to make proper inquiry into all of the allegations and other needed information. In cases other than a child death, sexual abuse, severe physical injury, and a child exposed to or having contact with methamphetamine production, CPS may conduct its own interview, regardless of law enforcement's involvement, if CPS believes additional information is needed.

The use of law enforcement interviews of alleged victims does not relieve CPS from conducting needed interviews with these or other persons for the purpose of completing investigations, ongoing assessment and/or service planning.

OVERVIEW

The Children's Protective Services Minimal Priority Response Criteria guides decision-making from the receipt of the complaint to ensure the appropriate response is determined at assignment. The criteria determine two types of responses:

- Response time for commencement of the investigation.
- Response time for face-to-face contact with each alleged child victim.

See Exhibit 1- Priority Response Decision-Making Trees in this item.

COMMENCEMENT OF THE INVESTIGATION

The Child Protection Law (MCL 722.628) compels the department to commence the investigation of a complaint no later than 24 hours after the receipt of a complaint, although the seriousness of the alleged harm or threatened harm to the children may dictate an immediate response.

Definition of Commencement

Commencing an investigation requires contact with someone other than the reporting person within 24 hours of the receipt of the complaint to assess the safety of the alleged child victim (based on the priority level, a more immediate commencement may be required).

Acceptable contacts may include any of the following, provided that the individual has direct knowledge that is relevant to the issues in the complaint and the information can be used to assess the alleged child victim's safety:

- Community agency staff (schools, medical facilities, human services agencies, law enforcement, etc.).
- MDHHS professional staff (CPS, FIS, foster care, etc.).
- Any individual indicated by the reporting person as a corroborative or supplemental source, or as having relevant knowledge of the family situation.

Note: The best, most efficient way to commence an investigation, and ensure child safety, is to make face-to-face contact with the alleged child victim.

PRIORITY ONE RESPONSE (12/24)

For priority one responses commencement should occur as soon as possible after receipt of the complaint when immediate danger of harm to the child(ren) is determined at the intake level. Commencement **must** occur within 12 hours. Face-to-face contact must take place with each alleged child victim within 24 hours.

PRIORITY TWO RESPONSE (24/72)

Priority two response commencement should occur within 24 hours after receipt of the complaint, when it is determined the child is not in imminent danger of harm. Face-to-face contact must take place with each alleged child victim within 72 hours.

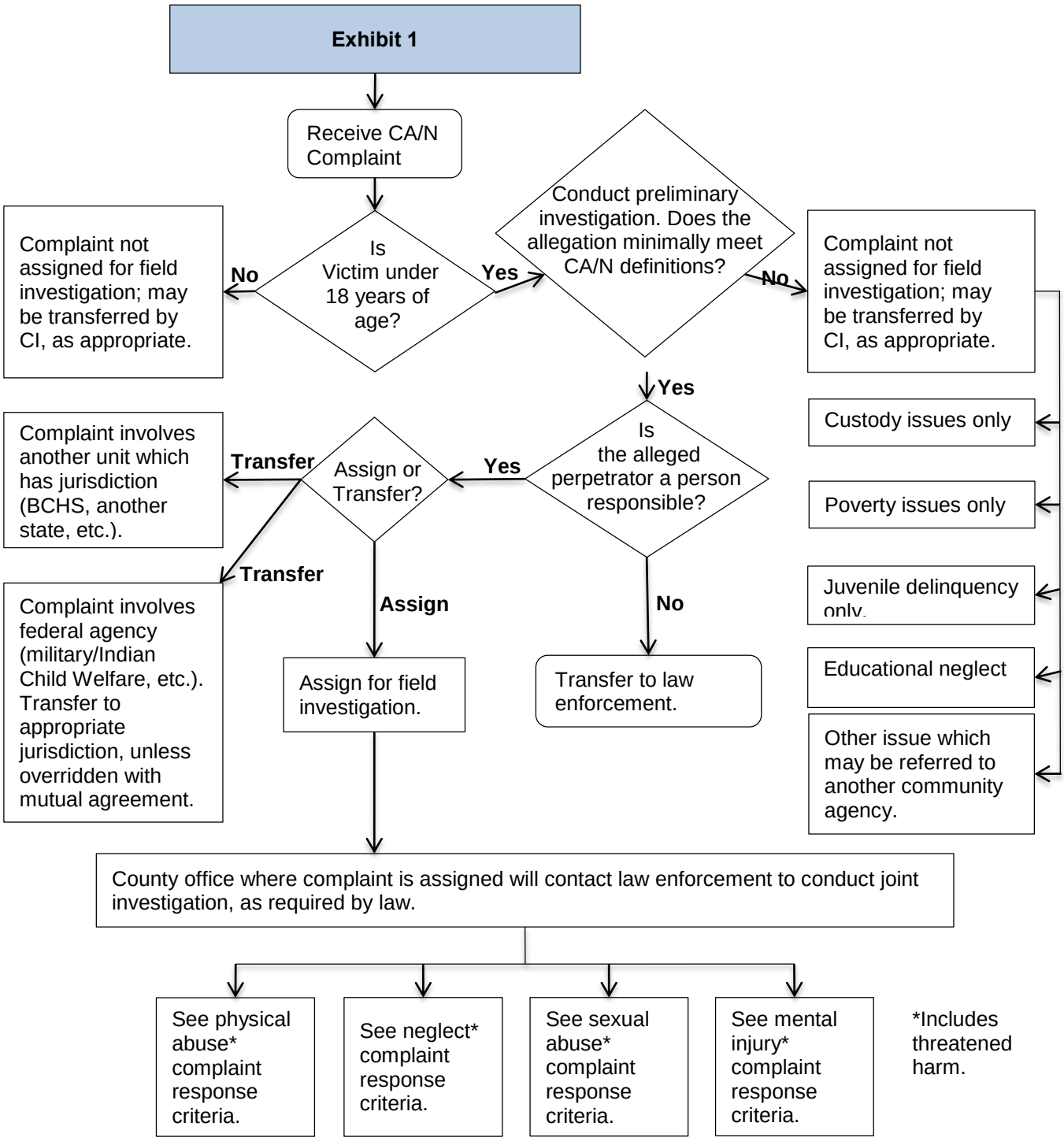


Exhibit 1
Receive CA/N Complaint
Is Victim under 18 years of age?
No
Complaint not assigned for field investigation; may be transferred by CI, as appropriate.
Yes
Conduct preliminary investigation. Does the allegation minimally meet CA/N definitions?
No
Complaint not assigned for field investigation; may be transferred by CI, as appropriate.
Yes
Is the alleged perpetrator a person responsible?
Yes
Assign or Transfer?
Transfer
Complaint involves another unit which has jurisdiction (BCHS, another state, etc.).
Transfer
Complaint involves federal agency (military/Indian Child Welfare, etc.). Transfer to appropriate jurisdiction, unless overridden with mutual agreement.
Assign
Assign for field investigation.
No
Transfer to law enforcement.
Custody issues only
Poverty issues only
Juvenile delinquency only.
Educational neglect
Other issue which may be referred to another community agency.
County office where complaint is assigned will contact law enforcement to conduct joint investigation, as required by law.
See physical abuse* complaint response criteria.
See neglect* complaint response criteria.
See sexual abuse* complaint response criteria.
See mental injury* complaint response criteria.
*Includes threatened harm.

EXHIBIT II-MINIMAL PRIORITY RESPONSE FOR FIELD INVESTIGATIONS

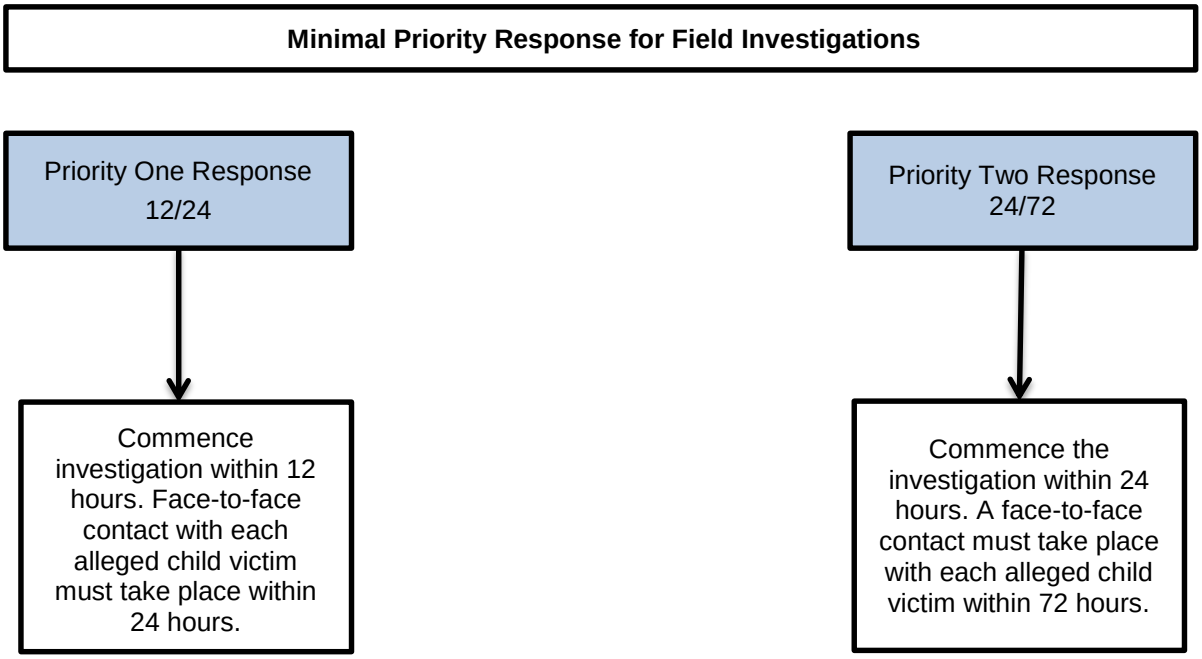
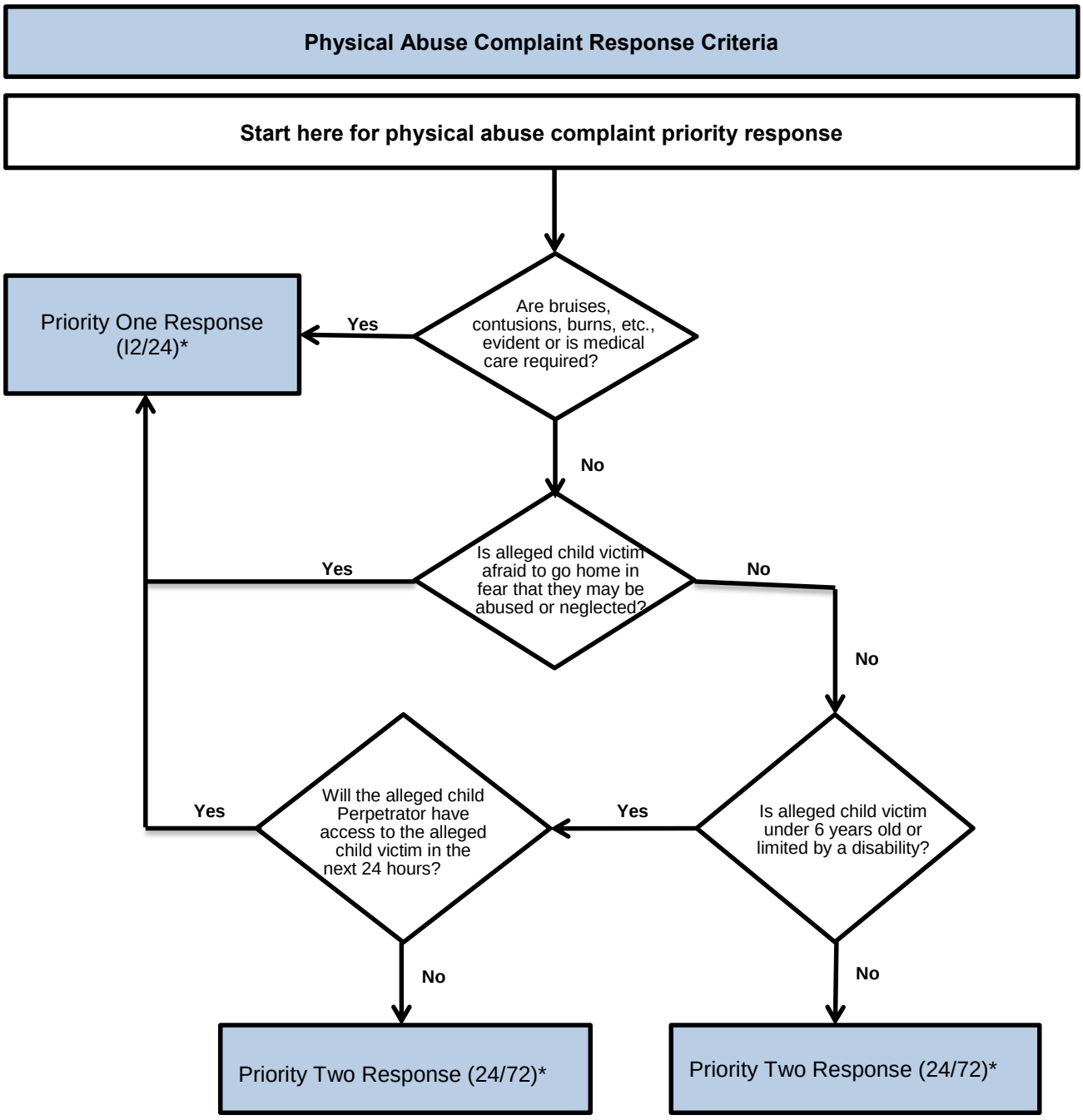


EXHIBIT III-PHYSICAL ABUSE COMPLAINT RESPONSE CRITERIA



*Supervisor may override the 12 hour response criteria and institute 24 hour response criteria if the alleged child victim is not in school, day care, etc., when the complaint is received and an interview at home would hamper the investigation or endanger the child, or in order to conduct a joint investigation with law enforcement. The supervisor must document the rationale for the override in MiSACWIS.

EXHIBIT IV-MENTAL INJURY COMPLAINT RESPONSE CRITERIA

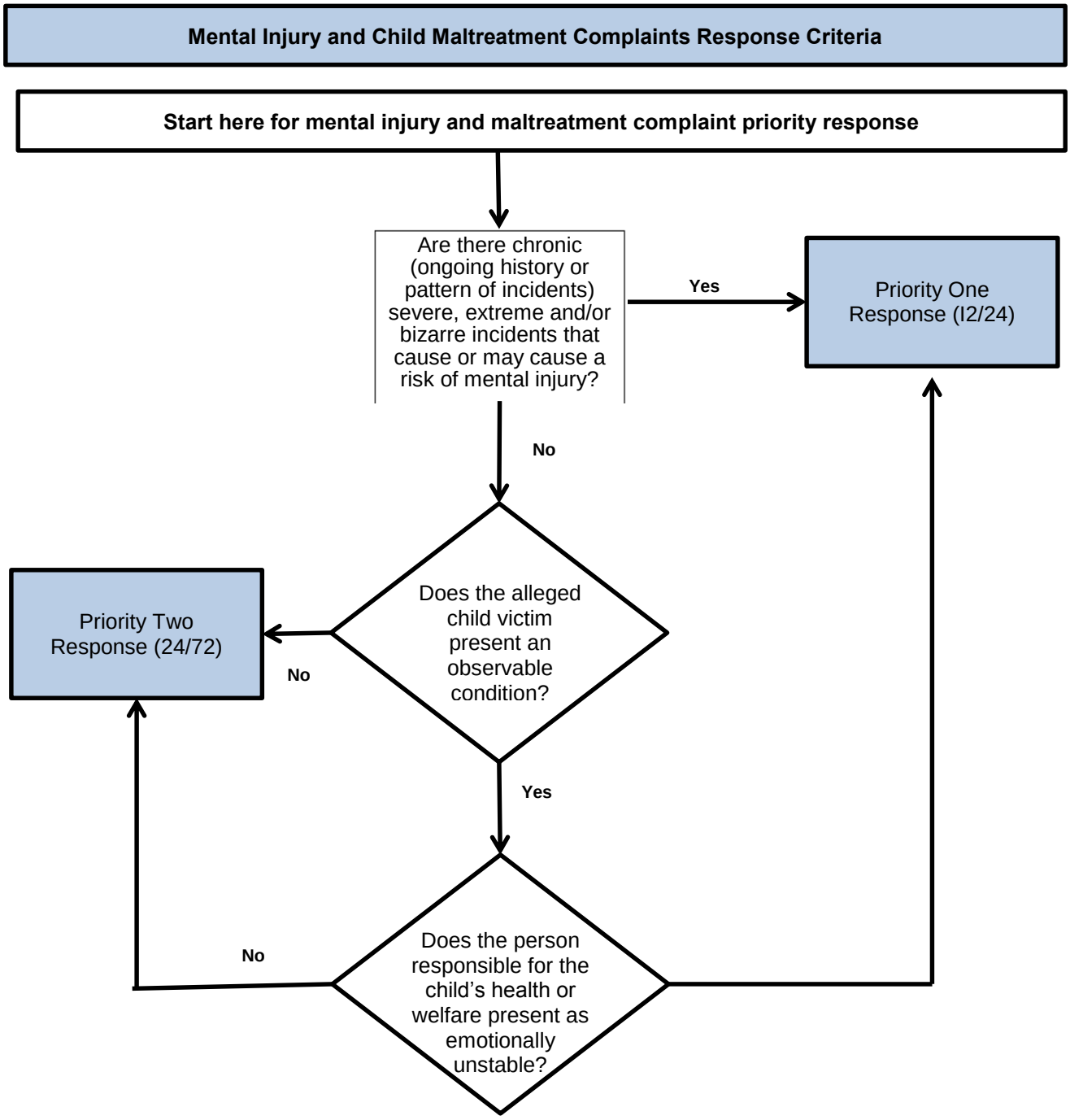
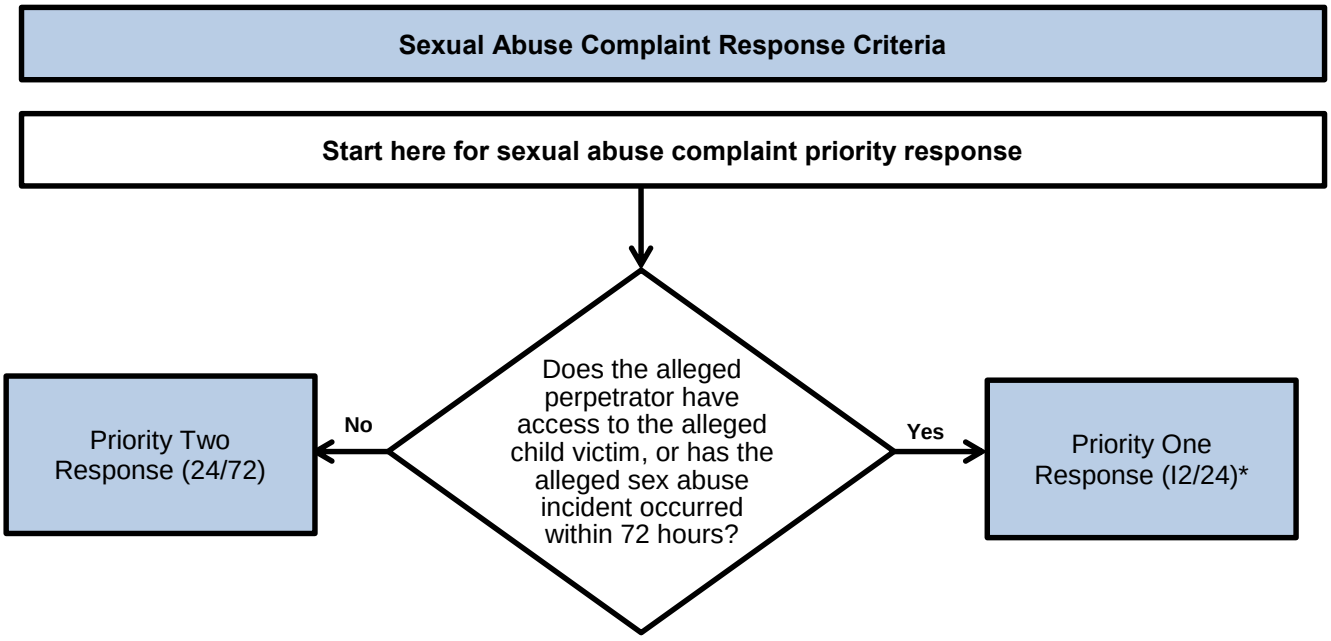
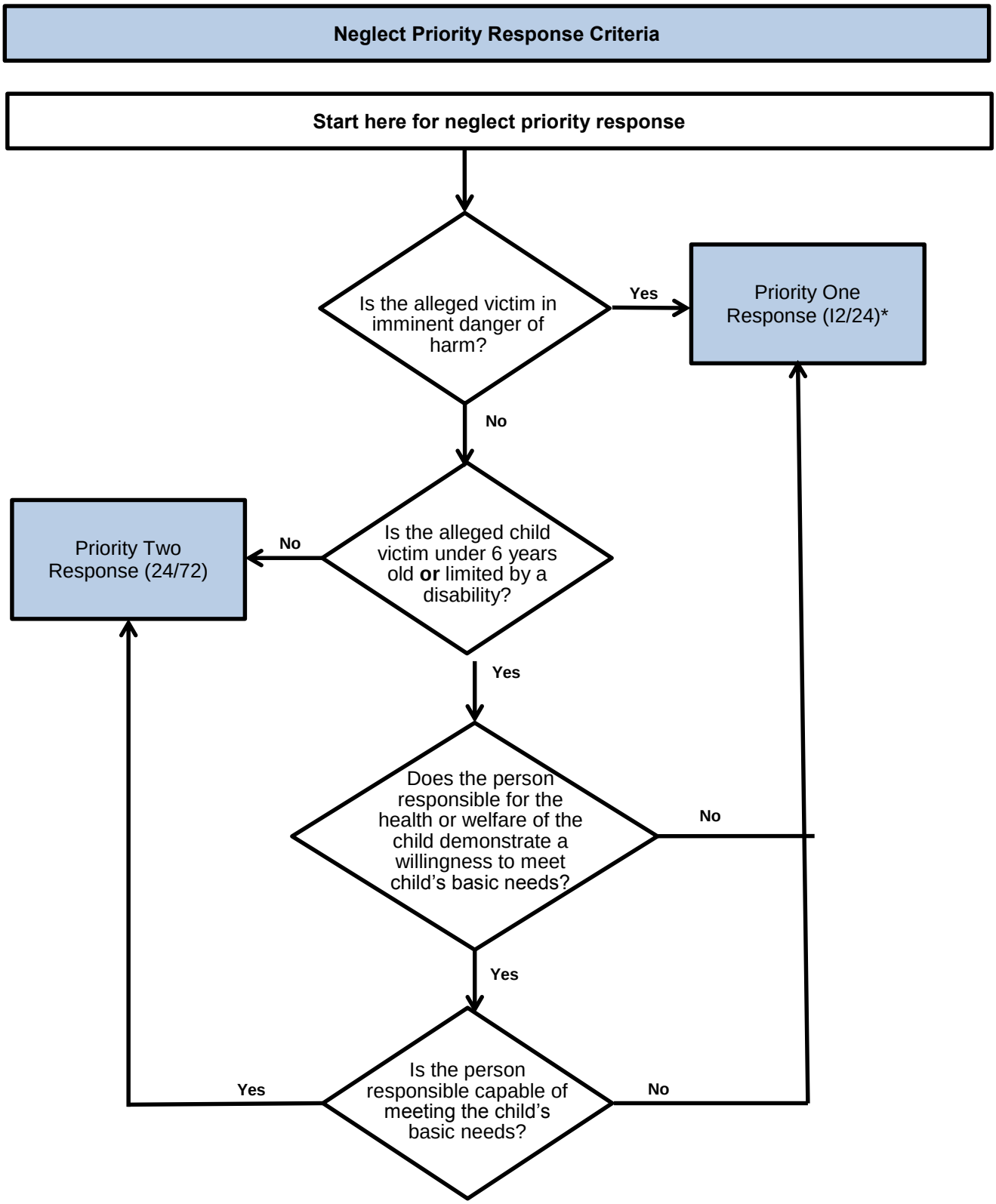


EXHIBIT V-SEXUAL ABUSE COMPLAINT RESPONSE CRITERIA



* Supervisor may override the 12 hour response criteria and institute 24 hour response criteria if the alleged child victim is not in school, day care, etc., and an interview at home would hamper the investigation or endanger the child. The supervisor must document the rationale for the override in MiSACWIS.

EXHIBIT V-NEGLECT COMPLAINT PRIORITY RESPONSE CRITERIA



ELICITING COMPLAINT INFORMATION

The reporting person should be asked to be as specific as possible about the alleged abuse or neglect, indicating what was observed or heard that caused suspicion of abuse or neglect. To assist in determining the appropriateness of a complaint for investigation by CPS and to assess the seriousness of the situation, the following guidelines are suggested when discussing the situation with the reporting person.

- How, specifically, does the reporting person believe the child is at risk of harm (threatened harm) or has been harmed by abuse or neglect?
- What specifically occurred? Did the reporting person see or hear something? Does someone else have first-hand knowledge?
- What are the ages of the children? Are any children under 6 years old? These children are particularly vulnerable and care should be exercised in assessing such complaints.
- Is any child singled out for maltreatment?
- Is this a chronic or isolated instance? If chronic, how often does it occur: daily, weekly, yearly? When did incident occur last?
- Is a child in immediate physical danger?
- What is the reporting person’s relationship to the family and household? What is the possible motivation for the complaint?
- Have the relationships between the reporting person and the household been friendly, difficult, strained, etc.?
- Has the reporting person spoken to the responsible person(s) about this matter and the concern expressed? Are, or have there recently been, other agencies involved with the household that might have information about the situation? These should be identified.

REQUIRED CHECKS FOR LICENSING STATUS

Inquiries must be made in an attempt to verify the licensing status of persons associated with the complaint. These inquiries are to be supported by SWSS clearances conducted by Centralized Intake (CI) to determine if a licensed provider is identified as a member of the CPS complaint.

The reporting person must be asked if anyone affiliated with the case is a licensed foster care provider, licensed day care provider or a relative provider. A SWSS Soundex check must be completed for all child(ren) listed on the complaint. Intake staff will document if any of the children in the home are listed within SWSS as foster children.

These clearances must be documented in the complaint source comment section in SWSS.

Allegations

When allegations are entered in SWSS CPS, proofread to ensure that the identity of the reporting person is not revealed. Once a determination is made to assign, transfer, or reject the complaint, the allegations cannot be changed.

When selecting allegations under the Allegations tab in SWSS CPS, select at least one yellow-highlighted abuse/neglect type in the Abuse/Neglect Code tab. Also select any of the unhighlighted factors if the reporting person indicates the presence of those factors in the home (for example, domestic violence, drug residence, drug-exposed infant, etc.).

Death of a Child

Document that the complaint is regarding a child death by checking the Child Fatality box on the Allegations tab and entering the date of death in the Case Member tab of SWSS CPS; see PSM 712-6, CPS Intake-Special Cases, Death Of A Child section.

PRELIMINARY INVESTIGATION

When information received from the reporting person during intake is not sufficient to reach a decision regarding whether or not to assign the complaint for field investigation and to assign a priority

response, CPS must conduct a preliminary investigation. A preliminary investigation must begin immediately upon conclusion of the intake contact. Within 24 hours of receipt of the complaint, a decision must be made to accept and assign for CPS field investigation, to transfer to another unit that has jurisdiction to investigate (for example, the prosecuting attorney and/or law enforcement, American Indian Tribal Unit, another state, Bureau of Child and Adult Licensing, etc.) or to reject the complaint.

Activities which may be part of a preliminary investigation include the following:

A. Complete a **statewide** SWSS CPS Soundex search on all persons listed on the complaint. Determine the history and credibility of former complaints. **Note:** SWSS CPS Soundex searches can be completed on a specific county. To be considered a statewide search, the Soundex search must be completed statewide by selecting “0 Non-spec. County” in SWSS CPS.

B. Complete a central registry inquiry to identify past perpetrators. The central registry clearance must be completed on all persons listed on the complaint who are age 18 or older.

C. Complete a LEIN check on all persons potentially responsible for the child’s health and welfare for all sexual abuse, physical abuse, substance abuse (including methamphetamine exposure) and/or domestic violence allegations.

D. Conduct or make contact with any collateral contacts who have direct knowledge relevant to the issues in the complaint in order to assess the child’s safety. This can include: a neighbor, pastor, day care provider, school, medical facility, etc.

E. Consult with DHS professional staff (for example, CPS, FIS, foster care, etc.) to clarify relevant issues in the complaint.

Document all of the steps of the preliminary investigation that were completed in the Update/View Preliminary Investigation box in the Ready for Action tab of the Intake module in SWSS CPS.

Contacts at Intake

Contacts made during intake must be entered into SWSS CPS in the Social Work Contacts module.

Note: If any field contacts are made, the complaint must be assigned for field investigation.

MULTIPLE COMPLAINTS

When the current complaint is at least the third CPS complaint on a family **and** the complaint includes a child age 3 or under, CPS must conduct a preliminary investigation covering, at a minimum, steps (A-C) above. Additional steps, including but not limited to steps D and E, should be completed when necessary to assist the department in making appropriate decisions regarding assignment.

Note: When the information received during the current complaint is enough to determine the complaint should be assigned for investigation, a preliminary investigation does not need to be completed. See PSM 713-09, Completion of Investigation, Multiple Complaints section for requirements when these complaints are assigned for field investigation.

If there is already an assigned investigation or an open case, a copy of the rejected complaint must be forwarded to the assigned worker for his/her information and any necessary follow-up regarding the allegations; see PSM 712-8, CPS Intake Completion.

ABUSE BY AN ADULT OUTSIDE OF THE HOME

CPS - MIC Investigations

Children's Protective Services (CPS) and Maltreatment in Care (MIC) units are responsible for investigating all CA/N complaints within all child caring institutions (CCI) and foster family homes. This includes the following:

- Detention centers.
- Shelter homes.
- Residential care facilities.
- A court operated facility (as approved under section 14 of the Social Welfare Act, 1939 PA 280, MCL 400.14)

When CPS intake receives a complaint regarding an alleged perpetrator who is a licensed or unlicensed foster parent or employed by a CCI who has biological/adoptive children or other children residing in his/her home and the allegations cause concern for the children in that person's home, take the following actions:

- The complaint must be reviewed by a CPS-MIC supervisor.
- If a complaint is made by the CPS-MIC supervisor, the complaint will be forwarded to Centralized Intake (CI) who will make a decision whether the complaint should be assigned for investigation.
- Document the concerns, which would include allegations of threatened harm in the CPS-MIC investigation, that could affect the perpetrator's children based on the allegations and/or findings of the CPS-MIC investigation.

Note: The CPS-MIC supervisor and the local office CPS supervisor must coordinate these complaint investigations.

CWL/ BCHS Responsibilities

The Division of Child Welfare Licensing (CWL) is responsible for investigating rule violations occurring in the following regulated child care organizations:

- Child Caring Institutions.
- Court Operated Facilities
- Child Placing Agencies.

The Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems (BCHS) is responsible for investigating rule violations occurring in the following regulated child care organizations:

- Child care centers.
- Child care group and family homes.

BCHS is responsible for investigating all allegations (rule violations and child abuse and neglect allegations) made regarding children's camps.

CPS intake must reject these types of complaints related to administrative rules and within 24 hours of receipt of the complaint refer them to CWL or BCHS as follows:

To CWL for child caring institutions, court operated facilities and child placing agencies.

To BCHS for child care centers, child care group and family homes, and children’s camps.

Note: If at any time CWL or BCHS suspects CA/N regarding children residing in an alleged perpetrator’s home, they must make an immediate complaint to CPS

Prosecuting Attorney/Law Enforcement Responsibility

Prosecuting attorney/law enforcement agencies are responsible for the investigation of CA/N by certain individuals and in unregulated institutional settings such as:

- Schools (both public and private), including boarding schools.
- Incidental out-of-home or in-home child care (baby sitting).

- Mental health facilities not subject to PA 116.
- Clergy.
- Unregulated (unlicensed or unregistered) child care group and family homes.
- Persons not responsible for the child's health or welfare.

CPS intake must reject these complaints and refer to the prosecuting attorney/law enforcement agency within 24 hours of receipt of the complaint.

Exhibit 1 - Intake

The Intake Decision Table for Investigation of Child Abuse and Neglect in Child Care Organizations/Relative Care specifies the responsibilities of CPS and the CPS-MIC units for investigation of CA/N complaints received by MDHHS.

INTAKE DECISION TABLE FOR INVESTIGATION OF CA/N IN CHILD CARE ORGANIZATIONS/RELATIVE CARE		
Facility/Placement Type	**Responsible Unit - Department**	
Child caring institution (detention centers; youth homes; shelter homes; residential care facilities, both long- and short-term; halfway homes; court operated facilities).	**CPS**	**CPS-MIC**
-Allegations against an employee of a CCI for CA/N of a child residing in a CCI.		**X**
-Allegations against a parent for CA/N (for example, during a weekend visit) while the alleged child victim is placed in the CCI.		**X**
-Allegations against an employee of a CCI for CA/N made after the child has been returned to a parent's care.		**X**
- Allegations against a licensed/registered provider or an employee of a child care organization of abuse/neglect of their own children.	**X**	
Child foster care-family, unlicensed and relative foster care providers, court operated facilities, and group homes (MDHHS, court, private agency, mental health, etc.).	**CPS**	**CPS-MIC**
-Allegations against a foster parent for CA/N while the alleged child victim resides in the foster home.		**X**
- Allegations against a foster parent for CA/N when both biological children and foster children reside in the home.		**X**
-Allegations against a parent for CA/N (for example, during a weekend visit) while the alleged child victim is placed in foster care.		**X**
-Allegations against a foster parent for CA/N after the alleged child victim has been returned to a parent's care.		**X**
- Allegations against a foster parent for CA/N of biological children when foster children do not reside in the home.	**X**	
-Allegations against a parent for CA/N of an alleged child victim prior to going into out-of-home care (but currently in out-of-home placement).	**X**	
Parents caring for children under court jurisdiction (in-home CPS and under MDHHS supervision following return home from foster care).	**CPS**	**CPS-MIC**
-Allegations against parents for CA/N of children currently in their care.	**X**	
-Allegations against parents for CA/N of a child in the parent's care (not under the court's jurisdiction).	**X**	

Possible Licensing/ Registration Rule Violation

When CA/N is alleged to have taken place in a licensed Child Caring Institution (CCI), licensed or registered organization or home, or by a licensed or registered provider, BCAL must be notified as soon as possible and no later than 24 hours from the receipt of the complaint. If assigned for CPS investigation, CPS-MIC and the licensing consultant **must coordinate** their investigations or document why they did not.

Contact the BCAL complaint line at (866) 856-0126 to report the alleged licensing/registration rule violations.

If the CPS complaint is rejected, a copy of the complaint must be forwarded to the responsible licensing unit within 24 hours of receipt of the complaint.

Responsible licensing units may be within the local MDHHS office, court, private child-placing agency or community mental health agency and is the unit responsible for licensing and supervision of the foster home.

BCAL is the responsible licensing unit for complaints involving the following child care organizations and should receive the complaint via FAX at (517) 335-6121:

- Licensed child care centers.
- Regulated (licensed or registered) child care group and family homes.
- Children's camps.
- All CCIs (including detention centers, shelter homes, and residential care facilities - both long- and short-term).

Additional CPS-MIC Policy

See PSM 713-08, Special Investigative Situations (Maltreatment-in-Care), PSM 713-09, Completion of Field Investigation and PSM 716-9, New Complaint When Child is in Foster Care, when a CPS-MIC complaint is assigned for investigation.

MDHHS AND CHILD PLACING AGENCIES (CPA) STAFF

A CPS complaint which involves staff from local MDHHS and CPA's must be immediately referred to CI, if there is a conflict of interest. If MDHHS staff has professional responsibility in more than one local/district office, the assigned CPS complaint must be referred to a local/district office in which the staff does not have professional responsibility.

Disputes between counties must be immediately referred for resolution to the Business Service Centers.

Any case records in hard copy must remain in the local/district office which conducted the investigation. Strict confidentiality must be maintained. See PSM 712-8, CPS Intake Completion, Confidential Complaint section. If there is a judicial finding of abuse or neglect in the Family Division of Circuit Court, the court findings and the findings of the investigation must be reported to the director of the local office in which the subject of the report is employed and to Business Service Center.

DEATH OF A CHILD

A CPS investigation must occur if there are allegations that the death was due to child abuse/neglect or if it is a sudden and unexplained infant death (for example, SIDS or an overlay). The following must be done before rejecting any other complaint involving a child death:

- Consult with medical and law enforcement personnel regarding their knowledge and/or findings regarding the death.
- LEIN and central registry clearances. (The central registry clearance only needs to be done on persons listed on the complaint who are age 18 or older.)
- Review any case records and history on the family that exists with the department as needed. The fact that a deceased child has no siblings is not a sufficient reason to reject an otherwise appropriate CPS complaint. As long as there is reasonable cause for an investigation, it is to be conducted in full, in cooperation and collaboration with law enforcement.

Document that the complaint is regarding a child death in the intake module. Select that the child is deceased and enter the date and

place of death. The death of a child must be reported as outlined in the Services Requirements Manual, SRM 172.

See PSM 715-3, Family Court: Petitions, Hearings and Court Orders, Death of a Child Under the Court's Jurisdiction section, if the child who died is under the court's jurisdiction.

DOMESTIC VIOLENCE

Definitions

Domestic violence (DV) is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks as well as economic coercion, that adults or adolescents use against their intimate partners.

Intimate partner includes: spouse or former spouse; current or former living-together partner; individuals who have ever been involved in a dating relationship; have a child in common; or any nonparent adult defined as a person responsible for the health and welfare of the child.

Overview

The primary focus of CPS is the protection of children. The best way to achieve this is to engage families to provide safety within the family without being punitive to the adult victim of the DV. In situations where DV is a factor, the preferred approach is to assist the adult victim of DV in the planning for his/her safety and the safety of the child.

CPS should use all applicable laws and policies to hold the abusive partner accountable. Responding to complaints where DV is a factor should include coordination with law enforcement, DV programs, the criminal justice system, the Friend of the Court, Family Division of Circuit Court and intervention programs for batterers. DV often does not end when the relationship between the perpetrator and the victim of DV ends. The DV may escalate when a victim takes steps to end the relationship with the perpetrator of the DV.

Assigning Complaints for CPS Investigation

A CPS complaint in which the only allegation is DV is not a sufficient basis for assigning the complaint for field investigation. In order to be assigned for investigation, the complaint must also include information indicating the DV has resulted in harm or threatened harm to the child.

CPS must conduct a minimum of a preliminary investigation on complaints alleging DV. The preliminary investigation must include contact with law enforcement to determine whether a child has been injured, is at risk of injury, or has been threatened with harm as a result of past or current DV in the home. Issues that may assist in determining whether or not there is threatened harm in cases involving DV are:

- A weapon was used or threatened to be used in the DV incident.
- An animal has been deliberately injured or killed by the perpetrator.
- A parent or other adult is found in the home in violation of a child protection court order or personal protection order.
- There are reported behavioral changes in the child (for example, a child's teacher describes that the child used to be an involved and highly functioning student and now is withdrawn, doing poorly in coursework, or acting out with violence).
- Reported increase in frequency or severity of DV.
- Threats of violence against the child.

See the DV sections in PSM-713-08, Special Investigative Situations, and PSM 714-1, Post Investigative Services.

DRIVING UNDER THE INFLUENCE

Under Michigan law, it is a crime to operate a motor vehicle with a child under the age of 16 in the vehicle while under the influence of alcohol or illegal substances.

When CPS receives a complaint in which the reporting person alleges a child is at immediate risk because the child is riding in a vehicle with an intoxicated driver, CPS must direct the reporting person to immediately contact law enforcement with a description of the vehicle, its last known location, and any other known information, such as the license plate number and identity of the driver.

A CPS complaint from the prosecuting attorney or law enforcement that there is suspicion of child abuse or neglect based on an arrest, prosecution, or conviction of a parent, legal guardian, or any other person responsible for the child's health or welfare for operating a motor vehicle while under the influence with a child in the vehicle, must be assigned for a field investigation.

A minimum of a preliminary investigation must be conducted when a source other than the prosecuting attorney or law enforcement makes a complaint that a parent, legal guardian, or any other person responsible for a child's health or welfare has been arrested, ticketed or prosecuted for driving under the influence with a child in the car. The preliminary investigation must include at least the following:

- Central registry and LEIN check. (The central registry clearance only needs to be done on persons listed on the complaint who are parents, persons responsible or who are age 18 or older.)

- If the child is school age, contact the school to determine if there is reason to suspect child abuse/neglect.

- Contact law enforcement to determine if an arrest was made or if a ticket was issued.

  Note: If an arrest was made or a ticket issued and there was a child in the vehicle, the complaint must be assigned for field investigation.

- Any other collateral contacts necessary, given the circumstances, to determine if an investigation is warranted.

The decision to assign for field investigation must be based on the same criteria as any other complaint of child abuse/neglect.

HEAD LICE

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

INTER-COUNTY COMPLAINTS

CI may receive a complaint that involves a child whose residence is in another county (such as when a child is brought to a hospital located in a county other than the child's residence, or the child is visiting the non-custodial parent). The responsibility for initiating the investigation for these types of complaints depends on the nature of the allegations and the priority response. The county responsible for handling the complaint is as follows:

- The county where the child is found is responsible for the complaint if the priority response for the complaint is Immediate Response (12/24).
- The county of residence is responsible for handling the complaint if the priority response for the complaint is 24 Hour Response and 72 Hour Face-to-Face (24/72), or not appropriate for investigation.

See PSM 712-4, Intake-Minimal Priority Response Criteria, to determine the priority response.

Exception: If the child attends school in an adjacent county, the county of residence should handle the complaint.

The process of handling and assigning complaints depends on the nature of the allegations, the location of all involved individuals, the priority response and the information available to all parties. CI may assign a complaint to a county where the victim does not reside, based upon unique circumstances. If the local office has concerns regarding the assignment, the local office director or his/her designee should contact CI. See PSM 711-6, Responsibility to Receive and Investigate Complaints.

CPS-MIC

Complaints involving children in court-ordered out-of-home placements will be investigated by the CPS-MIC units. When a CPS-MIC complaint involves multiple counties, assign the complaint to the

county in which the child-caring institution or foster family home where the alleged abuse or neglect occurred is currently located.

Inter-County Disputes

Disputes between CI and the assigned county must be immediately referred for resolution to the Business Service Center.

Priority Response is 12/24

If the priority response for the complaint is 12/24, the assigned investigator must immediately speak to a supervisor or designee (a voicemail message is not sufficient) in the county of residence to notify them of the complaint, coordinate the investigation and agree upon each county's responsibilities.

Responsibilities of the county where the child is found (unless otherwise agreed):

- Commence the investigation to ensure the immediate safety of the child.
- Interview all individuals (for example, all victims, caretakers, witnesses, alleged perpetrators, etc.) who may have direct knowledge of the current allegations and are currently in the county where the child is found.
- Document all investigative activities and findings completed by the county where the child is found in MiSACWIS.
- Maintain contact with the county of residence to coordinate investigative activities.
- Transfer the complaint in MiSACWIS to the county of residence when:
  - A petition is filed in the Family Division of Circuit Court in the county where the child is found, the court authorizes the petition, the court transfers case responsibility to the county of the child's residence **and** the court in the county of residence accepts transfer of the case.

    Note: If a petition is filed and the court in the county where the child is found authorizes the petition, the complaint

must be registered in the county where the child is found, pending transfer.

- No petition is needed.
- A petition is filed in the Family Division of Circuit Court in the county where the child is found and the court does not authorize the petition.

Responsibilities of the county of residence (unless otherwise agreed):

- Make efforts to ensure the safety of any other children located in the county of residence.
- Pending case transfer or resolution of court jurisdiction, cooperate with the county (where the child is found) to provide any assistance necessary to ensure the safety of the child (including further interviews, petitioning, etc.).
- Interview all individuals (for example, all victims, caretakers, witnesses, alleged perpetrators) who may have direct knowledge of the current allegations and are currently in the county of residence. Accept transfer of case responsibility when the Family Division of Circuit Court in the county of residence accepts the transfer of a petition, if a petition was filed by the county where the child is found.
- In cases in which the Family Division of Circuit Court is not involved, the county of residence must accept case responsibility when the transfer is initiated by the county where the child is found.
- Accept transfer of the case in MiSACWIS. County of Residence Agrees to Handle the Complaint.

The county of residence can agree to handle the complaint. If the county of residence will be handling the complaint, transfer the complaint in MiSACWIS to the county of residence. The county of residence may request that the county where the child is found take certain actions on the case in order to ensure child safety. These requests must be honored. **Note:** When determining whether or not to request that the county where the child is found to take certain actions on the case, consider the impact the request will have on the continuity of services for the family. See Cases Involving Multiple Counties section found later in this item.

Priority Response is 24/72

If the priority response for the complaint is 24/72, immediately speak to a supervisor or designee (a voicemail message is not sufficient) in the county of residence to notify them of the complaint. Transfer the complaint in MiSACWIS to the County of Residence.

The county of residence may request that the county where the child is found take certain actions on the case in order to ensure child safety. These requests must be honored. **Note:** When determining whether or not to request that the county where the child is found take certain actions on the case, consider the impact the request will have on the continuity of services for the family; see Cases Involving Multiple Counties section found later in this item.

All contacts between the workers/supervisors of different counties must be documented in social work contacts by the worker/supervisor initiating the contact

Summary of Responsibilities of Counties				
Priority Response	**Interview Child Found Out-of-County of Residence**	**Interview Other Children**	**Interview Parents, Alleged Perpetrators, Etc.**	**Petition**
12/24	County where the child is found.	County of residence.	County where the child is found and county of residence.	County where the child is found.
• 24/72 • 12/24 complaints in which the county of residence decides to handle.	County of residence.	County of residence.	County of residence.	County of residence.

INTERSTATE COMPLAINTS

In the event CI receives a complaint from an out-of-state department involving a Michigan child, the county who is assigned the complaint must proceed with standard procedures for evaluating and investigating complaints of child abuse and neglect (CA/N). Michigan CPS staff may communicate initially by telephone with the referring out-of-state department to obtain necessary information. Michigan CPS staff will then write to the department in the other state confirming the specific responsibilities of each.

CPS complaints to or from another state are not governed by the Interstate Compact on the Placement of Children. Contact may be made directly with the other state department. For contact information for other states, go to www.aphsa.org/links/links-state.asp.

KNOWN PERPETRATOR MOVING IN OR RESIDING WITH A NEW FAMILY

CPS must investigate complaints in which there is no new allegation of abuse/neglect, but the complaint alleges **only** that a person convicted of a crime against children in criminal court and/or found to be abusive/neglectful by the Family Division of Circuit Court has moved into or is providing care in a home in which children reside. CPS must determine whether threatened harm to a child exists or whether actual harm has occurred; see PSM 711-5 and PSM 713-08. Probation/parole officers and law enforcement must be contacted to determine their need to know of, or be involved in, the investigation, regardless of the status of the probation/parole (such as open, closed and completed).

MEDICAL NEGLECT OF DISABLED INFANTS AND MEDICAL NEGLECT BASED ON RELIGIOUS BELIEFS

See PSM 716-8, Medical Neglect of Disabled Infants & Medical Neglect Based on Religious Beliefs, for more information when a complaint is received regarding medical neglect of a disabled infant or medical neglect based on religious beliefs.

MILITARY BASE

Military Base Law, Federal Army Regulation 608-18, prohibits investigation of CPS complaints on military bases, unless a special written agreement exists.

NEWBORNS

If an infant is born to parents who currently have child(ren) in out-of-home care, or who are/were permanent wards as a result of a child abuse/neglect court action, CPS must conduct a full field investigation to ensure the safety of the newborn.

Birth Match

Birth Match is an automated system that notifies CI when a new child is born to a parent who has previously had parental rights terminated in a child protective proceeding, caused the death of a child due to abuse and/or neglect or has been manually added to the match list. See PSM 713-09, Completion of Investigation, Birth Match section for information on when and how to add a perpetrator to the match list.

When a birth match occurs, MiSACWIS automatically generates a complaint as an unassigned complaint and the CI Director receives an email alert that the complaint has been generated. When CI receives the birth match complaint, they must verify that the match is accurate.

Inaccurate (Bad) Match

If the match is inaccurate (the parent listed in the complaint does not have history with MDHHS), the complaint must be deleted from MiSACWIS. Contact CPS Program Office to discuss case specifics and to determine if the complaint should be deleted.

Accurate Match

If the match is accurate and there is not an already pending investigation or open case, the complaint must be assigned for investigation. The allegations should be listed as threatened harm of the type of abuse or neglect that led to the parent’s name being placed on the birth match list.

If there is a pending investigation or open case, the complaint must be rejected as already investigated. See PSM 712-7, Rejected Complaints. The information included in the birth match, including

related history (CPS, FC and/or criminal), must be used to evaluate child safety in the pending investigation or open case.

See PSM 713-08, Special Investigative Situations, for information on investigating these complaints and on threatened harm due to a parent's history of child abuse/neglect, removal of a child, and/or termination of parental rights.

Intent to Adopt

If CPS becomes aware of a **new** child born to parents who currently have a child(ren) in out-of-home care, or is/was a permanent ward as a result of a child abuse/neglect court action and the parents' intent is to have the **new** child adopted, CPS must conduct a full field investigation. This investigation must include verification of the child's well-being, proof that the adoption process has commenced and verification of the child's placement.

PREGNANCY OF A CHILD LESS THAN 12 YEARS OF AGE

If a complaint alleges the pregnancy of a child less than 12 years of age and it is unknown if the alleged perpetrator is a person responsible for the child's health or welfare, a preliminary investigation must be completed to determine if the alleged perpetrator is a person responsible. If the alleged perpetrator is a person responsible, the complaint must be assigned for investigation. See PSM 711-6 for clarification on forwarding referrals to other agencies, including law enforcement, when the perpetrator is not a person responsible.

PROPER CUSTODY OR GUARDIANSHIP

Children residing with a relative or an unrelated caregiver who does not have a legal guardianship are not in an abusive/neglectful situation based solely on the living arrangement; see PSM 713-08, Special Investigative Situations.

RUNAWAYS

Routine complaints on runaways are not appropriate for protective services. Running away may indicate questionable parental care, but is not always child abuse or neglect.

Complaints should be evaluated to determine whether there are supporting allegations of abuse or neglect.

SAFE DELIVERY ACT

Michigan law (MCL 701.1 et. seq., 750.135, and 722.628) allows a parent(s) to surrender an unharmed newborn up to 72 hours old to an emergency service provider (ESP). An ESP is a uniformed, or otherwise identified, inside-the-premises, on-duty employee or contractor of a fire department, hospital or police station or a paramedic or an emergency medical technician when responding to a 911 call. If the newborn is unharmed, the ESP should contact a local, identified child-placing agency directly.

In situations where CPS is contacted by an ESP and there is no evidence of child abuse/neglect, local offices should direct the ESP to contact a child-placing agency in that area directly responsible for placing a child in these situations.

The Safe Delivery website has a listing of private adoption agencies that will provide placement for an abandoned newborn. If the newborn meets the criteria of the law (no evidence of child abuse/neglect, less than 72 hours old, and voluntarily surrendered by a parent), CPS must reject the complaint for investigation.

See NAA 255, Termination of Parental Rights, Voluntary Proceedings for Termination of Parental Rights section for American Indian children.

SAFE SLEEP

A CPS investigation must occur in cases where an unsafe sleep environment may have been a factor in a child's death. See PSM 713-01, CPS Investigation - General Instructions and Checklist and PSM 713-08, Special Investigative Situations - Child Death, for more information on safe sleep investigations.

SCHOOL ATTENDANCE AND HOME SCHOOLING

A complaint in which the **only** allegation involves either a parent providing home school instruction or a child failing to attend school is not sufficient basis for suspecting child neglect. Such a complaint is inappropriate for investigation by CPS staff. If the complaint is initiated by non-school personnel, the person should be referred to

the school district's attendance officer. If the complaint is initiated by school personnel, they are to be informed that this issue falls under the provisions of the Compulsory School Attendance section of the School Code of 1976 (MCL 380.1561-380.1599), not the Child Protection Law.

A complaint of alleged child abuse or neglect that **also** includes an allegation of a child's non-attendance at school is appropriate for investigation by CPS. The complaint should also be referred to the school district's attendance officer. The investigation and any subsequent service plan must be coordinated with the school district's attendance officer or other appropriate school staff, as in any other matter in which more than one department/agency has responsibility.

SEXUALLY TRANSMITTED DISEASE

If a complaint alleges that a child less than 12 years of age has been diagnosed with a sexually transmitted disease and it is unknown if the alleged perpetrator is a person responsible for the child's health or welfare, a preliminary investigation must be completed to determine if the alleged perpetrator is a person responsible. If the alleged perpetrator is a person responsible, the complaint must be assigned for investigation.

SIBLING-ON-SIBLING OR CHILD-ON -CHILD VIOLENCE

CPS must conduct a minimum of a preliminary investigation and evaluate complaints of sibling or child-on-child violence (physical abuse, sexual abuse among siblings or children in the home under the age of 18, etc.) to determine if the parent or other person responsible for the child's health or welfare is neglectful.

If the preliminary investigation determines that the complaint is based **solely** on violence among siblings or children in the home under the age 18 and includes no issue of parental neglect regarding the sibling- on-sibling or child-on-child violence (or other CA/N allegations), reject the complaint and refer it to law enforcement. The referral to law enforcement must be made within 24 hours of CPS receiving the complaint.

See PSM 713-08, Special Investigative Situations, Sibling-on-Sibling Or Child-on-Child Violence section for more information on investigating these complaints. The only way a child may be investigated as an alleged perpetrator of child abuse and/or neglect or be entered on central registry as a perpetrator is if that child is the minor parent of the alleged/identified victim.

SUBSTANCE USE BY CARETAKER

An allegation of neglect based **solely** on a caretaker's substance use is **not**, in and of itself, appropriate for CPS investigation. The complaint must include an allegation of child abuse and/or neglect as a result of the substance use to be appropriate for investigation.

Exception: A complaint alleging that a child is exposed to the manufacturing or use of methamphetamine must be assigned for investigation.

When parents or caregivers report the use of prescribed medications which may contain mood-altering properties (including, but not limited to anti-depressants, anti-psychotics, methadone, medically prescribed marijuana and pain-killers), the worker must confirm those prescriptions with the medical professional who prescribed them; see PSM 713-06.

See PSM 716-07, Substance Abuse Cases, for more information on how to handle complaints regarding substance use/abuse.

TEENAGERS

Parents and legal guardians are responsible for the health and welfare of their children up until their 18th birthday. CPS is required to protect all children under the age of 18.

Upon receipt of a complaint involving teenagers, evaluate the complaint in the same manner as any other complaint to determine if the allegations meet child abuse and neglect (CA/N) definitions. If the child is under 18, the CA/N definitions are met and the alleged perpetrator is a person responsible for the health and welfare of the child, the complaint must be assigned for investigation.

VACCINATIONS

CPS is not authorized to investigate complaints that parents are failing or refusing to obtain immunizations for their child. The Michigan public health code provides for exceptions to the immunization requirements.

SPECIAL CASES BEYOND INTAKE

There are many other types of CPS complaints that warrant special handling and consideration. See PSM 713-08, Special Investigative Situations, PSM 716-1 through 716-9, and PSM 715-1 through 715-4, for examples of these types of cases.

DECISION TO REJECT

If, after intake and/or preliminary investigation, neither CPS intervention nor a transfer to an agency is determined appropriate, the reasons for rejecting the complaint must be documented in MiSACWIS CPS by using one of the rejection reasons below and approved by supervision. Comments to clarify the selection may be entered into MiSACWIS CPS; see PSM 712-8, CPS Intake Completion.

Reasons To Reject a Complaint

- **Already Investigated** - The allegation is essentially the same instance of child abuse and/or neglect (CA/N) already reported and investigated. If the complaint is being investigated or was rejected, add the second reporting person on the initial complaint; see PSM 712-8, CPS Intake Completion, Multiple Reporting Persons section.

- **Discounted After Preliminary Investigation** - Allegations are proven unfounded after contact with a reliable source with current, accurate, and first-hand information.

- **Complaint Does Not Meet Child Protection Law (CPL) Definition of Child Abuse/Neglect** - The allegations reported do not amount to child abuse/neglect as defined by the CPL (for example, allegations are attributable solely to poverty, etc.).

  If the complaint is appropriate for handling by another agency, refer the reporting person to the appropriate agency (for example, the friend of the court (FOC) for child support complaints or other custody issues not related to CA/N, community mental health for mental health services, the school district for truancy issues, etc.).

  Note: If the complaint does not meet the CPL definition of child abuse/neglect **but** will be transferred to another agency for investigation (for example, law enforcement for complaints when the alleged perpetrator is not a person responsible for the child's health and welfare, DHS or private agency certification staff for an alleged licensing violation, etc.), the complaint must be documented as "Transferred for Investigation" not as a rejection. See the Complaint

Documentation section of PSM 712-8, CPS Intake Completion for more information.

- **No Reasonable Cause** - Allegations are from second- or third-hand sources, information is vague or insufficient, and/or CPS is unable to establish any basis in fact for the suspicion. Examples are:

  a. Reporting person cannot give information that leads to the identity or whereabouts of the family.

  b. Complaint amounts to speculation (versus suspicion) of CA/N (a bruise, injury, mental or physical condition that is more likely the result of something other than CA/N).

  c. Reporting person reports observing child exhibiting normal, exploratory sexual behavior and speculates the child must have been sexually abused.

- **Reporting Person Unreliable or Not Credible** - Although this reason is occasionally appropriate, it should only be used in extreme and well-documented situations. Examples are:

  a. Similar complaints have been investigated and repeatedly denied, or the reporting person is known to repeatedly make false or questionable reports.

  b. Complaint lacks substance and/or definition and is seemingly colored by suspected self-interest of the reporting person, for example, revenge, neighborhood/family squabble, custody battles, etc.

  A person who knowingly makes a false complaint of CA/N is guilty of a misdemeanor if the false complaint was about an alleged misdemeanor offense. If the false complaint was about an alleged felony offense of CA/N, the person is guilty of a felony.

- **Out-of-State History Notification** - A notification was received from another state, tribal agency, etc., that children are at risk of harm if in the care of a particular parent and/or person responsible, and there is no indication that the family is residing in Michigan. The notification should be entered into MiSACWIS CPS to document CPS history in the other state/jurisdiction in case a future complaint is received on the family in Michigan.

Reversals

When Centralized Intake (CI) reviews a rejected complaint and makes the decision to assign the case, CI will use the date and time of the review to create another complaint, which will reference the original reporting source and log number.

COMPLAINT DOCUMENTATION

The department is required to maintain documentation of the receipt and the disposition of all CPS complaints received and evaluated.The CPS Centralized Intake (CI) for abuse and neglect and local offices record and maintain complaint information using the Michigan Statewide Automated Child Welfare Information System (MiSACWIS).

Assigned for CPS Field Investigation

The decision to assign the complaint for CPS investigation is made at CI. The complaint allegations must minimally meet the Child Protection Law definitions of child abuse and/or neglect to be appropriate for assignment. Four elements must be present in order to assign a complaint for investigation:

> (1) Allegations of harm or threatened harm (2) to a child's health or welfare (3) through non-accidental or neglectful behavior (4) by a person responsible for the child's health and welfare.

New Complaints on Assigned CPS Investigations or Open CPS Cases

Careful attention must be given to documenting the intake dispositions of new complaints received on cases during a pending investigation or an open case. When a new complaint is received on a pending investigation or open case, the new allegations must be evaluated by the same standards as other complaints in order to determine the disposition of the complaint.

When the new complaint contains allegations which are essentially the same instance of child abuse and/or neglect and are:

- Already investigated, the complaint must be rejected under rejection reason already investigated; see PSM 712-7, Rejected Complaints.
- Currently being investigated, add the second reporting person on the initial complaint; see PSM 712-7, Multiple Reporting Persons.

If the complaint contains allegations other than those already assigned or investigated, and the new complaint does not meet the

criteria for assignment, the complaint must be rejected using rejection reasons listed in PSM 712-7. Though rejected, a copy of the new complaint must be forwarded to the CPS worker assigned the pending investigation or open case for their information and any necessary follow-up regarding the allegations.

When the new complaint contains allegations which are not essentially the same instance of child abuse and/or neglect already investigated or assigned for investigation, and which meet the criteria for assignment, the new complaint must be assigned for investigation. The same investigation procedures and requirements exist for the new investigation, including, but not limited to, commencement of investigation, complete interviews with all required individuals within the required time frames, completion of a safety and a risk assessment, and complete investigation of each new allegation.

See PSM 713-09, Completion of Field Investigation, for completing investigations on two separate complaints concurrently.

Transferred for Investigation

1. The complaint contains allegations of child abuse/neglect as defined in the Michigan Child Protection Law, but the complaint is appropriately forwarded to another unit which has jurisdiction to investigate the complaint allegations. This other unit which has jurisdiction might be, but is not limited to, another county, another state, an American Indian Tribal Unit, the Bureau of Children and Adult Licensing, or law enforcement.

   OR

2. The complaint does not contain allegations of child abuse/neglect as defined by the Michigan Child Protection Law, but the complaint is appropriate for handling by another agency (for example, law enforcement for complaints when the alleged perpetrator is not a person responsible for the child's health and welfare, DHS or private agency certification staff for an alleged licensing violation, etc.).

The name and phone number of the reporting person should be included in the written complaint transferred to the other unit/agency, if the other unit/agency is authorized to investigate allegations of abuse and neglect. The reporting person should be advised that the unit/agency responsible for the investigation might contact them.

Rejected

The decision has been made not to investigate and not to transfer elsewhere and the supervisor has approved the decision to reject the complaint.

One, and only one, of the rejection reasons in the list in PSM 712-7, Rejected Complaints, can be identified for each rejected complaint. If more than one reason applies to a given complaint, the one most compelling reason must be chosen.

Withdraw Complaint

Reporting person withdraws complaint before the investigation has begun based on new information and there is insufficient reason to proceed.

Multiple Reporting Persons

If a subsequent complaint is received that is **essentially the same** instance of child abuse and/or neglect already reported, the reporting person of the subsequent complaint should be added to MiSACWIS as an additional reporting person. Document the date and time of the subsequent complaint and any additional information provided.

Investigation on Initial Complaint is Complete

If the investigation on the initial complaint is complete, the subsequent complaint should be rejected using the rejection reason *Already Investigated;* see PSM 712-7, Rejected Complaints.

Initial Complaint is Pending Investigation

If an intake disposition has already been made on the complaint to assign the complaint for investigation and the investigation is pending, add the additional reporting person to the investigation.

Initial Complaint was Rejected

If an intake disposition has already been made on the complaint to reject the complaint, a supervisor should add the additional reporting person in MiSACWIS.

If the complaint has already been rejected and a source notification letter is required/requested, print the source notification letter; see PSM 712-9, Notifying Reporters.

Confidential Complaint

A complaint regarding, but not limited to the following, may need to be kept confidential:

- DHS employee.
- Relative of a DHS employee.
- Prominent member of the community (judge, chief of police, etc.).
- A high-profile media case.

If a CPS complaint needs to be kept confidential (only the supervisor and assigned worker can access the complaint during the investigation), select the *Confidential Complaint* box.

REGISTRATION AND CASE RECORD ESTABLISHMENT

CPS complaints assigned for investigation must be entered into MiSACWIS. CI must complete a **statewide** MiSACWIS search and central registry clearances on all complaints. Document the results as part of the Preliminary Investigation.

- The statewide MiSACWIS search must be done on all persons listed on the complaint. **Note:** MiSACWIS searches can be done for a specific county. To be considered a statewide search, the search must be done by not selecting a specific county.
- The central registry clearance must be done on all persons listed on the complaint who are age 18 or older.

Birthdates for all case members must be estimated at intake, if not known.

Local offices should not establish more than one CPS case record for a family. If more than one CPS case record exists in a local office, the records must be combined when a new CPS complaint is

received. CPS family history information (copies) from all other local offices must be obtained from the other local offices and incorporated into the case record.

Note: If more than one family is residing in a home and there are allegations of abuse and/or neglect regarding both families, a separate complaint should be generated for each family.

Regardless of who is alleged to have perpetrated abuse or neglect, registration of all CPS cases must be made in the parent's or legal guardian's name if the child **resides** with the parent or legal guardian.

Registration of CPS Complaints While a Child is in Out-Of-Home Placement (Including Voluntary Placement)

When CPS receives CA/N allegations against a child's parent (or other previous caretakers), and the alleged child victim is currently residing in an out-of-home placement (court-ordered out-of-home placement or voluntary arrangement made by the parent), the following steps must be taken to register the case:

- If the alleged incident occurred at a parent's (or other caretaker's) home, during a visit, or prior to the child entering out-of-home placement, enter the alleged perpetrator as the primary caregiver in MiSACWIS with that person's address as the case address.
  - List the alleged child victim as a non-household member.
  - List the non-household address as the address where the alleged child victim is currently residing.
  - The risk assessment must be completed as if the alleged child victim was still in the alleged perpetrator's home.
- If the alleged perpetrator of the CA/N is the foster parent or current caregiver, the case must be registered in name of the foster parent or current caregiver.

Non-Household Members

Non-household members should only be added to a case when the non-household member is a person responsible for the health and welfare of the child and does not reside in the household or in the situation described above in the Registration of CPS Complaints While a Child is in Out-Of-Home Placement Or Other Voluntary Placement section. Persons who should be listed as a non-household member, include but are not limited to:

- The non-custodial parent.
- Other members of the non-custodial parent's home; for example: the spouse, children, etc.
- A nonparent adult who does not reside in the home.

Other persons important to the case but who are not persons responsible for the health and welfare of the child should not be listed as non-household members. These persons may be grandparents, other relatives, etc. These persons may be resources/support for the family and/or possible placements for a child if out-of-home placement is necessary. Names,contact information and social work contacts for these persons must be documented.

CASE RECORD ORGANIZATION

Complaints received after the implementation of MiSACWIS do not require a paper case record. All the case record information will be stored electronically in MiSACWIS. Any documents received from external sources (such as medical reports, police reports, etc.) should be scanned into MiSACWIS as an electronic file. Local offices must keep original copies of documents received from external sources in a paper case record organized chronologically if they are not scanned into MiSACWIS.

Exception: Local offices must keep all original court orders.

For cases existing prior to MiSACWIS implementation, the CPS case file must be organized as follows:

Investigative Documents Packet

- Referral [Complaint] Report.

- DHS-3200, Report of Actual or Suspected Child Abuse or Neglect.
- Investigative Report face sheet.
- DHS-154, Investigation Report.
- Initial Safety Assessment .
- DHS-140, CPS Exception Documentation.
- Evidentiary documents.
- Pictures.
- Tapes/discs.
- DHS 860, CPS Support Person Letter.
- Investigation checklist.
- Complaints rejected for investigation by CPS.
- Written permission to view buttocks; see PSM 713-03, Face-to-Face Contact, Visual Assessment section.

Services Packet

- Needs and Strengths Assessment comments.
- Service Agreement.
- DHS-152, Updated Services Plan/Closing Report.
- Risk Assessment/Re-Assessment.
- Safety Reassessment.
- Needs and Strengths Assessment/Re-Assessment.
- DHS-123, Community Resource Referral Letter.

Forms Packet

DHS-93, Examination/Authorization/Invoice for Services.

Legal Packet

- Petitions.
- Court orders.
- Summons/subpoenas.
- Family Division of Circuit Court forms.

- Other legal documents, including consents to release information.
- Information from friend of the court.
- Administrative hearing documents.

Law Enforcement Packet

- Police reports.
- DHS-269, Criminal History Information Request.
- Other law enforcement documents.

Medical/School Reports Packet

- Medical reports.
- Psychological and psychiatric evaluations.
- School reports.
- Individual Educational Planning (IEP) report.

Purchase of Service Referrals/Reports Package

- Service referrals.
- Homemaker reports.
- Parent Aide reports.
- Families First reports.
- Other provider reports.
- Counseling reports.
- Substance abuse assessment and treatment reports.
- Drug screening reports.

General Correspondence Packet

- Letters.
- Reporting person notification letter.
- Perpetrator notification letter.
- Other correspondence, including fax and email.
- Miscellaneous.

Records originating from separate complaints must be consolidated with each other in chronological order, arranged as indicated above, as much as possible in a single case file. The files must be maintained in the local office where the family lives and are only to

be transferred when the family moves; see PSM 716-2, When Families in CPS Cases Move or Visit out of County.

CPS Case Record Retention

The Child Protection Law (MCL 722.628(11)) requires that all CPS complaints and case file information on cases which have **not** been entered on central registry, including intake, investigation, and services case records, must be retained for 10 years from the date of receipt of the complaint or until the child about whom the complaint is made reaches 18 years of age, whichever is later.

CPS case file information on cases which **have** been entered on central registry must be retained until DHS receives reliable information that the perpetrator of the abuse or neglect is dead.

NOTIFYING REPORTERS

The Child Protection Law (CPL) permits the department to inform the reporting person of the disposition of their complaint. This notification can be done after the determination that the complaint will not be assigned for investigation (transferred or rejected) or after the completion of the investigation. For mandated reporters, the law **requires** notice of the disposition of the investigation to be in writing. (See MCL 722.623(1) or PSM-712-1 for a list of mandated reporters; all others are considered non-mandated.) Non-mandated reporters may request written or verbal notification of the disposition of the investigation.

Notification Principles

The amount and type of information to provide the reporting person is based on the following principles:

- The child's and family's confidentiality must be protected; see SRM 131, Confidentiality - Children’s Services.
- The child's and family's safety must be protected.
- Regular care providers need information which will help them enhance the child's physical and emotional well-being.
- Persons providing diagnoses and treatment to a child or member of a child's household need information which will help them enhance the child's and family's physical and emotional well-being.
- The role of the reporting person must be respected and acknowledged. In some cases it is appropriate to ask the reporting person to work with CPS to help protect the child.
- The protection and safety of children is enhanced by a close working relationship between CPS and members of the community.

Verbal Notification

A non-mandated reporter may choose to be notified verbally.

No Notification

A non-mandated reporter may choose **not** to be notified about the disposition of the complaint.

Written Notification

The department must provide written notice to mandated reporters regarding the disposition of the investigation of their complaint. The CPL, MCL 722.628(14), specifies that the written notice must include:

- The category of the case and the rationale for the decision.
- An explanation of any legal action commenced.
- A statement that the information is confidential.

By law (MCL 722.628(15)), written notification to mandated reporters must **not** include personally identifying information for any person named in the report.

Non-mandated reporters may request to be notified in writing.

Notification Letter

The SWSS CPS Source Notification Letter includes all the requirements of the CPL.

Rejected Complaints

Notification to mandated reporters and those requesting written notification will automatically be generated by SWSS CPS when a complaint is rejected. The notification must be sent by CPS Centralized Intake (CI) within five business days of the rejection of the complaint.

Assigned Complaints

Notification to mandated reporters and those requesting written notification will automatically be generated by SWSS CPS when the investigation is completed in SWSS CPS. The notification must be sent by the assigned CPS investigator within 10 business days of the completion of the investigation.

Mandated Reporting Persons Hotline

Mandated reporters can use this hotline (1-877-277-2585) to express concern about the actions taken on a specific complaint of child abuse or neglect they have made.

The SWSS CPS Source Notification Letter will automatically provide the mandated reporter with the hotline information.

GENERAL INSTRUCTIONS

Children's Protective Services (CPS) must:

- Take prompt action on **every** complaint assigned for CPS investigation.
- Commence the investigation within 24 hours of the receipt of a complaint; see PSM 712-4, Intake-Minimal Priority Response Criteria, Commencement of the Investigation on the priority level, commencement may be required to occur within 12 hours.
- Provide his/her name, show State of Michigan identification, indicate that he/she represents CPS and advise the individual of the specific complaints or allegations made against the individual when CPS contacts an alleged perpetrator or an individual responsible for the health or welfare of a child (MCL 722.628(2)).
- Assess child safety and service needs of the family. Referrals for services must be made for appropriate cases; see Five Category Disposition Decision Tree.
- Include contacts with the reporting person, the family, and other informational sources, as needed, for verification of the accuracy of the complaint and clarification of the situation. In an abuse case, contact must be made with a physician who examined or treated the child, or medical personal that would have knowledge of the exam, for additional information and/or for clarification/verification of information provided, if needed.
- When a complaint is received from a mandated reporter, the assigned worker must make contact with the reporter for additional information or for clarification/verification of information received, as soon as possible. The first reporting source listed on the DHS-3200 is considered the primary mandated reporter. Contact with this mandated reporter is required. However, the assigned worker may need to contact the other reporters listed to obtain additional information and evidence. Observe the scene (at the home or a location other than the home) where the alleged abuse/neglect occurred, as well as any objects alleged to have been involved. If this is not done, document the reason why in the DHS-154, CPS Investigation Report.

- Observe and document each caregiver's and alleged perpetrator's photo-identification (such as a driver's license or state-identification card).

- Verify and document the dates of birth given by all adults (including, but not limited to non-custodial and putative parents) living within the home, as well as any adults associated with the case. If unable to verify this information, document the reason why in the DHS-154, CPS Investigation Report.

- Conduct and document a thorough inquiry of family background. This inquiry includes, but is not limited to:

  - A **statewide** MiSACWIS search on all persons listed on the complaint. **Note:** MiSACWIS CPS searches can be done on a specific county.

  - A central registry clearance. The central registry clearance must be done on parents or persons responsible and all persons listed on the complaint who are age 18 or older.

  - An evaluation of previous complaints/victimization of the child and parents/persons responsible.

  - A review of previous MDHHS case records (such as CPS, foster care, etc.) on the family and household members.

  - A criminal history check, as needed/required. Criminal history results are documented in MiSACWIS; see PSM 713-10, CPS Investigation Report. Any individual(s) for whom a criminal history check is requested via LEIN, must have documentation in MiSACWIS that he or she is connected to the case prior to the request. The LEIN criminal history check must be requested in accordance with MDHHS LEIN policy.

- During any CPS investigation or an ongoing CPS case involving a child 12-months of age or younger living in a home, CPS must conduct a home visit to observe the infant's sleep environment and record the observation in the narrative of the CPS Investigation Report, DHS-154. The documentation should address whether:

  - The infant is sleeping alone.
  - If the infant has a bed, bassinet or portable crib.
  - If there is anything in the infant's bed.

- If the mattress is firm with tight fitting sheets.

- Inform the parents of safe sleep guidelines and the dangers of not providing a safe sleep environment. When discussing this with the parents, the worker should:
  - Utilize established safe sleep educational materials.
  - Educate the family about how to provide a safe-sleep environment for their child.
- If the infant is not provided with a safe sleep environment, the worker will make attempts to assist the family in obtaining one and document those attempts. MDHHS may utilize the following to help secure the safe sleep environment:
  - The family's friends/family members.
  - Community resources.
  - Local office funds.
- In cases where an unsafe sleep environment may have been a factor in a child's death, the parent/caregiver must be asked about his/her knowledge of infant safe sleep. This information must be recorded within the CPS Investigation Report.
  - The parent/caregiver's knowledge of the tenets of infant safe sleep and lack of following them does not, in and of itself, constitute child abuse or neglect. When a child death occurs in an unsafe sleep environment, evidence of the following should be considered and may affect the case disposition:
    - Substance abuse. The parent/caregiver was under the influence of alcohol or drugs, and there was evidence that his/her behavior or judgment was impaired and/or adversely affected his/her ability to safely care for the infant.
    - Supervision. The parent/caretaker did not check on the infant at a reasonable frequency consistent with the infant's age and medical or developmental needs, or the parent left the infant with a person he/she knew or should have known was incapable of safely caring for the infant.

    - Hazardous environment. The environmental conditions in the home were hazardous or unsanitary and adversely affected the safety of the infant.

- Determine American Indian heritage; see NAA 200, Identification of an Indian Child, for how to determine American Indian heritage and the process that must be followed if a child/family has American Indian heritage. CPS should also ask the parent(s) or any other person responsible for the health and welfare of the child if he/she or the child has ever lived on an American Indian reservation. If so, determine which reservation(s).

- Inquire into previous addresses of the family/child when interviewing the parent(s) or any other person responsible for the health and welfare of the child. If it is reported that the family/child has lived in another county or state or on an American Indian reservation, these entities must be contacted to determine if the family has CPS and/or criminal history in those locations.

- Inquire whether the client or any adult in the home is a licensed foster parent, or an owner, operator, volunteer or employee of a licensed or registered child care organization, or a licensed or unlicensed adult foster care family or group home.

- Assess the danger and need for protection of all children, even when a complaint involves a specific child victim but other children reside in the home with the family.

- Interview all children in the home or document the reason(s) why not on the DHS-154; see PSM 713-08, Special Investigative Situations, Cases in Which A Family, An Alleged Perpetrator or Child Cannot be Located or Refuse to Cooperate section. All children should be interviewed separately. The alleged child victim must not be interviewed in the presence of the alleged perpetrator (MCL 722.628c). Court orders to expedite child interviews should be sought, as necessary.

- Follow the Forensic Interviewing Protocol (DHS Pub-779 - revised 10/07) when interviewing children and document the content of the interview.

  Note: If one part of a child's disclosure is weak, false, or unsupportable, that **does not** make the rest of the disclosure

untrue. Every effort must be made to accomplish the forensic interview in one session. However, an additional interview may be necessary to clarify statements made during the child's previous interview; see PSM 713-08, Special Investigative Situations, Guidelines for Investigation When a Child Denies Abuse/Neglect section.

- Interview the alleged perpetrator or document the reason(s) why not on the DHS-154; see PSM 713-08, Special Investigative Situations, Cases in Which A Family, An Alleged Perpetrator or Child Cannot be Located or Refuse to Cooperate section.

- Pay particular attention to situations involving nonparent adults who may or may not be residing in the home. A nonparent adult known to spend significant time with the family and who has substantial and regular contact with the child must be sought out and interviewed. These individuals must be included as adults whose names are run on central registry, using correct dates of birth. If the nonparent adult is not interviewed, document the reason(s) why not on the DHS-154.

- Ensure needed crisis intervention, including intensive home-based services, is immediately available, whenever possible, to alleviate risk and to stabilize and maintain the family.

- Be alert throughout the investigation to the needs of the child and take necessary action to protect the health or safety of the child by working with the persons responsible and legal authorities to obtain necessary temporary care, shelter and medical care for the child.

- CPS must provide the child's parent/caregiver a copy of DHS Pub-137, A Parent's Guide to Working with Children's Protective Services

- Review the foster care case record or contact the foster care worker when, during the course of an investigation, CPS learns that an alleged child victim or sibling is currently in foster care or has been in foster care; see PSM 716-9, New Complaint When The Child Is In Foster Care.

- The CPS investigator must meet with his/her supervisor at least once for case consultation on every assigned complaint prior to case disposition. In addition, a case conference must occur for every 30-day extension. To record in MiSACWIS that

the conference occurred, select Supervisor in the contact type and in the narrative only document that the conference occurred.

- The case worker must meet with his/her supervisor at least monthly for case consultation on every active case.
- Supervisors must review and approve each case service agreement. Case service agreements must not be approved until the supervisor meets with the caseworker, which may occur during the monthly case consultation.
- Supervisor approval indicates agreement with the:
  - Thoroughness, completeness and accuracy of the report.
  - Assessment/reassessment of risk and safety of the child.
  - Assessment of child/family safety and safety planning.
  - Identified needs and strengths of the child and family.
  - Rate of progress identified.
  - Caseworker's court recommendations (if applicable).
  - Appropriateness of continued provision of services or case closure.

ASSESSING SAFETY OVERVIEW

The purpose of assessing safety is to:

- Assess the present or imminent danger to all children in the family and all households listed on the compliant.
- Ensure that major aspects of danger are considered in every investigation to ensure child safety.
- Determine whether or not to initiate or maintain a protective intervention(s) when danger or a threat of danger is identified.
- Address reasonable efforts issues with families and the court.

When to Complete the DHHS-1016, Safety Assessment

Determine whether any of the safety factors, and if necessary, protecting interventions exist with a family during the initial face-to-face contacts with the children and parent/caretakers. The safety assessment must be completed as early as possible in MiSACWIS following the initial face-to-face but no later than the initial

disposition or when submitting a request for an extension of the 30-day Standard of Promptness. CPS workers must be mindful of the safety factors in the safety assessment throughout the investigation, complete a new safety assessment for any of the key decision points below and update the safety assessment narrative to reflect what child safety planning occurred.

Note: Workers are expected to continually assess safety, even if a situation doesn't rise to the level of one of the Key Decision Points that would require a formal DHS-1222, Safety Assessment, to be completed. Workers must, throughout every intervention with a child and/or family, always be observant, ask questions, and be aware of **any** possible safety concerns.

Exception: A safety assessment is not required in Category V dispositions, **except** those in which the Family Division of Circuit Court is asked to order family cooperation in the investigation but declines, and the family still will not cooperate with CPS.

Key Decision Points

The key decision points at which safety assessments/reassessments, and safety planning are completed during the investigative stage of the case include, but are not limited to, the following:

- Prior to determining whether or not to recommend court ordered removal of the child from the family.
- Prior to making the decision to provide intensive in-home services as an alternative to child removal.
- Prior to determining whether to maintain placements or to return the child to his/her own home when removals are made by law enforcement.
- If any safety factors change, such as when there is a change in family circumstances or information known about the family or a change in the ability of protecting interventions to minimize safety factors.

Completion of the Safety Assessment

Complete the safety assessment in the Safety Assessment tab in MiSACWIS. Check each safety factor present and provide an explanation.

Safety Responses-Protecting Interventions

For each safety factor identified, consider the resources available in the family and community that might help keep the child safe. Select each protecting intervention taken to protect the child and provide an explanation. Describe all protecting interventions taken or immediately planned and explain how each intervention protects (or protected) each child.

Safety Decisions

There are three safety decisions that indicate the level of safety when the assessment is completed:

- **Safe** - Children are safe; no safety factors exist.
- **Safe with services** - At least one safety factor is indicated, and at least one protecting intervention has been put into place.
- **Unsafe** - At least one safety factor is indicated, and the only possible protecting intervention is the removal of the child from the family.

Assessment Update

During the course of the investigation, if safety factors remain the same, but the protecting intervention(s) and/or the safety decision changes, the assessment must be appropriately updated. However, **if safety factors change, a new assessment must be completed;** see Key Decision Points section.

SAFETY ASSESSMENT QUESTIONS AND DEFINITIONS

Section 1: Safety Assessment

Safety Factor Identification Directions:

The following list of factors are behaviors or conditions that may be associated with a child in imminent danger of harm. Identify the

presence or absence of each factor by checking either “yes” or “no”.

If the factor applies to any child in the household, check any condition(s) that apply to the family. Consider the vulnerability of each child individually throughout the assessment. Children ages 0-6, developmentally disabled or those repeatedly victimized may be considered especially vulnerable. However, any child subject to harm or risk of harm from an adult cannot be expected to protect him or herself. Examples are provided in *italics* below.

When assessing the safety factors below, the word **serious** denotes an elevated level of concern regarding child safety.

Number 1

Caretaker(s) caused serious physical harm to the child and/or made a plausible threat to cause serious physical harm in the current investigation, indicated by:

Severe injury or abuse to child other than accidental.

*Caretaker(s) caused severe injury (defined as an injury to the child that requires medical treatment or hospitalization **and** that seriously impairs the child’s health or physical well-being).*

Threat to cause harm or retaliate against child.

A threat of action which would result in serious harm (such as kill, starve, lock out of home, etc.), or plans to retaliate against child for CPS investigation.

Excessive discipline or physical force.

Caretaker(s) has used torture, physical force or acted in a way which bears no resemblance to reasonable discipline, or punished child beyond the duration of the child’s endurance.

Potential harm to child as a result of domestic violence.

The child was previously injured in domestic violence incident.

The child exhibits severe anxiety (such as nightmares, insomnia) related to situations associated with domestic violence.

The child cries, cowers, cringes, trembles or otherwise exhibits fear as a result of domestic violence in the home.

The child is at potential risk of physical injury and/or the child's behavior increases risk of injury (such as attempting to intervene during violent dispute, participating in the violent dispute).

Caretaker(s) use guns, knives or other instruments in a violent, threatening and/or intimidating manner.

There is evidence of property damage resulting from domestic violence.

One or more caretaker(s) fear they will maltreat child.

Alcohol-or drug-exposed infant.

Alcohol or drugs found in the child's system.

Number 2

Caretaker(s) has previously maltreated a child in their care, and the maltreatment or the caretaker(s) response to the previous incident **and** current circumstances suggest that child safety may be an immediate concern. There must be both current immediate threats to child safety and related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.

Check all that apply:

Prior death of a child.

As a result of maltreatment.

Previous maltreatment that caused severe harm to any child.

*Previous maltreatment by the caretaker(s) that was serious enough to cause severe injury (defined as an injury to the child that requires medical treatment or hospitalization **and** that seriously impairs the child's health or physical well-being).*

Prior termination of parental rights.

One or more caretaker(s) had parental rights terminated as a result of a prior CPS investigation; see PSM 715-3, Family Court: Petitions, Hearings and Court Orders, the Mandatory Petition-Request for Termination of Parental Rights section.

Prior removal of any child.

One or more caretaker(s) had a prior removal of any child, either formal placement by CPS staff or informal placement with friends or relatives.

Prior confirmed CPS case.

Prior threat of serious harm to child.

Previous maltreatment that could have caused severe physical injury, retaliation or threatened retaliation against a child for previous incidents, prior domestic violence which resulted in serious harm or threatened harm to a child, or escalating pattern of maltreatment.

Number 3

Caretaker(s) fails to protect child from serious physical harm or threatened harm.

Live-in partner found to be a perpetrator.

Caretaker(s) fails to protect child from serious physical harm or threatened harm as a result of physical abuse, neglect or sexual abuse by other family members, other household members or others having regular access to the child.

Number 4

Caretaker(s) explanation for the injury is unconvincing and the nature of the injury suggests that the child's safety may be of immediate concern.

Medical exam shows injury is result of abuse or neglect; caretaker(s) offers no explanation, denies or attributes to accident.

Caretaker(s) explanation for the observed injury is inconsistent with the type of injury.

Caretaker(s) description of the causes of the injury minimizes the extent of harm to the child.

Caretaker(s) and/or collateral contacts' explanation for injury has significant discrepancies or contradictions.

Number 5

The family refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.

Family currently refuses access to the child and cannot or will not provide child's location.

Family has removed child from a hospital against medical advice.

Family has previously fled in response to a CPS investigation.

Family has history of keeping child at home, away from peers, school, other outsiders for extended periods.

Family refuses to cooperate or is evasive.

Number 6

Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.

Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in front of certain individuals.

Child exhibits anxiety, nightmares, insomnia related to a situation associated with a person in the home.

Child fears unreasonable retribution/retaliation from caretaker(s), others in home or others having access to the child.

Number 7

Caretaker(s) does not provide supervision necessary to protect child from potentially serious harm.

- *Caretaker(s) present but child wanders outdoors alone, plays with dangerous objects or on window ledges, etc.*
- *Caretaker(s) leave(s) child alone (period of time varies with age and developmental stage).*
- *Caretaker(s) makes inadequate/inappropriate child care arrangements or plans very poorly for child's care.*
- *Parent(s) whereabouts are unknown.*

Number 8

Caretaker(s) does not meet the child's immediate need for food, clothing, shelter, and/or medical or mental health care.

No housing/emergency shelter; child must sleep in the street, car, etc.; housing is unsafe, without heat, etc.

No food provided or available to child, or child starved/deprived of food/drink for long periods.

Child without minimally warm clothing in cold months.

Caretaker(s) does not seek treatment for child's immediate medical condition(s) or follow prescribed treatments.

Child appears malnourished.

Child has exceptional needs which parent(s) cannot/will not meet.

Child is suicidal and parent(s) will not take protective action.

Child exhibits effects of maltreatment, such as emotional symptoms, lack of behavior control or physical symptoms.

Number 9

Child's physical living conditions are hazardous and immediately threatening based on the child's age and developmental stage.

Leaking gas from stove or heating unit.

Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.

Lack of water, heat, plumbing, electricity or provisions are inappropriate, such as stove/space heaters.

Open windows; broken/missing windows.

Exposed electrical wires.

Excessive garbage or rotted or spoiled food, which threatens health.

Serious illness/significant injury due to current living conditions and these conditions still exist, such as lead poisoning, rat bites, etc.

Evidence of human or animal waste throughout living quarters.

Guns and other weapons are not stored in a locked or inaccessible area.

Number 10

Caretaker(s)' current substance use seriously affects his/her ability to supervise, protect, or care for the child.

Caregiver(s) has abused legal or illegal substances or alcoholic beverages to the extent that control of his/her actions is significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child; has harmed the child; or is likely to harm the child.

Number 11

Caretaker(s)' behavior toward child is violent or out-of-control.

Behavior that seems to indicate a serious lack of self-control, such as reckless, unstable, raving, explosive, etc.

Behavior, such as scalding, burning with cigarettes, forced feeding, killing or torturing pets, as punishment.

Extreme action/reaction, such as physical attacks, violently shaking or choking, a verbal hostile outburst, etc.

Use of guns, knives, or other instruments in a violent and/or out-of-control manner.

Number 12

Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.

Caretaker(s) describes child in a demeaning or degrading manner, such as evil, possessed, stupid, ugly, etc.

Caretaker(s) curses and/or repeatedly puts child down.

Actions by the caretaker(s) may occur periodically, but overall form a negative image of the child.

Caretaker(s) scapegoats a particular child in the family.

Caretaker(s) blames child for a particular incident, or distorts child's behavior as a reason to abuse.

The caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (for example, babies and young children expected not to cry, expected to be still for extended periods, be toilet-trained, eat neatly, expected to care for younger siblings or expected to stay alone, etc.).

Caretaker(s) overwhelmed by a child's dysfunctional emotional, physical or mental characteristics.

Caretaker(s) view child as responsible for the caretaker(s) or family's problems.

Number 13

Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.

Suspicion of sexual abuse may be based on indicators such as:

- *The child discloses sexual abuse either verbally or behaviorally (for example, age-inappropriate or sexualized behavior toward self or others, etc.).*
- *Medical findings consistent with sexual abuse.*
- *Caregiver(s) or others in the household have been convicted, investigated, or accused of rape or sodomy, or have had other sexual contact with the child.*
- *Caregiver(s) or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).*
- *Access to a child by possible or confirmed/known sexual abuse perpetrator exists.*

Number 14

Caretaker(s)' emotional stability seriously affects current ability to supervise, protect or care for child.

Caregiver(s)' inability to control emotions impedes ability to parent the child.

Caregiver(s)' refusal to follow prescribed medications impedes ability to parent the child.

Caregiver(s)' inability to control emotions impedes ability to parent the child.

Caregiver(s) acts out or exhibits a distorted perception that impedes his/her ability to parent the child.

Caregiver(s)' depression impedes his/her ability to parent the child.

Due to cognitive delay, the caregiver(s) lacks the basic knowledge related to parenting skills such as:

- *Not knowing that infants need regular feedings.*
- *Failure to access and obtain basic/emergency medical care.*
- *Proper diet.*
- *Adequate supervision.*

Number 15

Other (specify).

Specify other factors that are present that impact the child's safety.

Section 2: Safety Response - Protecting Interventions

A protecting intervention is a safety response taken by staff or others to address the safety factor(s) identified in the assessment. These interventions help protect the child from present or imminent danger. **A protecting intervention must be in place if any safety factor is indicated.**

If one or more safety factors are present, it does not automatically indicate that a child must be placed outside the home. In many cases, it will be possible to initiate a temporary plan that will mitigate the safety factor(s) sufficiently so that the child may remain in the home while the investigation continues. Consider the relative

severity of the safety factor(s), the caregiver(s)' protective capacities and response to the investigation/situation, and the vulnerability of the child when identifying protecting interventions.

For each safety factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Check each protecting intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

Number 1

Monitoring or direct services by MDHHS worker.

Number 2

Use of family resources, neighbors or other individuals in the community as safety resources.

Number 3

Use of community agencies or services as safety resources (check one).

- Intensive home-based.
- Other community services.

Number 4

Recommend that the alleged perpetrator leave the home, either voluntarily or in response to legal action.

Number 5

Recommend that the non-maltreating caretaker move to a safe environment with the child.

Number 6

Recommend that the caretaker(s) place the child outside the home. See Temporary Voluntary Arrangements section below.

Number 7

Other.

Number 8

Legal action must be taken to place child outside the home, such as placement with a relative or licensed foster home.

Instructions

Explain safety response-protecting interventions.

If CPS is initiating legal action and placing the child: 1) explain why responses 1-7 could not be used to keep the child safe; and 2) describe your discussion with the caretaker(s) regarding placement.

If services were recommended but caretakers refused to participate, briefly describe the services that were offered.

Section 3: Safety Decision

Identify your safety decision by checking the appropriate box below. Check one box only. This decision should be based on the assessment of all safety factors, protecting interventions and any other information known about this case. A (Safe) should be checked only if no safety factors were identified in Section 1, Part A, Safety Factor Identification.

A. Safe - Children are safe; no safety factors exist.

B. Safe with Services - At least one safety factor is indicated, and at least one protecting intervention has been put into place that has resolved the unsafe situation for the present time.

C. Unsafe - At least one safety factor is indicated, and the only possible protecting intervention is the removal of the child from the family.

If the investigation is not confirmed and any safety factor is present, briefly explain the protecting intervention or plan.

Injury to the Child

Was any child injured in this case? **Note:** Prenatal drug exposure is considered an injury to a child for purposes of completing the safety assessment.

If yes, indicate the age of youngest child with most serious injury.

If yes, indicate what was the most serious injury to a child:

1. Death of a child.
2. Hospitalization required.
3. Medical treatment required, but no hospitalization.
4. Exam only of alleged injuries. No medical treatment required.
5. Bruises, cuts, abrasions or other minor injuries; no medical exam or treatment.

Temporary Voluntary Arrangements

A parent with legal custody or legal guardian may decide to allow their child to temporarily stay with the non-custodial parent, a relative or friend. This may occur when a temporary arrangement is needed to ensure child safety. For example:

- While the CPS investigation is conducted.
- Until services can begin.
- Until the family can complete a particular task (for example, removing fire hazards in the home).

The parent with legal custody or legal guardian must be in agreement with the temporary arrangement.

When CPS identifies safety concerns which do not rise to the level of court involvement, the MDHHS-5433, Voluntary Safety Arrangement, can be utilized. The MDHHS-5433 documents a voluntary arrangement between the caregiver(s) and an individual who agrees to care for the child(ren) until identified safety issues can be resolved. If CPS has determined the child is unsafe in the parent's or guardian's home and the voluntary arrangement will not ensure child safety, a petition must be filed.

CASE MEMBER INFORMATION

During the investigation, CPS must attempt to verify the information listed for case members in MiSACWIS. Special attention must be given to obtaining proper/legal names and accurate birthdates. If information entered at intake is incorrect, update the information prior to disposing of the case.

Note: If more than one adult lives in the home, CPS must identify a primary and secondary caretaker. The primary and secondary caretaker designations will remain the same throughout the case and will be used when completing the risk assessment (initial and reassessment) and the family assessment of needs and strengths

(FANS-CPS). The primary caretaker is the adult, usually the parent living in the household, who assumes the most responsibility for child care. When two adult caretakers are present **and** it is unknown which one assumes the most child care responsibility, the adult legally responsible for the children involved in the incident should be selected. If this does not resolve the question, the legally responsible adult who was a perpetrator should be selected.

The secondary caretaker is defined as an adult living in the household who has routine responsibility for child care but less responsibility than the primary caregiver. A living-together-partner (LTP) may be a secondary caretaker even though he/she has minimal responsibility for care of the child.

The non-custodial parent is **not** a secondary caretaker, unless that person also lives in the household and is considered a member of the household.

When two separate households are being investigated on the same complaint (for example, complaint is regarding abuse of a child when visiting the non-custodial parent), a risk assessment and/or FANS-CPS may need to be completed on the secondary household. Identify the households by completing the family information in MiSACWIS prior to completing the risk assessment and the FANS-CPS.

ABBREVIATED INVESTIGATIONS

If it is determined that there is no basis in fact to support the allegations within the complaint, CPS may conduct an abbreviated investigation and enter the case disposition as Category V-No Evidence.

A field contact is required for an abbreviated investigation. This may include interviews with the alleged victim and/or caretaker. All investigations with abuse allegations require a face-to-face contact with the alleged child victim(s).

The following must be evaluated by the CPS worker when determining the appropriateness of an abbreviated investigation:

- Prior family history.
- The need for a follow-up contact with the reporting person to clarify or gain more information regarding the allegations.

Request supervisory approval for an abbreviated investigation by:

- Entering all social work contacts into MiSACWIS.
- Entering all information obtained during the investigation into the appropriate section of MiSACWIS (such as historical summary, child well-being checks, etc.).
- Submitting the request for supervisory approval of an abbreviated investigation by completing the Exception Request in MiSACWIS. The request must document why an abbreviated investigation is appropriate. When the request is submitted, the supervisor will be alerted via email of the request.

If the supervisor does not approve the request for an abbreviated investigation, the same standards of promptness and investigative requirements apply to the case.

Although investigation checklists are not required in abbreviated investigations, **these cases cannot be closed until the local office director has reviewed the investigation**. Supervisors must route all abbreviated investigations to the local office director in MiSACWIS for review of every abbreviated investigation. A local office director is defined as the county director, district manager or a regional director.

In an abbreviated investigation, the supervisor may waive all further investigative requirements, such as:

- Interviews with alleged victims or siblings. (**Note:** All investigations with abuse allegations require a face-to-face contact with the alleged child victim(s).)
- Interviews with alleged perpetrator and other adults.
- Determination of American Indian heritage.
- Completion of the safety assessment.
- Completion of the risk assessment.
- Completion of the investigation checklist in MiSACWIS.

Note: Contacts mandated by the Child Protection Law cannot be waived. These contacts include the following:

- Referral to law enforcement within 24 hours under required circumstances (MCL 722.623 and 722.628); see PSM 712-3, Coordination with Prosecuting Attorney and Law Enforcement

for more information. Notification of the results of an investigation to the reporting person (MCL 722.628(13), (14), and (15)). See PSM 712-9, Notifying Reporters, for more information.

- Contact with school personnel if a child is interviewed at school (MCL 722.628(9)). See PSM 713-03, Face-to-Face Contact, Interviewing Children at School or Other Institution section for more information.

- Notification of the person responsible for a child's health or welfare about the CPS contact with the child at school or other institution (MCL 722.628(8)); see PSM 713-03, Face-to-Face Contact, Interviewing Children at School or Other Institution section for more information.

Note: Abbreviated investigations cannot be completed on two sequential investigations involving the same family/children.

CASES INVOLVING MULTIPLE COUNTIES

In all cases involving multiple counties, requests for courtesy interviews, case records, assistance, etc., must be honored. The worker requesting the courtesy interview or other activity should document what he/she wants done by the other county as a social work contact. The supervisor is to request the assignment of a courtesy worker by contacting the appropriate county and processing the request in MiSACWIS. All activities completed by the courtesy worker must be documented in MiSACWIS by entering any contacts in the Social Work Contacts module, updating the verification of a child's well-being in the investigation, completing any risk assessments on the household, etc., as necessary. Any contacts between the workers/supervisors of different counties should also be documented as social work contacts by the worker/supervisor initiating contact.

See PSM 716-2, When Families In CPS Cases Move Or Visit Out Of County, when a family with a pending CPS investigation is absent from the county for a period of 30 days or more, moves, or is temporarily visiting out of the county.

Disputes between counties must be immediately referred for resolution by the Business Service Center Directors.

MONTHLY CASE CONSULTATION DURING CPS INVESTIGATIONS

The CPS Investigator must meet with the supervisor at least once for case consultation on every assigned complaint prior to case disposition. In addition, a case conference must occur for every 30-day extension. To record in MiSACWIS that the conference occurred, select Supervisor in the contact type and in the narrative only document that the conference occurred.

CPS INVESTIGATION CHECKLIST

See PSM 713-10, CPS Investigation Report, for information on the CPS Investigation Checklist.

OFFICIAL USE

The CJIS Policy Council Act, 1974 PA 163 (MCL 28.211 et. seq.), grants DHS access to Michigan Criminal Justice Information Systems (MICJIN). Accessing the Law Enforcement Information Network (LEIN) must only occur as authorized by DHS in the performance of official duties. Any inappropriate access, use, or disclosure of LEIN information may result in disciplinary action. County directors are responsible for authorizing appropriate staff to access LEIN and for maintaining the security, confidentiality and the appropriate use of LEIN information.

Note: LEIN information cannot be requested on individuals under the age of 10 or over 100 years of age.

DEFINITIONS OF TERMS APPLICABLE IN THE DISCLOSURE OF LEIN INFORMATION

General Statement

A statement which summarizes the behavior of an individual but does not use the legal terminology found on LEIN documents; for example “Information obtained from law enforcement indicates that Mr. X has a history of illegal sexual acts that do not include minors.”

LEIN Documents

The actual printed paper (or photocopy) report received from a law enforcement agency or generated from the DHS-based LEIN terminal, in response to a LEIN request.

LEIN Information

The information contained in the LEIN document; for example, “Mr. X was convicted of second degree criminal sexual conduct.”

Verified LEIN Information

Information obtained from credible sources (including the Internet Criminal History Tool (ICHAT) clearance, police or court documents, personnel or records) which **corroborates** information obtained from LEIN. It may be the same as the actual LEIN information itself, such as “the Wayne County Sheriff’s Department

confirmed that Mr. X was convicted of second degree criminal sexual conduct." Another example is police reports that contain information about arrests for violence in the home, etc. Law enforcement officers may be subpoenaed to testify, as needed in court. Consultation with the prosecuting attorney or DHS legal representation is encouraged regarding evidential value of this information.

LEIN OVERVIEW

Local office child welfare programs have access to information on the LEIN through an agreement with the Michigan State Police. This access includes the following information:

- State of Michigan criminal history information.
- Sex offender registry.
- Missing/wanted persons.
- Gun registration/permits.
- Personal protection orders (PPO).
- Officer cautions.

LEIN also interfaces with the following agency applications:

- Michigan Department of Corrections to provide Prison/Parole/Probation records.
- Michigan Secretary of State (SOS) to provide driving and vehicle records.
- National Crime Information Center (NCIC) to provide out-of-state 'wanted' records. 'Wanted' records include: PPO, sex offender, immigration and terrorism violations.

Information not available to DHS is Canadian and Mexican criminal history information. This information is restricted to "criminal justice agencies."

LEIN Requests

Verified information from criminal records checks can be very useful in assessing the potential risk for abuse of a child by their parent and/or other person(s) responsible for the child's health and welfare. Evaluate all information received from the reporting person, the client, a LEIN check, and other collateral sources of information that an adult caretaker has a history of violent behavior or was arrested for or convicted of a crime. CPS may conduct LEIN

clearances during the course of any investigation in which it is believed a LEIN clearance will provide additional information.

Required LEIN Requests

At a minimum, a LEIN check must be conducted on all parents, person(s) responsible for the health and welfare of the child, and all household members for all sexual abuse, physical abuse, suspected caretaker substance abuse, drug-exposed infant cases, methamphetamine production allegations, and cases where domestic violence allegations may be present. CPS must also conduct a LEIN check on other individuals (including minor household members) involved in CPS cases when there is reason to believe that this information is necessary to make a decision regarding child or worker safety. LEIN checks are required when considering placement with non-custodial parents and relatives; see PSM 715-2, Removal and Placement of Children. It is recommended that all LEIN clearances be completed and evaluated by the investigating worker prior to making contact with a family. In situations in which DHS has documented a risk that leads to reasonable apprehension regarding the safety of performing a home visit, workers must complete a LEIN clearance prior to contact with a family. This will enable the worker to evaluate both child safety issues as well as worker safety issues.

Requesting a LEIN Clearance

Use the Criminal History Information Request (SWSS CPS-generated DHS-269) form to request LEIN clearances. The subject of the LEIN clearance and the reason for requesting a LEIN clearance must be documented on this form. The case number/SWSS log number will be pre-filled on the DHS-269. A copy of the DHS-269 must be maintained in the case file or SWSS CPS.

Evaluation of LEIN Information

Evaluate any information received from a parent, relative or others, a LEIN check, ICHAT clearance, or other collateral sources of information that an adult caretaker has a history of violent behavior or was arrested for or convicted of a crime. Care and discretion must be used in evaluating the information received. The existence or nonexistence of an arrest or criminal record is only one factor in assessing risk. The nonexistence of an arrest or criminal record is not **necessarily** an indication of low risk.

The existence of an arrest or criminal record must be assessed in light of when (how long ago) the offense occurred and whether any treatment was provided and whether it was effective.The information obtained must be evaluated for risk and making a decision regarding the safety of the child. Information which indicates the parent or adult was involved in violent behavior, or convicted of crimes against persons (including children) or crimes against self, including substance abuse, should be given particularly close attention. Sexual abuse, physical abuse and domestic violence convictions must also be closely examined to determine if there will be a risk to the child. (See Adverse Actions below for restrictions on placement due to criminal convictions.) These types of convictions may be an indication of the dynamics within the family that could place a child at risk.

Adverse Actions

If the results of a LEIN check indicate that a parent, other person(s) responsible for the health and welfare of the child, or household members have an arrest or conviction for child abuse or neglect, for domestic violence, for a crime against children, or for a crime involving violence including criminal sexual conduct or homicide, a petition for court jurisdiction may be needed. See PSM 715-3, Family Court: Petitions, Hearings and Court Orders, for further information on petitions and also PSM 712-6, CPS Intake-Special Cases and PSM 713-08, Special Investigative Situations, Complaints Involving A Known Perpetrator Moving In or Residing With a New Family sections. If the individual presents imminent risk of harm to a child in the home, first consideration should be given to requesting that the individual who presents the risk be ordered to leave the home versus requesting removal of the child.

See PSM 715-2, Placement of Children with Non-Custodial Parents and Relatives for more information on evaluating unlicensed homes for child placement and prohibitions on placements due to certain types of convictions.

LEIN Document Disposal

LEIN documents **must not** be filed in the case record. This does not include the DHS-269; see Requesting a LEIN Clearance in this item. LEIN documents must be cross-cut shredded after review, verification of data and summary of this verified information into narratives, safety plans and/or petitions. LEIN clearances cannot be

disposed of in confidential recycling bins that are shredded outside the building.

Documentation of Verified Information in Petitions, ISP, USP, Home Studies and Other Reports

Only verified information can be documented in the narratives of the Investigation Report (DHS-154), Updated Services Plans (DHS-152), Relative/Unrelated Caregiver/Guardian Home Study (DHS-197), safety plans and/or petitions. Information being used as evidence of child abuse/neglect must be cited in petitions and case narratives and backed up by verified (corroborated) information from the source of LEIN. Absolutely no information solely from LEIN shall be included in department reports. LEIN information must be verified by another source which can be cited in reports.

When petitions, ISPs, USPs, home studies, court reports, etc., written prior to June 1, 2007 are shared with the court, private child placing agencies, treatment providers, foster parents and **all other entities external** to the department, the fact that a LEIN check was done and the **specific** information obtained from LEIN must be redacted and removed from the report. LEIN documents cannot be attached to, or submitted with petitions. Again, information obtained from verification of LEIN information can be cited in court petitions.

Case narratives (ISP and USP), court reports, etc., may include verified LEIN information when such information is required by the juvenile code or the information is the basis for case decision-making. The following are credible sources for verified information that can be quoted:

- Police/law enforcement.
- Prosecuting attorney's office.
- Internet Criminal History Tool (ICHAT).
- Offender Tracking Information System (OTIS).
- Sex Offender Registry.
- Secretary of State (SOS).

Note: Reports, petitions, home studies, etc. cannot quote from the LEIN or specify unverified LEIN information. The word LEIN **cannot** be used in any report. Additionally, workers cannot disclose that

LEIN had been accessed to obtain criminal history information or disclose any unverified criminal history information to the individual on which the LEIN check was completed.

Disclosure of LEIN Information

Due to confidentiality issues, LEIN information and/or documents must not be shared via phone, fax or electronic mail (email).

LEIN documents can only be released to the court pursuant to a court order or subpoena issued by the Circuit Court, including the Family Division; see SRM 131, Confidentiality - Law Enforcement Records.

The CJIS Policy Council Act, MCL 28.211 et. seq., granting DHS enhanced LEIN access, states that DHS shall not disclose non-public information governed under this act. The following categories of people, although not an exhaustive list, may **not** be given access to LEIN information, either directly or indirectly, by DHS:

- Private child placing agencies.
- Contractors.
- Individuals, agencies and entities external to DHS.
- Unauthorized DHS staff or authorized staff for unauthorized purposes.

LEIN information is not subject to FOIA requests and can only be released through a court order or subpoena.

The law also specifies criminal penalties for noncompliance with the confidentiality provisions of the law.

Penalty for Improper Release of LEIN Information

CJIS Policy Council Act, MCL 28.211 et. seq., prohibits the disclosure of LEIN information to any private entity for any reason. The first offense is a misdemeanor punishable by 93 days imprisonment or $500. fine, or both. The second offense is a felony punishable by not more than four years imprisonment or $2,000 fine, or both.

Staff found to have misused LEIN information will be subject to disciplinary action up to and including dismissal.

All suspected violations of LEIN policy pertaining to unauthorized access, use or disclosure are to be immediately forwarded to the local office LEIN coordinator and the Office of Inspector General.

OUTSTANDING WARRANTS

DHS offices must contact law enforcement agencies when they become aware of the whereabouts of a person with any outstanding warrant. DHS must inform law enforcement of the location of the individual and the individual's involvement, if any, with a DHS case. This notification of local law enforcement should be recorded in the Social Work Contacts module of SWSS CPS.

Note: Workers cannot disclose that LEIN was accessed to obtain criminal history information or disclose any unverified criminal history information, including the existence of a warrant, to the individual on which the LEIN check was completed or any entity external to DHS (except for the local law enforcement agency, as indicated above).

REBUTTAL PROCESS

If a person challenges the accuracy of a criminal history check, refer the person to the nearest law enforcement agency to follow that law enforcement agency's process for challenging the criminal record. The individual should be advised that once the response to his/her challenge is received, he/she must provide that information to DHS.

TRACKING METHODS (AUDIT)

As a requirement of the agreement with the Michigan State Police granting DHS direct LEIN access, local offices must document all LEIN clearances by completing the LEIN Clearance Log (DHS-268). These forms are to be completed as part of the audit process and must be maintained in a secure site, on file at the local office.

OVERVIEW

A face-to-face contact with the parents (including non-custodial parents) and/or other persons responsible for the health and welfare of the child, the alleged perpetrator, and each alleged victim(s) is required for all complaints that are assigned for field investigation. If a face-to-face contact is not made with the non-custodial parent, document why in the DHS-154, Investigation Report.

Determining the urgency of the face-to-face contact with the child victim is an initial component of the investigation and is dictated by the risk to the child victim. The Children's Protective Services (CPS) Minimal Priority Response Criteria guides decision-making from the receipt of the complaint to ensure the appropriate response is determined at assignment. In some circumstances, the criteria allow 72 hours to make face-to-face contact with the child victim, but making the contact within 24 hours of receipt of the complaint is best practice; see PSM 712-4, Minimal Priority Response Criteria for more information.The focus of a CPS investigation must always be on the immediate safety of the child.

Face-to-Face Contact

The face-to-face contact must be:

I. Priority One **Response (12/24).** A face-to-face contact must take place as soon as possible with each child victim within 24 hours.

II. Priority Two **Response (24/72).** A face-to-face contact must take place with each child victim within 72 hours.

The Michigan Statewide Automated Child Welfare Information System (MiSACWIS) automatically determines whether the standard of promptness for face-to-face contact with the alleged child victim(s) was met. The determination is based on when the face-to-face contact with the last alleged child victim occurred.

Face-to-face contact with the parents and other persons responsible for the health and welfare of the child and the alleged perpetrator should occur as soon as possible in the course of the investigation.

Timely Entry of Face-to-Face Social Work Contacts into MiSACWIS CPS

CPS must enter all social work contacts into the MiSACWIS within 5 business days of contact. Social work contacts include face-to-face, collateral contacts, caseworker contacts with children, parents and foster parents/relative/unrelated caregivers.

Families First contractors must submit all face-to-face contacts with children, parents and foster parents/relative/unrelated caregivers to the CPS workers by the third business day of every month.

Reports received from Families First workers must be entered into MiSACWIS **within 5 business days** of receipt.

Notification of Missed Face-to-Face Contact

If the face-to-face contact standard of promptness (SOP) was or will be missed, notify the supervisor by completing the Exception Request. The notification must document the reasons the SOP was or will be missed. **The notification does not extend the timeframe for completion of the SOP or provide approval for the missed SOP; it only provides notice to the supervisor.** When the notification is submitted, the supervisor will automatically be alerted via email.

Complaints Assigned for CPS Field Investigation

All complaints must have a face-to-face contact with all children or, at least, verification of the safety and whereabouts of **all** children, including children who reside in another location. The parents (including non-custodial parents) and other persons responsible for the health and welfare of the child and the alleged perpetrator, all other appropriate children, and significant adults must be interviewed as soon as possible after the complaint assignment or the reason(s) for not doing so must be documented in the DHS-154, Investigation Report. The Forensic Interviewing Protocol (DHS Pub-779-revised 4/11), must be followed when interviewing children during the CPS investigation.

If the worker experiences difficulty gaining access to the alleged perpetrator or victim, specific actions must be taken as outlined in

PSM 713-08-Special Investigative Situations, Cases In Which A Family, An Alleged Perpetrator Or Child Cannot Be Located section.

Special Note: According to the Child Protection Law (CPL), MCL 722.628c, the child reported to have been abused or neglected must **not** be interviewed in the presence of an individual suspected to have perpetrated the abuse. If the CPS worker experiences difficulty gaining access to the victim, a court order must be sought to interview the alleged victim(s) without the alleged perpetrator being present.

Use of Law Enforcement for Initial Face-to-Face Contact Requirements

Face-to-face contact by law enforcement with the child victim may be considered as satisfying the CPS initial face-to-face contact requirement (required 24 or 72 hour face-to-face). This should be documented by entering the social work contact into MiSACWIS and indicate that law enforcement's contact with the child victim is being used to meet the initial face-to-face contact requirement. This may be done in the following circumstances:

- When law enforcement has had a face-to-face contact with the child victim **after** the CPS complaint has been received and the face-to-face contact occurs within the appropriate priority response time frame required for CPS.

- When law enforcement makes a complaint to CPS **subsequent** to having a face-to-face contact with the child victim and this contact has occurred within the past 24 hours.

  Note: When entering the contact in the social work contacts hyperlink, use the date and time of complaint to indicate the face-to-face contact date and time.

These guidelines refer to authorized utilization of law enforcement for the **initial face-to-face** contact requirement only (including after hours complaints). CPS must still commence an investigation within the required priority response time. Further, a face-to-face contact by law enforcement with the child victim may not be substituted for a required CPS investigative interview of the child victim, except as noted in PSM 712-3-Coordination With Prosecuting Attorney and

Law Enforcement, Law Enforcement Interviews of Alleged Perpetrators and Alleged Victims sections.

Note: Even after the initial face-to-face contact requirement has been met by CPS or law enforcement, CPS must proceed with additional face-to-face contacts, investigation, or intervention as promptly as needed to ensure the safety of the child(ren) involved.

FIELD INVESTIGATION HOME VISITS

There are certain circumstances during an investigation when a scheduled or an unscheduled home visit is appropriate. The CPS priority is to ensure the safety of children when they remain in the home. In any situation in which a home call is not or cannot be completed, document the reason why on the DHS-154. A home visit must occur as part of each investigation.

Scheduled Home Visit

Workers may use scheduled home visits in the following circumstances:

- When unscheduled face-to-face contacts with the family or other non-parent adults are unsuccessful or difficult, such as when both parents are working and not available during normal working hours.
- When the worker needs to interview the parents or other non-parent adults as soon as possible, such as when a child has been hospitalized with injuries.
- When worker safety dictates a scheduled visit.
- When a child cannot be located for a school interview and there is a need to see the person responsible and child.

Unscheduled Home Visits

Workers must use unscheduled home visits in the following circumstances:

- To determine actual home conditions and monitor child safety.

- To interview children before parents or other nonparent adults have an opportunity to intervene and coach them in their responses to the interview, if contact is not possible at school or other settings.
- To measure risks to children when caretakers are allegedly allowing children to be exposed to unsafe adults or situations; for example, sex offenders, substance abusers, past perpetrators of child abuse and neglect or domestic violence.
- To ensure safety; for example, if there is a joint investigation with law enforcement and an unscheduled joint visit is determined to be the best plan of action.
- When intake information suggests urgency; for example, that small children are left alone or not properly supervised and the worker must act quickly to assess safety of the child.
- To interview an alleged perpetrator before they have the opportunity to compromise evidence.
- To act on intake information; for example, the reporting person indicates that the alleged perpetrator has been informed that a complaint will be made. The alleged perpetrator may expect the allegations to be investigated and attempt to evade the worker.

Entering a Home When a Parent/Adult is Not Present

CPS must not enter a home when an adult member of the household or an adult baby-sitter (left in charge of the children and home) is not present to give that authorization. CPS must not enter a home if a child is home without adult supervision (adult member of the household or adult baby-sitter) even if the child gives permission.

Note: If a complaint alleges that a very young child is home alone or a child is at imminent risk of harm, CPS should request that law enforcement accompany them on the home visit; see PSM 713-08, Special Investigative Situations, When A Child is Home Alone section.

Interviewing a Child at Home When a Parent/Adult is Not Present

CPS must not interview a child at their home unless an adult member of the household or an adult baby-sitter (left in charge of the children and the home) gives permission to interview the child. **CPS must not interview a child at their home if a child is home without adult supervision** (adult member of the household or adult baby-sitter), even if the child gives permission.

Note: The adult member of the household or adult baby-sitter must give permission for CPS to enter the home in addition to interviewing the child, if the interview will be conducted inside the home.

See the Entering a Home When A Parent/Adult is Not Present section above for more information on entering the home.

Presence of Support Persons During Interview(s) of Adults

Occasionally, a parent, non-parent adult and/or the alleged perpetrator may want a friend, relative, or other support person to be present during an interview. The Child Protection Law does not prohibit the use of a support person during an interview nor does it require CPS to inform the parents or adults that a support person can be present.

When it is requested that a support person be present during the interview, the CPS worker must:

- Ensure that the request or use of a support person does not delay or impede the investigation. This may include a verbal notification prior to the interview and termination of the interview at any point if necessary.
- Inform the support person at the beginning of the interview that information obtained during the interview is confidential and subject to the Child Protection Law and that release of this information has civil and criminal penalties. The DHS-860, CPS

Support Person Letter, must be signed by the support person prior to initiating the interview and placed in the file.

INTERVIEWS AND ASSESSMENTS OF CHILDREN

Interviewing Children at School or Other Institution

Whenever possible, children must be interviewed apart from their parents, guardian and other adult household members. This may mean interviewing a child at an institution such as a child care center, hospital, school, etc. Children must not be interviewed in the presence of the alleged perpetrator. The Forensic Interviewing Protocol (DHS Pub-779-revised 4/11) must be followed when interviewing children.

If access to the child occurs within a hospital, the investigation must be conducted so as not to interfere with the medical treatment of the child or other patients (MCL 722.628(10)).

Under the CPL, MCL 722.628(8), MDHHS has the responsibility for notifying parents or guardians that the child was interviewed at school or other institution. Temporary delay is permitted, if the notice would compromise the safety of the child or the child's siblings or the integrity of the investigation.

When approaching a school to conduct an interview with a child, the worker must review with a designated school staff person MDHHS' responsibility under the CPL, MCL 722.628(9) and the investigation procedures. After the interview with the child at school, the worker must meet with the designated school staff person and the child about the response MDHHS will take as a result of the contact.

The worker may meet with the designated school staff person without the child present to share additional information.

The CPL, MCL 722.628(8) requires schools and other institutions to cooperate, however lack of cooperation by the school or institution does not relieve or prevent MDHHS from proceeding with its responsibilities under the CPL, MCL 722.628(9).

Note: Private schools are not required under the CPL to cooperate with a CPS investigation.

Electronic Recording

Electronic recording practices vary among local offices. Video or audio recording must only be done with the approval of the prosecuting attorney. If your local office chooses to video or audio tape, the Forensic Interviewing Protocol (DHS Pub-779-revised 4/11) must be followed.

Interviewing Aids

When properly trained, CPS workers may use interviewing aids such as anatomical dolls, body outlines, timelines, etc. and the Forensic Interviewing Protocol must be followed (DHS Pub-779-revised 4/11).

Visual Assessment

Physical Abuse/Neglect Cases

If the investigation is in response to a complaint of physical abuse or neglect, and the child has not already been medically examined, the worker must make an effort to view (subject to restrictions listed below) the part of the child's body which is alleged to have sustained injury. The child's parent or legal guardian must be asked to remove the child's clothing so the alleged injuries are visible.

It may be appropriate to look at an infant's diaper rash or welts or bruises on the limbs or back of an older child. However, for children older than an infant, workers must not attempt to view the genitalia or breasts of female children or genitalia of male children. This must be done by a qualified medical professional.

Viewing the buttocks of children **age six and under** is appropriate with verbal permission from a parent/legal guardian. Viewing the buttocks of children **age seven and over** requires written permission from a parent or legal guardian. The DHS-708, Visual Assessment Permission Letter, may be used to obtain the required written permission from a parent or legal guardian. In all situations not requiring written consent, clothing must not be removed without verbal parental or guardian consent to view alleged injuries. When verbal consent is obtained, the worker must document the consent in the narrative section of the DHS-154.

No child shall be subjected to a search at a school which requires the child to remove his or her clothing to expose a male’s buttocks or genitalia or a female’s breasts, buttocks or genitalia unless the

department has obtained an order from a court of competent jurisdiction permitting such a search (MCL 722.628(10)).

Regardless of the parents' or legal guardian's cooperation, the worker is to proceed to secure a medical examination, if appropriate. The absence of visible marks or bruises is not to be used as a basis for not securing a medical examination; see PSM 713-04, Medical Examination and Assessment.

Sexual Abuse

Given the very technical nature of sexual abuse examinations; see PSM 713-04, Medical Examination and Assessment, and the need to have highly trained physicians do the examinations, CPS workers or teams of CPS workers are not to conduct physical examinations or visual assessments when conducting a sexual abuse investigation, regardless of the age of the child.

Photographs

Taking photographs of injuries is an accepted practice in documenting evidence. CPS must not take photographs of the genitalia, buttocks of male children or genitalia, buttocks or breasts of female children, including infants. These photographs must be taken by medical personnel during a medical examination.

If the child has bruises, marks or injuries that have not been photographed by CPS because of the visual assessment restrictions, CPS is to request that photographs be taken by medical personnel during a medical examination, if a medical examination is being done; see PSM 713-04, Medical Examination and Assessment.

PURPOSE OF MEDICAL EXAMINATION

The purpose of a medical examination in cases of suspected child abuse or neglect is to determine from a medical standpoint how an alleged injury or condition may have occurred and whether it could have resulted from other than accidental means. The medical evaluation can also help the physician, family and worker determine whether the child has any treatment needs.

There may be injuries that are not obvious or old injuries from previously reported or non-reported incidents. A child may be too young to communicate verbally or adequately. A child may be too frightened or may have been threatened not to tell and not be able to talk about abusive incidents or answer questions appropriately. The parent may give the worker or physician explanations for injuries which are possible but not probable or likely.

The worker and the medical practitioner must be objective when assessing a case of suspected child abuse or neglect.

The objectives of a medical examination are:

- Accurate medical diagnosis and treatment of a child's injury and/or condition.
- Professional medical documentation of the findings and collection of medical evidence.
- Medical opinion based on the findings as to whether an injury and/or condition was caused by the intentional actions or inactions of another.
- Medical opinion as to whether the injury and/or condition is consistent with the explanation of how it occurred.

GUIDELINES FOR DETERMINING NEED FOR MEDICAL EXAMINATION

Some reports of suspected abuse or neglect will originate in a hospital or physician's office and the medical examination will have already been completed. Consultation with a medical practitioner should be immediate when an examination is needed. For the

medical practitioner to effectively examine, evaluate and provide treatment (if needed), the worker must:

- Clearly state why a medical examination is being requested.
- Provide reasons for suspicion of abuse or neglect.
- Provide all known health/medical information regarding the child/family.
- Share pertinent case information, such as home environment, behavior of the parent toward the child, or in cases of injury, the parent's explanation. Previous case history must also be shared, including previous complaints, investigations and findings.

Workers should **never** ask a medical practitioner whether an injury **could** have happened in the manner the parent or legal guardian said it happened. The appropriate question is whether the injury is consistent with the explanation.

If the child has bruises, marks or injuries that have not been photographed by CPS because of the visual assessment restrictions, see PSM 713-03 of the CPS law/policy. CPS must request that photographs be taken by the medical practitioner during the medical examination.

Delay in securing a medical examination may result in the loss of evidence and may jeopardize a child if treatment is needed. If possible, the worker should accompany the child to the medical examination. If the worker cannot, the worker must contact the medical practitioner by phone, prior to the examination, and must provide the medical practitioner with all relevant information as described above.

When to Obtain a Medical Examination

The department must obtain a medical examination of alleged victims and any other children residing in the household in the following situations:

- There is suspected child sexual abuse.

  A medical examination must be done in suspected sexual abuse cases, with exceptions in limited circumstances. A

decision to obtain a medical examination must be made quickly. A medical examination should be done within 72 hours of the alleged incident. After 72 hours, medical evidence may not be possible to obtain. If a medical practitioner who specializes in sexual abuse medical examinations is not immediately available, the child may be examined in the nearest emergency department; see Who Should Do A Medical Examination section in this item for more information.

Evaluate the following when determining if an exception to obtaining a medical examination in sexual abuse cases is appropriate:

- Does the information and statements from the alleged victim, siblings, non offending parent and collateral contacts support the allegations that the child has been sexually abused?
- Has the alleged incident occurred in the last 72 hours?
- Is the child experiencing physical problems/symptoms/complaints?
- Do the allegations or information and statements obtained from the investigation indicate that the child may have been exposed to or at risk for (body fluid contact) a sexually transmitted disease?
- The value of the medical examination in regard to the type of contact alleged to have occurred. What type of incident is alleged/reported to have occurred? (Such as sexual penetration versus grabbing of breasts over clothing.)

If the worker is uncertain whether to obtain the examination, a decision should be made in consultation with a medical practitioner (one who has experience in doing child sexual abuse examinations, if possible) and supervision.

Commonly accepted medical findings indicate that there is no physical evidence in the majority of sexual abuse cases. Case evidence will usually depend upon skilled interviewing of the child and collateral contacts, including statements made by children to medical practitioners.

- The complaint alleges or the department's investigation indicates that a child has been seriously or repeatedly physically injured as a result of abuse and/or neglect. There

may not be obvious physical evidence, but information from the reporting person or other contacts made during the investigation may raise concerns and result in a decision to have the child examined, such as blows to the head or abdomen, that could result in internal injuries or a brain injury.

- The investigation indicates that the child shows signs of malnourishment or is otherwise in need of medical treatment.
- The child has been exposed to or had contact with methamphetamine production.
  - A medical examination must be done immediately when a child is exhibiting symptoms (respiratory distress/breathing difficulties, red, watering, burning eye(s), chemical/fire burns, altered gait (staggering, falling), slurred speech, and any other symptom requiring emergency care) suspected to result from exposure to, or contact with, methamphetamines.
  - A medical examination should be obtained within four hours if a child is not displaying symptoms suspected to result from exposure to, or contact with, methamphetamines. The most accurate exposure levels are obtained when the medical examination is completed within four hours or less.
- An infant who is not mobile has marks or bruises.
- If a child is under the age of six or is physically or developmentally disabled or has any type of chronic medical and/or mental health needs that may increase his/her physical vulnerability **and** any of the following conditions apply:
  - Explanation of bruises or injuries by the child, parent(s) or caretaker(s) is not believable or is suspicious.
  - The child has unusual bruises, marks or any signs of extensive or chronic physical injury.
  - The child has any physical or medical needs that may not be met by the parents or caregivers.
  - The child appears to be fearful of parents or caregivers or exhibits other characteristics such as withdrawal or anxiety, that indicates that the child feels threat of harm.

- There has been a severe physical injury or death of a sibling during the current investigation or in the past.

Medically Fragile Children

Medically fragile children are particularly vulnerable to abuse and neglect; therefore, a worker's observation of a medically fragile child is **not** sufficient to determine whether the child's special needs are being met.

Regardless of the allegations, when investigating complaints which include a child who is physically or developmentally disabled or has a chronic medical and/or mental health condition, the worker is required to make collateral contacts with medical, school and other community resources who are knowledgeable about the child's needs. These contacts will help to evaluate potential safety and risk factors within the home. If these collateral contacts do not assist the worker in determining whether the child's needs are being met by their caregiver, a medical examination is **required.**

When an allegation is made that a medically fragile child's needs are not being met by the caregiver, contact with the child's primary doctor to evaluate the child's care is **required**.

The CPS Investigation Report must document a comprehensive assessment of the caretaker's ability to adequately provide for the physical and medical needs of the impaired child.

RESULTS OF A MEDICAL EXAMINATION

A worker must contact the medical practitioner or other medical personnel who would have knowledge of the exam and ask him/her to interpret the findings to ensure a proper understanding as soon as possible following the exam. In addition, the worker must seek clarification to properly understand the implications of what is documented in the medical report. Workers may contact other health care providers who have cared for a child or family for additional investigative information; see PSM 713-06, Requesting Medical and Mental Health Record Information, for more information on requesting medical records.

CASE RECORD DOCUMENTATION OF MEDICAL INFORMATION

See PSM 713-10, CPS Investigation Report, for how to document medical information, including documenting the reasons why a medical examination was not completed when required.

SECOND OPINION

There will be occasions when a second medical opinion is necessary and required. Seek a second medical opinion when one of the following applies to the investigation:

- Medical findings are in conflict with other information or evidence, such as statements by the child or a witness.
- Injury to a child who is not mobile.
- Bruising in uncommon locations, such as the abdomen, ears, neck, away from bony prominences or protuberances.
- Burns on children under 3 years of age.

Note: The worker has discretion to seek a second medical opinion throughout the course of any CPS investigation. However, a second opinion should not occur when a comprehensive examination and/or review has already been completed by a pediatric child abuse specialist.

The medical practitioner asked to provide a second opinion must be informed that he/she is being asked to reexamine and evaluate the child or review medical records and the reason. This medical practitioner also needs to know what the allegations were, what the results of the first medical examination and why the worker has concerns about these results. In addition, this medical practitioner needs to know any medical information the worker has on the child and/or family members, any history of abuse and/or neglect and other facts relevant to making a medical opinion.

If a second opinion must be obtained, request that the parent consent. If the parent refuses, request a court order to facilitate the second opinion.

If a second opinion is not obtained and if the above policy applies to the case situation, the worker must document the reason a second

opinion was not obtained in the DHS-154; see PSM 713-10, CPS Investigation Report, regarding documenting medical examinations/information.

CONFLICTING OPINIONS

When cases appear to have conflicting medical opinions, caseworkers may consult with a pediatric specialist, or a physician with experience in assessing child abuse/neglect identified in their region. The Medical Resource System contract may also be utilized, where available; see Medical Resource System in this item for more information.

OBTAINING THE MEDICAL EXAMINATION WITHOUT CONSENT

If the parent or guardian refuses to consent when it is determined that a medical examination must be done, the department must seek authority to obtain the services without consent. Contact the Family Division of Circuit Court requesting an order for a medical examination of the child, as follows:

- During regular court hours, the worker must be prepared to file a written complaint or petition setting forth the basis for the suspected abuse or neglect and the need for a medical examination. The complaint or petition can be amended or dismissed later if necessary.
- During after hours (nights, weekends, and/or holidays), the worker should contact the judge or other designated court official to request the order.

Note: The court may refuse to authorize an after-hours medical examination. The worker must proceed with the investigation without the benefit of the medical examination. The worker must follow up on the next business day by filing a petition for an order for the medical examination. See the Medical Examination Without Court Order section if the court cannot be reached and the worker believes that a child's health is seriously endangered or the child has had contact with methamphetamine production.

MEDICAL EXAMINATION WITHOUT COURT ORDER

Under the Child Protection Law (MCL 722.626(3)) workers must obtain a medical examination without a court order in the following situations:

- The child's health is seriously endangered and a court order cannot be obtained.
- The child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

Note: Workers cannot transport a child without a court order. If the worker cannot obtain a court order and a medical exam is needed (due to the two situations outlined above), the worker should have the police or an ambulance transport the child to the hospital.

WHO SHOULD DO A MEDICAL EXAMINATION

The examination should be done by a medical practitioner who:

- Has experience and expertise in interviewing and examining child victims of abuse and neglect. In child sexual abuse cases, the medical examination should be done by a medical practitioner who specializes in child sexual abuse medical examinations, whenever possible.
- Can provide an opinion as to whether an injury is consistent with the explanation.
- Will collect all relevant medical evidence and document medical facts to protect the child.
- Is willing to be involved, including providing court testimony, if needed.

MEDICAL RESOURCE SYSTEM (MRS)

MDHHS maintains a contract with medical providers through the Medical Resource System (MRS). This contract provides a 24-hour, seven day/week statewide hotline for medical providers, MDHHS workers and law enforcement seeking medical information on cases involving CA/N.

To access this statewide hotline, counties must call (616) 391-1242, or can email ccptriage@spectrumhealth.org during usual business hours. After hours workers can page the triage team by dialing 616-479-5858. After you dial this number you will only hear a beep, and after that beep must enter a return telephone number (area code included), followed by the # sign.

CASE RECORD DOCUMENTATION OF MEDICAL INFORMATION

See PSM 713-10, CPS Investigation Report, for how to document medical information, including documenting the reasons why a medical examination was not done when required.

PAYMENT FOR THE MEDICAL EXAMINATION

The cost of the medical examination must, at least initially, be presumed to be the responsibility of the parents or guardians. Where appropriate, the worker should request that the parents use their private health insurance plan, pay privately or apply for Medicaid Assistance (MA).

If MA eligibility exists, the provider should bill the MA program.

For department-initiated medical examinations, when no third-party payment is available, and the parents are unable or unwilling to pay, a diagnostic medical examination may be paid by means of the DHS-93, Examination Authorization/Invoice for Services, form.

Note: Payment for inpatient hospitalization or treatment may not be authorized using the DHS-93. These must be paid by MA or will be the responsibility of the parent(s) or legal guardian(s).

For examinations at state expense, arrangements must be made by the worker with the hospital, clinic or physician.

Reimbursement for medical examinations must be based upon the Diagnostic Examination Fee Schedule, as described in RFT 285.

PSYCHOLOGICAL OR PSYCHIATRIC ASSESSMENTS AND EXAMINATIONS

Psychiatric or psychological diagnostic assessments/examinations may be used to resolve uncertainties regarding whether child abuse or neglect has occurred, the nature of the problem, or the capacity of the parents to use and benefit from protective and preventive services. The Examination Authorization/Invoice For Services (DHS-93) form may be used for assessment/examination costs in Children's Protective Services cases.

A psychiatric or psychological assessment/examination may be purchased using the DHS-93, if:

1. The service is not available without charge through local resources, including community mental health agencies.

2. The service is not a covered service through Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.

3. The parents are unable or unwilling to pay and do not have private insurance which will cover the needed service. Private insurance must be billed prior to using the DHS-93.

   In unusual circumstances, if a unique assessment/examination is required, an exception may be made with prior approval, even though third party payment is available. Prior approval is to be obtained from the local office director, district manager, or designee.

Use of the DHS-93 for payment of psychological and psychiatric services is restricted to psychological and psychiatric assessment/examination only. **Treatment services may not be authorized using the DHS-93.** Treatment services may be funded through MA, when it is a covered service, private insurance or appropriate purchase of service contracts.

An estimated cost of the assessment/examination is to be obtained prior to the provision of service. The vendor's fee for service should not exceed the estimated cost. The estimate and the billing for service, shall include a detailing of service, **including** the cost of:

- Individual testing.
- Clinical interviews.

- Writing the report.
- Recommendations for treatment. (Recommendations must be included in each assessment or examination report.)

Court ordered assessments/examinations are to be paid for by the court issuing the order or from county funds, not through state funds via the DHS-93, unless the department has specifically requested that the court order the assessment or examination.

See Services Requirements Manual (SRM) 234 for codes used in completing the DHS-93.

REQUESTING MEDICAL AND MENTAL HEALTH RECORD INFORMATION

Information from medical and mental health records is frequently necessary to complete a CPS investigation, to provide information to the court, or to develop a more comprehensive services plan in a CPS case.

The Child Protection Law, the Public Health Code (1978 PA 368, MCL 333.2640 & 333.16281) and the Mental Health Code (1974 PA 258, MCL 330.1748a) provide the legal authority and obligation for these providers to share their records with CPS, even without the client's consent.

If records requested verbally are not forthcoming from providers, CPS is to make the request in writing, using the Children's Protective Services Request for Medical Information (DHS-1163-M) form or Children’s Protective Services Request for Mental Health Information (DHS-1163-P) form. Both are available as Word templates and included in the Reference Forms & Publications Manual (RFF).

If the written request is still denied by the provider, the local office is to send a copy of the denied request to the CPS program office in Lansing. The CPS program office will then contact the Department of Community Health for assistance in obtaining the needed records.

In an emergency, the local office CPS unit must seek the assistance of the local prosecuting attorney and Family Division of Circuit Court to obtain records which are needed to protect the child or complete an investigation.

LABORATORY SCREENS RE: SUBSTANCE ABUSE (DRUG OR ALCOHOL)

Positive drug and alcohol screens should not detract from the basic issue, which is assessment of risk to the child not the habits of their parents or caregivers. Clients who have substance abuse problems should be referred to treatment agencies that may incorporate screening in a full treatment package. Refer clients to their local access management system or an appropriate treatment center.

There may be situations in which Children's Protective Services workers have determined that drug/alcohol screens for parents or other persons responsible are necessary to ensure that case goals are accomplished. Situations in which screening is appropriate are:

- To help a parent or other person responsible overcome denial and agree to seek treatment.
- There has been a confirmed case of abuse/neglect with a substance abuse issue known to be a contributing factor (such as, use of income for drugs rather than food and clothing for the child).
- To monitor compliance with the services plan when the client is not enrolled in a treatment program that includes screening.
- To identify or to eliminate contributing factors in the assessment of risk and evidence during the investigative phase of the complaint process.

If a client refuses to comply with a request for screening, the worker must evaluate the risk of leaving the child in the home without the benefit of this monitoring tool. If the child is at imminent risk of harm, file a petition with the Family Division of Circuit Court. To ensure the safety of the child, request that drug screens be court ordered and/or that the child be removed from the home.

Situations in which drug screening is **not** appropriate are:

- The client is in a substance abuse treatment program that includes screens as a part of the treatment program. The department must not pay for duplicate services. Use the DHS-1555-CS, Authorization to Release Confidential Information, to request the results from the treatment program.

- Use of screenings as a punitive measure.

Note: Over the counter drug/alcohol screening products are not reliable and must not be used.

CONSENT

Federal regulations require that the civil rights of a client be protected. Therefore, informed consent is a mandatory component of screening procedures. Screening for illegal drugs or alcohol for forensic rather than medical reasons without consent may be a violation of civil rights and constitute an unlawful search and seizure. Screening authorized by CPS is forensic, not medical. If a client is screened, they must be provided with information on the potential ramifications of screening. Aside from legal considerations, informed consent fosters a trusting relationship.

Before screening newborns, informed consent must be obtained from the parent or legal guardian. Before requesting that an infant be screened, the caseworker must determine that appropriate consent has been obtained.

If a parent or person responsible is having drug screening done as part of a substance abuse treatment protocol, or per physician's order, the consent is the responsibility of the physician or treatment agency. However, if a CPS worker is requesting that a client comply with screening as part of a service plan and is referring the client to a lab for screening, the worker must ensure that a consent form has been signed.

DRUG TESTING OF MINORS

Except for complaints involving in utero drug exposure, methamphetamine exposure, or a minor parent whose substance abuse affects his or her child, CPS must **not** subject a child to drug testing during an investigation or ongoing case. If a situation falls under one of the above referenced exceptions, CPS drug testing of minors must be conducted according to existing policy.

CONFIDENTIALITY

Note: Confidentiality issues related to substance abuse information must be addressed as outlined in SRM 131, Confidentiality - Substance Abuse Records.

SCREENING PARAMETERS

1. Screening must be **random**, not scheduled in advance, with the client. This ensures accuracy of results.

2. Frequency need not exceed twice monthly unless there is an urgent need to verify use or abstinence, e.g., observations indicating that an acceptable environment for the child appears to be changing and deteriorating. Drug and/or alcohol screening may be provided only while a case is open.

3. Urine screens may be appropriate for screening for drugs. Blood analysis or breathalyzer are more reliable for alcohol screening. Selection of the appropriate screen should be determined by qualified health care professionals. It should be based on the individual characteristics of the client and particular circumstances of concern.

If the worker has knowledge that a particular drug is being used, a request can be made to screen for that drug only. However, many labs surveyed do not do single urine screens, but run a five-drug panel of the most commonly abused drugs.

Note: Time lapse is a factor in drug and/or alcohol screening. Alcohol is rapidly metabolized. Blood or urine alcohol screens must be done promptly if there is concern about this substance that cannot be verified objectively by observation of behavior, detection of alcohol on the breath, etc. The amount of time a drug remains in the body depends on how much was taken of that particular drug, and the metabolism of the individual. The following are general guidelines for how long after ingestion drugs might be expected to be detected in a lab screen:

DRUG	EXPECTED LENGTH OF TIME DRUG WILL BE FOUND ON SCREEN
Amphetamines (speed, Eve, Crystal, etc.)	1-2 days
Benzodiazepines (tranquilizers, benzies, Xanax, Valium, etc.)	3 days
Cannabinoids (marijuana, pot, weed, etc.) • Single use • Occasional use • Chronic use	 • 1-2 days • 1-7 days • 1-4 weeks
Cocaine (coke, crack, etc.) • Occasional use • Chronic, heavy use	 • 1-4 days • 1-3 weeks
Codeine (Tylenol 3, etc.)	2-3 days
Methamphetamines (meth, crank, etc.)	2-4 days
Opiates (morphine, heroin, vicodin, etc.)	1-3 days
Phencyclidine (PCP, angel dust, etc.) • Occasional use • Chronic use	 • 1-8 days • up to 30 days
Ritalin	2-4 days

4. State licensing of laboratories has been suspended since September, 1992. However, all labs, including those in physicians' offices, must comply with federal standards. Initial screening may be done in a CLIA (Clinical Laboratory Improvements Amendment) approved lab which indicates federal compliance. However, if a client's screen is positive, all subsequent substance screening should be done in a laboratory that is additionally NIDA (National Institute on Drug Abuse) or CAP (College of American Pathologists) certified. These certifications require stringent chain of custody procedures which ensure that the specimen is properly obtained and identified and not tampered with at any step of handling. Using labs which employ chain of custody is important. These measures ensure fairness to clients because they provide the most accuracy. Additionally, legal validity is provided if findings are presented in a court hearing.

PAYMENT

If screening is determined necessary, alternative payment sources must be explored before payment is authorized on the DHS-93, Examination Authorization/Invoice For Services form. Other sources include:

- Client's private insurance.
- Medicaid (MA). MA program guidelines must be followed. MA guidelines require that the screening be done in a CLIA certified laboratory. The provider must accept Medicaid as payment in full for services rendered. The provider must not seek or accept additional or supplemental payment. A physician's order is required or MA will not reimburse for services.
- Client pays for screening.
- Treatment agency funds. If drug or alcohol screens are part of a substance abuse treatment program in which the client is enrolled, costs are to be covered by the treatment agency. **Note:** Screens are not a requirement of substance abuse treatment agency licensing requirements. The worker should check with the treatment program as to whether or not screening is done.
- Court. If screens are court ordered, the court must assume costs unless the department has recommended in writing that the court order screening, in which case the department may be charged.

If screening is determined to be necessary and there are no alternate sources of payment, the DHS-93 may be used for payment. Supervisory approval is required. The screen should be done in a certified lab (see 4 above). Reimbursement should not exceed the prevailing local rate. See Services Requirements Manual (RFT 285) for more information on payment codes, rates.

Note: If a witness is called to court to testify to the drug screen results, the payment of the witness fee is not a responsibility of the department but is a county government/court responsibility.

THREATENED HARM

Overview

The legal definition of child abuse and neglect (CA/N) includes the phrase, “harm or threatened harm” to a child. Harm is clearly determined based on the occurrence of a non-accidental injury, sexual abuse or exploitation or maltreatment by a parent or person responsible for the child’s health or welfare.

Definition of Threatened Harm

A child found in a situation where harm is **likely to occur** based on:

- A current circumstance (such as home alone, DV, drug house).
- A historical circumstance (such as a history of abuse/neglect, a prior termination of parental rights or a conviction for crimes against children) unless there is evidence found during the investigation that past issues have been **successfully** resolved.

Legal Basis

In *Michigan vs. Gazella (2005),* the court ruled that a parent’s rights can be terminated based solely on “anticipatory (harm)” abuse/neglect due to the previous care and treatment of a child. The courts also ruled that physical compliance with case services is not sufficient to prevent termination of parental rights; a parent must demonstrate that there has been benefit from services. In other words, attending parenting classes is not sufficient if parenting skills did not improve.

Two Forms of Threatened Harm

There are two forms of threatened harm to consider:

1. A threat to the safety of a child that is based on a current action or inaction by a person responsible for the child’s health and welfare. Examples include, but are not limited to, when a child:

    - Is home alone or left alone in a vehicle; see When a Child is Home Alone section in this item for more information.

    - Is found in a drug house or is exposed to drug use and/or the manufacturing of drugs.

- Is provided prescription drugs not prescribed to him/her and/or given doses higher/lower than prescribed.
- Resides in a home wherein domestic violence (DV) has occurred.
- Resides in a home that is unsafe/unsanitary.
- Resides in a home where there are unsecured loaded weapons.
- Is found with a parent or person responsible who is unable to properly supervise/care for the child due to the parent/person responsible's intoxication, drug use, or diminished mental and/or physical capacity.
- Is exposed to extreme physical actions or excessive discipline which could result in physical injury.

2. A threat to the safety of a child that is based on the history of child abuse and/or neglect of the person responsible for the child's health and welfare or a nonparent adult, or a conviction(s) of crimes against children. Examples include but are not limited to:

   - New birth with prior termination of parental rights; see PSM 712-6 and Prior Termination in this item.
   - Known perpetrator of a crime against a child; see PSM 712-6 and Known Perpetrator in this item.

A thorough review of current and historical information must be completed to ensure child safety. Assessing the threat of harm to a child is an essential part of that review. Assess not only current evidence of abuse/neglect, but also whether or not a preponderance of evidence exists based solely on historical facts and evidence.

In situations involving allegations of abuse/neglect based solely on historical factors, a thorough assessment must include whether or not evidence exists that a person responsible/nonparent adult has taken appropriate steps (participated **and** benefited from services) to rectify conditions that led to the previous abusive and/or neglectful behavior toward children.

The intent of the following is to provide a framework that is to be consistently applied to threatened harm cases.

Investigation

When investigating complaints of threatened harm, the CPS worker must complete all appropriate investigative steps, including a thorough assessment of known facts and circumstances; see PSM 713-01. Workers must also evaluate and document findings related to the following factors to determine the safety of a child in a threatened harm situation.

Severity of Past Behavior

1. Criminality and/or a prior substantiation on a CPS case involving issues identified in Section 8(3)(a)(b)(c)(f) of the Child Protection Law, outlined below:

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

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

   (c) Abuse or neglect resulted in severe physical injury to the child that required medical treatment or hospitalization and seriously impaired the health or physical well-being of the child.

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

   Verified evidence of a prior conviction of a crime against children must also be considered when determining if a pattern of abuse or neglect exists. Obtain documentation of past criminal and/or central registry incidents and document how the past behavior relates to current allegations of threatened harm, such as past conviction involved criminal sexual conduct with a child and the current allegations involve a child living in the home with the perpetrator.

Length of Time Since Past Incident

2. The length of time that has passed since the documented historical incident occurred and how it relates to the current allegations.

Evaluation of Services

3. Workers must attempt to obtain documentation of the offender's participation in and benefit from services and determine if the past behaviors have been resolved. Workers must review the offender's progress (participation and benefit from services) since the prior incident(s) and document this assessment in the CPS DHS-154, Investigation Report.

Comparison Between Past History and Current Complaint

4. Workers must evaluate historical incidents in relation to current circumstances to determine if there is a threat to a child's safety based on reasonable, justifiable, and specific information (such as a prior termination which was based on parental incapacity due to substance abuse and the parent is currently abusing substances or a prior conviction was for sexual abuse of a child, the perpetrator did not participate in services and the perpetrator is currently living in the home with a child).

Vulnerability of Child

5. Workers must consider the vulnerability of the child. A child may be more vulnerable due to age, mental capacity, a disability, etc.

Disposition

When making a determination of whether or not a preponderance of evidence exists, all of the above factors must be evaluated to assess the risk of threatened harm to the child. A preponderance of evidence is to be found if either is true:

- Current circumstances provide evidence of abuse or neglect (for example, a vulnerable child is found home alone).
- Historical circumstances provide evidence that abuse or neglect is likely to occur (such as a prior termination of parental rights or criminal conviction and evidence indicates that historical issues have not been successfully resolved).

COMPLAINTS INVOLVING A KNOWN PERPETRATOR MOVING IN OR RESIDING WITH A NEW FAMILY

When completing a known perpetrator investigation, every effort must be made to interview the children outside the presence of all adults, including the known perpetrator, the parent(s), and/or person(s) responsible. The investigation must also include verification of the well-being of children who are unable to be interviewed and a face-to-face contact with the parent(s) of the child(ren). The face-to-face interview with the parent(s) must include a disclosure of the known perpetrator's **criminal or circuit court history** regarding abuse or sexual offenses. The parental contact must also include informing the parents of their responsibility to protect their child and specifics on how this could be accomplished.

Confidentiality of CPS History

Caution must be taken to ensure that information from the known perpetrator's CPS file is **not** shared with the parent. A perpetrator's conviction or circuit court finding (including termination of parental rights) is, however, a public record. This information must be used when disclosing perpetrator history to the parent. Only information from a criminal conviction or circuit court finding can be shared. If a perpetrator has been placed on the central registry **only**, this information cannot be shared.

Filing a Family Court Petition

The filing of a petition must be evaluated in all known perpetrator investigations. The decision to file must depend on the facts of a particular case and a documented evaluation of the following factors:

- The nature and scope of the previous offenses.
- How recently the previous offense(s) occurred.
- Whether the offense(s) involved children of the same age as those in the case being investigated. (An **important**

consideration is that sexual offenders frequently look for younger victims than those they previously assaulted.)

- Whether the perpetrator successfully completed a treatment program.

CASES IN WHICH A FAMILY, AN ALLEGED PERPETRATOR OR CHILD CANNOT BE LOCATED OR REFUSE TO COOPERATE

When a worker has been unable to contact a family, alleged perpetrator or child victim, the worker must make the following minimum efforts and document the results in the DHS-154, Investigation Report:

Unable to Locate the Family

1. When unable to locate the family:

    - Seek case information on Bridges, SWSS CPS, Infoview, local office files, etc.
    - Contact the FIS/ES worker if the family has an open assistance case. A family's assistance case may need to be closed if they cannot be located; see BAM 220, Case Actions.
    - Contact any known relatives or individuals (including friends, neighbors, the reporting person) regarding the family's whereabouts.
    - Contact the child's school, if the child is school-aged.
    - Use all routine means of contacting individuals, such as phone calls, letters, worker's business card left at the residence.
    - Check telephone books, the Internet, and other available directories. The local or state library (phone 517-373-3700) may have electronic telephone lists which may include addresses. Generic cross-indexes (such as

Bresser) would include names, addresses and phone numbers. There are numerous resource directories available on the Internet (for example, www.yahoo.com offers free people search services).

Unable to Locate Child(ren) or Parent(s)/Legal Guardian(s) Refuse(s) Access to the Child(ren)

2. When unable to locate the victim or make face-to-face contact with all children, **or** verify the safety and whereabouts of **all** children in a case assigned for investigation, including siblings who reside in another location:

   - Contact any other known individuals including neighbors, friends or extended family regarding the child(ren)'s whereabouts.

   - When the parent or person responsible states that a victim or sibling of a victim is visiting or residing in another county, state, etc., verify by collateral contact that the child is with that person. Assistance from CPS in the other county, state, or jurisdiction may need to be sought to check the family's records and central registry in that jurisdiction and/or to interview the child.

   - Contact the child's school if the child is school-aged.

   Note: If the worker is having difficulty having face-to-face contact with children who are **not** alleged to be victims, the worker may accept a collateral contact verification of the child's well-being from an individual who meets the criteria of a mandated reporter in the Child Protection Law (for example, a teacher or law enforcement).

Evidence and/or Allegations Indicate Imminent Risk of Harm to the Child

If there is evidence and/or allegations that indicate imminent risk of harm to the child, and the whereabouts of a child cannot be verified and/or the parent or legal guardian refuses to cooperate, the worker must:

- Contact local law enforcement in the jurisdiction where the child is alleged to reside. Explain why the child may be at risk and request that law enforcement check on the child's safety.
- Petition the Family Division of Circuit Court to take temporary jurisdiction of the child and order the parent or legal guardian to make the child available for an interview by CPS.

Unable to Locate the Alleged Perpetrator/ Alleged Perpetrator Refuses to Cooperate

3. The alleged perpetrator must be interviewed, if located, in all serious complaints as defined by MCL 722.628(3), also including complaints alleging chronic physical abuse or neglect or involving children under age 6. When unable to locate/interview the alleged perpetrator:
   - The worker must attempt to make contact by phone, inquiries at place of work or by arranging after-hours visits to the home. A letter may be sent advising the individual of the need to interview him/her, but cannot be the only action taken.
   - In serious cases, the non-offending parent or caretaker must be advised that the alleged perpetrator must not be in contact with the child until the worker has an opportunity to interview the alleged perpetrator.
   - In serious cases, if the alleged perpetrator cannot be located and/or interviewed after taking the above actions, assistance from law enforcement and/or a court petition must be filed requesting court assistance in interviewing the alleged perpetrator.

See PSM 715-3, Family Court: Petitions, Hearings and Court Orders, Absent Parent Protocol section, for more information on locating absent parents.

INCARCERATED PARENTS

If a legal parent is incarcerated, the CPS worker must confirm and document:

- The parent's prisoner or jail identification number.
- The prison or jail facility.
- The charge or conviction offense.
- The parole or release eligibility date.

When the worker is aware that a parent associated with the complaint is incarcerated, the following resources may be used to locate them at a jail or prison:

- For parents under the jurisdiction of the Michigan Department of Corrections, http://www.michigan.gov/corrections.
- For parents with prison/parole/probation records; see PSM 713-02, Law-Enforcement Information Network (LEIN).
- For parents in federal prisons, http://www.bop.gov/.
- For parents in out-of-state facilities, http://www.vinelink.com or by contacting the facility.
- For parents in county jails, contact the county facilities directly.

WHEN A CHILD IS HOME ALONE

A complaint may be assigned for a preliminary or full field investigation when a child age 10 or under was left home alone, or a child is physically, emotionally, mentally challenged or has some other problem that appears to place the child at risk and was left home alone. During the investigation, evaluate the following in determining disposition of the complaint:

- The child's level of functioning. Is the child fearful, anxious or emotionally distressed? What is the child's maturity level? For example, does the child exhibit developmentally appropriate decision making? Does the child have special needs? Does the child have any physical, emotional or mental limitations that place him/her at risk when home alone? Does the child exhibit antisocial behavior or delinquency/incorrigibility?

- The situation in which the child is found. Is the child vulnerable because of the time of day that he/she is left alone? Is the length of time a factor? For example, is it a few minutes or many hours? Is the child left alone often, every day or occasionally? Have the persons responsible for the child's health and welfare developed a safety plan and appropriate procedures for emergency situations that the child understands and can carry out? Is the child responsible for caring for other children? If so, can the child do so appropriately? (**Note:** Consider the age and functioning level of the other children.) Does the child have immediate access to an adult, and is that adult aware of this? Has the child been given any responsibilities that will compromise his/her safety or the safety of others?

- The environment. Does the location of the home or where the child is left alone pose a threat to the child's safety? Do the conditions of the home pose a safety threat to the child? Can the child exit or enter the home in the caretaker's absence?

The conditions referenced here and other conditions found by the CPS worker during the course of his/her investigation must be used to determine whether the child is at imminent risk of harm or threat of harm and/or unsafe because he/she is home alone.

See PSM 713-03, Face-to-Face Contact, for restrictions on entering a home when a parent or adult is not present.

GUIDELINES FOR INVESTIGATION WHEN A CHILD DENIES ABUSE/ NEGLECT

An alleged child victim may deny that he or she was abused or neglected or may refuse to identify the perpetrator. An alleged child victim's refusal to confirm abuse does not mean it has not occurred or that the investigation should end. It is possible to prove a case without the child victim acknowledging the abuse or neglect. The child victim's cooperation may be impossible to gain based on level of fear, injury or manipulation by others. When presented with this type of situation, CPS should follow the required investigation steps; see PSM 713-01, General Instructions and Checklist. In addition to the required investigation steps, the following actions should be taken:

- Consult with a CPS supervisor.
- Re-interview the reporting person.
- Interview school personnel.
- Interview or re-interview collateral contacts, witnesses, and other persons who routinely have contact with the alleged child victim.
- Follow up on potential sources of information such as mental health providers or law enforcement; see also PSM 713-06, Requesting Medical and Mental Health Record Information.
- Compile a detailed, chronological list of all known injuries, medical treatment, incidents, complaints and other key events. Be specific and thorough; these summaries may illustrate patterns of abuse or neglect.
- Ask the suspected perpetrator or a non-offending caretaker to participate in a polygraph; see Investigations Involving Polygraphs below for more information on offering and obtaining polygraphs.
- Search warrants executed by law enforcement, subpoenas, or court orders may be used if consent forms or releases cannot be obtained to carry out a thorough investigation.

All actions taken must be documented in case record.

SPECIAL NOTE: These guidelines are not intended for cases in which there is **no** evidence of CA/N and CPS is conducting an abbreviated investigation or cases where there is no other evidence that the allegations may be true.

Child Without Proper custody or guardianship

If investigating either a relative or an unrelated caregiver who does not have a legal guardianship of a child, provide them with information regarding the location/name of the court where a legal guardianship may be initiated. Give them information on obtaining a Power of Attorney for the child if they do not choose to obtain a legal guardianship. Specific assistance is to be provided, as necessary, to assist the relative/unrelated caregiver in completing the guardianship process.

GUARDIANSHIPS

During a CPS investigation, another caretaker may seek to obtain or obtain a guardianship for a child under investigation as a victim of abuse and/or neglect. If it is determined that the child was abused or neglected by the parent or other person responsible for the child's health or welfare, CPS **must** find a preponderance of evidence of abuse and/or neglect, regardless of the caretaker obtaining a guardianship for the child. If a preponderance of evidence of abuse and/or neglect is found to exist, services must be provided to the family even if the child is in a guardianship. See PSM 714-1, Post-Investigative Services. Also see PSM 715-3, Family Court: Petitions, Hearings and Court Orders, Guardianships section.

Note: A guardianship must not be used to replace a thorough and complete CPS investigation or a required abuse/neglect petition.

Coordination with Friend of the Court (FOC)

The CPS worker must determine if there is an open FOC case when:

- CPS determines that a preponderance of evidence of abuse and/or neglect exists.
- A petition is filed with and accepted by the Family Division of Circuit Court.

To determine if there is an open FOC case, the CPS worker must, at a minimum, ask both parents if there is an open FOC case, which includes court-ordered custody and parenting time arrangements and/or child support. Document each inquiry and response in SWSS CPS Social Work Contacts.

If CPS determines there is an open FOC case in the situations listed above, CPS must use the DHS-729, Confidential Notice to Friend of the Court of CPS Disposition and Family Court Action, to notify FOC of the following:

- The disposition of the CPS investigation.
- The initial Family Division of Circuit Court action.
- Any change in the child's placement.

The DHS-729 must be provided to FOC at the following times:

- When the CPS disposition is completed in SWSS CPS.
- Within 10 business days of the initial Family Division of Circuit Court action.
- Any change in a child's placement.

See FOC contact information (Starting Points section) to obtain addresses for the local FOC offices.

In addition, when CPS is aware of an open FOC case, CPS must provide the parents (both custodial and non-custodial) with the DHS-1450, How to Change a Custody or Parenting Time Order. If the DHS-1450 is not provided to the parents, the reason why it was not provided must be documented in the DHS-154.

CHILD(REN) CURRENTLY IN OUT-OF-HOME PLACEMENT/PRIOR TERMINATION OF PARENTAL RIGHTS

If CPS becomes aware of a **new** child to parents who currently have child(ren) in out-of-home care, or that are/were permanent wards, as a result of a child abuse/neglect court action, CPS must conduct a full field investigation to ensure the safety of the child. (This might occur when a new child is born, or was previously undiscovered.) The investigation must focus on the reasons for prior removal and/or termination of parental rights and how the family has addressed these specific issues. Differences and similarities between prior and current child abuse/neglect allegations must be documented in the DHS-154. Specific facts must be included that demonstrate that the family has, or has not, resolved the risk and safety issues that resulted in the previous court actions.

See Threatened Harm section above for more information on threatened harm due to a parent's history of child abuse/neglect, removal of a child, and/or termination of parental rights.

The DHS-3, Sibling Placement Evaluation, form must be completed when a child remains in the home and sibling(s) has/have been removed or sibling(s) are/were permanent wards as a result of a child abuse/neglect (CA/N) court action. Examples of when a DHS-3 must be completed include, but are not limited to:

- CPS investigates and files a petition with the Family Division of Circuit Court requesting removal of one or some, but not all of the children.
- CPS recommended removal of all the children, but the court did not order removal of all the children.
- CPS investigates and does not file a petition for removal of a child whose sibling(s) are currently in foster care or are/were permanent wards as a result of a child abuse/neglect (CA/N) court action.
- CPS becomes aware of a **new** child in the home and the siblings are in foster care or the siblings are/were permanent wards as a result of a CA/N court action and CPS does not file a petition to request removal of the new child.

See PSM 715-2, Removal and Placement of Children, Children Are in Out-of-Home Care, But Siblings Remain At Home or Are “New” to the Home for more information on completing the DHS-3 and the approvals required when a child(ren) remains in the home when sibling(s) has/have been removed or siblings are/were permanent wards as a result of child abuse/neglect court action and on making a decision on whether a petition should be filed when siblings are in foster care.

Intent to Adopt

If CPS becomes aware of a **new** child born to parents who currently have a child(ren) in out-of-home care, or is/was a permanent ward as a result of a CA/N court action and the parents’ intent is to have the **new** child adopted, CPS must conduct a full field investigation. This investigation must include verification of the child’s well-being, proof that the adoption process has commenced and verification of the child’s placement.

NEW COMPLAINT WHEN CHILD IS IN FOSTER CARE

See PSM 716-9, New Complaint When Child Is In Foster Care for how to process a complaint regarding suspected CA/N by a child’s parent, legal guardian, licensed foster parent, or other person responsible when a child is in foster care.

MALTREATMENT IN CARE

CPS-Maltreatment In Care (MIC) units are to investigate all assigned complaints of CA/N occurring in a Child Caring Institution (CCI) or licensed/unlicensed foster care family home.

Safety assessments are still required for all licensed/unlicensed foster home investigations. Child and Family assessments of needs and strengths are still required for cases in which the investigator finds a preponderance of evidence for abuse/neglect. Risk and safety assessments are not required for CCI investigations.

Policy includes a requirement for the assigned CPS-MIC worker to have contact with the CCI administrator or licensee designee prior to contact with the alleged child victim and prior to completion of the complaint.

Under the Child Protection Law, MCL 722.628(8), DHS has the responsibility for notifying parents or guardians of **any** children interviewed at school or other institution. This notification must occur in all CPS-MIC investigations, except when parental rights have been terminated.

See PSM 712-6, CPS-Intake - Special Cases (Abuse by an Adult Outside of the Home), PSM 713-09, Completion of Field Investigation and PSM 716-9, New Complaint When Child is in Foster Care for additional CPS-MIC policy.

COMPLAINTS OF LICENSED/ REGISTERED PROVIDERS OR THEIR EMPLOYEES ABUSING/ NEGLECTING THEIR OWN CHILDREN

See PSM 712-6, CPS and Maltreatment In Care, for more information regarding when CPS receives a complaint and the parent or person responsible for the alleged child victim’s health or welfare is a licensed or registered provider or an employee of a child care organization.

INVESTIGATION INVOLVING TEENAGERS

Decisions to confirm complaints involving teenagers must be based on a determination of whether a preponderance of evidence of child abuse/neglect exists, not on age, behavioral problems, incorrigibility, etc. The investigation of a complaint concerning a teenager must be investigated and evaluated in the same manner as one concerning a younger child.

SIBLING-ON-SIBLING OR CHILD-ON-CHILD VIOLENCE

The department is to evaluate the complaint sufficiently to determine whether the parent is aware of the sibling-on-sibling/child-on-child violence and is taking action.

If the parent is aware and is taking action to protect, or is willing to take action but does not know what resources are available, the department will **not** confirm a finding of neglect but will refer the parent to appropriate community resources such as family services or family court. **Document the steps the parents have agreed to take in order to ensure the continued safety of the children in the home.** Steps to ensure the safety of the children involved may include, but are not limited to, the development of the following:

Parent Safety Plan

- Appropriate sleeping arrangements for the parents and children.
- Parental understanding of the situation and willingness to believe that protection is needed.
- Adequacy of alternative care.
- Parental plans to respond to further incidents.
- Other community agency involvement and/or prior treatment.

Child Service Delivery Plan

- Assessment of whether formal counseling is needed.

- Determination of whether the victim is able to protect him/herself.
- Determination of whether the victim is aware of what to do if threatened again.
- Assessment of whether adequate informal support systems are in place.
- Assessment of whether the child assailant has been abused or determine other possible causation for the abusive behavior.

If new allegations arise from this assessment, preserve safety and conduct a continued investigation.

If the parent is aware and is not willing or able to take action to protect, the department may make a finding of neglect and open a CPS case.

Note: The only circumstance in which a child may legitimately be investigated as a perpetrator of child abuse and/or neglect and be entered on central registry as a perpetrator is if that child is the parent of the alleged/identified victim.

CHILD DEATH

CPS must seek the assistance of and cooperate with law enforcement at the point the investigation is commenced when a complaint includes allegations that abuse or neglect may be the cause of the child's death or if it is a sudden and unexplained infant death (such as SIDS, overlay, unknown cause, etc.). See PSM 712-3, Coordination With Prosecuting Attorney and Law Enforcement, for more information.

See PSM 713-01 for additional information on a child's death due to an unsafe sleep environment.

CPS should observe the scene (at the home or the location other than the home) where the alleged abuse/neglect causing the child's death occurred or where the child was found unresponsive/deceased with law enforcement, as soon as possible. Any objects alleged to have been involved should also be observed.

Note: CPS must take steps to ensure the safety of any surviving children, as soon as possible. See PSM 713-01, CPS Investigation - General Instructions and Checklist, Safety

Assessment Overview section, for information on assessing the safety of children.

See PSM 715-3, Family Court: Petitions, Hearings and Court Orders, Death of a Child Under the Court's Jurisdiction section, if the child who died is under the court's jurisdiction.

The death of a child who is the subject of a CPS investigation must be reported as outlined in the Services General Requirements Manual (SRM) 172.

The Child Death Investigation Checklist (DHS-2096) is an optional tool for CPS workers to use during the investigation of a child death. This checklist can be used as a guide to ensure a thorough investigation is completed and that elements specific to child death investigations are considered. See RFF 2096 for more information on completing this form.

Note: Investigation of a child death is a complicated and emotionally charged event. The CPS worker must be aware of services the family may need in this crisis. The worker may need to refer the family to grief counseling for the parents and/or siblings and to their public assistance worker for burial/financial assistance.

DOMESTIC VIOLENCE

Investigation Process

In every CPS investigation, domestic violence (DV) should be considered as it relates to the safety of the child.

During the course of the CPS investigation, CPS must make every attempt to interview the alleged victim of DV separately from the alleged perpetrator of the DV.

Note: Interviewing the alleged victim of DV in front of or while the alleged perpetrator of DV is in the home could place the victim, the child and the CPS worker in danger.

It is important to document the steps the parent has agreed to take, or has taken, in order to ensure the continued safety of the child in the home. The following factors should be evaluated in determining the parent's ability to ensure the child's safety:

- Parental understanding of the situation and acknowledgement that additional protection is needed.
- Parental plans to ensure child safety in the event of further incidents.
- Other community agency involvement and/or prior treatment.

Some steps the parent may take to ensure the safety of the child involved when responding to further incidents may include, but are not limited to, the following:

- Identify whether or not the perpetrator of the DV will remain in or return to the home.
- Keep important phone numbers near the phone and teach the children when and how to use them.
- Tell neighbors (or others) about the violence and instruct them to contact the police if they see or hear anything suspicious.
- Make a list of safe places to go in case of an emergency (family, shelter, police department, friends).
- Create a code word for the child or friends so they know when to call for help.

If the child is safe and the victim of DV is aware of the need for and is taking action to protect the child, or is willing to take action but does not know what resources are available, the worker should refer the victim of DV to appropriate supportive services (for example, a local DV program). The worker must develop an immediate safety plan in consultation with the victim of DV. This safety plan may not be appropriate for the victim of DV to take home because the information it contains may increase the risk to the family if the perpetrator of the DV becomes aware of the plan.

For additional information about safety plans, contact a local DV program.

Disposition

The presence of DV is not sufficient basis, in and of itself, for confirming a finding of child abuse and/or neglect. Policies in place to hold the perpetrator of the DV accountable (for example, confirming the perpetrator of the DV as a perpetrator of CA/N) must be evaluated prior to confirming neglect against the victim of DV.

The victim of DV may use protective strategies that are obvious such as physically intervening to protect the child, reporting the risk to the child to law enforcement or leaving the perpetrator in order to protect the child. There are additional, less obvious, protective strategies the victim of DV may use (noted below). Gather information regarding the DV victim's efforts to protect the child. The following factors should be evaluated in determining whether or not to confirm failure to protect:

- CPS history for prior CPS services and the responses of the victim of DV to past situations involving DV.
- Actions taken by the victim of DV to protect the child from harm.
- Protective strategies the DV victim may have employed in an attempt to protect the child such as:
  - Disciplining the child so the perpetrator does not.
  - Not leaving the perpetrator of DV in order to protect the child (such as, the perpetrator may have made threats against the child if the victim of DV should attempt to leave or the victim of DV may feel the child is at greater risk in a different environment).
  - Shifting the perpetrator's abuse from the child to the adult victim of DV.
  - Leaving child with others (outside the home) as a way to protect the child.

Failure to Protect

Assess whether the child is in danger of serious or immediate harm based on a failure to protect the child by the non-offending caretaker in domestic violence situations. A non-offending caretaker will not be held responsible for neglect, based on failure to protect, if the child is not at imminent risk.

A caretaker previously referred to as the non-offending caretaker is a perpetrator if they:

- Directly harm the child.
- Fail to protect a child who is at imminent risk.
- Allow a child to be seriously harmed.

- Have a historical record that shows a documented pattern of domestic violence where the non-offending caretaker has been unable or unwilling to protect the child.

See the domestic violence sections in PSM 712-6, CPS Intake-Special Cases, and PSM 714-1, Post-Investigative Services.

INVESTIGATIONS INVOLVING POLYGRAPHS

Suspected perpetrators or non-offending parents may request to take a polygraph during a CPS investigation. CPS workers may offer a polygraph to a suspected perpetrator or non-offending parent. Polygraphs may be done only if the prosecuting attorney or law enforcement officer gives approval, including approval of the resource which will be used to do the polygraph. If done by experienced professionals, polygraphs can result in admission by the suspected offender. Polygraphs should be used with caution. Polygraphs are not a substitute for a comprehensive investigation and cannot be used as a basis to make a finding on the investigation.

ACCOMMODATION FOR DEAF AND HARD OF HEARING

DHS is responsible for providing information and assistance to applicants and recipients of all department programs who are deaf and/or hard of hearing. See the Administrative Handbook (AHJ 1314) for how to select and pay for the appropriate accommodation.

Accommodation in Emergency Situations

For emergency situations, such as a **CPS investigation** and an accommodation is not readily available, the safety of the child must come first.

- Follow-up should be conducted as soon as possible with effective communication in the appropriate mode.
- In situations requiring that notetaking be used as a last resort, verify the information obtained through the provision of

interpreters or assistive technology as soon as possible to prevent misunderstandings or erroneous conclusions.

Technical Assistance

Technical assistance on communication access may be obtained by contacting the Division on Deaf and Hard of Hearing within the Commission on Disability Concerns at 1-877-499-6232. The Commission is located in the Victor Building at 201 N. Washington Square, Suite 150, Lansing, MI 48913.

ACCOMMODATION FOR LIMITED OR NON-ENGLISH SPEAKING CLIENTS

Applicants and recipients of all department programs are to be informed that the department will arrange and pay for the cost of a bilingual interpreter to be present at all interviews and situations where an interpreter is necessary and appropriate. See the Administrative Handbook (AHJ 1021) for how to arrange and pay for a bilingual interpreter.

Accommodation in Emergency Situations

For emergency situations, such as a **CPS investigation** where a bilingual interpreter is not readily available, the immediate/imminent safety of the child must come first. Follow-up with a bilingual interpreter should be conducted as soon as possible.

TIME FRAME FOR COMPLETION OF FIELD INVESTIGATION

The standard of promptness (SOP) for completing an investigation is 30 days from the department's receipt of the complaint. This includes completion of the safety assessment; risk assessment; family and child assessments of needs and strengths; DHS-154, CPS Investigation Report; services agreement, as needed; and case disposition in MiSACWIS.

Extenuating Circumstances

In some situations, completing an investigation may require an extension of the 30-day SOP. To allow for extenuating circumstances, supervisors may approve an extension. A face-to-face contact with each alleged child victim(s) and a safety assessment must be completed prior to requesting an extension. Submit the request for supervisory approval of an extension of the 30-day SOP by completing the Exception Request **prior** to the end of the initial 30- day period. The request must document the reasons for the extension. Extensions are **not** to be approved solely for the purpose of meeting the SOP. The supervisor must use discretion when approving the request for extension of the SOP. Examples of extenuating circumstances include, but are not limited to:

- Arranging travel and coordinating interview schedules with the alleged victims who do not reside in the county or are not available for immediate interviews.
- Obtaining a second medical opinion to verify an injury was not accidental or related to an existing medical condition.
- Coordinating interviews of sexual abuse victims with law enforcement.

Extension Approval

If an extension is approved, the time frame for the completion of the investigation must be outlined (for example, 10 days past the original due date of the investigation). This extension must be consistent with the time required to complete the investigation. If an extension of the 30-day SOP is approved, this extension must be

reviewed and/or reauthorized at least every 30 days until the investigation is complete. Prior to reauthorizing the extension, a face-to-face contact with each alleged child victim(s) and a safety reassessment must be completed.

No Extension Request

A face-to-face contact must be made with the alleged child victim(s) and at least a collateral contact with the parent/caretaker prior to disposing of an overdue case if face-to-face contact with the alleged child victim(s) has not occurred in the past 30 days.

COMPLETION OF INVESTIGATION OVERVIEW

The investigation must include the systematic and objective examination of facts and evidence which support the determination that a **preponderance of evidence** of child abuse/neglect exists or does not exist. See Other Factors section below regarding other factors to consider while making a determination of whether a preponderance of evidence of abuse/neglect exists and how to best provide any needed services to the family.

No Preponderance of Evidence of Abuse/Neglect

If a preponderance of evidence of abuse/neglect is not found to exist, the case must be classified as a Category V or IV. Document the facts and evidence which support the determination that abuse/neglect did not occur. No evidence decisions (Category V) are appropriate for investigations in which all allegations were based on false or erroneous facts, when unable to locate the family, or when the court is asked to order cooperation but declines.

Preponderance of Evidence of Abuse/Neglect

If a preponderance of evidence of abuse/neglect is found to exist, the case must be classified as a Category III, II or I. Document the facts and evidence which support the determination that a given individual(s) is(are) the perpetrator(s) and is(are) the victim(s). See PSM 713-08, Special Investigative Situations, Coordination with Friend of the Court, for requirements on determining if the family

has an open Friend of the Court case when a preponderance of evidence of abuse and/or neglect is found to exist.

Note: If the perpetrator is unknown and the case is kept open for services, attempts to identify the perpetrator must continue.

Preponderance of Evidence and Maltreatment in Care (MIC)

A preponderance of evidence finding on a licensed/registered provider or employee of a child caring institution or licensed foster family home requires their name to be placed on central registry. This applies regardless of risk level, if the children live in the home of the perpetrator or reside in a facility where the perpetrator is employed. When a preponderance of evidence finding exists, the CPS-MIC worker must override a low or moderate risk to a high-risk level.

The results of a CPS investigation on a licensed/registered provider or an employee of a child caring institution (CCI) or licensed foster family home of abuse/neglect of their own children **cannot** be shared with their employer.

If a preponderance of evidence of abuse/neglect is found in a CCI, CPS-MIC must forward (by fax or e-mail) a copy of the DHS-154, Investigation Report, to The Division of Child Welfare Licensing (CWL) within five business days of completion.

See PSM 712-6, CPS-Intake - Special Cases (Abuse by an Adult Outside of the Home), PSM 713-08, Special Investigative Situations (Maltreatment-in-Care), and PSM 716-9, New Complaint When Child is in Foster Care, for additional CPS-MIC Policy.

CWL Investigations

Upon completion of the Division of Child Welfare Licensing (CWL) investigation, CPS must request and obtain a copy of the CWL report. This information **must** be maintained within the client's file.

Birth Match

Birth Match is an automated system that notifies the local MDHHS office when a new child is born to a parent who has previously had parental rights terminated in a child protective proceeding, caused the death of a child due to abuse and/or neglect or has been manually added to the birth match list. A perpetrator's name must be manually added to the birth match list in serious child abuse/neglect cases when termination of parental rights will not be requested or

ordered. Examples of when this may occur include, but are not limited to, the following:

- A nonparent adult is the perpetrator of child abuse/neglect and the abuse/neglect includes any of the factors under MCL 722.638(1)(a) (murder, severe physical abuse, sexual abuse, etc.).
- The court does not terminate parental rights even though reunification of the parent and child is not sought; such as when children are placed in a guardianship, or the court order in the custody case is changed to no contact with that parent, or when the court will not terminate parental rights to only one parent.

To have a perpetrator's name added to the birth match list, contact CPS program office at (517) 335-3704. CPS program office will review the information and determine whether the perpetrator should be added to the birth match list.

Concurrent Complaints Assigned for Investigation

Separate DHS-154, CPS Investigation Reports, must be completed on each complaint assigned for investigation on the same family.

Subsequent Investigations on Open CPS Cases

When a new complaint is assigned for investigation and there is already an open case, the assigned worker must complete a new DHS-154. The next DHS-152, Updated Services Plan, (USP) on the open case should summarize the new investigation. The USP should also include the social work contacts of the new investigation in the social work contactssection of the USP.

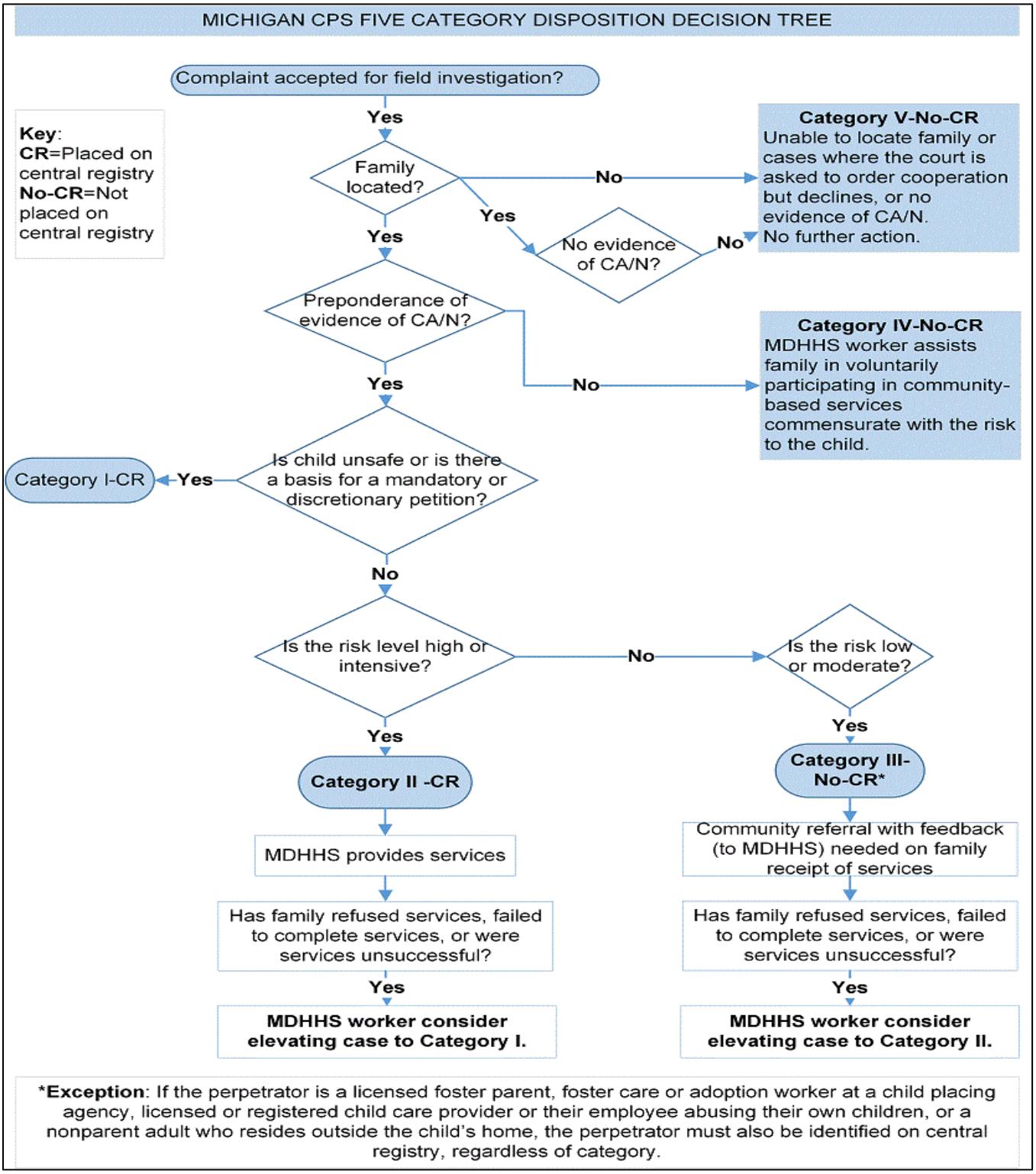
If a preponderance of evidence of child abuse and/or neglect is found on the new complaint, the worker must open or maintain the case with the higher risk level. If both cases result in Category I dispositions, the worker must keep the case open that resulted in out-of-home placement.

FIVE CATEGORY DISPOSITION

The Child Protection Law (MCL 722.628d) defines five categories for CPS investigation dispositions and the department's response required for each category. The Decision Tree below is a guide to the five category dispositions and the department's response.

For those cases that require that the perpetrator be listed on central registry, see PSM 713-13, State Child Abuse and Neglect Central Registry (CA/NCR).

FIVE CATEGORY DISPOSITION DECISION TREE



Other Factors

Consider the following factors while making a determination of whether a preponderance of evidence of abuse/neglect occurred and how to best provide any needed services to the family.

Historical Information

Within 30 days of receipt of the complaint, the worker must review historical information on all complaints, investigations and services for the family, including any informal history of CA/N, voluntary out-of-home placements, etc. See PSM 713-10, CPS Investigation Report, CPS History Tab section, for detailed instructions on what information should be compiled and reviewed and how it should be documented.

In cases with a history of domestic violence, document any failure or inability of the non-offending caretaker to protect the child from violence over a sustained period of time. See PSM 713-08, Special Investigative Situations, Domestic Violence section, for more information on investigating complaints that include allegations and/or evidence of domestic violence.

Denial/Alternative Explanation of Event

The denial or alternative explanation of an alleged abuse/neglect event by a person responsible must be weighed in light of all evidence and/or information gathered, including:

- Child’s credibility.
- Child’s motive.
- Evidence the child was coached.
- Child provides several explanations of how the incident occurred.
- Evidence or time lines made it impossible for the abuse/neglect to have occurred.
- Child’s version of events is not consistent with other witness accounts.

See PSM 713-08, Special Investigative Situations, Guidelines For Investigation When A Child Denies Abuse/Neglect section.

Single Parent Families

In single-parent families, particular attention is to be given to the parent's living-together-partner (male or female) and other nonparent adults, not necessarily living in the same home, who might be “persons responsible” because of their relationship and contact with the family.

In the instance of extended family households, clarification of roles and relationships of the individuals residing or spending a significant amount of time in the household is required.

Multiple Complaints

When there have been three or more CPS complaints (rejected or assigned for investigation) and the current complaint includes any child age three or under, the supervisor must conduct a face-to-face meeting with the investigating worker prior to disposition. The meeting must include discussion concerning the disposition of the investigation and any post-investigative services. This meeting and its results must be documented in the DHS-154.

Service Provision

When a child needs protection and can remain safely in his or her own home, offer services to the caretakers which will enable them to participate in the planning and use of services. The parents' strengths are to be identified and built on. Services must be identified and implemented that will adequately safeguard the child from imminent risk of harm in his or her own home.

Protective services may be continued without initiating legal action if a child can remain in his/her own home safely, and the caretakers are willing and able to voluntarily participate in services to improve conditions for the child.The decision, as to whether parents can be helped by protective services, must include an assessment of the parents':

- Strengths.
- Abilities and limitations related to protecting the child from harm.
- Ability to provide the child with better care.
- Capacity to secure the child’s safety.

- Desire and capacity to use help in bringing about positive change in their behavior or attitudes.
- Their interest and desire to maintain their own family.

Relative care and/or other family resources may provide support to the parents as they improve their skills and work with protective services. See PSM 714-1, Post-Investigative Services, for more information on providing services and when service provision is required.

OVERVIEW

The DHS-154, Children's Protective Services Investigation Report (see format at the end of this section), must be used for all CPS investigation narratives.

The Child Protection Law (MCL 722.628b) requires the department to refer (by sending a copy of the DHS-154) cases to the prosecuting attorney in the county where the child is located if there is a preponderance of evidence of child abuse/neglect and the case involves the death, sexual abuse, sexual exploitation, or serious physical injury of a child, or a child has been exposed to, or had contact with, methamphetamine production. See PSM 717-4, Release of CPS Information, for information on release of the DHS-154 and other CPS case record information.

See PSM 713-09, Completion of Field Investigation, for more information on what needs to be completed prior to the disposition of the investigation.

CHILDREN'S PROTECTIVE SERVICES INVESTIGATION REPORT

There are sections of MiSACWIS which must be completed in order to generate the DHS-154, Children's Protective Services Investigation Report.

CPS History and Trends

In the CPS History and Trends section, review previous CPS or foster care (FC) history including tribal CPS/FC, CPS/FC history in other states, etc. via the hyperlinks or physical case file to their Person Profile, including but not limited to:

- Previous complaint dates, allegations, and dispositions.
- Physical case files, if necessary.
- Previous court involvement with the family, including foster care.

- Previous services with which the family has been involved, outcomes of the services, and the relevance of these previous services to the current situation of the family.
- Circumstances surrounding any informal/voluntary out-of-home placements (for example, situations where a parent is not providing care for one or more of his/her minor children).

Note: The above information does not print on the DHS-154.

In the "Document Trends or Patterns in the Family's Child Welfare History only" section workers should summarize the previous history of the family. Include patterns of child abuse and/or neglect (for example, there is an indication that the father has a substance abuse problem in all three previous investigations, the child has had similar unexplained injuries in the two previous investigations, all previous history is regarding physical abuse of the children, etc.) and the impact of the family's history, including any voluntary or involuntary out-of-home placements, on the current allegations/investigation. This information will print on the DHS-154. If there is no previous history, indicate that in this section.

Safety Assessment

Any safety assessment question answered yes and the accompanying explanation, the safety response-protecting interventions entered, and the safety decision will pre-fill onto the DHS-154. See PSM 713-01, CPS Investigation-General Instructions and Checklist, Safety Assessment Overview section for more information on completing the safety assessment.

Risk Assessment FANS/CANS

Any narratives provided for the risk assessment, family assessment of needs and strengths (FANS-CPS) and the child assessment of needs and strengths (CANS-CPS), will be pre-filled onto the DHS-154.

Social Work Contacts

All contacts, either attempted or successful, must be entered into MiSACWIS. This includes the required case consultation between the CPS worker and supervisor as outlined in PSM 713-01. When entering social work contacts on a case, the date and time of the contact must be included. When a social work contact with the

client/family includes engaging the client/family in services, document in the social work contact narrative how the family/client was engaged in services.

The social work narrative **must** include statements, evidence and actions taken by the worker that address the safety of the child.

MiSACWIS is the official case record. Any notes taken by a caseworker of statements made by the child, parents(s), or other witnesses must be accurately and comprehensively entered into MiSACWIS. Once these notes are entered into MiSACWIS, the hard copies need not be maintained.

All social work contacts with accompanying narratives will pre-fill onto the DHS-154.

Investigative Tasks

The Investigative tasks section in MiSACWIS that must be completed when applicable, include:

- Linked Intakes
- Investigation Persons
- Petition for Removal
- Allegations/Findings
- Safety Assessment
- Risk Assessment
- Create Household
- FANS
- CANS

- Social Work Contacts
- Checklists
- Exception/Extension Request
- Forms/Reports
- Documents
- Family Team Meeting
- Amendment/Expungement
- Link Investigation to Case

Allegations and Findings

Answer question, does a preponderance of evidence exist that child abuse/neglect occurred, with a yes or no.

No Preponderance of Evidence

If a preponderance of evidence of abuse/neglect does not exist, select No Preponderance in MiSACWIS.

Preponderance of Evidence

If a preponderance of evidence of abuse exists, select the victim(s) and perpetrator(s) of each type of abuse/neglect found to exist. If a preponderance of evidence of threatened harm of some type of abuse/neglect occurred, that type of abuse/neglect must also be selected. Also, select whether or not the type of abuse or neglect is an egregious act as outlined in PSM 715-2.

Disposition Summary

In the Disposition Summary box, summarize the **relevant** facts/evidence pertaining to the allegations obtained during the

investigation that resulted in the determination of whether a preponderance of evidence existed.

Evidence must include the **relevant** facts and documents, pertaining to the investigation, obtained through:

- Visual assessments (including a description of any injuries/marks found).
- Verification of the safety and whereabouts of all children, including children who reside in another location.
- Interviews with:
  - Parents.
  - Nonparent adults.
  - Alleged perpetrators.
  - Victims.
  - Other household members.
  - Relatives.
  - Witnesses.
  - Service providers.
  - Neighbors.
  - Medical practitioners.
  - Other significant persons.
- Observation of the scene (including any relevant descriptions of the scene).
- Assessment of the family's history and how it impacts the current allegations/investigation.
- Any other documentation (for example, police reports, medical reports, school reports).

It should be clear from the social work contacts entered and the information entered in the Disposition who did what, when, where and how.

Include documentation, as appropriate, of prevalent and underlying family issues (for example, substance abuse, lack of parenting skills, child behavioral issues, violence in the home) and any other issues found during the investigation.

Conclusion

The Disposition must be a conclusion that includes the following:

- Investigation disposition (preponderance/no preponderance).
- Name of the perpetrator(s) (if applicable), the type of abuse/neglect for which the perpetrator is responsible, and whether the perpetrator will be listed on central registry.
- Name of the victim(s) and the type of abuse and/or neglect of which the child is a victim, if applicable (for example, Child A is a victim of physical abuse and Child B is a victim of physical neglect). **Note:** If a preponderance of evidence of threatened harm of abuse/neglect occurred, the report must indicate so (for example, Child C was a victim of threatened harm of physical abuse).
- Category disposition (I, II, III, IV, or V) and level of risk, except for those cases specifically excluded from risk assessments.
- Any applicable discretionary or mandatory overrides; see PSM 713-11, Risk Assessment, Overrides section.
- Any services which the family has been or will be referred/provided. If a referral to services is required but not made, the reason(s) why not must be documented on the DHS-154. See PSM 714-1, Post-Investigative Services, for more information on providing services and when service provision is required.

DOCUMENTING INCARCERATED PARENTS' INFORMATION

The CPS worker **must** make reasonable efforts to identify and locate an incarcerated parent. If a legal parent is incarcerated, the CPS worker must confirm:

- The parent's prisoner or jail identification number.
- The prison or jail facility.
- The charge or conviction offense.
- The parole or release eligibility date.

This information must be documented in the DHS-154, Investigation Report, social work contacts, and in any petition filed with the court.

SUBMISSION OF DHS-154 FOR SUPERVISORY APPROVAL

The completed report must be submitted to the supervisor via MiSACWIS. The supervisor must review and approve (after all needed corrections are made) the report in MiSACWIS. The system will document the date report:

- Was completed by the worker.
- Was returned to the worker for corrections to be made (if applicable).
- Was returned to supervisor with corrections made (if applicable).
- Was approved by the supervisor.

Supervisory Approval

The CPS supervisor must review and approve, within 14 calendar days of receipt, by signature, all DHS-154, Investigation Reports, CPS Updated Services Plan, and Case Closure. Approval indicates agreement with the:

- Thoroughness, completeness, and accuracy of the investigation.
- Disposition of the investigation.
- Assessment of risk and safety of the children.
- Assessment of family/child needs/strengths.
- Services provided to the family.

The CPS supervisor must also review the Supervision checklist to determine whether child safety needs and investigation requirements have been met. If any items are not met, the supervisor should request that the worker complete them.

Local Office Director Approval of the CPS Investigation Checklist and Other Case Actions

If the supervisor wants to approve the investigation, the supervisor must request that the local office director or designee approve the investigation, when any of the following are true:

1. The supervisor did not approve all the items on the Supervision Checklist.

2. Face-to-face contact was not made with all alleged child victims.

3. A petition was not filed as required under MCL 722.628d(1)(e), 722.637 and 722.638. (See PSM 715-3, Family Court: Petitions, Hearings and Court Orders, Mandatory Petitions-Court Jurisdiction, for more information on when a petition is required under MCL 722.628d(1)(e), 722.637 and 722.638d(1)(e)).

4. A petition was not filed when court intervention was needed to ensure child safety.

Note: All Abbreviated investigations cannot be closed until after the local office director has reviewed the investigation. See PSM 713-01, CPS Investigation - General Instructions and Checklist, Abbreviated Investigation section.

Note: Items 2 through 4 above should only occur in rare circumstances, such as when the family flees the state or the child ran away and cannot be located.

The supervisor must document why the investigation is approved even though the above items were not approved/completed in MiSACWIS.

The local office director or designee must review the investigation within 48 hours of receipt of the request for review from the CPS supervisor and document their decision in MiSACWIS.

RISK ASSESSMENT

A risk assessment is required on all assigned investigations with the following exceptions:

- The case is determined to be a Category V-unable to locate, no evidence of child abuse and/or neglect (CA/N) is found, or the court declines to issue an order requiring family cooperation during the investigation.
- Supervisory approval is obtained to complete an abbreviated investigation on the complaint.
- There is a preponderance of evidence of CA/N and the perpetrator is one of the following:
  - A nonparent adult who resides outside the child's home. (If there is also a perpetrator who resides in the child's home, a risk assessment must be done (for example, mom is the primary caretaker and found to be a perpetrator of failure to protect and mom's boyfriend, who is a nonparent adult who resides outside the child's home, is a perpetrator of sexual abuse).
  - A licensed foster parent. (If a licensed foster parent is also a perpetrator of CA/N on their biological/adoptive children, a risk assessment must be completed and services provided, as required/necessary.)

If services will be provided in any of the situations above, a risk assessment must be completed.

Note: When two separate households are being investigated on the same complaint (for example, complaint is regarding abuse of a child when visiting the non-custodial parent), complete a risk assessment on the household where the alleged or confirmed perpetrator resides or for which services will be provided. If there is an alleged or confirmed perpetrator in both households or services will be provided to both households, a **separate** risk assessment must be completed on each household. Two households must **not** be combined on one risk assessment.

Note: If CPS is requesting removal of the child from the home and placement with the non-custodial parent is being evaluated (either through a voluntary placement made by the custodial parent or a court order), CPS must complete a risk assessment on the non-custodial parent's household **within 24 hours or the next**

business day. (See PSM 715-2, Removal and Placement of Children, Placement With Non-Custodial Parents and Relatives section for more information on placement with non-custodial parents and PSM 713-01.)

In each case in which a preponderance of evidence of child abuse and/or neglect (CA/N) has been found and a risk assessment is completed, the risk level determines in which category (Category II or III) the case must be classified. If a petition is filed (mandatory or discretionary), the case must be classified as a Category I.

The risk assessment determines the level of risk of **future** harm to the children in the family. Interviews with the family should be structured to allow the worker to discuss all risk and safety issues with the caretakers and complete the risk assessment following the conclusion of contacts with the family. Risk levels are intensive, high, moderate, or low, based on the scoring of the scale. (See PSM 713-01, CPS Investigation-General Instructions and Checklist, Safety Assessment Overview section for more information on safety assessments).

When the investigation is done (all fact-gathering activities, interviews, etc., have been done), complete the Risk Assessment in MiSACWIS for all investigations except those noted above. The risk assessment calculates risk based on the answers to the abuse and the neglect scales, regardless of whether the initial complaint was for abuse or neglect. The risk level is based on the higher score of either the abuse or neglect scale. After scoring the scales, determine whether conditions exist for a mandatory or discretionary override. See Overrides section below for information on mandatory overrides and when discretionary overrides may be used. The final risk level is determined after any override reasons have been identified.

Cases with:

- A preponderance of evidence of CA/N and intensive or high-risk levels (Category I or II), or with a mandatory or discretionary override, and/or petition to the court, must be opened for ongoing services (CPS or foster care) and perpetrators must be placed on central registry.

- A preponderance of evidence of CA/N and low or moderate risk levels (Category III) must be referred to community-based services commensurate with the risk level and are **not** to be placed on central registry. ***Exception:*** If there is a

preponderance of evidence of child abuse and/or neglect and the perpetrator is a nonparent adult who lives outside the child's home or a licensed foster parent, the perpetrator must be placed on central registry. Category III cases may be opened for monitoring and to receive feedback from community-based service providers. See PSM-714-1, Post-Investigative Services for information on Category III cases.

- Initial classification of Category III may be elevated to Category II either through a risk override at the initial assessment or a risk reassessment. If the case is reclassified a Category II, the perpetrator's name must be placed on central registry.
- Initial classification of Category III or Category II must be elevated to Category I if a petition is filed. If the case was initially classified as a Category III, the perpetrator's name must be placed on central registry.
- In Category IV cases, the CPS worker must assist the family in voluntarily participating in community-based services commensurate with the risk level.

OVERRIDES

Overrides to risk levels have been established to ensure that the level of risk for a case accurately reflects the risk level for the children. The two types of overrides to the risk level are mandatory and discretionary overrides.

Mandatory Overrides

Each time a risk assessment is completed, the mandatory override reasons must be reviewed to determine if any apply to the case. The mandatory overrides listed below require that the risk level for the family be scored as intensive, regardless of the initial risk level. These cases must be served according to the contact standards required for intensive risk cases. Even if the initial risk level scores at intensive, the mandatory override reason must be identified on MiSACWIS. The following are mandatory overrides:

- Sexual abuse cases in which the perpetrator is likely to have access to the child victim.
- Cases with non-accidental physical injury to an infant.

Exception: A drug-or alcohol-exposed infant, without indication from the medical practitioner that there was an injury to the child due to the drug or alcohol exposure, does not require a mandatory override.

- Severe, non-accidental, physical injury requiring medical treatment or hospitalization and that seriously impairs the child's health or physical well-being.
- Death (previous or current) of a child/sibling as a result of abuse or neglect.

Discretionary Overrides

Each time a risk assessment is completed, evaluate the need for a discretionary override. A discretionary override is applied by the worker to increase the risk level in any case in which the worker determines that the risk level set by the risk assessment is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the risk assessment and/or there are unique circumstances in the family that increases risk. At initial assessment of risk, discretionary overrides must have supervisory approval and may only be used to increase the risk level by one risk level.

Overrides at Risk Reassessment

See PSM 714-4, CPS Updated Services Plan and Case Closure, for information on overrides at risk reassessment.

RISK ASSESSMENT DEFINITIONS

Select one score for each question and provide an explanation for the selection if the question is scored as a risk factor.

Neglect Scale

N1. Current complaint and/or finding includes neglect.

a. **No.**
b. **Yes, the current complaint includes allegations of neglect, abuse and neglect, or a preponderance of evidence of neglect is found to exist, even if not alleged in the current complaint.**

N2. Number of prior assigned neglect complaints and/or findings.

Count all assigned complaints for neglect, confirmed or denied; and complaints in which a preponderance of evidence of neglect was found to exist that was not alleged in the complaint.

a. **One or less.**
b. **Two or more.**

N3. Number of children in the household.

The number of individuals under 18 years of age **residing** in the household at the time of the current complaint. If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

a. Three or less.
b. Four or more.

N4. Primary caretaker's social support.

Relatives, friends, or neighbors are able to help when a caretaker(s) or other adult is not functioning well and/or is in need of assistance to provide for the child's safety and well-being. Relatives, friends, or neighbors have come forward to help when the family and child needed support and/or the child needed placement. Relatives, friends, or neighbors have followed through on commitments in the past and provide ongoing support and assistance to the caretaker.

a. The primary caretaker accesses or can access relatives, friends, or neighbors for positive social support.

b. Limited or negative social support (check all that apply):

__ **No or limited supportive relationships with relatives, friends, or neighbors.**

Caretaker does not, cannot, or will not access others for assistance in care for child when needed.

__ **Relatives, friends, or neighbors have a negative impact on caretaker.** People that the caretaker uses for social support have a negative influence on the caretaker's ability to provide for, protect, or supervise the child. Examples include, but are not limited to:

- Encourages caretaker to physically discipline children when abuse has occurred or abuse is a concern.
- Encourages caretaker not to seek services.
- Discourages the department's attempts to assist the parent in a positive manner.
- Encourages inappropriate parenting practices.

N5. Primary caretaker is unable/unwilling to control impulses.

a. No, the primary caretaker is able and willing to control impulses.

b. Yes, the primary caretaker is unable and/or unwilling to control impulses. Examples include, but are not limited to:

- **Regularly** acting without weighing alternatives or considering consequences.
- Spur-of-the-moment actions, and/or heedless, self-centered actions that **regularly** result in threatened or actual harm to the child.
- A **regular** inability to delay gratification of personal needs to assume child care responsibility.
- Lashing out verbally (yells/screams, berates, uses hostile language, etc.) and/or physically (hits, shoves, threatens violence, etc.) in response to (undesired or negative) actions of the child and/or others**.**

N6. Primary caretaker provides inadequate physical care and/or inadequate supervision of child.

a. **No, the primary caretaker provides adequate physical care and supervision of child.**

b. **One or both of the following is true** (check all that apply):

__ **Provides inadequate physical care:** The provision of physical care (the appropriate feeding, clothing, shelter, hygiene, and medical care) is inconsistent with and/or not appropriate for the child's needs. There has been harm or threatened harm to the child's health and/or well-being due to the inadequate physical care. Examples include, but are not limited to:

- Failure to obtain medical care for severe or chronic illness.
- Repeated failure to provide child with clothing appropriate for the weather.
- Poisonous substances or dangerous objects lying within reach of child.
- Child's clothing or hygiene causes negative social consequences for the child.

__ **Provides inadequate supervision:** Supervision is inconsistent with and/or not appropriate for the child's safety, resulting in threatened or actual harm to the child.

N7. Primary caretaker currently has a mental health problem.

a. **No.**

b. **Yes, in the past year, the primary caretaker has been assessed as needing, been referred for, or participated in mental health treatment.** This includes, but is not limited to:

- DSM-IV-TR diagnosis by a mental health practitioner.
- Repeated referrals for mental health/psychological evaluations.
- Recommended or actual hospitalization for mental health problems.

- Current or recommended use of psychotropic medication prescribed by mental health clinician (for example, physician, psychiatrist, etc.).

N8. Primary caretaker involved in harmful relationships.

The primary caretaker is, or has been, involved in relationships that are harmful to domestic functioning or child care within the past year. Include only domestic violence between caretakers or between a caretaker and another adult. Do not include parent-child or child-child violence.

a. No.

b. Harmful relationship(s) or one domestic violence incident – Relationships with adults inside or outside the home that are harmful to domestic functioning. Examples include, but are not limited to:

- Criminal activities.
- Domestic discord.
- One incident of physical violence and/or intimidation/threats/harassment.

c. Multiple domestic violence incidents – Primary caretaker is currently involved in a relationship (either as a victim or as a perpetrator) in which two or more incidents of physical violence or fighting and/or intimidation/threats/harassment have occurred.

N9. Primary caretaker currently has a substance abuse problem.

a. No.

b. Yes, within the past year, the primary caretaker has, or had, a problem with alcohol and/or other drugs that interferes, or interfered, with the caretaker's or the household's functioning. Examples include, but are not limited to:

- Substance use has negatively affected caretaker's employment, and/or marital or family relationships.

- Substance use has negatively affected caretaker's ability to provide protection, supervision, care, and nurturing of the child.

- Substance use has led to criminal involvement.

N10. Family is homeless or children are unsafe due to housing conditions.

a. No.

b. Yes, one or more of the following is true (check all that apply):

__ **The family is homeless or about to be evicted (current eviction notice).**

__ **Current housing is physically unsafe; not meeting the health and/or safety needs of the child.** Examples include, but are not limited to:

- Structural defects or is unsound.
- Exposed wiring, inoperable heat or plumbing.
- Human/animal waste on floors that is due to failure to consistently clean or maintain the environment.
- Rotten or rotting food due to failure to consistently clean or maintain the environment.
- Disconnection of major utilities (gas, electric or water).

N11. Primary caretaker able to put child's needs ahead of own.

a. Yes, the primary caretaker demonstrates ability to put child's needs ahead of his/her own.

b. No, the primary caretaker makes choices or behaves out of self-interest rather than the best interest of the child and this has a negative effect on child safety and well-being. Examples include, but are not limited to:

- Regularly does not make or keep appointments for the child that will interfere with caretaker's social activities.
- Ignores child when other adults are present.

- Leaves the child with others for extended periods of time to pursue social activities.

Abuse Scale

A1. Current complaint and/or finding includes mental injury.

a. No.
b. Yes, the current complaint includes allegations of mental injury or a preponderance of evidence of mental injury is found to exist, even if not alleged in the current complaint.

A2. Number of prior assigned abuse complaints and/or findings.

Count all assigned complaints for abuse of any type (sexual, physical, child maltreatment, or mental injury), confirmed or denied; and complaints in which a preponderance of evidence of abuse of any type was found to exist that was not alleged in the complaint.

a. None.
b. One or two.
c. Three or more.

A3. Age of youngest child.

Indicate whether one or more children **residing** in the household at the time of the current complaint is age six years or younger. If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

a. Seven years or older.
b. Six years or younger.

A4. Number of children in the household.

The number of individuals under 18 years of age **residing** in the household at the time of the current complaint. If a child is

removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the home as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

a. Two or less.
b. Three or more.

A5. Either caretaker was abused and/or neglected as a child.

a. No, neither caretaker was abused or neglected as a child.

b. Yes, past records (CPS, foster care, etc.), self-reporting by the caretaker, credible statements by others, or other credible information indicates that either caretaker was abused and/or neglected as a child.

A6. Secondary caretaker has low self-esteem.

Note: The risk assessment in MiSACWIS only presents this question when there is a secondary caretaker listed in the household.

a. No, secondary caretaker does not demonstrate low self-esteem or no secondary caretaker present in the household.

b. Yes, secondary caretaker's behavior and/or expressions indicate feelings of inferiority/inadequacy and/or low self-esteem. Examples may include, but are not limited to:

- Self-conscious behavior, self-doubting, or self-abasing.
- Behavior/expressions demonstrating that caretaker feels that he/she is inadequate, inferior, unlovable, or unworthy.
- Describes self as not being good enough for others, a loser, misfit, or failure.

A7. Either caretaker is domineering and/or employs excessive and/or inappropriate discipline.

Consider the circumstances of the current complaint and past practices by either caretaker.

a. No.
b. Yes (check all that apply)**:**

__ **Domineering**: Either caretaker is domineering, indicated by controlling, abusive, overly restrictive, or unfair behavior or over-reactive rules.

__ **Inappropriate discipline**: Disciplinary practices caused harm or threatened harm to child because they were excessively harsh physically, emotionally, and/or were inappropriate for child's age or development. Examples include, but are not limited to:

- Persistent berating.
- Belittling and/or demeaning the child.
- Consistent deprivation of affection or emotional support to the child**.**

A8. Either caretaker has current or a history of domestic violence.

Include only domestic violence between caretakers or between caretaker and another adult. Do not include parent-child or child-child violence.

a. No, neither caretaker has current or past domestic violence.

b. Yes, either caretaker is currently involved or has ever had involvement in relationships characterized by domestic violence (either as a victim or as a perpetrator), evidenced by two or more incidents of physical violence or fighting and/or intimidation/threats/harassment.

A9. A child in the household has one or more of the following characteristics.

a. No child in the household has any of the below listed characteristics.

b. **Yes** (check all that apply to any child in the household).

__ **Diagnosed developmental disability:**

- Intellectual Developmental Disorder.
- Attention deficit disorder or ADHD.
- Learning disability or any other significant developmental problem. The child may be in a special education class(es).

__ **History of Delinquency**: Any child in the household has been referred to juvenile court for delinquent or status offenses or is an adjudicated delinquent. Include status offenses not brought to court attention, such as run-away children, habitual truants from school, and drug or alcohol problems.

__ **Mental health issue:** Any child with any diagnosed mental health problem not related to a physical or developmental disability.

__ **Behavioral issue**: Behavioral problems not related to a physical or developmental disability. Examples include, but are not limited to:

- Problems at school as reported by school or caretakers.
- Attendance in a special classroom for behavioral needs.

A10. All caretakers are motivated to improve parenting skills.

a. **All caretaker(s) are motivated or parenting skills are appropriate and no improvement needed.**

b. **Yes, caretakers are willing to participate in parenting skills program or other services to improve parenting or initiate appropriate services for parenting without referral by the department.**

c. **No, one or both caretakers need to improve parenting skills but either:**

- Refuse services.

- Agree to participate but indicate that parenting style will not change.
- Agree to participate but history shows a pattern of uncompleted services when working with CPS or foster care.

A11. Primary caretaker views incident less seriously than the department.

a. **No**, the primary caretaker views the allegations/findings of abuse or neglect **as serious or more serious** than the department and/or accepts responsibility for investigated behaviors.

b. **Yes**, there is evidence that the primary caretaker views the current allegations/findings **less seriously** than the department. Examples include, but are not limited to:

- Justifying abuse and/or neglect of child.
- Minimizing harm or threatened harm to child.
- Blaming the child.
- Displacing responsibility for the incident.
- Downplaying the severity of the incident.

RISK REASSESSMENT

The risk reassessment must be completed on ongoing protective services cases. See PSM 714-1, Post-Investigative Services, PSM 714-4, CPS Updated Services Plan and Case Closure and PSM 712-8, CPS Intake Completion, New Complaints on Assigned CPS Investigations or Open CPS Cases section, for more information on when risk reassessments need to be completed.

RISK REASSESSMENT DEFINITIONS

R1. Number of prior assigned neglect complaints and/or findings.

Count all assigned complaints that included allegations of neglect, abuse and neglect, or a preponderance of evidence of neglect was found to exist, even if not alleged in the complaint, **prior** to the complaint resulting in the current open case.

a. One or less.

b. Two or more.

R2. Number of prior assigned abuse complaints and/or findings.

Count all assigned complaints that included allegations of any type of abuse (physical, sexual, child maltreatment or mental injury) or a preponderance of evidence of any type of abuse was found to exist, even if not alleged in the complaint, **prior** to the complaint resulting in the current open case.

a. None.
b. One or two prior complaints.
c. Three or more prior complaints.

R3. Number of children in the household.

The number of individuals under 18 years of age **residing** in the household at the time the current complaint (which resulted in the current open case). If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

a. Three or less.
b. Four or more.

R4. New confirmed complaints in the past ninety (90) days.

a. No complaints have been received, or a complaint was received and rejected or assigned for investigation but was denied.

b. Yes, a complaint was received, assigned for investigation, and was confirmed.

R5. Either caretaker has a current substance abuse problem.

a. No. No problems with substances or has successfully completed treatment and shows no evidence of a current problem.

b. Yes. Either or both caretaker(s) is (are) abusing drugs and/or alcohol. This includes caretaker(s) who is (are) currently in a drug or alcohol abuse treatment program.

c. **Yes and refuses treatment.** Either or both caretaker(s) has(have) a current alcohol and/or drug problem; treatment has been offered or recommended and has been refused.

R6. Family is, or children are, unsafe due to housing conditions.

a. No.

b. Yes, one or more of the following is true (check all that apply)**:**

__ **The family is homeless or about to be evicted (current eviction notice).**

__ **Current housing is physically unsafe; not meeting the health and/or safety needs of the child.** Examples include, but are not limited to:

- Structural defects or is unsound.
- Exposed wiring, inoperable heat or plumbing.
- Human/animal waste on floors that is due to failure to consistently clean or control other adults in the household, children, pets, etc.
- Rotten or rotting food due to failure to consistently clean or control other adults in the household, children, pets, etc.
- Disconnection of major utilities (gas, electric or water).

R7. Primary caretaker is unable/unwilling to control impulses.

a. No, the primary caretaker is able and willing to control impulses.

b. Yes, the primary caretaker is unable and/or unwilling to control impulses. Examples include, but are not limited to:

- **Regularly** acting without weighing alternatives or considering consequences.
- Spur-of-the-moment actions, and/or heedless, self-centered actions that **regularly** result in threatened or actual harm to the child.
- A **regular** inability to delay gratification of personal needs to assume child care responsibility.
- Lashing out verbally (yells/screams, berates, uses hostile language, etc.) and/or physically (hits, shoves, threatens violence, etc.) in response to (undesired or negative) actions of the child and/or others.

R8. Primary caretaker provides inadequate physical care and/or inadequate supervision of child.

a. No, the primary caretaker provides adequate physical care and supervision of child.

b. One or both of the following is true (check all that apply)**:**

__ **Provides inadequate physical care:** The provision of physical care (the appropriate feeding, clothing, shelter, hygiene, and medical care) is inconsistent with and/or not appropriate for the child's needs. There has been harm or threatened harm to the child's health and/or well-being due to the inadequate physical care. Examples include, but are not limited to:

- Failure to obtain medical care for severe or chronic illness.
- Repeated failure to provide child with clothing appropriate for the weather.
- Poisonous substances or dangerous objects lying within reach of child.
- Child's clothing or hygiene causes negative social consequences for the child.

__ **Provides inadequate supervision:** Supervision is inconsistent with and/or not appropriate for the child's

safety resulting in threatened or actual harm to the child.

R9. Either caretaker is in a violent domestic relationship.

Either caretaker is involved in relationships that are harmful to domestic functioning or child care. Include only domestic violence between caretakers or between a caretaker and another adult. Do not include parent-child or child-child domestic violence.

a. No.

b. Yes. Either caretaker is currently involved in a relationship (either as a victim or as a perpetrator), in which incidents of physical violence or fighting and/or intimidation/threats/harassment have occurred.

R10. Primary caretaker's progress in service plan and reduction of prioritized needs.

Evaluate the primary caretaker's overall effort to reduce or resolve needs identified and scored on the family assessment of needs and strengths. The evaluation is based on worker assessment of the caretaker's engagement in the plan; and the caretaker's behavior in priority needs areas, determined by observing appropriate caretaker behaviors in caring for children in the home and/or interacting with children, service providers, and others, as well as reports from collateral sources.

a. Demonstrates substantial progress in reducing all prioritized needs identified in the service plan.

The caretaker is actively engaged in services identified in the plan, and/or routinely (three-fourths or more of the time) demonstrates appropriate behaviors during interactions with children, service providers, and others in all prioritized needs areas.

b. Demonstrates at least partial progress in all prioritized needs and substantial progress in one or more prioritized needs.

The caretaker routinely (three-fourths or more of the time) demonstrates appropriate behaviors in at least one area identified as a priority need and is engaged in services identified to meet that need.

In all other priority need areas, demonstrates appropriate behavior and engagement in services or service plan objectives often (half to three-fourths of the time).

c. Demonstrates at least partial progress in two or more prioritized needs, but has not shown substantial progress in any prioritized needs.

The caretaker often (half to three-fourths of the time) demonstrates appropriate behaviors in two or more areas identified as a priority need.

In addition, caretaker is, at least half the time, engaged in services or meeting service plan objectives identified to meet those needs. Caretaker's efforts may be inconsistent, but occur at least half of the time.

d. Demonstrates poor progress in reducing two or more of the prioritized needs.

The caretaker rarely (less than half of the time) demonstrates or fails to demonstrate appropriate behaviors in two or more areas identified as a priority need, although partial or substantial progress may have been made in reducing one or more identified priority needs.

Caretaker is not meeting service plan objectives identified to meet prioritized needs or is not engaged in services, or demonstrates service plan engagement less than half the time.

e. Refuses involvement or fails to participate in the service plan.

The caretaker refuses or does not participate in services or service plan objectives necessary to address the priority needs identified in the case plan.

R11. Secondary caretaker's progress in service plan and reduction of prioritized needs.

Evaluate the secondary caretaker's overall effort to reduce or resolve the priority needs identified and scored on the family assessment of needs and strengths. The evaluation is based on worker assessment of the caretaker's engagement in the plan; and the caretaker's behavior in priority needs areas, determined by observing appropriate caretaker behaviors in

caring for children in the home and/or interacting with children, service providers, and others, as well as reports from collateral sources.

a. Not applicable; only one caretaker in the household.

b. Demonstrates substantial progress in reducing all prioritized needs identified in the service plan.

The caretaker is actively engaged in services identified in the plan, and/or routinely (three-fourths or more of the time) demonstrates appropriate behaviors during interactions with children, service providers and others in all prioritized needs areas.

c. Demonstrates at least partial progress in all prioritized needs and substantial progress in one or more prioritized needs.

The caretaker routinely (three-fourths or more of the time) demonstrates appropriate behaviors in at least one area identified as a priority need and is engaged in services identified to meet that need.

In all other priority need areas, demonstrates appropriate behavior and engagement in services or service plan objectives often (half to three-fourths of the time).

d. Demonstrates at least partial progress in two or more prioritized needs, but has not shown substantial progress in any prioritized needs.

The caretaker often (half to three-fourths of the time) demonstrates appropriate behaviors in two or more areas identified as a priority need.

In addition, caretaker is, at least half the time, engaged in services or meeting service plan objectives identified to meet those needs. Caretaker's efforts may be inconsistent, but occur at least half of the time.

e. Demonstrates poor progress in reducing two or more of the prioritized needs.

The caretaker rarely (less than half of the time) demonstrates or fails to demonstrate appropriate behaviors in two or more areas identified as a priority need, although

partial or substantial progress may have been made in reducing one or more identified priority needs.

Caretaker is not engaged in services or is not meeting service plan objectives identified to meet those needs or demonstrates service plan engagement less than half the time. Evidence of poor progress includes a caretaker's failure or refusal to attend services or work toward service plan objectives identified to address a priority need.

f. Refuses involvement or fails to participate in the service plan.

The caretaker refuses or does not participate in services or service plan objectives necessary to address the priority needs identified in the case plan.

OVERVIEW

In most cases where a preponderance of evidence of child abuse/neglect (CA/N) is found to exist, a family assessment of needs and strengths (FANS-CPS) and a child assessment of needs and strengths (CANS-CPS) need to be completed. These assessments are completed with family input and are used to identify areas which the family needs to focus on to reduce risk of future CA/N. These assessments are used to:

- Develop a service agreement with the family that prioritizes the needs that contributed most to the maltreatment as identified by the FANS-CPS and CANS-CPS.
- Identify services needed for cases that are opened for service provision or closed and referred to other agencies for service provision.
- Identify gaps in resources for client services.
- Identify strengths that may aid in building a safe environment for families.

See PSM 714-1,Post-Investigative Services, for information on service provision and service agreements.

When the investigation is complete (all fact-gathering activities, interviews, risk assessment, etc. have been done) and there is a preponderance of evidence of CA/N, complete the FANS-CPS and CANS-CPS.

FAMILY ASSESSMENT OF NEEDS AND STRENGTHS (FANS-CPS)

If a preponderance of evidence of CA/N is found to exist, the family assessment of needs and strengths (FANS-CPS) must be completed, with the following exceptions:

- The perpetrator is a nonparent adult who resides outside the child’s home and there is no other perpetrator.
- The perpetrator is a licensed foster parent. (If the licensed foster parent is also a perpetrator of CA/N of their

biological/adoptive children, a FANS-CPS must be completed.) See PSM 716-9 New Complaint When Child Is In Foster Care.

If services will be provided in either of the situations listed above, a FANS-CPS must be completed. When two separate households are investigated on the same complaint, a FANS-CPS must be completed for all households in which a perpetrator resides or for which services will be provided; for example, when the non-custodial parent is found to be a perpetrator of abuse and the custodial parent is not found to be a perpetrator, a FANS-CPS is needed only on the non-custodial parent's household, unless services will also be provided to the custodial parent. A **separate** FANS-CPS must be completed if needed for more than one household. Two households must **not** be combined on one FANS-CPS; see PSM 713-01 CPS Investigation-General Instructions and Checklist, Case Member Information section, for more information on establishing households in SWSS CPS.

Note: If CPS is requesting removal of the child from the home and placement with the non-custodial parent is being evaluated (either through a voluntary placement made by the custodial parent or a court order), CPS must complete a FANS-CPS on the non-custodial parent's household **within 24 hours or the next business day.** See PSM 715-2 Removal and Placement of Children, Placement With Non-Custodial Parents and Relatives section, for more information on placement with non-custodial parents and PSM 713-01 CPS Investigation-General Instructions and Checklist, Case Member Information section, for more information on establishing households in SWSS CPS.

To view the Family Assessment of Needs and Strengths (DHS 259) form, a summary of the FANS-CPS, go to RFF 259.

FANS-CPS Definitions

Select one score for each caretaker for each question. Provide an explanation for the selection for each caretaker if the question is scored as a strength or a need (score other than 0). Primary and secondary caretakers may score differently on each item. The explanation should include specific, concise examples to support the scoring of the item. The answers to the FANS-CPS questions and explanations should include an assessment of family dynamics and description of issues which place a child at risk, including behaviors of significant other persons who live with, or are associ-

ated with the family. In addition, the assessment should outline the family strengths that will help to eliminate future risk to the family.

S1. EMOTIONAL STABILITY

A. Exceptional Coping Skills – Caretaker displays the ability to deal with adversity, crises and long term problems in a positive manner. Has a positive, hopeful attitude.

B. Appropriate responses – Caretaker displays appropriate emotional responses. No apparent dysfunction.

C. Some problem – Caretaker displays depression, low self-esteem, apathy and/or is currently receiving outpatient therapy. Caretaker has difficulty dealing with situational stress, reacting inappropriately to crisis and problems.

D. Chronic or significant problems – Caretaker displays chronic depression, apathy and/or significant loss of self-esteem. Caretaker is hospitalized for emotional problems and/or is dependent upon medication for behavior control.

S2. PARENTING SKILLS

A. Strong skills – Caretaker displays knowledge and understanding of parenting skills and is utilizing these skills with the child on a daily basis. Parent shows an ability to identify positive traits in their child (recognize abilities, intelligence, social skills, etc.), encourages cooperation and a positive identification within the family.

B. Adequate skills – Caretaker displays adequate parenting patterns which are age appropriate for the child in the areas of expectations, discipline, communication, protection, and nurturing. Caretaker has the basic knowledge and skills to parent.

C. Improvement needed – Improvement of basic parenting skills needed by caretaker. Caretaker has some unrealistic expectations, gaps in parenting skills, demonstrates poor knowledge of age appropriate disciplinary methods, and/or lacks knowledge of child development which interferes with effective parenting.

D. Destructive/abusive parenting – Caretaker displays destructive/abusive parenting patterns.

S3. SUBSTANCE ABUSE

A. No evidence of problems – No evidence of a substance abuse problem with caretaker.

B. Caretaker with some problem – Caretaker displays some substance abuse problem resulting in disruptive behavior, or causing some discord in family, or is currently receiving treatment or attending support program.

C. Caretaker with significant problem – Caretaker has significant substance abuse problems resulting in such things as loss of job, problems with the law, family dysfunction.

D. Problems resulting in chronic dysfunction – Caretaker has chronic substance abuse problems resulting in a chaotic and dysfunctional household/lifestyle.

S4. DOMESTIC RELATIONS

A. Supportive relationship - Supportive relationship exists between caretakers and/or adult household members. Caretakers share decision-making and responsibilities.

B. Single caretaker not involved in domestic relationship - Single caretaker.

C. Domestic discord/lack of cooperation - Lack of cooperation between partners (or other adult household members), open disagreement on how to handle child problems/discipline. Frequent and/or multiple live-in partners.

D. Significant domestic discord/domestic violence - Repeated history of leaving and returning to abusive spouse/partner. Involvement of law enforcement and/or domestic violence problems. Personal protection orders, criminal complaints.

S5. SOCIAL SUPPORT SYSTEM

A. Strong support system - Caretaker has a strong, constructive support system. Active extended family (may be blood relatives or close friends) who provide material resources, childcare, supervision, role modeling for the parent and child, and/or parenting and emotional support.

B. Adequate support system - Caretaker uses extended family, friends, community resources to provide a support system for guidance, access to child care, and available transportation, etc.

C. Limited support system - Caretaker has limited support system, is isolated, or is reluctant to use available support.

D. No support or destructive relationships - Caretaker has no support system and/or caretaker has destructive relationships with extended family and community resources.

Note: An explanation must be provided for this question. Identify relatives or unrelated caregivers who have an established bond/support system with the family. The explanation should reflect the type of support provided, frequency and circumstances under which this support was needed and used and if relative/unrelated caregivers are willing to continue to give support to this family. Identify if there are other relative/unrelated caregivers available for assistance. If no extended family support exists for this family, document why not.

See PSM 715-2 Removal and Placement of Children, if CPS is seeking to place the child outside the care of the primary caretaker and place with the non-custodial parent or relative (either through a voluntary placement made by the custodial parent or a court order).

S6. COMMUNICATION/INTERPERSONAL SKILLS

A. Appropriate skills – Caretaker appears to be able to clearly communicate needs of self and child and to maintain both social and familial relationships.

B. Limited or ineffective skills – Caretaker appears to have limited or ineffective interpersonal skills which limit their ability to make friends, keep a job, communicate needs of self or child to schools or agencies.

C. Hostile/destructive – Caretaker isolates self/child from outside influences or contact, and/or have interpersonal skills that are hostile/destructive.

S7. LITERACY

A. Adequate literacy skills – Caretaker has functional literacy skills, is able to read and write adequately to obtain employment, and assist child with school work.

B. Marginally literate – Caretaker is marginally literate with functional skills that limit employment possibilities and ability to assist child.

C. Illiterate – Caretaker is functionally illiterate and/or totally dependent upon verbal communication.

S8. INTELLECTUAL CAPACITY

A. Average or above functional intelligence – Caretaker appears to have average or above average functional intelligence.

B. Some impairment/difficulty in decision making skills – Caretaker has limited intellectual and/or cognitive functioning which impairs ability to make sound decisions or to integrate new skills being taught, or to think abstractly.

C. Significant limitations – Caretaker is limited intellectually and/or cognitively to the point of being marginally able or unable to make decisions and care for self and/or child, or to think abstractly.

S9. EMPLOYMENT

A. Employed – Caretaker is gainfully employed and plans to continue employment.

B. No Need – Caretaker is out of labor force, such as, full time student, disabled person or homemaker.

C. Unemployed, but looking – Caretaker needs employment or is underemployed and engaged in realistic job seeking or job preparation activities.

D. Unemployed, but not interested – Caretaker needs employment, has no recent connection with the labor market, is not engaged in any job preparation activities or seeking employment.

S10. PHYSICAL HEALTH ISSUES

A. No problem – Caretaker does not have health problems that negatively affect family functioning.

B. Health problem/physical limitation that negatively affects family – Caretaker has a health problem or physical limitation (including pregnancy) that negatively affects family functioning.

C. Significant health problem/physical limitation – Caretaker has a significant/chronic health problem or physical limitation that affects their ability to provide for and/or protect their child.

S11. RESOURCE AVAILABLITY/MANAGEMENT

A. Strong Money Management Skills – Family has limited means and resources but family's minimum needs are consistently met.

B. Sufficient income – Family has sufficient income to meet their basic needs and manages it adequately.

C. Income Mismanagement – Family has sufficient income, but does not manage it to provide food, shelter, utilities, clothing, or other basic or medical needs, etc.

D. Financial crisis – Family is in serious financial crisis and/or has little or no income to meet basic family needs.

S12. HOUSING

A. Adequate housing – Family has adequate housing of sufficient size to meet their basic needs.

B. Some, but correctable problems – Family has housing, but it does not meet the health/safety needs of the child due to such things as inadequate plumbing, heating, wiring, housekeeping, or size.

C. No housing/eviction notice – Family has eviction notice, house has been condemned or is uninhabitable or family has no housing.

S13. SEXUAL ABUSE

A. No evidence of problem – Caretaker is not known to be perpetrator of child sexual abuse.

B. Failed to protect – Caretaker has failed to protect a child from sexual abuse indicated by a preponderance of evidence of failure to protect.

C. **Evidence of sexual abuse** – Caretaker is known to be a perpetrator of child sexual abuse by a preponderance of evidence by CPS or a criminal conviction.

CHILD ASSESSMENT OF NEEDS AND STRENGTHS (CANS-CPS)

If a preponderance of evidence of CA/N is found to exist, the CANS-CPS must be completed for every child victim and for every child residing in a household in which a perpetrator of CA/N resides. A CANS-CPS must also be completed for every child in a household if services will be provided to that household. (For example, the custodial parent has three children and one of those three children has a non-custodial parent. The non-custodial parent is found to be a perpetrator and the custodial parent is not a perpetrator. A CANS-CPS must be completed on the child that is the victim. A CANS-CPS does not need to be completed for the two other children in the custodial parent's household, unless services will be provided to that household.)

Note: If a child does not reside in the household (such as, child resides with a relative and this child's well-being was only verified for the investigation), a CANS-CPS does not need to be completed on that child. If the perpetrator is a licensed foster parent, a CANS-CPS does not need to be completed on the foster children (even if they are the child victims) because this is done by the foster care worker quarterly. If the licensed foster parent is also a perpetrator of CA/N of their biological/adoptive children, a CANS-CPS must be completed on each of the biological/adoptive children; see also PSM 716-9-New Complaint When Child Is In Foster Care.

A **separate** CANS-CPS must be completed for each child. Children must **not** be combined on one CANS-CPS.

CANS-CPS Definitions

When completing the CANS-CPS, consider the physical, social and emotional characteristics of the child. Describe the effect the neglect or abuse has on the child. Consider both needs and strengths to describe:

- How the child relates behaviorally to peers and other adults.

- How the child interacts with parent(s) or other caretaker(s) (including a nonparent adult, relative or significant others) and with siblings or other children.

Document any physical or mental limitations of the child that may challenge family functioning.

After selecting an answer to each question on the CANS-CPS, enter an explanation for the answer in the Explanation box if the question is scored as a need (answer other than A). The explanation should include specific, concise examples to support the scoring of the item.

C1. Medical/Physical

A. Adequate health – Child has no known health care needs.

B. Physical health need – Child has a medical condition(s) that requires ongoing treatment and/or interventions regardless of whether a treatment/intervention is in place. Examples of medical conditions include, but are not limited to:

- Fragile asthmatic.
- Eczema.
- Allergies.
- Diabetes.
- Cerebral palsy.
- Physical disability.
- Effects of lead exposure.
- Prenatal drug/alcohol exposure.
- Poor dental care.
- Significant vision problem such as blindness, partial blindness.

C2. Mental Health and Well-being

A. Adequate emotional behavior/coping skills – Child displays interactions and/or behaviors that do not, or minimally, interfere with school, family, peer and community functioning.

B. Emotional behavior/coping needs – Child has difficulties dealing with daily stresses or crises or has problems that interfere with family, school, peer and/or community

functioning. Examples of problems include, but are not limited to:

- Withdrawal from social interaction.
- Changes in sleeping or eating patterns.
- Increased aggression.
- Very easily frustrated.
- Frequent threats to run away or running away.
- Fire setting.
- Suicidal behavior/idealization.
- Violence toward people and/or animals.
- Self-mutilation.
- Enuresis, encopresis.
- Diagnosed with psychiatric disturbance/mental health condition.

C3. Education

A. Adequate academic achievement – Child is working at or above grade level or is too young or not required to attend school.

B. Educational needs – Child is working below grade level. Child has a special education plan or is in need of a special education plan. Child exhibits behavioral problems at school, including frequent truancy.

OVERVIEW

Every individual identified as a perpetrator in a Category II or Category I CPS case and those cases in which a preponderance of evidence of child abuse and/or neglect (CA/N) exists and the perpetrator is a nonparent adult who resides outside the child's home, is a licensed foster parent, or is an owner, operator, volunteer, or employee of a licensed or registered child care organization (which includes foster care and adoption workers at DHS and child placing agencies) must be listed on the Child Abuse and Neglect Central Registry (CA/NCR or central registry). See PSM 716-6, Complaints Involving Child Care Organizations and Institutional Settings for information on who handles complaints regarding licensed or registered child care organizations.

Central registry includes two separate registries: the perpetrator registry and the historical registry.

The perpetrator registry includes only the names of those individuals who have been given notification (identified by a date in the DP box) that their names were placed on central registry. The historical registry includes only the names of those individuals who have not been given due process (DP), meaning those who have not been given notification that their names were placed on central registry.

CENTRAL REGISTRY CLEARANCES (INQUIRIES)

Central registry records are accessed by completing a query in the Central Registry module in MiSACWIS. See the Adding A Perpetrator To Central Registry and Perpetrator Notification Procedures section below for what to do when a perpetrator listed on the historical registry only (no DP date) is identified during a central registry clearance. See the Central Registry Clearances on Michigan Residents, Central Registry Clearances on Individuals Who Reside Out-of-State, and Central Registry Clearances for Entities sections in this item for procedures on handling central registry clearance requests from individuals and entities.

PERPETRATOR NOTIFICATION (DUE PROCESS)

Individuals listed on central registry must be notified and informed of their rights when listed on the central registry. Perpetrator notification requires formal, documented notification to the individual, which includes all of the following:

- The individual has been identified as a perpetrator.
- The potential consequences of being listed on central registry, including who has access to central registry information.
- The right to review the file. See SRM 131, Release of CPS Information, Procedures for Releasing Information section, for more information on what information can be released from the CPS file.
- The right to request amendment or expunction of the record. See PSM 717-2, Amendment or Expunction, Perpetrator (Petitioner) Requests for Amendment or Expunction section for more information on these requests.

These requirements are met when notice is provided to the perpetrator using the Perpetrator Notification Letter in MiSACWIS.

PERPETRATOR NOTIFICATION REQUIREMENTS AND TIMEFRAMES

Notification to the perpetrator must be done and documented by using the Perpetrator Notification Letter in MiSACWIS. This notice shall be sent by registered or certified mail, return receipt requested, and delivery restricted to the addressee.

- If the Perpetrator Notification Letter is delivered in person, it must be delivered within 5 working days of completing the case in MiSACWIS. The date of delivery is the “Date of Notice” to be entered on the letter. The recipient must be asked to sign a copy of the letter. If he/she refuses, the worker delivering the letter must sign on the appropriate line. A copy of the signed letter (by perpetrator and/or worker) must be placed in the case file.

- If the Perpetrator Notification Letter is sent by mail, it must be sent by registered or **certified mail, return receipt requested**,and delivery restricted to the addressee within 5 working days of completing the case in MiSACWIS. Restricted certified mail (to be delivered to addressee only) may be used at local office discretion. The date of mailing is the "Date of Notice" to be entered on the letter. If the notification is returned "refused" or otherwise undeliverable, the envelope and receipt must be placed in the case file.

Note: A minor perpetrator (for example, a 16-year-old parent) may only sign the Perpetrator Notification Letter if he/she is legally emancipated. If the minor perpetrator is not emancipated, copies of the notification letter must be delivered to both the minor and to the minor's parent or legal guardian. Delivery to the parent or legal guardian must be documented by certified mail or signature.

ADDING A PERPETRATOR TO CENTRAL REGISTRY AND PERPETRATOR NOTIFICATION PROCEDURES

Known perpetrators cannot be placed on central registry with an estimated birthdate. The perpetrator's proper/legal name and actual birthdate must be used. If the perpetrator is unknown and the case is kept open for services, attempts must continue to be made to identify the perpetrator. If the unknown perpetrator is identified, his/her name must be placed on central registry, if required (Category I cases, Category II cases, perpetrator is a nonparent adult who resides outside the child's home, etc.).

Central Registry Clearance (Inquiry) Only

Whenever department staff complete a central registry clearance and identify a perpetrator listed on the historical registry (no DP date), and the address of the perpetrator is known, that staff must notify the local office CPS unit where the case was last entered on the central registry by using the DHS-835, Central Registry Clearance-No Perpetrator Notification Record Notice. See DHS-835, Central Registry Clearance-No Perpetrator Notification Record Notice for how to add the date of notice to the DP box on central registry and provide proper notice when this form is received by the

local office CPS unit or if the staff completing the central registry clearance is the local office CPS unit where the case was last entered on central registry.

New CPS Investigation

If a preponderance of evidence of CA/N is found during a CPS investigation and the case is a Category I or II or the perpetrator is a nonparent adult who resides outside the child's home, is a licensed foster parent, or is an owner, operator, volunteer, or employee of a licensed or registered child care organization, the perpetrator must be listed on the central registry; see PSM 716-9.

Whenever a new CPS investigation identifies a perpetrator listed on the historical registry (no DP date), the CPS unit conducting the investigation must provide notice to the perpetrator. See New Investigations With Prior Historical Registry (No DP Date) Listing section below.

Note: If a copy of the Perpetrator Notification Letter is in the case file but the date of the notice is not displaying in the DP box, contact the Michigan Department of Technology Management and Budget Help Desk to have a remedy ticket created. The Help Desk will manually add the date the Perpetrator Notification Letter was sent to the perpetrator into the DP box for the complaint.

New Investigation With No Prior Central Registry Listing

Upon completion of an investigation which identifies an individual as a perpetrator that must be entered on central registry, the perpetrator is automatically added to central registry when completing the disposition of the Investigation in MiSACWIS. Once the perpetrator is added to central registry, print the Perpetrator Notification Letter. See the Perpetrator Notification Requirements and Timeframes section above regarding the requirements and timeframes for delivering the Perpetrator Notification Letter to the perpetrator.

New Investigations With Prior Historical Registry (No DP Date) Listing

When a new CPS investigation begins and the required central registry inquiry reveals that any member of the new CPS investigation is a perpetrator listed on the historical registry (no DP date), the local office conducting the new investigation must, at the completion of the investigation, provide notice to the perpetrator(s)

on the historical registry. The process for this notification depends on the disposition of the new investigation.

No Perpetrator Needs To Be Entered On Central Registry:

To provide the Perpetrator Notification Letter in MiSACWIS, enter the Investigations task module and select the form/reports hyperlink.The Perpetrator Notification Letter should be selected and will print and the DP date will automatically be added to central registry for the selected complaints. See the Perpetrator Notification Requirements and Timeframes section above regarding the requirements and timeframes for delivering the Perpetrator Notification Letter to the perpetrator.

Perpetrator Must Be Added On Central Registry:

The perpetrator is automatically added to central registry when completing of the investigation in MiSACWIS. Once the perpetrator is added to central registry, enter the Investigations task module and select the form/reports hyperlink.The Perpetrator Notification Letter should be selected and will print and the DP date will automatically be added to central registry for the selected complaints. See the Perpetrator Notification Requirements and Timeframes section above regarding the requirements and timeframes for delivering the Perpetrator Notification Letter to the perpetrator.

Note: When a new CPS complaint is received by a local office, and the required central registry inquiry is completed, none of the perpetrator notification requirements above are required if the new complaint is **not** assigned for investigation.

Central Registry Clearance-No Perpetrator Notification Record Notice (DHS-835)

If a local office CPS unit receives the DHS-835, Central Registry Clearance-No Perpetrator Notification Record Notice, or the department staff completing the central registry clearance is the local office CPS unit where the case was last entered on central registry, that local office CPS unit must provide notice to the perpetrator and add the DP date to central registry, if the perpetrator's address is known.

See the Perpetrator Notification Requirements and Timeframes section above regarding the requirements and timeframes for delivering the Perpetrator Notification Letter to the perpetrator.

Note: If a copy of the Perpetrator Notification Letter is in the case file but the date of the notice is not displaying in the DP box, contact the Michigan Department of Technology Management and Budget Help Desk to have a remedy ticket created. The Help Desk will manually add the date the Perpetrator Notification Letter was sent to the perpetrator into the DP box for the complaint.

CENTRAL REGISTRY CLEARANCES FOR INDIVIDUALS AND ENTITIES

See SRM 131, Confidentiality, Procedures for Release of Central Registry Information, for how to release central registry information to:

- Individuals who reside in Michigan.
- Individuals who reside out-of-state.
- Agencies/entities.
- Employers.
- Potential employers.
- Volunteer agencies.
- Potential volunteer agencies.

CASE FILE REVIEW REQUESTS AND CENTRAL REGISTRY AMENDMENT AND EXPUNCTION RESPONSIBILITIES

An individual may appear as a perpetrator on central registry in multiple, prior complaints, under different case numbers, in multiple counties/local offices. Each local office showing a previous central registry complaint on an individual is responsible to:

1. Handle any requests by the perpetrator to review the complaint(s)/case file and for consultation with the supervisor.

2. Handle any challenge to its decision for each complaint it has listed on central registry.

See PSM 717-2, Amendment or Expunction and PSM 717-3, Administrative Hearing Procedures for more information on amendments and expunctions. See PSM 717-4, Release of CPS Information for more information on what information can be released from the CPS file.

GENERAL INSTRUCTIONS

Decisions about post-investigative services to a family are based on multiple factors, including category designation.

Category V Cases

Category V cases involve one of the following:

- **No** evidence of child abuse and/or neglect (CA/N) is found; see PSM 713-01, CPS Investigation-General Instructions and Checklist, Abbreviated Investigations section.
- The family cannot be located.
- The Family Division of Circuit Court was asked to order the family to cooperate with the investigation, but the court declined.

Category IV Cases

For Category IV cases, the worker must inform the family about available community resources commensurate with the risk to the child; such as cases with identified safety factors on the Safety Assessment, or causes identified as high risk.

Category III Cases

CPS must refer the child's family to community-based services commensurate with the risk of harm as determined by the risk assessment. If the family does not voluntarily participate in services, or fails to make progress to reduce the risk level, the department may reclassify the case as Category II; see Escalation of Category section in this item.

Note: Families First referrals are inappropriate for Category III cases. Families First services must only be used when imminent risk of removal is present.

One of the following options must be used based on the individual needs of the family and the results of the safety assessment.

Services Not Monitored

OPTION 1: Child is safe and services do not need to be monitored.

The worker must:

- Open/close on MiSACWIS CPS.
- Refer family to community-based services.
- Document reasons why the child is safe and services do not need to be monitored.

Services Monitored for up to 90 Days

OPTION 2: Child is safe with services; services need to be monitored.

Category III cases may be opened to monitor and obtain feedback from community-based services to which the family has been referred for a period that should not exceed 90 days from the initial date of complaint. See exception below allowing an extension of the 90-day monitoring period.

Open a Category III case when child safety issues warrant monitoring of the case to ensure that the family is making progress in community-based services.

The worker must:

- Open the case in MiSACWIS.
- Refer the family to community-based services.
- Provide direct services and/or monitor referred services for a period that should not exceed 90 days. See exception below allowing an extension of the 90-day monitoring period.

During the time the case remains open, contact standards for low- and moderate-risk cases must be followed. The worker must monitor whether the parent participates in and benefits from services. The worker may close the case during the 90-day period after face-to-face contact has been made with all appropriate household member(s), and after completing the risk and safety reassessments, the reassessments of the family assessment of needs and strengths (FANS-CPS) and the child assessment of needs and strengths (CANS-CPS). A determination must be made that the risk remains low or moderate and the child is safe. When the case is closed, a closing DHS-152, Updated Services Plan (USP), must be completed, including:

- The reasons the case was closed, including the impact of services on previously identified safety and risk factors, and needs.
- The progress, or lack of progress made as a result of the services and supports.
- The need for follow-up or further services as indicated on the safety reassessment.

See PSM 714-4, CPS Updated Services Plan and Case Closure, for more information on USPs and case closure.

Exception: The 90-day monitoring period may be extended up to 90 additional days in limited circumstances, such as the service provider was unable to begin services during the first 90 days. The extension request must be submitted **prior** to the end of the initial 90-day monitoring period. Complete a safety reassessment and then submit the request for supervisory approval of an extension of the 90-day monitoring period by completing the Exception Request. The request must document the reasons for the extension. This exception applies only if factors that would cause escalation to a Category II are **not** present.

Escalation of Category

If the family does not participate in, or benefit from services, the worker must determine whether to escalate the case to a Category II or I by completing the risk and safety reassessments and/or by using discretionary overrides. The decision to escalate the case must be based on the current family situation and the risk to the child. The worker must document the reasons for escalating the case to Category II or I in the USP. The reason must include the child safety issues identified within the safety and risk reassessments and the reassessment of the FANS-CPS and CANS-CPS.

Escalated cases must be served with contact standards applicable to their new risk level (for example, if a Category III, moderate-risk case is escalated to a Category II, high-risk case, adhere to the contact standards for high-risk cases). **Note:** Any time a petition is filed the case must be escalated to a Category I.

The worker must:

- Complete the safety and risk reassessments at or before 90 days from the date of the initial complaint.

- A risk-reassessment cannot be completed until contact has been made with the family. If the worker is unable to locate the family, workers must document this in the assessment as well as efforts that have been made to locate the family.
- Escalate the case to Category II or I in MiSACWIS CPS. The perpetrator's name will automatically be added to central registry. **Note:** If the case is escalated to a Category I, the Legal module in MiSACWIS CPS must be completed. See PSM 713-13, Child Abuse and Neglect Central Registry (CA/NCR), for information on providing notice to the perpetrator that his/her name has been listed on central registry.
- Provide and/or refer to services and family supports.

Category II Cases

For Category II cases, the role of the worker varies depending on the availability and accessibility of community resources and supports. If resources are limited, the worker may provide direct services to the family. If community resources are available, the worker may act as a case manager by coordinating the delivery of various services provided by others. Regardless of whether services are provided directly or purchased, the worker must monitor the child's safety.

Category I Cases

For Category I cases, a petition must be filed with the Family Division of Circuit Court. Depending on the living arrangement of the child, the case must be transferred to foster care or maintained by CPS.

FAMILY TEAM MEETINGS

See FOM 722-06B for information about Family Team Meetings.

ENGAGEMENT OF SERVICES

When a social work contact with the client/family includes an attempt to engage the client/family in services, the Engagement of Services option must be selected for that contact purpose. Document in the social work contact narrative **how** the family/client engaged in services.

REQUIRED REFERRAL TO EARLY ON®

As a requirement of the Child Abuse Prevention and Treatment Act (CAPTA), 42 USC 5101 et. seq., when a CPS case is classified as a Category I and II CPS must refer all children under age 3 who are identified as victims to *Early On*® for evaluation and services. This referral must be done at the time of disposition or when the child has been identified as being directly affected by substance abuse; see PSM 716-7-Substance Abuse Cases. CPS must notify the family of the referral to *Early On* and ask the family to sign the DHS-1555-CS, Authorization to Release Confidential Information. Completion of the DHS-1555-CS allows MDHHS to receive the *Early On* evaluation results and any plan for services, if applicable.

MiSACWIS CPS will prompt workers to complete a referral to *Early On* when required.

When completing the referral, workers should identify developmental, cognitive, social, emotional and/or medical concerns. Information provided in the developmental/medical concern sections of the referral should be regarding the child, not the family or family situation. Information regarding the family may be included in the child resides section of the referral. Care must be taken not to release confidential information; see SRM 131, Confidentiality.

Note: Special consideration must be given to children under the age of 3 who have pre-existing conditions such as toxic exposure, failure to thrive or other known medical conditions such as cerebral palsy, Down syndrome or others. **These children must be referred to *Early On*, regardless of CPS case status.**

SERVICE LEVEL AND CONTACT STANDARDS

Risk Level	Required Number of Face-to-Face Contacts with the Family Per Month	Maximum Number allowable by a Contracted Agency Per Month	Number of Visits Required Per Month with Victim and Non-Victim Children in the Home	Minimum Number of Face-to Face Contacts with a caregiver per participating household
Intensive	4	3	1	1
High	3	2	1	1
Moderate	2	1	1	1

Low	1	0	1	1

Monthly service level and contact standards are:

The total required visits with the family are based on the risk level.

Contact with the family must be made within 7 business days of case transfer to on-going.

A risk-reassessment cannot be completed until contact has been made with the family.

Regardless of the risk level, each victim and non-victim must be seen at least once a month.

Low risk level

One face-to-face contact by the CPS worker with the family per month.

One collateral contact by the CPS worker on behalf of the family per month.

Moderate risk level

Two face-to-face contacts by the CPS worker with the family per month.

Two collateral contacts per month by the CPS worker on behalf of the family.

High risk level

Three face-to-face contacts by the CPS worker with the family per month.

Three collateral contacts per month by the CPS worker on behalf of the family.

Intensive risk level

Four face-to-face contacts by the CPS worker with the family per month.

Four collateral contacts per month by the CPS worker on behalf of the family.

CPS WORKER VISITS

During open cases, the CPS worker must visit the child (ren) according to the requirements described below. Information obtained during visits must be used when completing the DHS-152, Updated Services Plan.

In order for a case contact to meet contact requirements, the contact must occur in person with the perpetrator, victim or caretaker (parent, guardian or other person responsible). During the contact the worker must engage the individual by creating an environment of empathy, genuineness and empowerment that supports them with entering into a helping relationship and actively working to mitigate risk and safety concerns.

Visit Requirements

To ensure child-centered safety planning, a face-to-face contact must be made by the CPS worker with the primary caregiver, from each participating household, every 30 days following the date of disposition. The visit and discussion must include child-centered safety planning, addressing the child's needs, continued services and discussion of identified case goals.

Attempts to have at least quarterly contact with the identified perpetrator should occur to address child safety concerns and assess service provision.

Each child must have a face-to-face visit by the CPS worker a **minimum of once** every 30 day period, beginning at the dispositional date (or in the event of an overdue report or where an extension was granted, from the original dispositional due date)**.** The initial visits with the family must take place within 7 business days from case assignment to the on-going worker. The majority of visits must take place in the child’s residence. Each visit must include a private meeting between the child and the CPS worker. During the monthly visit the areas to be discussed at least once a month must include:

Child Visit (age-appropriate/verbal children):

The child’s perception of all issues and concerns, including:

- Child's opinion about what led to CPS involvement.
- Issues pertaining to the child's needs, services and case goals.
- Education.
- Family interactions with parents/siblings.
- Safety concerns.
- Discuss parenting time and/or sibling visitation plan as applicable.
- Extracurricular/cultural activity/hobby participation.
- Medical/dental/mental health needs since last visit.
- Permanency plan and how the plan has been shared with the child.

Caregiver Visit:

- Progress toward reaching goal as addressed in the service plan/risk assessment.
- Caregiver's perception of the challenges they are experiencing and their ideas for addressing.
- Medical/dental/mental health concerns, appointments, treatment and follow-up care for child (ren) and caregiver(s).
- Child behaviors: Worker and parent concerns, developmental achievements or concerns, and any behavioral management plan, if applicable.
- Education: School status/performance, behaviors and services provided.
- Tasks required to meet child's needs.
- Inquire about non-custodial parents.
- Address any safety concerns.

General Information:

- Risk assessment completed and risk level.
- Additional CPS complaint(s) made since last visit.

- Law enforcement involvement since last visit.
- Unmet needs or services to be provided.
- View child's bedroom.
- Observe and record child's physical appearance.

Safe Sleep

- For every home visit during an ongoing CPS case involving a child 12-months of age or younger living in the home, CPS must observe the infant's sleep environment and record the observation in their social work contacts. The documentation should address whether:
  - The infant is sleeping alone.
  - The infant has a bed, bassinet, or portable crib.
  - There is anything in the infant's bed.
  - The mattress is firm with tight fitting sheets.
- If the infant is not provided with a safe sleep environment, the worker will make attempts to assist the family in obtaining one and document those attempts. MDHHS may utilize the following to help secure the safe sleep environment.
  - The family's friends/family members.
  - Community resources.
  - Local office funds.

Documenting Visit Information

The information gathered during the monthly visit must be documented in the DHS-152, Updated Services Plan.

Caseworker Visit Tools

Two CPS caseworker visit tools have been developed to assist workers in gathering the above required information during the monthly calendar visit. The tools are:

- DHS-903-A, Children's Protective Services Caseworker/Child Visit Tool. This form may be used to take notes during the visit.
- DHS-903, Children's Protective Services Caseworker/Child Visit Quick Reference Guide. This guide lists the information that must be covered in the monthly visit.

The above caseworker visit tools provide structure and reminders of the required topics during the monthly child visit. The information from the tool is to be documented in MiSACWIS CPS. The tools are not to be used as documentation in the case record.

Face-to-Face Contact

A face-to-face contact is defined as an in-person contact with the perpetrator, victim or caretaker (parent, guardian or other person responsible) for the purpose of observation, conversation or interview about substantive case issues. Risk reassessment, reassessments of FANS-CPS and CANS-CPS, treatment planning, service agreement development and/or progress review are examples of substantive case issues. A face-to-face contact must occur in the family's home at least every other month (every 60 days) and in the 30 days prior to case closure.

Note: In the first month of service provision, an attempt must be made by the caseworker to have at least one face-to-face contact that includes all children and all caretakers residing in the home.

When providing services to cases identified as intensive, high or moderate risk level, a minimum of one face-to-face contact with all children must be conducted each month by the caseworker as part of the required face-to-face contacts with the family. In low risk level cases, the CPS worker must at least verify and document the well-being of the children in the household on a monthly basis.

Note: A face-to-face contact in the home must be made with each child victim on all risk level cases in the 30 days prior to case closure.

See PSM 713-03, Face-to-Face Contact, Entering a Home When a Parent/Adult is Not Present section for restrictions on entering a home.

Collateral Contact

Collateral contacts refer to all other contacts the worker may need to make, such as contacts with the extended family, a relative, the school, any service providers, other agencies or the foster family. These contacts may be face-to-face, by telephone or email.

Contacts by Contracted Agencies

If a client is referred to services that are contracted for with local purchase of service monies (such as CA/N contracts) for the purpose of reducing risk to the child, face-to-face contacts by a contractual worker with the client may be counted as a face-to-face contact to replace a CPS worker's contact, as outlined above. Contacts the client has with other local agencies which are not under contract with MDHHS, such as a public health department or community mental health, may not be counted as face-to-face contacts to replace the worker's contacts.

Note: If MDHHS employs service providers (such as parent aides, homemaker aides, etc.) to work with clients for the purpose of reducing risk to the child, the local office director may approve that face-to-face contact by the MDHHS-employed service provider with the client be counted as a face-to-face contact to replace a CPS worker's contact as outlined above in Service Level and Contact Standards.

Note: If the worker becomes aware that the service providers have not been able to meet the required number of contacts, the CPS worker **must** ensure the safety of the children by conducting a home visit. In addition, the CPS worker must notify his/her supervisor so that the supervisor may attempt to resolve the issue with the service provider. Until the issue is resolved, the worker is responsible for meeting all of the face-to-face contact standards.

The initial FANS-CPS and CANS-CPS outcomes and the development of the service agreement must be discussed during the initial planning conference between the CPS worker, the service provider and client family. The service provider must obtain the CPS worker's approval of the proposed service plan prior to implementation.

The CPS worker must make monthly visits with the children, caretaker(s) and/or perpetrator(s) to measure treatment progress. The conferences should be used to discuss the reassessment outcomes, the revised services agreement and updated services plan. It is also recommended that the CPS worker and service provider meet with the client family for quarterly review of the case plan.

Contacts

Families First and Families Together/ Building Solutions

In cases in which the family is referred for Families First or Families Together/Building Solutions services, those two programs are responsible for complying with all the required service standards. The CPS worker must have one contact per month with the Families First or Families Together/Building Solutions worker, either face-to-face or by telephone.

Note: If the worker becomes aware that the Families First or Families Together/Building Solutions service providers have not been able to meet the required number of contacts, the CPS worker must ensure the safety of the children by conducting a home visit. In addition, the CPS worker must notify his/her supervisor so that the supervisor may attempt to resolve the issue with the service provider. If the local office supervisor is unable to resolve the issue directly with the service provider, the supervisor must notify CPS and Family Preservation Program Office (located at central office). Until the issue is resolved, the worker is responsible for meeting all of the face-to-face contact standards.

MONTHLY CASE CONSULTATION

The CPS worker must meet with his/her supervisor at least monthly for case consultation for every ongoing case. To record in MiSACWIS that the conference occurred, select Supervisor in the contact type and in the narrative only document that the conference occurred.

The DHS-1156, CPS Investigation Supervisory Guide; DHS-1157, CPS Investigation Supervisory Tool; DHS-1158, CPS Ongoing Supervisory Tool, and DHS-1159, CPS Ongoing Supervisory Guide, are each available to assist supervisors during monthly case consultations in gathering information and assessing whether a child’s needs of safety, permanency and well-being are met.

The DHS-1156, CPS Investigation Supervisory Guide, and DHS-1159, CPS Ongoing Supervisory Guide, contain the information that must be addressed during case consultations, but are not intended for recording notes. The items in the guides are listed as prompts to guide discussion and should be supported by case documentation.

The DHS-1157, CPS Investigation Supervisory Tool, and DHS-1158, CPS Ongoing Supervisory Tool, **may** be used to take notes on items for follow-up.

Note: The guides and tools and discussion details are not to be included in the case file.

DOMESTIC VIOLENCE CASES

Interventions

Interventions in cases where domestic violence (DV) is a factor should be consistent with the following three principles:

1. Safety of the child and adult victim must be the primary consideration in all phases of the intervention.

2. The perpetrator of DV must be held accountable for acts of violence and coercive and controlling behavior.

3. Safety and service plans should build on the survival strategies of the adult victim to increase his/her likelihood of remaining safe and protecting the child.

Workers should assist and support the victim of DV in recognizing and furthering all safety efforts. If the child is at risk of harm by the perpetrator, the adult victim of DV must be informed that child safety is the priority. However, separation from the batterer might place the victim of DV and the child at increased risk of harm.

Information necessary to develop an intervention in cases involving DV include the:

- Impact of the DV on the child.
- Perpetrator's assaultive and coercive conduct.
- Impact of the DV on the victim of DV.
- Safety assessment and risk of lethality.
- Protective factors available for use by the victim (such as use of protective orders, police involvement, family support, shelters, etc.).

Note: Separate service plans must be developed for the victim of DV and the perpetrator of DV. See Ongoing Protective Service Responsibilities section for more information on the development of service agreements.

As a group, perpetrators of DV may use manipulative tactics to use the CPS system to further abuse and retaliate against the victim of DV or to gain leverage in possible custody disputes. Perpetrators of DV may file false allegations of child abuse and neglect against the victim of DV. This behavior may be a warning sign that the danger to the adult victim and child is increasing.

See also PSM 712-6, CPS Intake-Special Situations, Domestic Violence section, and PSM 713-08, Special Investigative Situations, Domestic Violence section.

Court Involvement

For information concerning court involvement, see PSM 715-3, Family Court: Petitions, Hearings, and Court Orders.

HOME VISITS - SERVICES CASES

There are certain circumstances when providing services to a family that either a scheduled or an unscheduled home visit is appropriate. The following guidelines give examples of when to use these types of home visits most effectively. CPS should use unscheduled home visits with the family as much as possible and when appropriate.

Scheduled Home Visits

Use announced home visits when:

- Several attempts to make contact have been unsuccessful.
- The worker and family have agreed upon a time frame for completion of a specific goal.

Unscheduled Home Visits

Use unscheduled home visits to:

- Determine actual home conditions and monitor child safety.
- Assess risks to the child when caretakers are allegedly allowing the child to be exposed to harmful or undesirable situations or persons, such as sex offenders, substance abusers, known perpetrators of child abuse and neglect or DV.

- Monitor child safety if there are concerns that the parent may not be following through on mutually agreed upon actions which would ensure child safety.

ONGOING PROTECTIVE SERVICE RESPONSIBILITIES

Ongoing protective service responsibilities for Category II and I families include:

1. Developing the service agreement by using the risk assessment/reassessment and the FANS-CPS and CANS-CPS to negotiate a plan that may help to reduce future risk of abuse/neglect. Services should be relevant, sufficient in frequency and duration and should address, at a minimum, the top three needs (identified by the FANS-CPS) that contributed most to the child's maltreatment.

   See PSM 714-2, CPS Supportive Services, for information on services purchased for child abuse and/or neglect cases.

   See PSM 714-2, CPS Supportive Services, Confirmed Sexual Abuse Cases section, if the case is open due to sexual abuse.

   See PSM 714-2, CPS Supportive Services, Substance Abuse Treatment Services section..

2. Helping the parents identify goals for reducing risk to the child and enhancing their ability to provide adequate care of their child.

3. Assisting parents to identify resources within their extended family support system and, if necessary, facilitate access to and use of those resources. Ensure that extended family clearly understands the need to provide appropriate services identified in the service agreement.

4. Supporting the caretaker's efforts. Help the caretakers assess and be responsive to the needs of their child. Support and encourage the caregivers by helping them to recognize their own strengths and encouraging them to apply these strengths to reach identified goals.

5. Working with the caretakers to assist them in learning new skills in the following areas: home management, child care,

parenting skills, household budgeting, preparation of nutritious meals, household organization, child development, discipline, etc. In addition to the worker's direct services in this area, these services may be effectively provided by homemakers, family life education programs, schools, voluntary agencies, etc.

6. Improving the environment. Environmental problems may exist which require the use of other resources such as financial assistance, medical assistance, family planning services, housing, legal aid, employment, etc. The worker should facilitate locating such resources by making appropriate referrals and helping the family make use of community resources.

7. Evaluating the need for continued ongoing protective services. Conduct an ongoing evaluation of the service agreement and services objectives and determine whether the child is safe and persons responsible for their health and welfare are benefiting from the service agreement. Include the use of extended family members for respite and ongoing family support.

   If a petition for removal or substitute setting becomes necessary, work with the parent(s) to identify relatives as a priority for placement and as an alternative to licensed foster care, whenever possible. Attention should be given to a non-custodial parent as a possible placement option. See PSM-715-2, Removal and Placement of Children, for more information on placement with relatives and non-custodial parents.

8. Involving the Family Division of Circuit Court and/or law enforcement agencies whenever services fail to adequately protect the child.

   - If court action is necessary for removal, the department must document the reason(s) why services did not prevent removal; see PSM 714-2, CPS Supportive Services, Reasonable Efforts section, and PSM 715-2, Removal and Placement of Children, Reasonable Efforts section.

   - The petition must give facts to document that custody with the parent presents a substantial risk of harm to the child.

   - Case documentation must indicate:

a. Efforts made to identify, develop and use the family's support relationships. If no efforts were made, document why not.

b. Reasons a relative caregiver placement is not in the best interest of the child, if applicable.

c. The likely harm to the child if removed from the extended family system.

Service Agreement

The service agreement must be completed for all cases which are **Category I or II**.

Exception: If all the children are in court-ordered, out-of-home placement, a service agreement does not need to be completed.

With family input, develop a strength-based service agreement which focuses on the issues identified on the risk and needs and strengths assessments. The plan must be structured to reduce the risk to the child and to meet service agreement goals that will lead to case closure. Specific goals and activities for the parents, child and worker must be identified in the service agreement.

After completing the FANS-CPS and CANS-CPS, up to three prioritized needs will automatically be identified by MiSACWIS CPS. For each prioritized need identified, enter a service for that need. Once the service is selected, enter the goal in the Goals box. Be specific and state goals clearly. Goals must be realistic and achievable within a reasonable amount of time. List the necessary steps and activities parents, other persons responsible, child and worker must take to achieve the defined goals, including time frames in the Activities/Steps box.

In most cases, the purpose is to help the parent change a practice that has resulted in neglect or abuse. Express activities in behaviorally specific terms to keep the focus on the changes necessary to reduce future risk of CA/N. Include the frequency of worker contact with the child and family.

State expected and measurable outcomes. Use descriptive language to explain what the results from positive goal achievement will be when the identified problems are successfully resolved.

The service agreement must be printed and a copy provided to the family. The family should be asked to sign a copy of the service

agreement to document that they received a copy of the service agreement. In open cases in which contractual services are actively involved in assisting the family, the contractual services service agreement or family plan may be used in place of the CPS service agreement. If the contractual services plan/agreement is used, the services plan/agreement must meet the needs identified by CPS assessment tools (risk, FANS-CPS, CANS-CPS and safety assessments) and should be documented. If the contractual services plan does not address needs identified by CPS assessment tools, the CPS worker must address the needs in a separate CPS service agreement or incorporate the issues into the contractual services plan/agreement. The family should be actively involved in the identification of needs, as well as the development and implementation of any service plan/agreement.

CASES INVOLVING MULTIPLE COUNTIES

In cases involving multiple counties, the county of residence may request that another county make a service referral, supervise services, etc., in the other county (for example, the custodial parent resides in County A and the non-custodial parent lives in County B and both parents are receiving services). Requests for courtesy supervision, service referrals, etc., must be honored. The worker requesting the courtesy supervision or other activity on the case should document what he/she wants done by the other county as a social work contact. The supervisor will request the assignment of a courtesy worker by contacting the appropriate county and processing the request in MiSACWIS CPS through the Case Listing module. Courtesy services must be agreed upon by the county of residence and the county providing courtesy services. All activities done by the courtesy worker must be documented in MiSACWIS CPS by entering any contacts in the Social Work Contacts module, completing any safety and/or risk reassessments or reassessments of the FANS-CPS and CANS-CPS, etc., as necessary. Any contacts between the workers/supervisors of different counties should also be documented in social work contacts by the worker/supervisor initiating contact.

When a family with an ongoing protective services case is absent from the county for a period of 30 days or more, moves, or is temporarily visiting out of the county, see PSM 716-2, When Families In CPS Cases Move Or Visit Out Of County.

Disputes between counties must be immediately referred for resolution to the Business Service Center.

OVERVIEW

Child abuse and neglect purchased services are those services purchased for a children's services client-family through contracts negotiated between the department and a service provider. Purchased services are to be viewed as part of the total services plan developed by department staff with the family. Purchased services are to be available to assist relatives in providing support to the client's family, allow placement in relative care, or prevent removal from the relative's home to promote permanency for a child in a relative care setting.

Purchased services contracts are negotiated by the local office. Within federal and/or state guidelines, local offices determine what services will be purchased with local contract funds, select service providers, negotiate and monitor contracts, assess provider performance, evaluate the effectiveness of contract services and determine the continuance or termination of contracts.

Reasonable Efforts

Reasonable efforts to prevent placement must be attempted in all situations in which the child is not at imminent risk of harm without removal from home.

Note: The Indian Child Welfare Act requires active efforts be provided to American Indian children and their families. Reasonable efforts are not sufficient; see NAA 100 - NAA 615.

Note: Family Team Meetings (FTMs) are meetings conducted to make or recommend critical case decisions. Various circumstances such as an emergency removal or considered removal of a child(ren) require a FTM and mandate that they occur within required time frames.

Note: Those relative caregivers providing care for a child who would otherwise have been placed in non-relative foster care must be assessed on an individual basis for eligibility for these services based upon the needs of the child and the family network providing care for the child.

The services offered and/or provided as part of CPS ongoing services provision and reasonable efforts to prevent removal may include, but are not limited to, 24-hour emergency caretaker, homemaker, day care, crisis or family counseling, emergency shelter, emergency financial assistance, respite care, parent aid services,

home-based family services, self-help groups, mental health services, drug and alcohol abuse counseling, and vocational training.

PURCHASED SERVICES - CHILD ABUSE AND NEGLECT

Various funding sources are available to finance service provision. Individuals and families may be eligible for financial payments under day care, Medicaid or other assistance payment programs. In addition, local offices have program funds or allocations that are specifically intended for services to families that are purchased through contracts with community-based providers. There are also specialized resources available to local offices to fund services for emergency situations and to assist with essential needs.

State Emergency Relief (SER)

State Emergency Relief (SER) is a statewide resource to prevent serious harm to individuals and families. SER assists applicants with safe, decent, affordable housing and other essential needs when an emergency arises which threatens health or safety. SER, when applicable, is a first resource to individuals and families and is often sufficient to resolve an emergency.

Eligibility for SER is determined by Family Independence Specialists/Eligibility Specialists.

SER program information, covered services and department policy is detailed in the Emergency Relief Manual (ERM).

Family Reunification Account (FRA)

The Family Reunification Account (FRA) is a flexible funds sub-account under the local office Child Safety & Permanency Plan (CSPP) allocation. The amount of CSPP funds designated for FRA is determined by the local office. Use of FRA funds is for the individualized needs of families and must avert/prevent unnecessary removal of children from their home, facilitate early return home, or permanency through relative placement. The local office CPS or foster care worker certifies that the concrete/direct service purchase is needed in reference to the above.

Family Reunification Account Eligibility

The Family Reunification Account is a local office children's services resource. The following families are eligible:

- CPS families at imminent risk of experiencing a removal.
- Families with one or more children in a MDHHS supervised out-of-home placement (inclusive of MDHHS supervised foster care, juvenile justice and relative placement).

FRA funds may be used to allow placement in relative care and/or prevent removal from an existing relative care placement to promote permanency for the child.

Utilization of FRA and payment for services is pursued in the order resources are listed below. SER is the first resource to be used when SER is applicable.

1. Regular SER services, if applicable.

2. If regular SER is not sufficient to remove a threat to health or safety or to relieve an extreme hardship, an exception to SER policy is to be requested following procedures outlined in ERM 104, SER Policy Exceptions.

3. Payment from FRA funds may be accessed for food, clothing, shelter, security deposits, appliances, furniture and household items when not covered by SER. Client-specific transportation assistance is allowable for CPS families. FRA funds cannot be used for transportation assistance covered or reimbursed by other responsible resources including classified service functions or Foster Care policy (FOM 903-9). Note: Residential or institutional facilities and Child Placement Agency staff are responsible for parent/child visitations (parenting time), including transportation, for children placed in their care.

Worker Process for Family Reunification Account

A. The local CPS or foster care worker prepares a memo that states:

   1. SER eligibility has been exhausted, denied, or is not applicable.

2. The concrete item(s) is needed to avoid a removal, or to accomplish a return of a child home by a specified date within the next six (6) months, or to allow/preserve a relative placement.

3. The specific type of concrete item(s) and amount of money needed per specified item.

4. CPS or foster care case name and case number.

5. The phone number of the worker and supervisor.

B. Prepare the DHS-1291, Local Payment Authorization.

C. 1. Submit the memo and DHS-1291 with a hardcopy invoice or bill per the local business office process. An invoice or bill must be obtained from the vendor/provider before authorizing payment. The invoice or bill obtained by the local office from a vendor/provider may be original, faxed, copied, scanned, or emailed. If an invoice is not available, a purchase order should be requested.

2. Accounting procedures require submittal of the DHS-1419, State Emergency Relief Decision Notice with the FRA payment request for any services that could be covered by SER. The DHS-1419 is documentation that SER was attempted but denied for some reason. A DHS-1419 is NOT required to access FRA for non-SER covered services. Instead, the local office FRA memo should note that SER is not applicable.

D. If the amount from FRA is more than $500 or the needed service is different than those specified under number 3 of the eligibility section above, an exception may be requested of the local office director; see Family Reunification Account Local Office Exception Process in this item.

Local Business Office Process

Payments are to be processed by the local business office using standardized accounting procedures.

Family Reunification Account Local Office Exception Process

Occasionally there may be a need for some other support service not specifically identified as a covered service or for amounts exceeding $500. Exceptions to covered service or amounts exceeding $500 require an exception approval from the local office

director. The local office director is responsible for ensuring that the payment request is an allowable expense. Once the local office director signs an exception request, the payment procedures as outlined above are to be followed.

FRA program standards are available for reference on the MDHHS intranet under Financial Operations, Office of Contracts and Purchasing, Resources, Program Standards. Questions about allowable/disallowable expenditures may be addressed to the Family Preservation program office.

Substance Abuse Treatment Services

2012 PA 500 to MCL 330.1275(1) requires substance abuse treatment agencies who have a waiting list for services to give priority to a parent whose child has been removed or is in danger of being removed due to substance abuse. Problems with particular treatment agencies should be forwarded to the identified women's treatment coordinator in your region.

COMMUNITY COOPERATION

A cooperative working relationship between protective services and community referral and treatment resources is to be developed, maintained, and used.

Establishing cooperative relationships should assist the Agency and the community in reducing the incidence of child neglect and abuse and in providing needed services to families and children.

Multi-Disciplinary Teams

Child abuse and neglect is a multidisciplinary problem. It is a sign of social breakdown which may require medical diagnosis and treatment, legal authority to intervene, and psychiatric and social work intervention. The Agency must communicate to the community that the responsibility for the development of a comprehensive program is largely that of the community. It cannot be borne by the Agency alone.

The Agency is mandated by law to investigate child abuse and neglect and to seek protection for children in danger. Yet protective services is primarily a crisis intervention service and cannot effectively provide long term treatment. Therefore, community diagnostic and treatment resources are essential.

Local office administration is responsible for and is to take the initiative in assessing the community's services needs as it relates to child protection. The assessment is to include the need for establishment or strengthening of multidisciplinary teams.

Three types of multidisciplinary teams (MDT's) have emerged:

1. Community action teams

   Community action multidisciplinary teams are composed of various professionals and laypersons united to plan, **implement, and coordinate multidisciplinary services** within a given community. They do not become directly involved with clients, but do serve as a vehicle to raise money and coordinate needed programs. In addition, they may provide education and public information. The goal of the community action MDT is to establish a comprehensive, coordinated community protective service program which has a high degree of interagency cooperation.

2. Consultative teams

   Consultative MDT's are usually composed of a physician, lawyer, psychiatrist or psychologist, public health, and mental health professionals. They provide consultation to protective services, community action groups, and hospital or school diagnostic teams. They do not provide direct services to clients. Their purpose is to provide expertise to direct service professionals in exceptionally complicated or difficult cases.

3. Diagnostic teams

   Diagnostic teams are most often located in medical/hospital facilities. Their purpose is to provide early diagnosis and intervention. Such a team can be of great benefit in the initial stage of the protective services investigation.

   One, all three, or a combination thereof may be appropriate to meeting the needs of a community. The local office is to take the lead in assuring that needed teams are developed and operational for their community.

CRITERIA AND TIME LIMITS FOR ONGOING PROTECTIVE SERVICE CASES

Ongoing protective services must be provided in cases with a preponderance of evidence of child abuse and/or neglect (CA/N) as long as the child needs protection. Cases which have an intensive or high risk score on the risk assessment or reassessment must be kept open until the risk level is moderate or low or supervisory approval is obtained to close. Cases which should be kept open and monitored for a **minimum of 90 days** include:

- Cases with an extensive history of CPS involvement.
- The severity of the incident is such that reoccurrence could result in harm to the child.

UPDATED SERVICES PLAN (USP) DHS-152

The USP consists of the risk reassessment, reassessments of the family assessment of needs and strengths (FANS-CPS) and the child assessment of needs and strengths (CANS-CPS), safety reassessment and service agreement.

Time Frame for Completion

The first USP must be completed within 90 days after the date of the complaint. Additional USPs are due every 90 days thereafter or more frequently, if necessary. When a case is transferred to on-going Protective Services a risk-reassessment cannot be completed by the new worker until contact has been made with the family.

A risk and safety reassessment and reassessments of the FANS-CPS and CANS-CPS must be completed at times other than the 90-day USP intervals if:

- There is a new complaint of abuse/neglect in which a preponderance of evidence is found to exist.
- There are other significant changes in case status.

Note: Safety reassessments must be completed at other times than those listed above, such as when safety factors change. See PSM 713-01, CPS Investigation-General Instructions and Checklist,

Safety Assessment Overview section, for more information on completing safety reassessments.

Any risk and safety reassessments and reassessments of the FANS-CPS and CANS-CPS completed between USPs should be documented in the next USP. Include any changes made to the service agreement and service level based on the interim risk reassessment and reassessments of the FANS-CPS and CANS-CPS.

Overdue USPs

If an USP is overdue, notify the supervisor by completing the Exception Request. The notification must document the reasons the USP is overdue and when the USP will be completed. **The notification does not extend the timeframe for completion of the USP or provide approval for the overdue USP; it only provides notice to the supervisor.**

Subsequent Investigations on Open CPS Cases

When a new complaint is assigned for investigation and there is already an open case, see PSM 713-09, Completion of the Investigation, Subsequent Investigations on Open CPS Cases section, for how to handle the new investigation and the open case.

Reports from Contracted Agencies

Progress reports from contracted agencies providing **in-home** services may be used in lieu of required CPS Updated Services Plans **if** the reports meet all CPS policy requirements regarding the content of the reports. Any progress reports substituted for a USP must be clearly marked as such and uploaded in MiSACWIS.

It is the responsibility of the local office to review service contracts with providers and determine which contractors will be eligible to substitute the Updated Services Plan required by CPS. The county director must approve the specific contractors who meet the requirements and whose reports meet the policy requirements of CPS Updated Services Plans.

Social Work Contacts

All contacts, either attempted or successful, must be entered into MiSACWIS. This includes the required case consultation between the CPS worker and supervisor as outlined in PSM 714-1. When entering social work contacts on a case, the date and time of the contact must be included. Include the specific reason for the contact and a brief summary of the information obtained during the contact. All social work contacts with accompanying narratives will pre-fill into the USP.

When a social work contact with the client/family includes engaging the client/family in services, indicate that in MiSACWIS. Document in the social work contact narrative **how** the family/client was engaged in services.

The social work narrative **must** include statements, evidence and actions taken by the worker that address the safety of the child.

Safety Reassessment

Complete a safety reassessment in MiSACWIS at key decision points. For any safety reassessment questions answered yes, the accompanying explanation, the safety response-protecting interventions entered, and the safety decision will pre-fill into the USP. The CPS worker **must** update the safety assessment narrative to reflect what child safety planning occurred. See PSM 713-01, CPS Investigation-General Instructions and Checklist, Safety Assessment Overview section, for information on completing safety reassessments.

Risk Reassessment

When a case is transferred to on-going CPS, a new risk reassessment cannot be completed by the CPS ongoing worker until contact has been made with the family. When completing a risk reassessment in MiSACWIS select one score for each question and provide an explanation for the selection if the question is scored as a risk factor. Any narratives provided for the risk reassessment will pre-fill into the USP.

Risk Reassessment Overrides

After completing the risk reassessment, determine if any reasons exist for a mandatory or discretionary override.

Discretionary Override: A worker may override the reassessment score based on professional opinion or relevant factors that support a higher or lower risk level than indicated by the scale. The reason for the discretionary override must be documented in the Override Risk Level box and approved by the supervisor. At the time of the first USP and after, a discretionary override to lower risk may be considered.

Mandatory Override: If a mandatory override reason, which indicates a higher risk, has occurred since the last assessment, it must be identified when the risk reassessment is completed and the risk level increased to intensive. The reason for the mandatory override must be documented in MiSACWIS.

If a mandatory override reason was identified at the time of the initial assessment, or at the most recent reassessment, and case progress indicates a lower risk level, the original override reason does not have to be identified at reassessment or used to increase the risk level to intensive.

See PSM 713-11, Risk Assessment, Overrides section, for more information on discretionary and mandatory overrides.

Family/Child Assessment Tab

Complete a reassessment of the FANS-CPS and CANS-CPS. Provide an explanation for each selection if the question is scored as a strength or a need (score other than 0). The explanations entered for each question on the FANS-CPS and the CAN-CPS will pre-fill into the USP. See PSM 713-12, Family and Child Assessment of Needs and Strengths, for more information on completing reassessments of the FANS-CPS and CANS-CPS.

Updating/Adding Services for Family

After the reassessment of the FANS-CPS is completed, update the Services Provided screen for each need and select the Progress box to provide a narrative regarding each service, which includes the following:

- The family's progress toward achieving service goals and activities in that need area.
- Information from service providers.
- Any revisions to the services provided in that need area.

Updating/Adding Services for Child(ren)

After the reassessment of the CANS-CPS is completed, update the Services Provided screen for each need and select the Progress box to provide a narrative regarding each service.

Escalate Category Tab

The Escalate Category tab is used when the category of the case must be escalated from Category III to Category II or I or Category II to I. See PSM 714-1, Post-Investigative Services, for more information on when the category of the case must be escalated. If the case is escalated to a Category I, the Legal section in MiSACWIS must be completed.

Note: If the category is escalated from III to II or I, the perpetrator's name must be entered on central registry. See PSM 713-13, Child Abuse/Neglect Central Registry (CA/NCR), for information on providing notice to the perpetrator that his/her name has been listed on central registry.

Progress Report Tab

If the case will remain open, document in the MiSACWIS, report the following:

- A summary of the reasons why the case was opened.
- The family's overall progress toward achieving service goals and activities.
- Specific examples of changes in behaviors or other conditions that explain a reduction in risk to the child.
- Any revisions in the service agreement, including changes in services.

- A summary of any new complaints investigated during the report period.
- Explain any new safety issues and how the service agreement has been amended to address them.
- Any other information relevant to the risk to and safety of the child.

CPS CASE CLOSURE

Before an ongoing case may be closed, complete a new USP and document the:

- Summary of the reasons why the case was opened.
- Current family situation and the present danger to the child of abuse or neglect.
- Progress or lack of progress made as a result of the provision of protective services and the reasons for closure of the case, including the impact of services on the risk and needs items scored on prior assessments.
- Necessity of providing follow-up or further services to the family by other agencies.

At closure, notify all active service providers of the closing of ongoing protective services. Document the notice in the Social Work Contacts.

Referral to Prevention Services - At closure, the case must be assessed for referral to Prevention Services. A referral must be made if active child abuse and/or neglect no longer exist **and** there is a continued need for services to prevent a recurrence of child maltreatment and a new complaint to CPS. A case conference should be held with Prevention Services before an actual referral is made.

SUPERVISORY APPROVAL

The CPS supervisor must review and approve via signature, within 14 calendar days of receipt, all DHS-152 Updated Services Plans; see PSM 713-10, CPS Investigation Report, for review and

approval of DHS-154 Investigation Reports. Approval indicates agreement with the:

- Thoroughness, completeness, and accuracy of the USP.
- Reassessment of risk and safety of the child.
- Reassessments of the FANS-CPS and CANS-CPS and the services provided to the family.
- Progress made by the family.
- Appropriateness of continued provision of services or case closure.

OVERVIEW

When a petition alleging abuse is filed, MCL 712A.13a(4) requires the court to consider removing the alleged perpetrator or other person from the home.

See PSM 713-08, Special Investigative Situations, Coordination with Friend of the Court for requirements on determining if the family has an open Friend of the Court case when a petition is filed.

Removal of Alleged Perpetrator from the Home

The court may order a parent, guardian, custodian, non-parent adult, or other person residing in the child's home to leave the home and, except as the court orders, not subsequently return to the home, if all of the following take place:

- The petition is authorized.
- The court, after a hearing, finds probable cause to believe the individual in question committed the abuse.
- The court finds **on the record** that the presence of the alleged perpetrator in the home presents a substantial risk of harm to a child's life, physical health or mental well-being.

If the court orders the alleged perpetrator out of the child's home, the court must order with whom the child is placed and find that the conditions of custody (placement) are adequate to safeguard the child from the risk of harm to the child's life, physical health or mental well-being.

The court may consider, in making its order, whether the parent who is to remain in the home is married to the person being removed from the home or has a legal right to retain possession of the home. It may also order:

- The alleged abusive parent to pay appropriate support to maintain a suitable home environment for the child.
- The alleged perpetrator to surrender to local law enforcement any firearms or other weapons the alleged perpetrator may own, use or possess.

- Any other reasonable term or condition necessary to safeguard the child's physical or mental well-being or necessary to protect the child.

In addition to taking the actions described above, the court may issue an order permanently restraining a nonparent adult from coming into contact with or being in close proximity to the child (MCL 712A.6b).

CPS Recommendations to the Court

CPS must be prepared to address, in the best interests of the child, as many of these issues as possible in the development of the petition and recommendations to the court and at the court hearing.

OVERVIEW

Whenever conditions in the child's home endanger his/her health and safety and services cannot be provided to ensure the child's safety, CPS must take prompt action to protect the child, including requesting court-ordered removal; see PSM 715-1, Removal of the Alleged Perpetrator from the Home, and PSM 713-01, CPS Investigation - General Instructions and Checklist, Safety Assessment Overview section, for more information on options to prevent removal of a child from the home.

When CPS identifies safety concerns which do not rise to the level of court involvement, the MDHHS-5433, Voluntary Safety Arrangement, can be utilized. The MDHHS-5433 documents a voluntary arrangement between the caregiver(s) and an individual who agrees to care for the child(ren) until identified safety issues can be resolved.

When removal is necessary to protect a child, a petition or affidavit of facts must be submitted (electronically or otherwise) to the Family Division of Circuit Court. Local MDHHS staff must receive (electronically or otherwise) a written court order authorizing removal and placement, or authorizing the department to arrange for placement. On the removal petition, the worker must document why it is contrary to the welfare of the child to remain in the home and what reasonable efforts were made to prevent removal.

Law enforcement may remove a child with or without a court order based upon their own statutory requirements. CPS cannot receive custody of a child from law enforcement or remove a child from his/her home or arrange emergency placement without a **written** court order (in writing, communicated electronically or otherwise) authorizing the specific action even if requested by law enforcement. When MDHHS is contacted by law enforcement seeking the assistance of CPS in the removal of a child, CPS must immediately contact the designated judge or referee.

Note: An electronic signature means an electronic sound, symbol or process, attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

Emergency Orders

Emergency removal and placement (sometimes referred to as ex parte orders) must only occur after hours and must be based on conditions which immediately threaten the child's health or welfare.

In all other situations, a preliminary hearing must be the venue for the court to make a determination regarding preliminary jurisdiction and/or placement.

The need for emergency removal must be evaluated prior to contacting the court. A judge or referee may issue a written ex parte order upon receipt (electronically or otherwise) of a petition or affidavit of facts and the court finds **all** of the following:

- There is reasonable cause to believe that the child is at substantial risk of harm or is in surroundings that present an imminent risk of harm and immediate removal is necessary to protect the child's health and safety.
- The circumstances warrant an ex parte order pending the preliminary hearing.
- Consistent with the circumstances, reasonable efforts were made to prevent or eliminate the need for removal of the child.
- No remedy other than protective custody is reasonably available to protect the child.
- Continuing to reside in the home is contrary to the child's welfare.

The ex parte order shall be supported by written findings of fact.

See NAA 235, Emergency Placement, and NAA 240, Non-Emergency Placement, for removal of American Indian children.

CPS must review with the parents and children any potential placements even during an emergency removal. When reviewing potential placements, CPS must consider:

- The provider's ability to maintain full-time care and custody of the child(ren) if the goal of reunification with the biological parents does not succeed.
- The provider's ability to provide high level of full-time care until the child(ren) reaches adulthood.
- Limiting the number of placements for the child.

Reasonable Efforts

Provisions were enacted into federal law in the Adoption Assistance and Child Welfare Act of 1980 (42 USC 670 et seq.) and the Adoption and Safe Families Act (ASFA) of 1997 (42 USC 1305 et seq.), as well as Michigan's Probate Code (MCL 701.1 et seq.), that require judicial oversight when a child is removed from his/her home. These provisions require a judicial determination that reasonable efforts have been made by the supervising department/agency. The types of reasonable efforts which must be made by the department differ, depending on the status of the child. The four types of reasonable efforts determinations are to:

1. Prevent removal.
2. Make it possible for the child to return home.
3. Find reasonable efforts are not reasonable.
4. Finalize the permanency plan.

All dispositional and review hearing court orders must include a finding by the court that there have been reasonable efforts to prevent or eliminate the need for removal of the child from his/her home, to make it possible for the child to return to his/her home or to arrange an alternative permanent placement for the child (for example, adoption). The court may also determine that making such efforts is not reasonable. The types of orders listed above that are applicable to CPS are #1 and #3.

To Prevent Removal

These requirements were enacted into federal law and state law to ensure that no child would be placed in foster care who could be protected in his/her own home. Consequently, there must be a judicial determination that reasonable efforts were made prior to removal to maintain the child in his/her own home. This means that services must be provided to families by CPS to prevent the removal and foster care placement of the child who could be protected in his/her home. When the child is removed in an emergency because of imminent risk of harm to the child's health or welfare and there is no reasonable opportunity to provide services, the court may determine that "reasonable efforts" were not possible to prevent removal and a lack of efforts was reasonable.

The CPS worker must document:

1. The reasonable efforts provided to the family to prevent removal of the child from his/her home.

OR

Why it was not possible to provide reasonable efforts to the family prior to removal.

2. The likely harm to the child if separated from the parent(s), guardian or custodian.

3. The likely harm to the child if returned to the parent(s), guardian or custodian.

Note: Active efforts must be made to prevent removal for American Indian children; see NAA 235, Emergency Placement, and NAA 240, Non-Emergency Placements, for removal of American Indian children.

When Reasonable Efforts are not Reasonable

CPS must evaluate each case to determine if efforts to reunify the family are reasonable and present their recommendation to the court. The court makes the final determination regarding reasonable efforts. A mandated petition for termination of parental rights is not a reason for not providing services to reunify the family. A worker, in consultation with his/her supervisor, should discuss those cases in which it is not reasonable to provide services for reunification.

The DHS-154, Investigation Report, and the DHS-152, Updated Services Plan, must contain clear documentation of the reasons why the department believes that providing services towards reunification is not reasonable.

Exception: The local office may, but is not **required**, to make reasonable efforts to reunify the child with a parent who is required by court order to register under the sex offenders registration act. The court may order reasonable efforts to be made by the Department of Human Services.

FAMILY TEAM MEETINGS (FTM)

Family Team Meetings (FTM) will occur at multiple stages throughout the life of a CPS case. A FTM must occur no later than seven days after a preliminary hearing.

NOTIFICATION OF FTM TO INCARCERATED PARENTS

CPS workers are required to provide prior notice of a scheduled FTM to an incarcerated parent only in the case of a considered removal. The worker must document this notification in the DHS 154, CPS Investigation Report, and DHS-152, Updated Service Plan.

The CPS worker must provide notice to the incarcerated parent by mail or telephone. The worker must contact the MDHHS contact person at the facility and ask that the parent be allowed to participate in the FTM by phone. The list of corrections facility contacts is located on Child Welfare Field Operations' SharePoint site. If time allows, the worker must send a copy of the DHS-1107, Family Team Meeting Attendance Report, and ask the parent to sign and return it. The worker must also notify the parent's attorney of the FTM and the attorney must be allowed to attend the FTM.

The CPS worker must also ensure that the incarcerated parent receives copies of the DHS-1105, Family Team Meeting Activity Report and the DHS-1107, Family Team Meeting Attendance Report, after all FTM's.

COURT ORDERED REMOVAL OF CHILD FROM HOME

When it is necessary to remove a child from his/her home, the Family Division of Circuit Court must be contacted immediately for written authorization of removal and to arrange placement, or authorize the department to arrange for placement. The Legal module of MiSACWIS CPS must be completed. Under Removal Reasons, the worker must document why it is contrary to the welfare of the child to remain in the home and what reasonable efforts were made to prevent removal.

Note: Consider requesting the court to order the alleged perpetrator out of the home; see PSM 715-1, Removal of the Alleged Perpetrator from the Home.

See PSM 713-08, Special Investigative Situations, Coordination with Friend of the Court, for requirements on determining if the family has an open Friend of the Court (FOC) case when a petition

is filed and notifying FOC when there is a change in a child's placement.

The Family Division of Circuit Court in each county should designate an official of the court to be available after hours (nights, weekends, and/or holidays) to provide written authorization for removal and placement of a child in out-of-home care in emergency situations. If the designated official is not available, contact local law enforcement and request assistance in taking the child into custody. Law enforcement may remove a child temporarily without court authorization; see Michigan Court Rule 3.963(A) and the Probate Code of 1939, MCL 712A.14(1).

Note: Do not take any child into custody or arrange emergency placement without a **written** court order authorizing the specific action even when law enforcement takes the child into custody without court authorization.

The local office must have formal written agreements with the Family Division of Circuit Court, local law enforcement, and with shelter care resources, so that written emergency authorization of removal and placement can be completed without delay.

Assistance from Law Enforcement

Law enforcement can and should play a role in removal when the situation requires their assistance. Assistance from law enforcement must be requested when:

- A written court order has been obtained and the parents refuse to allow the child to be removed.
- A child's life or safety is in immediate danger because of the parent's condition or because a young child is alone and no parent or other responsible person can be located.
- The child is behind closed doors and it is necessary to secure forcible entry to determine the child's safety.
- A crime is being committed (for example, methamphetamine lab, or domestic violence.)
- A child or worker may need protection against bodily harm.

COURT PARTICIPATION OF INCARCERATED PARENTS

If a legal parent is incarcerated by the Michigan Department of Corrections (MDOC), the court must allow the parent to participate in all court hearings via telephone. The petition filed by the CPS worker or the department's legal representative notifies the court that a parent is under MDOC jurisdiction and the court is responsible for arranging the parent's telephonic participation in the hearings. This is accomplished by including the statement: "a telephonic hearing is required pursuant to MCR 2.004," near the top of the petition.The clause must also contain the parent's prisoner number and location. If a parent is incarcerated in a county jail or a prison or jail in another state, the court may determine how the parent will participate in the hearing, but the supervising agency is not required to raise the issue in the petition.

LIMITATIONS ON NUMBER OF CHILDREN IN FOSTER HOME

A child must not be placed in a foster or relative home if that placement would result in one of the following:

- More than three foster children in that home. (A foster child who is 18-21 years of age and continues to reside in the home to receive care, maintenance, training, and supervision must be counted as a child for this rule).
- A total of six children, including the foster/relative family's children.
- More than three children under the age of 3 reside in the home.

Exceptions to these limitations may be made when it is determined to be in the best interest of the child(ren) being placed. Exceptions cannot be given for increases to licensing capacity or other licensing rules for licensed foster homes except as outlined in foster home licensing rules.

When an exception to the limitation on the number of children in a home is needed, see FOM 722-3, Foster Care -

Placement/Replacement, for more information on the exception request and approval process.

Note: Placement cannot be made until the exception approval process is complete.

PLACEMENT WITH SIBLINGS

If it is in the best interest of siblings to be placed together, an exception to the limitation on the number of children in a foster/relative home can be requested, as outlined above. All siblings who enter foster care at or near the same time must be placed together, unless:

- One of the siblings has exceptional needs that can be met only in a specialized program or facility.
- Such placement is harmful to one or more of the siblings.
- The size of the sibling group makes a joint placement impractical, notwithstanding diligent efforts to make a joint placement.

Reasonable Efforts to Place Siblings Together

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) requires that reasonable efforts are made to ensure siblings are placed into the same out-of-home placement. If the sibling group is not placed into the same out-of-home placement, the efforts made must be documented in Question 4 of the Transfer Needs/Services tab of the Transfer to Foster Care module.

Exception: Reasonable efforts to place siblings together are required unless the placement would be contrary to the safety or well-being of any of the siblings. The reasons why must also be documented in Question 4 of the Transfer Needs/Services tab of the Transfer to Foster Care module.

PLACEMENT WITH NON-CUSTODIAL PARENTS

Every removal must consider and evaluate placement with the non-custodial parent.

Non-Custodial Parents

When CPS evaluates placement with the non-custodial parent, CPS must complete the following **as soon as possible but within 24 hours or the next business day**:

- Central registry clearance on all members of the household who are age 18 or older.
- Criminal history check on all household members.
- A home visit.
- Risk assessment and family assessment of needs and strengths on the non-custodial parent's household; see PSM 713-11, Risk Assessment, and PSM 713-12, Family and Child Assessments of Needs and Strengths, sections for more information on completing these assessments.

Unless ordered by the court, children must not be placed in the home of the non-custodial parent if:

- Any adult household member has a **felony** conviction for any of the following:
  - Child abuse/neglect.
  - Spousal abuse.
  - A crime against a child or children (including pornography).
  - A crime involving violence, including rape, sexual assault or homicide.
  - Physical assault or battery for which there is a felony conviction in the last five years.

- A drug-related offense for which there is a felony conviction in the last five years.

- An adjudicated sex offender (adult or juvenile) resides in the home.

If a member of the household has a felony conviction for physical assault, battery or a drug-related offense from more than five years ago, evaluate this information to determine whether or not there are safety issues that must be addressed. Document the rationale and obtain signature approval from a county director or district manager **before** allowing a child to be placed in the non-custodial parent's home. This documentation must describe and support the basis for the approval, and why the child is safe in the non-custodial parent's home.

If a member of the household is listed on central registry, evaluate this information to determine whether or not there are safety issues that must be addressed. Document the rationale and obtain signature approval from a supervisor **before** allowing a child to be placed in the non-custodial parent's home. This documentation must describe and support the basis for the approval, and why the child is safe in the non-custodial parent's home

The results of the clearances and assessments outlined above must be documented in the DHS-154, or the current DHS-152, Updated Services Plan. The documentation should include whether placement with the non-custodial parent is appropriate and why, and any services that will be provided to the non-custodial parent to ensure the child's safety.

RELATIVES

Refer to FOM 722-03B for requirements to search and evaluate placement with a relative.

MEDICAL NEEDS OF CHILDREN IN FOSTER CARE

A child's health status and medical needs must be documented and addressed from the onset of a child's placement into foster care. CPS must make every effort to obtain the medical information, including medical provider(s) is and their last visit medical visit. This information must be provided to the foster care worker.

CITIZENSHIP AND NOTIFICATION OF CONSULATE

The CPS worker must inquire and attempt to verify citizenship status at the time of removal. Any child who is not a United States citizen, regardless of immigration status, is considered a foreign national. When a foreign national is taken into protective custody, or placed with the department for care and supervision, the Vienna Convention on Consular Relations requires that the appropriate consulate receive notification within 48 hours. The department is required to complete and submit a DHS-914, Notice to Foreign Consul/Embassy, to the appropriate consulate. A listing of foreign consular offices in the United States may be found at:

http://www.state.gov/s/cpr/rls/fco/

After entering the U.S. State Department Foreign Consular Offices website, click on the box on the left side of the page to access consular offices by country.

The CPS worker must document and share this information with the assigned foster care worker.

Refer to FOM 722-6K for more information.

CHILDREN ARE IN OUT-OF-HOME CARE, BUT SIBLINGS REMAIN AT HOME OR ARE "NEW" TO THE HOME

Before making a final decision on which children will be included in a petition, or whether a petition should be filed when siblings are in foster care, the CPS and foster care supervisor(s) and the worker(s) must make a joint recommendation on which children are to be included in the petition. The recommendation must be reviewed by a second-line supervisor. If either the CPS or FC supervisors, and/or the second-line supervisor, disagree(s) on the recommendation, the final decision must be made by initiating a case review.

Case Review When Children Placed and Siblings Home

In order to reach a joint CPS/FC recommendation, a formal case review may be helpful. This case review should be chaired by someone with no direct responsibility for the case, whenever possible. **The assigned CPS worker and supervisor, the assigned foster care worker and supervisor, and, if applicable, the private agency foster care worker and supervisor, as well as any other appropriate parties, must be present at the case review.**

After a review of the information and discussion, a decision must be made to either:

- Allow the child to remain in the home with appropriate services (for example, Family Preservation Services, Families First) and a safety plan.
- Determine that a petition for removal must be filed immediately by CPS.

A DHS-3, Sibling Placement Evaluation, form must be completed on all cases in which a child remains in the home when sibling(s) has/have been removed or sibling(s) are/were permanent wards as a result of a child abuse/neglect (CA/N) court action. See PSM 713-08, Special Investigative Situations, Child(ren) Currently in Out-Of-Home Placement/Prior Termination of Parental Rights section, for more information on completing the DHS-3.

CASE RECORD DOCUMENTATION WHEN CHILD REMOVED

Appropriate documentation must be completed whenever removal of a child is requested.

- In an emergency removal with no services provided, the DHS-154 or USP must indicate why no services were provided to the family prior to removal of the child which would make it possible for the child to remain home.

  Specifically identify the facts which indicate imminent risk of harm to the child.

- If services were provided prior to the removal, the DHS-154 or USP must identify the services provided by the department to the family in an effort to prevent the need for removal of the child from the home. Documentation must indicate why services did not eliminate the need for removal.

ASSISTANCE CASES

When out of home placement has occurred, workers should inquire if the family has an open assistance case. If the worker becomes aware that the family does have an open assistance case, they must contact that family's assistance worker immediately to inform them that out-of-care placement has occurred.

FAMILY DIVISION OF CIRCUIT COURT ACTION

The Family Division of Circuit Court in each county decides when a petition will be accepted by the court for the protection of a child. The local office must develop and maintain a protocol between the local offices, the prosecuting attorney's office and the Family Division of Circuit Court outlining procedures for submitting petitions. See PSM 713-08, Special Investigative Situations, Coordination with Friend of the Court, for requirements on determining if the family has an open Friend of the Court case when a petition is filed.

Coordination with the Prosecuting Attorney's Office

In situations in which the DHS presents a mandatory petition to the prosecuting attorney's office for filing with the court and the prosecutor refuses to file the mandatory petition with the court, DHS must file the mandatory petition directly with the court. This is a legal requirement and is not open to local office interpretation. If the Family Division of Circuit Court refuses to accept or authorize the mandatory petition directly from DHS, a copy of the unauthorized petition must be placed in the Legal Documents section of the case file.

If the prosecuting attorney's office refuses to file a non-mandatory petition with the court, the department may consider filing the petition on its own. The prosecuting attorney's refusal and the department's actions must be documented in the case record.

See also Representation of DHS By The Attorney General or Private Attorney below when the prosecuting attorney's office refuses to represent the department.

Note: The CPS worker is responsible for all of the facts included in the petition if he/she signs as the petitioner or co-petitioner.

Absent Parent Protocol

The Absent Parent Protocol was developed as a resource for identifying, locating and, if appropriate, involving absent parents in child protection proceedings. The goal is to search for and locate the absent parent as early as possible in child protection proceedings to prevent disruption of a permanency plan. Expect the

court to question the specific efforts made to identify and locate absent parents. Use this protocol as a guide when attempting to locate absent parents. The protocol is available at www.michigan.gov/dhs-publications in the Children's Protective Services section. Refer to this document for further information.

Access to Vital Records

Two types of birth records are available from the Department of Community Health (DCH) Vital Records and Health Statistics (VRHS): administrative and certified copies. As defined by law (MCL 333.2883(2) and 400.115a(f)), each has a different use within the department. An administrative copy may be used for the basic functions of the department. A certified copy must be used when it is required by the court or when the birth certificate will be given to the child for personal use.

See FOM 903-9, Non-Scheduled Payments DHS-634, Reimbursement for Birth Certificates section, for more information on obtaining a birth certificate for a child.

A Parent's Guide to the Child Protective Process

Any time CPS files a petition on behalf of a child under the Child Protection Law, CPS must provide the child's parents and/or legal guardian a copy of A Parent's Guide to Child Protective Processes, A Handbook For Parents With Children In Foster Care (DHS Pub-31).

Mandatory Petition-Court Jurisdiction

Child Protection Law, Section 8d(1)(e) (MCL 722.628d(1)(e)

The Child Protection Law (CPL), Section 8d(1)(e), requires a petition if the department determines that there is a preponderance of evidence of child abuse or neglect and the prosecuting attorney determines (indicated by a criminal charge or the prosecutor's legal opinion) that there is a violation, involving the child, of a crime listed or described in the following sections of the CPL and the penal code:

- MCL 722.628a(1)(b) - Assault with intent to commit criminal sexual conduct (in violation of section 520g of the penal code, MCL 750.520g).
- MCL 722.628a(1)(c) - A felonious attempt or a felonious conspiracy to commit criminal sexual conduct (possible penal code violations include, but are not limited to MCL 750.157a and 750.92).
- MCL 722.628a(1)(d) - An assault on a child that is punishable as a felony (possible penal code violations include, but are not limited to MCL 750.82 - 750.89, 750.91 and 750.529).
- MCL 722.628a(1)(f) - Involvement in child sexually abusive material or child sexually abusive activity (in violation of section 145c of the penal code, MCL 750.145c).
- MCL 750.136b(1)-(4) - First- or second-degree child abuse. Examples of what may constitute first- or second-degree criminal child abuse include, but are not limited to:
  - Intentionally causing serious mental or physical harm.
  - Intentionally committing an act that may cause serious mental or physical harm.
  - A person's omission causes serious physical or mental harm.

See PSM 718-5, CPS Appendix F- The Michigan Penal Code, for a listing of the penal code violations.

Child Protection Law, Section 17 (MCL 722.637)

The Child Protection Law, Section 17, requires that a petition for court jurisdiction be filed within 24 hours of determining a preponderance of evidence exists that a child has been:

- Sexually abused.
- Severely physically injured due to abuse or neglect, including abuse or neglect that results in the death of the child. 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.
- Exposed to or had contact with, methamphetamine production.

Note: If there is a preponderance of evidence that a parent or legal guardian failed to protect a child of any of the above even if the perpetrator of the above is not a person responsible (such as sibling-on-sibling violence that causes a severe injury or a neighbor who sexually abuses a child), a petition must be filed.

Exception: The department is not required to file a petition for court jurisdiction as indicated above, under Section 17 of the CPL, if the department determines that the parent or legal guardian is not a suspected perpetrator of the abuse/neglect and the department determines that all of the following apply:

- The parent or legal guardian did not neglect or fail to protect the child.
- The parent or legal guardian does not have a historical record that shows a documented pattern of neglect or failing to protect the child.
- The child is safe in the parent's or legal guardian's care.

Child Protection Law, Section 18 (MCL 722.638)

Section 18 of the CPL requires a petition for court jurisdiction when a preponderance of evidence that a parent, guardian, custodian, or a person who is 18 years of age or older and who resides for any length of time in the child's home abused a child or a sibling of the child and the abuse included one or more of the following:

- Abandonment of a young child.
- Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.
- Battering, torture, or other severe physical abuse.
- Loss or serious impairment of an organ or limb.
- Life-threatening injury.
- Murder or attempted murder.

Note: In MiSACWIS the acts listed above are referred to as Egregious Acts.

Mandatory Petition-Request for Termination of Parental Rights

In **any** of the circumstances listed above, from Section 18 of the CPL, if it is a parent who is determined to be the perpetrator or the parent has placed the child at an unreasonable risk of harm due to that parent's failure to take reasonable steps to intervene to eliminate that risk, the petition to the court **must** include a request for termination of parental rights.

This also applies to **any** investigation in which **a preponderance of evidence of child abuse and/or neglect is found to exist** (current risk of harm to the child) **and:**

- The parent's rights to another child were previously terminated as a result of abuse/neglect proceedings, either in Michigan or another state.
- The parent's rights to another child were voluntarily terminated following the initiation of proceedings under section 2(b) of chapter XIIA of 1939 PA 288, MCL 712A.2, or similar law of another state and the proceeding involved abuse or neglect that included one or more of the following:
  - Abandonment of a young child.
  - Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.
  - Battering, torture, or other severe physical abuse.
  - Loss or serious impairment of an organ or limb.
  - Life-threatening injury.
  - Murder or attempted murder.
  - Voluntary manslaughter.
  - Aiding and abetting, attempting to commit, conspiring to commit, or soliciting murder or voluntary manslaughter.

Note: In MiSACWIS the acts listed above are referred to as Egregious Acts.

In the case of a new child in the family or household, an investigation must be completed to determine whether there is a preponderance of evidence of abuse and/or neglect to the new child in the family; see PSM 712-6, CPS Intake - Special Cases, and PSM 713-08, Special Investigative Situations, Children Currently in Out-of-Home Placements/Prior Termination of Parental Rights, sections.

If there is a preponderance of evidence of child abuse and/or neglect to the new child, a petition for court jurisdiction must still be filed but the request for termination of parental rights is not required if it is **not** the parent whose parental rights were previously terminated who:

- Presents the risk to the child.
- Placed the child at an unreasonable risk due to the parent's failure to take reasonable steps to intervene to eliminate that risk.

See PSM 712-6, CPS Intake - Special Cases, and PSM 713-08, Special Investigative Situations, Children Currently in Out-of-Home Placements/Prior Termination of Parental Rights, sections.

Termination of Parental Rights Petition - Non-Offending Parent

If the perpetrator is not a parent and a non-offending parent/guardian has acted appropriately to protect the child (for example if the parent did not know that the perpetrator presented a risk of harm), evaluate the following factors in conjunction with preparing a mandatory petition for court jurisdiction and termination of parent rights:

- Is the non-offending parent and child safe from the perpetrator?
- Is there a pattern of behavior indicating that the non-offending parent has previously failed to protect the child or other children?
- Is the non-offending parent willing and able to prevent perpetrator access to the child?
- Does the non-offending parent attempt to influence the child's portrayal of the events that led to the conclusion of abuse, sexual abuse, or neglect that led to the current court action?

- Are there other factors, including best interests of the child, that should be considered by the court in determining whether to authorize jurisdiction over the child, whether to authorize removal from the non-offending parent and whether to authorize the petition for termination of parental rights?

The petition and/or supporting documents submitted to the court must include all relevant facts, including facts which give the court all information available concerning the non-offending parent's involvement, lack of involvement or even knowledge of the risk the perpetrator presented to the child.

Birth Match

Birth Match is an automated system that notifies the local DHS office when a child is born to a parent who has previously had parental rights terminated in a child protective proceeding, caused the death of a child due to abuse and/or neglect or has been manually added to the match list. Consider having a perpetrator's name added to the match list in serious child abuse/neglect cases when termination of parental rights will not be requested or ordered. See PSM 713-09, Completion of Investigation, for how and when to request that a perpetrator's name be added to the birth match list.

Mandatory Petitions - Plea Agreements

Do not initiate or negotiate a plea agreement with regard to a mandatory termination petition. If DHS legal counsel (Assistant Attorney General, Prosecuting Attorney or private counsel) advises that a plea agreement is appropriate and necessary to secure the protection of a child, obtain supervisory approval before supporting a plea agreement on the record.

If supervisory review results in the decision to oppose a plea agreement, inform legal counsel that DHS does not support the plea agreement and, if given the opportunity, state so on the record. If time constraints prevent the attainment of supervisory review/approval, the worker must neither support nor oppose a plea agreement.

Document in the DHS-154 or DHS-152 whether or not the plea agreement was supported by DHS and why. If supported, document the supervisor's approval of the plea agreement.

Termination Petitions - Case Conference

If the department is not required to petition for termination of parental rights at the initial disposition hearing, but is giving consideration to doing so:

- Hold a conference among the appropriate department staff (CPS, foster care and other staff as needed) to agree on the course of action.
- Notify the attorney and attorney-guardian ad litem representing the child of the time and place of the conference, so that they may attend.

If an agreement is not reached at this conference, the local office director or designee must resolve the disagreement after consulting with the attorneys representing both the department and the child. See FOM 722-1, Foster Care-Entry Into Foster Care, Transfer of Service and Case Management Responsibility from CPS to Foster Care, for other situations requiring case conferences.

Temporary Custody Petition - Not Mandated

If none of the mandatory petition conditions exist, the department must still consider filing a petition, in any of the following situations:

- Court authority is needed to remove a child from a situation hazardous to his/her health, welfare, morals or emotional well-being.
- A child is able to remain in his/her own home only if the authority of the court is invoked to require the person(s) responsible to make specific changes in conditions.
- A child has been chronically neglected, department efforts to improve conditions have failed, and a decision has been made by the worker and supervisor that removal of the child from the home is the best plan for the child. Document that reasonable efforts were provided or attempted and that services did not eliminate the need for removal.

Guardianships

During a CPS investigation, another caretaker may seek to obtain or obtain a guardianship for a child under investigation as a victim of abuse and/or neglect. If a petition is required by the Child Protection Law or is needed to ensure child safety, a petition **must** be filed. The fact that a guardianship is being sought or was obtained by the family is **not** a reason to not file a petition. See PSM 713-08, Special Investigative Situations, Guardianships section, for more information on when a family seeks to obtain or obtains a guardianship for a child during the investigation.

Supplemental/ Amended Petitions

If the department becomes aware of additional confirmed abuse or neglect of a child whose case has been adjudicated by the court, CPS must file a supplemental petition and testify at the adjudication hearing, if necessary. If the case has not yet been adjudicated but adjudication is pending, file an amended petition and testify at the adjudication hearing, if necessary.

Special Note: If a case has been petitioned to court and the circumstances, facts, evidence, etc., that the court used to decide to authorize the petition change, immediately notify the court of the new information. For example, if a petition was filed due to a severe nonaccidental physical injury to a child and medical providers determine after the petition was filed that the injury was accidental, the court must be notified immediately.

Court Jurisdiction

The juvenile code provides for jurisdiction of a child:

- Whose parent or other person legally responsible for the care and maintenance of the child, when able to do so, neglects or refuses to provide proper or necessary support, education, medical, surgical, or other care necessary for his or her health or morals, who is subject to a substantial risk of harm to his or her mental well-being, who is abandoned by his or her parents, guardian, or other custodian, or who is without proper custody or guardianship.

  or

- Whose home or environment, by reason of neglect, cruelty, drunkenness, criminality, or depravity on the part of a parent, guardian, or other custodian, is an unfit place to live.

Death of a Child Under the Court's Jurisdiction

If DHS becomes aware that a child under the court's jurisdiction has died, DHS must notify the court within 24 hours or next business day of the child's death.

Court Hearing

If it is necessary to file a petition with the Family Division of Circuit Court, be aware that the court may request the following information:

- How serious is the situation?
- What concrete proof does the department have to support its finding of abuse and/or neglect? Since the burden of proof is on the petitioner, the case record must contain any necessary reports from collateral sources such as police records, school and attendance reports, visiting nurse and medical reports, etc.
- What has the department done in an attempt to improve the situation to prevent the need for placement of the child? Particular emphasis should be on the direct services provided.
- What efforts were made to provide services before the child's removal was requested? Was the presenting problem sufficiently defined?
- Were services:
  - Adequate?
  - Applicable to the problem?
  - Sufficient in frequency and duration?
  - Appropriate to parental capacity?
- If services did not prevent removal, why not?
- Can a non-custodial parent or relative be found with whom the child can be safely placed, as an alternative to licensed foster care? Describe the family's extended family network and discuss potential placements that will meet the child's current

needs. If unlicensed caregivers are interested and capable, what services are needed to support the placement?

In presenting the department's position, factual information which is gathered and recorded as a part of the worker's investigation should be presented to the court.

Court Decisions

Once a petition has been filed, the court has several options in disposing of the petition:

- Dismiss the petition, with or without warning.

  Note: If the court or referee refuse to authorize or dismisses the petition, with or without warning and regardless of the basis for dismissal, the Office of Legal Services and Policy (CLS) must be notified **immediately** to determine if the court's decision should be appealed or other additional steps are required. The petition along with the pertinent court order should be forwarded to CLS for review and tracking. The worker must also provide a synopsis of the local prosecutors position and any action that they plan to take regarding the dismissed petition. This information **must** be sent as an attachment to The Office of Legal Services and Policy inbox at CLSRequestsforLegalResearch@michigan.gov.

- Postpone a decision pending the provision of further services designed to improve the situation.

- Authorize the filing of the petition and setting an adjudicative hearing.

- Make the child a temporary court ward and leave him/her in his/her own home.

- Make the child a temporary court ward and removing him/her from his/her home and place the child with the department for care, supervision, and out-of-home placement.

- Make the child a permanent court ward, thus terminating parental rights, and removing the child from his/her home.

Representation of DHS By The Attorney General or Private Attorney

If the local prosecuting attorney will not represent the department in a mandatory child welfare action, the local office can request representation by the Attorney General or a private attorney. See FOM 903-9, Non-Scheduled Payments DHS-634, information on receiving reimbursement for costs.

Problem Court and Administrative Hearing Orders

Copies of court orders or orders from administrative hearings which are in apparent conflict with the Child Protection Law or CPS policy, or are otherwise problematic, are to be sent within one working day of receipt to Child Welfare Field Operations Administration.

Include a brief description of the conflict, as perceived by the local office, and a copy of the order.

CHILDREN ABSENT WITHOUT LEGAL PERMISSION (AWOLP)

If unable to locate a child when there is a court order removing a child from a parent, legal guardian, or other person responsible, the CPS worker must notify law enforcement (state police, local police, or the sheriff's department) within one hour.

Within 24 hours of not being able to locate a child, the CPS worker will notify:

- The court of jurisdiction.
- The parents, if appropriate.
- Lawyer-guardian ad litem (LGAL).

The CPS worker should also obtain an apprehension order for the child, if one has not already been obtained.

Information Provided to the AWOLP Centralized Locator Unit

Provide the following information to the AWOLP Centralized Locator Unit (see AWOLP Bulletins on DHS-Net (Other Links/DHS Letter Series) for contact information) within one business day of not being able to locate a child:

- Child information (including name; DOB; description, if known; CPS case number; parents' information; last known address; and any other pertinent information).
- Indicate reason for absence:
  - Never in care.
  - Abduction.
  - Location known, but not approved.
  - Runaway.
  - Other.
- Indicate risk to the child:
  - Is at serious risk.
  - Is 11 years of age or younger.
  - Foul play is suspected.
  - None of the above.
- List possible location(s) where the child may be found.
- Document action taken to find the child.
- Contact name for local law enforcement.

Unauthorized Leave Report to Court/Law Enforcement

Complete the Unauthorized Leave Report to Court/Law Enforcement form (DHS-3198A) within one business day of not being able to locate a child and:

- Send one copy to the court of jurisdiction.

- Send/take one copy to the local law enforcement to ensure that the child/youth is entered on the Law Enforcement Information Network (LEIN) as MISSING and ENDANGERED.
- Send one copy to the AWOLP Centralized Locator Unit.
- Retain a copy in the case file.

Confirm and document in the case file that the child has been entered on LEIN. To confirm, the CPS worker should conduct a LEIN clearance or contact the AWOLP Locator Unit to have a LEIN clearance done. If local law enforcement will not place the child on LEIN, document in the case record and forward this information to the AWOLP Centralized Locator Unit.

Note: Coordinate any ongoing efforts to locate a missing child, such as diligent search (below), with the assigned foster care worker.

Diligent Search

As soon as possible, but within two business days, the CPS and/or foster care worker must commence a diligent search for the child. Actions required are:

- Review any available case records/MiSACWIS records to identify information on the potential location of child/youth (family members, unrelated caregiver, friends, known associates, churches, neighborhood center, etc.).
- Contact the school that the child last attended. Verify that the child is not in attendance.
- Determine if there are friends/teachers of the child that may have information. (Before friends of the child are contacted, DHS must have permission of the parent/legal guardian of the friend.)
- Contact the local school district office(s) to determine if the child has been enrolled in a new school.
- Complete automated systems checks to search for child or known family members (Secretary of State, LEIN, etc.).
- Document all contacts in the DHS-154, Investigation Report, or DHS-152, Updated Services Plan.

The CPS/FC worker must notify the court, law enforcement, and the AWOLP Central Locator Unit of the results of the diligent search.

At a minimum, the CPS/FC worker will repeat a diligent search during every reporting period. Document all efforts to locate the child and any child-initiated contacts in the case file. This information must also be documented in the DHS-154, foster care ISP, USP, and court reports.

The CPS/FC worker must continue to notify law enforcement of any new information to aid in efforts to locate the child.

AWOLP Centralized Locator Unit Actions

The AWOLP Centralized Locator Unit will take the following actions:

- Receive notification that the child is AWOLP.
- Notify local office via reply email of determination or need for additional information.
- Determine if child information will be placed on the Child Locator website.

  Note: Not all AWOLP children will be placed on the Child Locator website; for example, when a child is age 19 or older.

END OF LIFE DECISIONS

CPS has become involved in situations in which a child has been placed on life support systems and medical professionals question the decision-making of the parent/guardian or no parent/guardian can be located. When faced with this situation, after investigation, CPS may find it necessary to petition the Family Division of Circuit Court. If it is necessary to petition the court, the following guidelines must be followed:

- Contact the parents to confirm that they have not and will not authorize medical treatment for the child. Parents are to be told the department will file a petition with Family Division of Circuit Court.

- The petition must be reviewed and approved by the CPS worker's immediate supervisor and the county director or designee.
- The petition must state only the facts as provided by medical professionals (for example, direct quotes from doctors, medical reports, etc.).
- The petition must request the court make an appropriate decision regarding the provision of care for the child and not offer any recommendations regarding the court's decision.

See PSM 716-8, Medical Neglect of Disabled Infants and Other Forms of Medical Neglect.

COORDINATION WITH FOSTER CARE

The provision of services to abused or neglected children and their household is a CPS function when the children are living in their own homes. Reasonable efforts must be made to prevent or eliminate the need for removal prior to the removal of a child from his/her own home, except in emergency removal situations. When children have been removed from their homes and placed in the care and supervision of the department, the provision of services to abused or neglected children and their families is a function of foster care staff. Transition of responsibility should be facilitated by a case conference to outline protective services activity, objectives, and recommended treatment. Relatives should be identified for placement or as potential placement options and these options should be discussed with the foster care worker. See PSM 713-08, Special Investigative Situations, Coordination with Friend of the Court, for requirements on notification to Friend of the Court when there is a change in a child's placement.

Removal of Child-Case Management Responsibility

CPS retains responsibility of the case if the child remains in his/her own home (including when a child is placed with the non-custodial parent) and the court requests continued department supervision or if the child is in out-of-home placement which is expected to last less than 21 calendar days.

When removal of the child is necessary and the child is made a temporary ward, responsibility of the case is transferred to foster care staff. CPS must initiate transfer of case management responsibility as soon as a decision is made to place the child in out-of-home placement that is expected to last more than 21 calendar days.

Note: Initial placement with a non-custodial parent, voluntary or court-ordered, is not considered an out-of-home placement per 1973 PA 116 (Child Care Organization Licensing Act) and it is therefore the responsibility of CPS to monitor and provide services.

Responsibilities and Functions

The following describes the responsibilities and functions of CPS and foster care when the court orders out-of-home placement:

1. The local office must ensure there are adequate procedures for appropriate placement in emergency situations, with priority given to relative caregivers. It is also to ensure that a child and the relative or licensed foster home placement are suitably matched. The child must be placed in the most family-like setting available and in as close proximity to the child's parents' home as is consistent with the best interests and special needs of the child.

   CPS must provide supportive services during this transition period to ensure that at no time will the children or parents be without a responsible worker. Efforts to resolve the issues leading to the out-of-home placement must continue. Where possible, reunification of the child with family should be pursued.

   Within five working days of the initial out-of-home placement, the CPS worker must transfer the case to Foster Care.

2. When out-of-home placement has been ordered and is expected to last more than 21 days, foster care is to assume responsibility for the case upon transfer in MiSACWIS.

   See FOM 722-6I, Maintaining Connections Through Visitation and Contact for information on how often parenting time should occur. CPS will implement visitation until service responsibility is transferred to foster care.

   When a child is placed in out-of-home care and the duration of care is expected to be less than 21 calendar days, CPS will continue to carry responsibility. If care is expected to extend beyond 21 days, foster care must assume responsibility for the case once the CPS worker completes the transfer in MiSACWIS.

   The CPS worker must transfer case responsibilities by completing the transfer in MiSACWIS, within five working days of placement. Prompt completion of the transfer is essential to allow foster care time to develop case plans which must be submitted to the court within 30 calendar days of a child's removal.

When the transfer is complete, CPS is no longer responsible for provision of services to the child and family. The CPS case must be closed in MiSACWIS once the case is successfully transferred to the Foster Care worker.

CPS would still be required to testify at necessary hearings and submit amended petitions when required.

3. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) requires that within 30 days of removal, the state must make diligent efforts to identify and provide notice to a child's relatives that a child is in foster care. See PSM 715-2, Removal and Placement of Children, Placement with Relatives and Non-Custodial Parents section, for more information on identifying and notifying relatives. The CPS worker should notify the foster care worker of what has been completed. Copies of the relative search forms must be scanned and uploaded into MiSACWIS.

4. Supervision of a child placed in a relative's home for protective purposes is the responsibility of foster care. When a child is placed in a relative's home without a court order for out-of-home placement, the case must be supervised by CPS; see PSM 713-01, CPS Investigation - General Instructions and Checklist, Temporary Voluntary Arrangements section.

5. See PSM 716-3, Voluntary Foster Care, for information on voluntary foster care cases.

6. In situations in which the court orders one or more children removed from a home due to child abuse and/or neglect, but leaves a sibling(s) in the home with court jurisdiction, case management for all children is the responsibility of foster care. The DHS-3, Sibling Placement Evaluation, form must be completed in these situations. See PSM 713-08, Special Investigative Situations, Child(ren) Currently in Out-Of-Home Placement/ Prior Termination of Parental Rights section, for more information on completing the DHS-3.

7. When a child in foster care is returned to his/her own home, follow-up or after-care supervision must be provided by foster care staff. Ongoing casework responsibility must not be returned to CPS from foster care if the child has been in foster care for more than 21 calendar days. If CPS has transferred case responsibility to foster care and the child is returned home prior to having been in placement for 21 days, case

management responsibility must revert to CPS. If the child has been in foster care for 22 calendar days foster care would resume case responsibility.

Note: Case management responsibility should be transferred from CPS to foster care no later than five working days following placement of the child into foster care. **However, in certain circumstances, a child may be removed with the expectation that the child's time in foster care will be less than 21 days. CPS should retain case management responsibility in these situations for a maximum of 21 days.** If the child is not returned home by the 21st day, case management responsibility must be transferred to foster care. Such circumstances require that the local office establish procedures to ensure that the DHS-65, Initial Service Plan, is prepared and made available to the court within 30 calendar days of the child's removal.

8. In all cases in which CPS has filed a petition in the Family Division of Circuit Court to terminate parental rights at the first dispositional hearing, a case conference must be held between CPS and foster care within five working days of placement. Minimally, the CPS and foster care worker and their respective supervisors must attend this meeting. Other involved parties and staff should be included, as appropriate. See PSM-715-3, Family Court: Petitions, Hearings and Court Orders, Termination Petitions - Case Conference section, for information on involving a child's attorney and attorney-guardian ad litem in case conferences.

Children Are In Out-Of-Home Care, But Siblings Remain At Home Or Are New To The Home

A DHS-3, Sibling Placement Evaluation, form must be completed on all cases in which a child remains in the home when sibling(s) has/have been removed or sibling(s) are/were permanent wards as a result of a child abuse/neglect (CA/N) court action. See PSM 713-08, Special Investigative Situations, Child(ren) Currently in Out-Of-Home Placement/ Prior Termination of Parental Rights section, for more information on completing the DHS-3.

A foster care worker who becomes aware of the existence of a new child to a parent or parents who have other children in temporary care or who have had parental rights terminated in the past, either voluntarily or involuntarily as a result of a CA/N, must make a complaint of suspected (or actual) neglect/abuse regarding the new child to CPS. This might occur when a new child is born or moves into the home or was previously undiscovered, perhaps even hidden by the family, at the time of the previous court action. The CPS complaint must be made immediately when foster care becomes aware of the existence of such a child. See PSM 712-1, CPS Intake-Initial Receipt of Complaint, regarding the process for making a complaint.

SPECIAL CASE SITUATIONS OVERVIEW

Several child abuse/neglect (CA/N) complaint situations involve specialized case handling procedures or requirements from the point of receipt of the complaint to the closing of the case. PSM 716 items identify and provide the policy and procedures for these cases.

CASE INVOLVING AN AMERICAN INDIAN CHILD

Special practices and procedures must be followed when an American Indian child is the subject of a CA/N investigation. Identification of a case involving an American Indian child at the earliest point of contact is of utmost importance.

See NAA 100 - NAA 615 for policy, procedures and definitions governing the department's handling of CA/N investigations involving children and families of American Indian heritage. These Items must be consulted whenever there is reason to believe a child may be of American Indian heritage.

American Indian Heritage Inquiry

In every investigation of alleged child abuse or neglect, the family must be asked whether the child is known to have American Indian heritage. This inquiry must be documented in the case record and appropriate action taken. (See PSM 713-01, CPS Investigation-General Instructions And Checklist and NAA 200, Identification Of An Indian Child for more information on determining American Indian heritage.)

American Indian Child ON Reservation

A complaint of suspected child abuse or neglect of an American Indian child **who resides or is domiciled on lands within exclusive jurisdiction of the tribe** must not to be investigated by the department unless a special written agreement exists between the tribe and the department for responding to after hours and weekend emergencies. These agreements now exist between the department and the Sault Ste. Marie Tribe of Chippewa Indians, the

Keweenaw Bay Indian Community, Hannahville Indian Community, Bay Mills Indian Community and the Grand Traverse Band of Ottawa and Chippewa Indians.

(See NAA 233, Children's Protective Services Investigation and TAM 100-130, Tribal After-Hours Agreements for more information on Children's Protective Services investigations and current tribal after-hours agreements.)

American Indian Child OFF Reservation

A complaint of suspected child abuse or neglect involving an American Indian child **who resides off the reservation** requires that the worker take affirmative steps to determine at this initial stage whether an American Indian child is involved. (See NAA 200, Identification of An Indian Child for more information on taking affirmative steps.)

Removal of an American Indian Child

If petitioning the court for the removal of an American Indian child, the department must document that **active efforts** have been made to provide remedial and rehabilitative services designed to prevent the breakup of the American Indian family and that these efforts have proved unsuccessful. See NAA 240, Non-Emergency Placement for more information on active efforts.

Exception: If the American Indian child is in danger of imminent physical damage or harm, the department must provide emergency intervention to ensure the child's safety, including emergency placement. (See NAA 235, Emergency Placement for more information.)

When foster care placement is necessary, and indications exist that the child may be American Indian, that child must be treated as an American Indian child until determined otherwise.

(See NAA 100 through NAA 615 for more information on out-of-home placements for American Indian children.)

ACTIVE CPS INVESTIGATION OR ONGOING PROTECTIVE SERVICE CASE

When a family with an active CPS investigation or ongoing protective service case is absent from the county for a period of 30 days or more, or moves, or is temporarily visiting out of the county, the county of residence must:

- Make telephone contact with the CPS staff in the county where the family is located and discuss the nature of the active CPS investigation or ongoing protective service case.
    - If a family is in another county **temporarily**, the county of residence should outline the need for courtesy interviews, contacts, services, etc. The need must include safety precautions or alerts for the child(ren); see PSM 713-01-CPS Investigations (for active investigations) and PSM 714-1-Post-Investigative Services Cases Involving Multiple Counties sections (for ongoing cases), for how to document and process requests for courtesy interviews, supervision, etc. Immediately (within two working days) of the telephone contact send copies of required case information to the county where the family is temporarily staying.
    - If a family has **moved** to a new county, the supervisor must transfer the active investigation or ongoing case on SWSS CPS through the Case Listing module to the new county of residence for the family. Any paper CPS case file will be maintained in the county of origin with copies of the case record being sent to the new county of residence within five working days. Whenever CPS becomes aware that a family with an active CPS investigation or ongoing protective service case in another county has moved into or is temporarily visiting their county, CPS staff must:

1. Immediately make telephone contact with the CPS staff in the county with the active investigation/ongoing case to determine the nature of the active investigation/ongoing case and the level of risk to the children.
2. If it is unknown whether the family has moved to the county or is visiting temporarily, the county where the family is located

should make face-to-face contact with the family (parents, legal guardian and children) to determine if the family's county of residence has changed.

3. If the family has **moved** and the investigation is not complete or ongoing protective services are necessary, the new county of residence should request transfer of the case. The supervisor must transfer the case on SWSS CPS through the Case Listing module to the new county of residence for the family. Any paper CPS case file must be maintained in the county of origin with copies of the case record being sent to the new county of residence within five working days. If the family is in the other county **temporarily**, the county of residence should outline the need for courtesy interviews/services. The need must include safety precautions or alerts for the child(ren). See PSM 713-01-CPS Investigations (for active investigations) and PSM 714-1-Post-Investigative Services Cases Involving Multiple Counties sections (for ongoing cases), for how to document and process requests for courtesy interviews, supervision, etc. Immediately (within two working days) of the telephone contact, send copies of required case information to the county where the family is temporarily staying.

Disputes between counties must be immediately referred for resolution to:

- Regional service delivery center.
- Outstate operations for urban counties.
- Wayne County Children and Family Services Administration for Wayne County.

NEW COMPLAINT ON CLOSED CASES

If a county receives a CPS complaint, and the family has previous CPS history in other counties, the worker must contact the county(ies) where the prior CPS history took place and request a copy of any paper (file not in SWSS CPS) CPS files and incorporate the historical CPS case information in the investigation narrative for assessment of patterns of abuse/neglect, service history, etc. The historical case file material must be placed in the current CPS case file. The county with the closed CPS case record must provide any needed information immediately by telephone and/or fax, when requested.

If requests for CPS case records are not honored, refer immediately to the following for resolution:

- Regional service delivery center.
- Outstate operations for urban counties.
- Wayne County Children and Family Services Administration for Wayne County.

VOLUNTARY FOSTER CARE

Voluntary foster care placement may be used as a service for families when the regular caregivers must be absent on a short term basis from the child care role for reasons beyond their control (e.g., hospitalization, incarceration, etc.). Voluntary foster care must not be used as an alternative/substitute for court ordered foster care placement when out-of-home care is needed for protection.

Note: Procedures to identify an American Indian child must be followed prior to a voluntary foster care placement. See NAA 200, Identification of an Indian Child.

See FOM 722-1, Foster Care-Entry Into Foster Care, Voluntary Foster Care Placement section if the child is a non-American Indian child and NAA 230, Voluntary Placement if the child is an Indian child for more information on when voluntary foster care placement is appropriate and the procedures that must be followed for a family to enter into a voluntary placement agreement.

OVERVIEW

See PSM 712-6, CPS Intake-Special Cases and PSM 713-08, Special Investigative Situations, Complaints Involving A Known Perpetrator Moving In or Residing With a New Family sections.

CONFIRMED SEXUAL ABUSE CASES

PSM 716-5 has been moved to PSM 714-2-CPS Supportive Services.

COMPLAINTS INVOLVING SUBSTANCE ABUSE

Parental Substance Abuse

Substance use, or the addiction of the parent-caretaker or adult living in the home to alcohol or drugs, does not in and of itself constitute evidence of abuse or neglect of the child. Parents use legally or illegally obtained drugs to varying degrees and many remain able to safely care for their child. If other adults residing in the child's home are using drugs/alcohol, the parent/caretaker's capacity to care for the child and ensure his or her safety and well-being must be evaluated.

Drug and alcohol exposure also includes environmental exposure to drugs and alcohol. For example, cocaine/crack/methamphetamine is being smoked in the home and the children are inhaling the smoke or have access to harmful paraphernalia, drugs or provided alcohol. It may also include exposure to the violent and unsafe environments in which drugs are commonly sold or used.

When parents or caregivers report the use of medical marijuana or prescribed medications which may contain mood-altering properties (including, but not limited to anti-depressants, anti-psychotics, methadone, and pain-killers), the worker must make attempts to confirm this with the medical professional who prescribed them or who validated the medical marijuana card. This **must** occur when alleged substance use/abuse is part of the complaint or if it was identified by the worker during the investigation; see PSM 713-06.

Drug House

Drug house is the term used to describe a dwelling where controlled and/or illegal substances are sold, traded or used and may include the involvement of individuals who are non-members of the family.

The following conditions often exist in a drug house:

- Criminality.
- Loss of household control (individual who controls the drug trade usually controls the environment).

- Unsecured weapons.
- Presence of illegal and/or controlled substances.
- High potential for violence.
- General neglect, such as squalor, lack of food, etc.
- Unmet needs of the child.
- Presence of individuals who endanger the child's welfare.

Approach a reported or known drug house **only** when accompanied by law enforcement and/or other departmental staff. See PSM 712-4-Intake-Minimal Priority Response Criteria for more information on contact standards.

Recognizing that the department lacks the expertise and resources to determine the existence of a drug house, complaints originating from anonymous sources, absent allegations or concerns regarding the child, must be referred to law enforcement for follow-up. If the complaint also alleges neglect or abuse, it must be assigned for investigation and coordinated with law enforcement to the extent possible.

Drug Raids

When law enforcement indicates that a raid has occurred and drugs are being sold from a home where a child resides, a Children's Protective Services (CPS) investigation must be commenced immediately.

It is not uncommon for one or both parents to be arrested during a raid. As a result of the raid, or conditions that existed at the time of the raid, the dwelling may not be safe for the children. In these instances, the worker will assist the parent in securing appropriate shelter for the children, including assisting the parent in making a voluntary placement pending further investigation and implementation of services.

Drug and Alcohol Exposed Infants

The Child Protection Law (CPL), MCL 722.623a, requires mandated reporters who have reasonable cause to suspect, that a newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body to make

a complaint of suspected child abuse to CPS. A CPS complaint is not required if the mandated reporter knows that the alcohol, controlled substance, or metabolite, or the child's symptoms, are the result of medical treatment prescribed and/or administered to the mother or the newborn.

CPS must investigate complaints alleging that a newborn has been exposed to alcohol or drugs. At minimum, the investigation must include the following actions:

1. Contact the reporting person.
2. Contact medical staff to determine whether laboratory tests confirm that the newborn has been exposed to alcohol or drugs, and to identify any medical treatment that the child or mother needs.
3. Complete a LEIN, central registry check, and review of MiSACWIS case history to obtain criminal history and any CPS involvement with the parents.
4. Interview the mother and assess the need for a substance abuse referral for treatment.
5. Determine the parent's capacity to provide adequate care of the newborn and other children in the home.

MEDICAL MARIJUANA

If a caregiver produces a validated Medical Marijuana Card from the State of Michigan, the following must occur:

- Verify that the card is valid and current.
- Observe and verify that marijuana plants and any dangerous growing equipment are not accessible to the children in the home and that a safety plan has been developed with family.
- Seek a medical examination of the child(ren) if there is evidence of harmful environmental exposure.
- Assess child safety and the parent's ability to safely care for and protect the child from any harmful effects or marijuana use/growth.

- If an infant is born positive for marijuana and the worker has confirmed that the mother has a validated medical marijuana card, the worker **must** determine the parents' ability to safely care for the child, including siblings.

DRUG DEPENDENCY TREATMENT

When parent's report their use of medically prescribed treatment for drug dependency (such as methadone maintenance) the worker must confirm those prescriptions and/or treatments with the medical professional who prescribed them. The use of substances prescribed or otherwise must be taken into account when assessing child safety as well as the ability to safely parent.

Note: When an infant is born positive due to the mother's adherence to a medically prescribed treatment (for example, methadone maintenance) CPS must verify with the treating physician that the mother followed the treatment program as prescribed. If there is evidence of other drug use, CPS must attempt to determine whether the use of those drugs resulted in infant exposure or serious impairment.

METH-AMPHETAMINE

The Child Protection Law, Section 17, requires that a petition for court jurisdiction be filed within 24 hours of determining a preponderance of evidence exists that a child has been exposed to or had contact with, methamphetamine **production**.

If children were removed from an environment where they were exposed to methamphetamine use or production, transport them to the closest hospital emergency room immediately. Call the hospital prior to the child's arrival and alert them.

Refer to the protocol on the Michigan State Police Website at www.michigan.gov/msp; 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, and protocol guidance should be followed.

REACHING DISPOSITION

A preponderance of evidence must be found if there are medical findings that the infant has alcohol, a controlled substance, or a metabolite of a controlled substance, in his or her body **which are not due to medical treatment the infant or mother received.** Complaints must be confirmed if a medical opinion confirms that the infant suffers from the effects of drug exposure which are **not due to medical treatment the infant or mother received.**

Note: Medical marijuana and Medical Assisted Treatment (such as methadone maintenance) are considered medical treatment. Workers must evaluate the caregiver's ability to safely care for their child while following their medical treatment.

Confirmed complaints of drug- or alcohol-exposed infants must be classified as physical abuse, Category I, II, or III (based on the risk assessment).

Note: In confirmed complaints in which the infant requires medical treatment or hospitalization to treat symptoms resulting from the drug/alcohol exposure and medical personnel indicate that the exposure seriously impairs the infant's health or physical well-being, a petition for court jurisdiction is required within 24 hours under the CPL (MCL 722.637). See PSM 715-3-Family Court: Petitions, Hearings and Court Orders for more information.

Services must be coordinated, as appropriate, with medical personnel, maternal infant health program and substance abuse assessment and treatment providers.

Early On®

Children age 0 to 3 suspected of, or with confirmed prenatal substance exposure and/or developmental delay must be referred to *Early On®;* see PSM 714-1-Post-Investigative Services.

MEDICAL NEGLECT OF DISABLED CHILDREN

The Child Abuse Amendments of 1984, PL 98-457, including section 4 (b) (2) (K) of the federal Child Abuse Prevention and Treatment Act, 42 USC 5101 et. seq. and USC 5116 et. seq., and subsequent federal regulations implementing the act, establish the role and responsibility of the state's CPS system in responding to complaints of medical neglect of children, including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions.

The federal regulations implementing the act emphasize the role and functions of the CPS system, its focus on the family, and the locus of decision-making in relation to the medical neglect of disabled children. The decision to provide or withhold medically indicated treatment is, except in highly unusual circumstances, made by the parents or legal guardian.

Parents are the decision-makers concerning treatment for their disabled children, based on the advice and reasonable medical judgment of their physicians. The counsel of an Infant Care Review Committee (ICRC) or other hospital review committee might be sought, if available. Therefore, if a complaint is made to CPS regarding the withholding of medically indicated treatment from disabled infants with life-threatening conditions, the focus of CPS's work will be, as it is in responding to other complaints of child abuse or neglect, to protect the child and to assist the family.

The federal regulations further emphasize that it is not the CPS program, the ICRC or similar committee that makes the decision regarding the care of and treatment for the child. This is the parents' right and responsibility. Nor is the aim of the statute, regulation, and the child abuse program to regulate health care.

The parents' role as decision-maker must be respected and supported unless they choose a course of action inconsistent with applicable standards established by law. Where hospitals have an ICRC or similar committee and the review and counsel of the ICRC is sought, it is the role of the ICRC to review the case, provide additional information as needed to ensure fully informed decision-making, and recommend that the hospital seek CPS involvement when necessary to ensure protection for the infant and compliance with applicable legal standards.

The federal regulations highlight several key points:

- Current procedures and mechanisms already in place for CPS for responding to complaints of suspected child abuse and neglect should be used for responding to complaints of the withholding of medically indicated treatment from disabled infants with life-threatening conditions.
- CPS must coordinate and consult with individuals designated by and within the hospital in order to avoid unnecessary disruption of hospital activities.
- The legislation is not intended to require CPS workers to practice medicine or second guess reasonable medical judgments. Rather CPS must respond to complaints under procedures designed to ascertain whether any decision to withhold treatment was based on reasonable medical judgment consistent with the definition of “withholding of medically indicated treatment.”
- If CPS determines on the basis of medical documentation there is withholding by the parent/guardian of medically indicated treatment from a disabled infant with life-threatening conditions, CPS must pursue the appropriate legal remedies to prevent the withholding.

Definitions

Medical Neglect

The failure to provide adequate medical care in the context of the definitions of “child abuse and neglect”. The term “medical neglect” includes, but is not limited to, the withholding of medically indicated treatment from a disabled child with a life-threatening condition.

Withholding of Medically Indicated Treatment

The failure to respond to the disabled child’s life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which in the treating physician's reasonable medical judgment, will most likely be effective in ameliorating or correcting all such conditions, except that the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to an infant when, in the treating physician's reasonable medical judgment any of the following circumstances apply:

- The infant is chronically and irreversibly comatose.
- Treatment would merely prolong dying, not be effective in ameliorating or correcting all of the disabled infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant.
- Treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane.

Infant

A child less than one year of age. The reference to less than one year of age must not be construed to imply that treatment should be changed or discontinued when an infant reaches one year of age, or to effect or limit any existing protections available under state laws regarding medical neglect of children over one year of age.

Children

In addition to infants less than one year of age, the standards set forth in the above definition of “withholding of medically indicated treatment” should be considered thoroughly in the evaluation of any issues of medical neglect involving a child older than one year of age who has been continuously hospitalized since birth, who was born extremely prematurely, or who has a long-term disability. This includes children who may be seen as medically fragile, or those who may be seen at an increased level of vulnerability based on their medical needs; see PSM 713-04.

Reasonable Medical Judgment

A medical judgment made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

Infant Care Review Committee (ICRC)

A voluntarily established, generally hospital based multidisciplinary group which may be composed of, but is not limited to, such members as a practicing physician (e.g., a pediatrician, a neonatologist, or pediatric surgeon), a practicing nurse, a hospital administrator, a social worker, a representative of a disability group, a lay community member, and a member of the facility's organized medical staff, whose purpose and functions are:

- To educate hospital personnel and families of disabled infants with life-threatening conditions.
- To recommend institutional policies and guidelines concerning the withholding of medically indicated treatment from disabled infants with life-threatening conditions.
- To offer counsel and review in cases involving disabled infants with life-threatening conditions.

Report and Investigation

To clarify when CPS is the appropriate department for responding to the alleged medical neglect of a disabled child, the chart below indicates the appropriate system or process available for responding based on the party alleged to be neglecting the child and the reporting person.

CPS RESPONSE TO COMPLAINTS OF MEDICAL NEGLECT OF DISABLED CHILDREN		
	NEGLECTING PARTY	
Reporting Person	**Parents**	**Hospital Staff**
Hospital Staff	CPS investigates	Not applicable
Parents	Not applicable	Existing hospital review process
Other/Anonymous	CPS investigates	Existing hospital review process

CPS is responsible for responding to complaints that parents are neglecting their child's health and welfare by withholding medically indicated treatment, as noted in Column A. Complaints from parents or others that the hospital or health care provider is neglecting (Column B) to provide proper or suitable care for the infant is outside the scope and responsibility of CPS and are not appropriate for CPS investigation. Existing procedures, including medical review committees within the health care facility, should be used for addressing such concerns.

Complaint of Parental Neglect from Health Care Provider or Hospital

Most complaints of medical neglect involving the withholding of medically indicated treatment from disabled children with life-threatening conditions by parents are reported by a health care provider or hospital staff. This reporting person is logically in the best position, with their medical expertise, to know what is medically indicated and necessary treatment. The complaint must be accepted for investigation with appropriate steps taken to ensure that necessary care and treatment are provided.

Required steps include:

1. Contact the designated hospital liaison person regarding the condition of the child and treatment needed and confirm or determine:

    a. Does the child have a life-threatening condition which falls outside the three conditions specified in the federal regulation in which treatment is not considered medically indicated? Examples are:

        (1) The child involved is chronically and irreversibly comatose.

        (2) Treatment would merely prolong dying, not be effective in ameliorating or correcting all of the life-threatening conditions, or otherwise be futile in terms of the survival of the child.

        (3) Treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

    b. What is the diagnosis and condition of the child?

    c. What treatment has been provided and what treatment is still needed?

    d. Consequences if treatment is not provided?

    e. Has the treating physician recommended that treatment be provided?

    f. Have parents refused to consent to treatment? If so, on what basis?

g. What was the analysis of the ICRC, or other reviewing body, if available?

2. Face-to-face interview with the parents (discuss first with the hospital social worker, if involved, to determine the context for interviewing parents) to determine parents' understanding of child's condition and treatment alternatives and the decisions they have made and the basis for those decisions.

3. Determine whether further investigation is needed.

a. No.

(1) If there is no withholding of medically indicated treatment, a preponderance of evidence of child abuse/neglect will not be found to exist

(2) If treatment is indicated and recommended by the treating physician and other consultants, but the parents have refused to consent to the treatment, court action must be sought for the protection of the child as follows:

a) Contact the parents to confirm that they have not and will not authorize medical treatment for the infant. Parents must be told the department will file a petition in the Family Division of Circuit Court seeking a court order to authorize medical treatment.

(b) File a petition in the Family Division of Circuit Court requesting that the court make an appropriate decision regarding the provision of care for the child. The petition must state **only** the facts as provided by medical professionals (**direct quotes** from doctors, medical reports, etc.). The worker filing the petition must **not** offer any recommendations regarding the court’s decision. The petition must be reviewed and approved by the supervisor and the county director (or designee) prior to filing with the court; see PSM 715-3-Family Court: Petitions, Hearings and Court Orders, End of Life Decisions section.

(c) Subsequent to resolution of an emergency condition, there is to be follow-up services for

the parents. Services may include information about parental support groups composed of parents with children having similar disabilities as well as community services and resources to assist families in the care of children. At an appropriate time and when parents can better evaluate their options and decisions, they may also be advised of voluntary release services if they are unable to provide the continuing care necessary for the child.

b. Yes.

There remains some doubt or uncertainty regarding the hospital's recommendations, the parents refuse to authorize medically indicated treatment, or there is a need for additional documentation to arrive at a conclusion, there must be further consultation with the ICRC, other review committee or medical consultant, if available.

If further consultation with the ICRC or other medical staff does not yield sufficient information to assist in determining whether there is medical neglect involving withholding of medically indicated treatment from a disabled child with a life-threatening condition and the parents are not cooperative in authorizing medical treatment, a petition must be filed with the Family Division of Circuit Court requesting that the court make an appropriate decision regarding the provision of care for the child.

If the court orders an independent medical evaluation, it should empower the court appointed medical consultant to make whatever inquiries and investigations he/she considers appropriate including access to hospital personnel and to pertinent hospital records.

The medical consultant should determine whether a child is at risk due to the withholding of medically indicated treatment, and may include:

(1) Notifying the designated hospital liaison person that a judicial order has been obtained to conduct an independent investigation and to gain access to the hospital and its pertinent records.

(2) Interviewing the treating physician and others involved in treatment.

(3) Reviewing medical records.

(4) Interviewing parents to determine the basis for their decisions.

(5) Arranging, if necessary, a meeting with the ICRC, its designees, or other hospital review mechanism to determine the following: Did the ICRC or other hospital review committee verify the diagnosis? Were all the facts explained to the parents? Did the parents have time to think about their decision? Did the parents appear at the meeting and articulate their objections to treatment before the committee? Were all the facts before the committee? Did all physicians, nurses and others involved in treatment have an opportunity to present information to the committee? Did the committee recommend treatment or make any other recommendation? Was there significant dissent among committee members and/or medical staff? Was the committee recommendation consistent with the terms of “withholding medically indicated treatment.”

The medical consultant is to notify the court of the findings and recommendations and submit a report in writing to the court and the department.

4. If requested or ordered by the court, the department is to provide follow-up services which may include:

- Monitoring the case through regular contact with the health care facility designee to assure that appropriate nutrition, hydration, medication and medically indicated treatment is provided. The court is to be notified whenever there is failure to authorize or provide necessary care or treatment for the child.

- Assisting the parents by initiating referrals to appropriate agencies that provide supportive services for disabled children and their families.

Complaint of Parental Neglect From Other Than a Health Care Provider or Hospital

If a complaint is received from someone other than a health care provider or hospital alleging medical neglect involving the withholding of medically indicated treatment from a disabled child with a life-threatening condition, the following steps must be taken:

1. Obtain the following information from the reporting person:

    a. Name, address, and telephone number of the health care provider.

    b. Names, addresses and telephone numbers of the child and parents.

    c. Name of the reporting person, source of their information (first hand or otherwise), position to have reliable information (such as a nurse on the ward, a friend or other), affiliation, address, and telephone number.

    d. Specific information as to the nature and extent of the child's condition and the reason and basis for suspecting that medically indicated treatment or appropriate nutrition, hydration or medication is being or will be withheld.

    e. Whether the child may die or suffer harm within the immediate future if medical treatment or appropriate nutrition, hydration or medication is withheld.

    f. Names, addresses and telephone numbers of others who might be able to provide further information about the situation.

2. Decide whether the information provided is sufficient to warrant an investigation based on the following criteria:

    a. The circumstances reported, if true, would constitute "child medical neglect" as defined by state law, e.g., "harm or threatened harm to a child's health or welfare by a parent or legal guardian which occurs through negligent treatment, including the failure to provide adequate...medical care".

    b. There is **reasonable cause to believe** that circumstances indicate the withholding of medically indicated treatment. Reasonable cause to believe is defined as: what

reasonable people, in similar circumstances, would conclude from such things as the nature of the condition of the child, health care professional statements, and information that the parents have refused to consent to recommended treatment.

The intake worker and supervisor, in consultation with a medical consultant if necessary, must decide whether these elements are present and an investigation is warranted. (Payment for medical consultation may be made using procedures described in PSM 713-04-Medical Examination and Assessment.) If an investigation is not warranted, the reporting person must be informed that the criteria for initiating an investigation are not present and an investigation will not be conducted. If an investigation is warranted, proceed under the steps indicated above for responding to a complaint received from a health care provider or hospital.

MEDICAL NEGLECT BASED ON RELIGIOUS BELIEFS

It is a parent's right and responsibility to consider recommendations from medical practitioner(s) and make an informed decision for treatment that they believe is in their child's best interest. These decisions may involve the need to weigh several competing opinions and recommended courses of treatment. Decisions are often made in the context of the family's religious or spiritual beliefs. A determination of medical neglect must include sufficient evidence that the parent had the opportunity, but failed to provide medical care for the child's health or welfare.

Under the Child Protection Law (MCL 722.634), when a particular type of intervention or a specific recommended medical treatment for a child is not provided based on a parent or guardian practicing his/her religious beliefs, the parent or guardian must **NOT** be considered negligent for that reason alone. To be clear, a finding of medical neglect may still be confirmed in such cases if sufficient evidence of neglect exists, but if so, the parent or guardian cannot be considered a perpetrator. The perpetrator must be indicated as "unknown." See below for guidance.

No Perpetrator

If medical neglect is confirmed as the result of a CPS investigation based **only** on the parent or guardian not providing the recommended medical treatment due to his/her religious beliefs, the parent's or guardian's name(s) must not be listed on the central registry as a perpetrator of child abuse or neglect. When completing the disposition in MiSACWIS, select the victim(s) of medical neglect and an unknown perpetrator. The disposition must provide a narrative documenting why an unknown perpetrator is being identified.

NEW CPS COMPLAINTS WHEN A CHILD IS IN FOSTER CARE

Complaints of child abuse and neglect (CA/N) occurring in a licensed foster care home or the home of an unlicensed/unrelated or related caregiver must be investigated by CPS-Maltreatment-in-Care (MIC) units. This includes complaints while the child is placed in the home or after the child has been moved from the home.

If centralized intake (CI) is unsure about assigning a complaint, CI must complete a preliminary investigation as outlined in PSM 712-5.This preliminary investigation must also include contact with the direct foster care worker and if appropriate, the foster home certification worker.

If the current complaint is at least the third CPS complaint on a foster family or care provider **and** the complaint includes a child age 3 or under, CPS must conduct a preliminary investigation as outlined under the Multiple Complaint policy in PSM 712-5.

If the preliminary investigation indicates that the complaint may have basis in fact, a field investigation must be completed. If there is or will be an ongoing investigation being conducted by the foster home certification worker, there should be coordination to the maximum extent feasible. This reduces duplication and allows for collaboration regarding any actions needed to protect children in foster care; see PSM 712-6.

As many as four (4) separate, but coordinated, investigations could need to be conducted concurrently:

1. CPS investigation of allegations of child abuse and neglect.
2. DHS and/or private agency foster home certification special evaluation of compliance with PA 116 and the licensing rules.
3. DHS and/or private agency foster care staff investigation of the continued appropriateness of the child’s placement.
4. Law enforcement investigation of criminal allegations.

In rare circumstances, the Bureau of Children and Adult Licensing will investigate the child-placing functions of the department.

Special Note: CPS must not remove a foster child during an investigation unless there is imminent risk of harm to the foster child. See FOM 722-3, Foster Care - Placement/Replacement, Change in Placement section for more information on when foster care must move a child.

A copy of the Safety Assessment and the Investigation Report, must be forwarded to the DHS or private agency foster care supervisor(s) with the active foster care case(s) and if appropriate, the DHS or private agency foster home certification supervisor within two (2) working days of completion of the report.

Imminent Risk of Harm

If a child placed in his/her own home (reunification has taken place and court jurisdiction has not been dismissed) is at imminent risk of harm and must be removed because no provision of service can safeguard the child in the home, foster care must be contacted to assist with placement. Whenever possible, the foster care worker should handle the replacement.

If a child placed in a foster home, in an unlicensed relative home, or other type of out-of-home placement is at imminent risk of harm and must be replaced, foster care must be contacted to assist with placement. Whenever possible, the foster care worker should handle the replacement.

CPS Complaints on a Parent or Other Person with Whom Reunification is Sought

If a new complaint of CA/N by a parent (or person with whom reunification is sought) of a child who is under the jurisdiction of the court is classified a Category II or I, the CPS worker must file a petition with the court and testify at the adjudication hearing, if necessary. See FOM 722-13, Foster Care-Referrals To CPS, for more information.

CPS Complaints on Licensed Foster Parents

When a CPS complaint involving a foster home licensed by DHS is received, the local office must proceed with standard procedures for assessing whether the complaint will be investigated. If the complaint is assigned for investigation and the CPS worker has an established relationship with the foster family, the complaint should be assigned to a worker without an established relationship with the foster family. If all CPS workers in the local office have an established relationship with the foster family, the complaint should be transferred to another local office.

Disputes between counties must be immediately referred to Child Welfare Field Operations Administration. Any preponderance of evidence finding, regardless of risk level, on a licensed foster parent requires his/her name to be placed on central registry.

Notification of and Coordination with the Licensing/Certification Unit

As soon as possible, but within 24 hours or the next business day of receipt of the CPS complaint, contact the licensing/certification unit in the child-placing agency responsible for licensing supervision of the home (for example, local DHS office, county juvenile court, private child placing agency, community mental health agency, etc.) and indicate that a complaint has been received and whether CPS is investigating. If there is or will be an ongoing investigation being conducted by the foster home certification worker, there should be coordination to the maximum extent feasible; see PSM 716-6, Complaints Involving Child Care Organizations and Institutional Settings.

AMENDMENT OR EXPUNCTION

The Child Protection Law (MCL 722.627(5) and (6)) authorizes the department to amend and expunge a CPS report and/or central registry information. Amendment means correcting specific information:

- In the CPS case record, including the CPS Investigation Report (DHS-154).
- On central registry, including deleting names of individuals.

Expunction means deleting the entire complaint from central registry; it is **not** the destruction of the local case record.

Amendment to the CPS record or central registry or expunction of a record on central registry must occur:

- To correct inaccurate information.
- When the perpetrator requests amendment or expunction and the local office concurs.
- When ordered by an administrative law judge after administrative hearing or rehearing, or circuit court order.

Local offices must consider amendment or expunction from central registry when the case record review reveals:

- Errors in fact or missing information which can be corrected.
- Supporting evidence was weak and would not withstand the evidentiary standards of an administrative hearing (a case without a preponderance of evidence).
- Witnesses or case records are unavailable.

Removal by the Department

The Department may remove an individual from placement on the central registry after 10 years, without request for expunction. If placement on central registry was the result of abuse that included one or more of the circumstances listed in section 17(1) or 18 (1) in the Child Protection Law (CPL), the Department shall maintain the information in central registry until the department receives reliable

information that the perpetrator of the child abuse or child neglect is dead.

Note: The circumstances listed in CPL are known as Egregious Acts; see PSM 715-3, Mandatory Termination Petitions.

Petitioner Requests for Amendment or Expunction

The alleged perpetrator in a CPS case (petitioner) or an attorney representing that person may request that the case record be amended or central registry be amended or expunged. The request must be written and mailed to the local office within 240 days from the date of service of notice of the right to a hearing.

Within 30 days of receiving the written request, the local office must review the case record, determine the appropriate action and inform the petitioner of the decision by mailing them the DHS-1200, Child Abuse/Neglect Action, form. The decision must be made by a children's services supervisor. A copy of the completed DHS-1200 must be filed in the case record to document the local office's actions.

If the children's services supervisor denies the request, this denial must receive a second-line review from a program manager or county director. The reasons for denial must be recorded on the DHS-1200 and the form must be mailed to the petitioner and the Michigan Administrative Hearing Systems (MAHS). The DHS-1200 explains the petitioner's right to an administrative hearing. See PSM 717-3, Administrative Hearing Procedures for more information on administrative hearings.

Authorizing and Documenting Changes to Central Registry

When the decision is made to amend or expunge a central registry record, the action must be documented and processed in MiSACWIS through the Central Registry module. Changes to central registry must be completed by a CPS supervisor, and receive the second-line review of a program manager or county director.

Authorizing and Documenting Changes to the CPS Record

Local office records are subject to amendment as are central registry records. However, local office records are not subject to **expunction**. When amending a CPS record, CPS must create an addendum to the corresponding DHS 154, Investigation Report, or DHS-152, Updated Services Plan, in MiSACWIS. Local offices must **not** destroy local office records, whatever the disposition of the investigation, unless:

1. Destruction is considered to be in the best interests of the child. This may include, but is not limited to:

    a. Complaints, which upon investigation, are completely spurious and unfounded, and the expunction has been requested and granted.

    b. Complaints which are a result of mistaken identity, but an investigation is conducted and the expunction has been requested and granted.

2. Ordered as a result of an administrative hearing or by court order.

3. In accordance with regular record disposal policy; see PSM 712-8-CPS Intake Completion, CPS Case Record Retention section.

OVERVIEW

A person who is the subject of a report or record may request expunction within 240 days from the date of service of notice of the right to a hearing. If the local office denies the petitioner's request to amend the CPS case record or to amend or expunge a record on central registry, the local office must complete the DHS-3050, Hearing Summary, form and forward it, along with the **original** copy (signed by the petitioner) of the DHS-1200, Child Abuse/Neglect Action, form (pages 1 and 2), immediately to:

Scheduling Unit
Michigan Administrative Hearing Systems (MAHS)
611 W. Ottawa, 2nd Floor
PO BOX 30639
Lansing, MI 48909-8139
Phone number: (517) 335-2484

See the Hearing Summary section in this item for more information on completing the DHS-3050.

MAHS Response to Hearing Requests

Only MAHS has the authority to grant or deny the hearing request. MAHS informs the petitioner and the local office in writing when a request is granted or denied. If the hearing request is granted, MAHS will issue a Notice of Hearing giving the date, time and location of the hearing. MAHS denies requests signed by unauthorized persons and requests without original signatures (faxes or photocopies of signatures are acceptable).

Note: Staff must not call or email the Administrative Law Judge (ALJ) assigned to a hearing for any reason. Once a case is scheduled, any questions regarding the case must be directed to the MAHS secretaries at (517) 335-2484, who will communicate with the ALJ.

Local Office Review And Pre-Hearing Conference

Upon receipt of a hearing request on a DHS-1200, the local office must review the request and offer the petitioner a pre-hearing con-

ference within 15 days from receipt of the hearing request. **Note:** The pre-hearing conference does not need to be **held** within the 15-day standard.

The local office case review should be performed by someone other than the person who denied the petitioner's original request for amendment or expunction. The local office case review must determine whether the case record supports the local office denial of the request for amendment or expunction.

The pre-hearing conference must take place within 30 days after the local office receives the request. A pre-hearing conference does **not** need to be held in the following situations:

- The petitioner chooses not to attend the pre-hearing conference. **Note:** The petitioner is not required to participate in the pre-hearing conference in order to have a hearing. Any notice of the pre-hearing conference must explain this.
- A conference was held prior to the receipt of the hearing request and:
  - The issue in dispute is clear.
  - DHS staff fully understand the positions of both the department and the petitioner.

The pre-hearing conference should be used to clarify the issues for the department and the petitioner. Do all of the following at the pre-hearing conference:

- Determine why the petitioner is disputing the DHS action.
- Review any documentation the petitioner has to support his/her request.
- Explain the department's position and identify and discuss the differences.
- Determine whether the dispute can be resolved locally or requires an administrative hearing.

It is appropriate for the department to enter into a stipulation agreement with the petitioner at the pre-hearing conference, if possible.

Local Office Administrative Review

The local office manager or designee must review all hearing requests which are **not** resolved by the first-line supervisor. The purpose of the review is to ensure that local office staff have done the following:

- Applied DHS policies and procedures correctly.
- Explained DHS policies and procedures to the petitioner.
- Explored alternatives.
- Considered requesting a central office policy clarification or policy exception, if appropriate.

The local office manager or designee must evaluate the advisability of a hearing in relation to such factors as intent of policy, type of issue(s) raised, strength of the department's case, and administrative alternative.

An administrative review does **not** replace the administrative hearing process. The administrative hearing must be held as scheduled **unless** the department makes the change requested by the petitioner **or** the petitioner withdraws the administrative hearing request.

Pre-hearing Conference With ALJ

In more complex cases, the Administrative Law Judge (ALJ) may order a pre-hearing conference on the ALJ's own motion or at the request of the department or petitioner. Issues to be discussed may include witness lists, proposed exhibits, requests for subpoenas, stipulations, duration of hearings and simplification of the issues.

Hearing Summary

The department must complete the DHS-3050, Hearing Summary, form and forward it to MAHS within 15 days from receipt of the hearing request. The Hearing Summary must briefly describe the administrative facts:

- Date of complaint.
- Date of disposition.
- Date of placement on central registry.
- Copy of the notice to the perpetrator.

- The allegations of abuse or neglect.
- Name and date of birth of the victim(s).
- Name and date of the perpetrator(s).
- Name and position of the department support person.
- Name of each witness (unless that would put the witness in danger).
- Prior administrative or judicial decisions on the alleged abuse/neglect.

Exhibits

The department must decide what exhibits to offer at the hearing and provide copies to the petitioner prior to the hearing. Do **not** send copies of the exhibits to MAHS prior to the hearing. The department should offer, at a minimum, the investigative report(s), the risk assessment and a central registry inquiry for the perpetrator. Other useful exhibits include photographs of injuries, audiotapes and videotapes of interviews, police reports pertaining to closed criminal investigations and a diagram of the location of the alleged abuse/neglect.

Petitioner Access To Information

The petitioner has the right to review investigation reports and obtain copies of needed documents and materials. After confidential information has been redacted (see SRM 131, Confidentiality - Children's Services), send a copy of all documents and records which may be used by the department to the petitioner and/or the petitioner's attorney, including the DHS-3050.

Subpoenas

Request a subpoena if you or the petitioner requires a person outside DHS to testify at the hearing or to obtain a document outside DHS to be offered as evidence. Send a memo requesting a subpoena to MAHS including:

- Case name (for example, Jane Doe v. Ingham County DHS).
- Docket number.

- The name and address of the person whose testimony is required.
- What document is to be subpoenaed.
- Why the person or document is needed.
- How the person's testimony or document relates to the hearing issue.
- A copy of the notice of hearing, if available.

Allow adequate time to mail or hand deliver the subpoena. Do **not** send a copy of the entire witness list with subpoena requests.

The requestor must serve the subpoena and must pay the attending witness fee plus the state-approved mileage rate from and to the person's residence in Michigan; see Employee Handbook Policy, (EHP) 400, Subpoenas Issued in Administrative Matters.

Note: DHS employees are expected to participate in hearings without a subpoena when their testimony is required. If participation of an DHS employee cannot be arranged, send a memo to MAHS giving the name and location of the employee and how the employee's testimony relates to the hearing issue. MAHS will decide whether to require the employee's participation.

Representation in Administrative Hearings

An assistant attorney general must be requested to represent the department in all administrative hearings where the opposing party is represented by counsel. Complete the DHS-1216 E, Request for Attorney General Representation, and send it, along with supportive materials to:
CLSRequestsforRepresentation@michigan.gov

If the opposing party is represented by counsel at an administrative hearing and the department's authorized employee is not, the department must request an adjournment from the administrative law judge so that the department may request representation by counsel.

Request for Adjournment

The petitioner or local office may request an adjournment of a scheduled hearing. All requests for adjournment must be in writing and sent (mailed or faxed) to MAHS, with a copy to the other party. **Only** MAHS can grant or deny an adjournment. If the adjournment is granted, an Order Granting Adjournment will be issued containing the new hearing date, time and location. If the request for adjournment is denied, the hearing will commence at its originally scheduled date.

Withdrawal of Request for Hearing

A petitioner may withdraw the request for a hearing any time prior to the ALJ issuing a hearing decision and order. When a petitioner wishes to withdraw a request, ask for a signed written withdrawal. The DHS-18A, Hearing Withdrawal, form should be used for this purpose. The petitioner must clearly state that the petitioner has decided to withdraw the request. The local office hearings coordinator must enter all case identifying-information on the withdrawal form, attach the original copy to the request and forward both to MAHS immediately. File a copy of the withdrawal in the case record.

Witness Testimony by Conference Call

Local offices may request that a witness testify via conference call, if necessary. Send a written request to MAHS, including **specific information** as to the reason for the request (for example, inability of the witness to travel, etc.) and to the extent possible, **document any hardship** that may be caused as a result of the witness needing to appear in person at the hearing.

Administrative Hearing Steps

The usual steps for a hearing are:

- Introduction by the ALJ.
- Opening statements (first the department, then the petitioner).
- Testimony of witnesses (both direct and cross-examination).
- Closing statements.

Role of the ALJ

In general, the ALJ will follow the same rules used in circuit court to the extent practical in the issue being heard. The ALJ must ensure the record is complete and may:

- Take an active role in questioning witnesses and parties.
- Assist either side to ensure that all necessary information is presented on the record.
- Be more lenient than a circuit court judge in deciding what evidence may be presented.
- Refuse to accept evidence that is repetitious, immaterial or irrelevant.

Either party may state on the record disagreement with the ALJ's decision to include or exclude evidence. The ALJ will state for the record why evidence was not admitted.

Decision And Order

The ALJ determines the facts based solely on the evidence at the hearing, draws a conclusion of law and issues a decision and order. Copies of the decision and order are sent to the local office and the petitioner. In most cases, the petitioner has the right to appeal the final decision to the Family Division of Circuit Court within 60 days after the decision is received.

Local Office Implementation

The hearing decision and order may require the local office to amend or expunge central registry. The local office must implement the required action within ten calendar days of the receipt of the hearing decision. The local office must complete the DHS-1844, Administrative Hearing Order Certification, form within ten calendar days and send it to the Office of Legal Affairs to certify the implementation of the required action(s).

Office of Legal Affairs and Policy
235 S. Grand Avenue, Suite 206
Lansing, MI 48933
Phone (517) 373-2082

Rehearing/ Reconsideration

A rehearing is a full hearing which is granted when the original hearing record is inadequate for purposes of judicial review or there is newly discovered evidence that could affect the outcome of the original hearing.

A reconsideration is a paper review of the facts, law and any new evidence or legal arguments. A reconsideration is granted when the original hearing record is adequate for judicial review and a rehearing is not necessary but a party believes the ALJ failed to accurately address all the issues.

MAHS determines if a rehearing or reconsideration will be granted.

The department should file a written request for rehearing/reconsideration if any of the following exists:

- Newly discovered evidence which could affect the outcome of the original hearing.
- Misapplication of law in the hearing decision which led to a wrong conclusion.
- Failure of the ALJ to address in the decision relevant issues raised in the hearing request.

Specify all the reasons for the request. Send the request to the CPS program office for a recommendation.

CPS Program Office
235 S. Grand Avenue, Suite 510
Lansing, MI 48933
Phone (517) 335-3704

If the CPS program office agrees, the CPS program office forwards the request to MAHS. The request for a rehearing must be received in MAHS within 60 days of the mailing date on the original decision and order.

MAHS will grant or deny the request and will send written notice to all parties of the original hearing. If MAHS grants a reconsideration, the hearing decision may be modified without another hearing unless there is need for further testimony. If a rehearing is granted, MAHS will schedule and conduct the rehearing in the same manner as a hearing.

Pending a rehearing, the local office must implement the original decision and order unless a circuit court or other court with jurisdiction issues an order delaying implementation of the original decision.

APPEALS TO CIRCUIT COURT

If the petitioner appeals the results of the AH to Circuit Court, **immediately** forward the legal notices (for example, subpoena, notice and complaint, the AH decision and order, etc.) to the Office of Legal Services.

Office of Legal Services and Policy
235 S. Grand Avenue, Suite 206
Lansing, MI 48933
Phone (517) 373-2082

RELEASE OF CPS INFORMATION

See SRM 131, Confidentiality for information on releasing information contained in Children's Protective Services (CPS) records.

SHARING INFORMATION WITH MEDICAL PROVIDERS

The Child Protection Law clearly provides for the sharing of case information between CPS and medical professionals involved in CPS cases. Besides being mandatory reporters, medical professionals provide special expertise and need to be kept informed of CPS information in order to provide fully informed diagnosis and treatment.

There are several points in time when information sharing may be requested and appropriate, including, but not limited to:

- When a medical professional sees a child on a routine visit or because of illness or injury, and findings indicate possible suspicion of child abuse or neglect. The medical professional may request a central registry clearance, family history with the department or other relevant information in order to develop a reliable medical opinion as to whether or not there has been harm done to a child intentionally.
- When feedback on the disposition of a complaint is requested by a medical professional who was the reporting person. A medical professional who has made a report, and is now providing treatment for a child and/or family must be provided follow up information. The medical professional needs to know what issues place the child at risk and what services the child and family are receiving. The medical professional and CPS worker can then coordinate services to the child and family more effectively. Child safety can also be better monitored.
- When the medical professional requested to examine a child suspected of having been abused or neglected is not the child's primary medical care provider and knows nothing of the child or his/her family.
- When medical information is needed by CPS to complete a CPS investigation, to provide information to the court, or to develop a more comprehensive services plan. (See PSM 713-06-Requesting Medical and Mental Health Record Information for information on requesting these types of records.)

See PSM 713-04-Medical Examination and Assessment for information on when a medical examination may be required in an

investigation and what information should be shared with medical professionals when a medical examination is requested.

OVERVIEW

Because of the highly confidential status given to information concerning substance abuse treatment, particular care must be exercised when that information is released. See SRM 131, Confidentiality - Substance Abuse Records.

Complaints From Substance Abuse Treatment Agencies

Substance abuse agencies must comply with the Child Protection Law by reporting suspected child abuse and/or neglect and subsequently filing a written report. Complaints of suspected child abuse or neglect received from substance abuse treatment agencies may be investigated by the department. However, stringent federal confidentiality regulations (42 CFR, part 2) govern the handling of information received from a substance abuse agency.

Federal regulations apply to licensed substance abuse agencies in the state. The department must comply with these regulations (42 CFR, part 2) when information is received from a substance abuse agency. See SRM 131, Confidentiality - Substance Abuse Records.

REQUEST FOR ADDITIONAL INFORMATION FROM A SUBSTANCE ABUSE AGENCY WHICH HAS FILED A COMPLAINT

CPS may need additional information/records from the substance abuse agency. Such records may be a necessary part of evidence to investigate allegations of child abuse and/or neglect. Examples include:

- An emergency room record that documents medical facts of examination findings indicating that an injury was not accidental and includes a positive drug screen on the perpetrator.
- A parent is not complying with a treatment program and thus poses continued threat of harm to the child.

If the department needs additional information from the substance abuse agency, the department must have the patient sign a consent for the release of confidential information (use the DHS-1555-CS). See SRM 131, Confidentiality - Proper Written Consent for Release of Substance Abuse Information.

Client Refusal to Sign a Consent for the Release of Confidential Information

If the client refuses to sign, a court order must be sought. See SRM 131, Confidentiality - Court Order/Subpoena.

RELEASE OF INFORMATION BY THE DEPARTMENT

For Purposes of Referral

If the department decides to refer the client to another agency or for other services related to the client's substance abuse treatment, information on the substance abuse treatment must not be released without a client signed consent. (See SRM 131, Confidentiality - Proper Written Consent for Release of Substance Abuse Information or Client Refusal to Sign a Consent for the Release of Confidential Information if the client refuses to sign a consent.)

Family Division of Circuit Court Action

If the department files a petition with the Family Division of Circuit Court, information on substance abuse treatment must not be released without a client signed consent. (See SRM 131, Confidentiality - Proper Written Consent for Release of Substance Abuse Information or Client Refusal to Sign a Consent for the Release of Confidential Information above if the client refuses to sign a consent.)

Criminal Court Action

Substance abuse treatment information obtained by the department via client records **cannot** be released to law enforcement/prosecuting attorney. See SRM 131, Confidentiality - Criteria For Release.

Substance Abuse-Laboratory Screens

See PSM 713-07, Substance Abuse - Lab Screens for more information on substance abuse laboratory screens and SRM 131, Confidentiality - Substance Abuse Records regarding the confidentiality of those screens.

THE MICHIGAN PENAL CODES

Updated versions of all Michigan penal codes are located at: http://www.legislature.mi.gov

Michigan Penal Code, MCL 750.136b (definitions; child abuse).

Michigan Penal Code, MCL 750.145c (definitions; child sexually abusive activity or material; penalties; possession of child sexually abusive material; expert testimony; defenses; acts of commercial film or photographic print processor; applicability and uniformity of section; enactment or enforcement of ordinances, rules, or regulations prohibited).

Michigan Penal Code, MCL 750.520a (definitions).

Michigan Penal Code, MCL 750.520b (criminal sexual conduct in the first degree; felony).

Michigan Penal Code, MCL 750.520c (criminal sexual conduct in the second degree; felony).

Michigan Penal Code, MCL 750.520d (criminal sexual conduct in the third degree; felony).

Michigan Penal Code, MCL 750.520e (criminal sexual conduct in the fourth degree; misdemeanor).

Michigan Penal Code, MCL 750.520f (second and subsequent offense; penalty).

Michigan Penal Code, MCL 750.520g (assault with intent to commit criminal sexual conduct; felony).

Michigan Penal Code, MCL 750.85 (torture, felony; penalty; definitions; element of crime; other laws).

Michigan Penal Code, MCL 257.58c (serious impairment of a body function defined).

OVERVIEW

The Child Protection Law (CPL), 1975 PA 238, requires the reporting of child abuse and neglect by certain persons, including certain DHS employees, and permits the reporting of child abuse and neglect by all persons. **All children's protective services workers and supervisors** must report suspected child abuse and neglect.

See AHP 602-4-Conduct and Responsibilities - Mandated Reporters of Child Abuse and Neglect for a complete list of DHS positions required to report suspected child abuse and neglect and for DHS policy on reporting suspected child abuse and neglect.