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## REFERRAL PROCESS

Michigan Department of Health and Human Services (MDHHS) uses a statewide Centralized Intake (CI) unit for reporting child abuse and neglect.

## DEFINITIONS

### Person Responsible for the Child's Health or Welfare

"Person responsible for the child's health or welfare" means a parent, legal guardian, individual 18 years of age or older who resides for any length of time in the same home in which the child resides, or, except when used in section 7(1)(e) or 8(8), nonparent adult; or an owner, operator, volunteer, or employee of 1 or more of the following:

- A licensed or registered child care organization.
- 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.
- A court-operated facility as approved under section 14 of the social welfare act, 1939 PA 280, MCL 400.14.

**Note:** This includes licensed individuals providing respite care.

### Nonparent Adult

A person who is 18 years of age or older and who, regardless of the person's domicile, meets all the following criteria in relation to the child, MCL 722.622:

- Has substantial and regular contact with the child.
- Has a close personal relationship with the child's parent or with a 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.

**Note:** Third degree relatives include parents, grandparents, great-grandparents, brothers, sisters, aunts, uncles, great-aunts, great-uncles, nieces, and nephews.

**Note:** Adults, other than the primary licensed caregiver(s), residing in a respite placement are considered a nonparent adult.

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

## CPS CENTRALIZED INTAKE

CI is staffed 24 hours a day, 7 days a week and can be reached at 1-855-444-3911.

If a person comes into the local office to make a referral alleging child abuse or child neglect, the local office should offer a MDHHS phone and the CI telephone number to make the referral from the office. If the person does not want to talk on the phone, the local office must take the referral on a [DHS-3550, Children's Protective Services Centralized Intake Record](#), form and forward to CI or complete an online report at [www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter). Any referrals received by the local office through fax or email must be sent to CI immediately.

Courts requesting MDHHS to complete a home study with children involved in guardianships, with no allegations of abuse or neglect, should be entered as a non-CPS intake by the local county. These requests should not be forwarded to CI.

CI contact information:

- Phone: 1-855-444-3911.
- Fax: 616-977-1154 and 616-977-1158.
- E-mail: [DHS-CPS-CIGroup@michigan.gov](mailto:DHS-CPS-CIGroup@michigan.gov).

Information on online reporting can be found at:

[www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter)

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## INITIAL REFERRAL

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

## SOURCES OF REFERRALS

Referrals of suspected child abuse and/or neglect originate from various sources, including professionals mandated by law to report, MDHHS employees, and the public. The public can make a report to CI by telephone, in-person, or in writing. Professionals who are mandated by law to report child abuse and neglect also have the option to make a report using the online reporting system.

### ***Mandated Reporters***

Mandated reporters are professionals who are mandated by law to report suspected child abuse or neglect as defined in the Child Protection Law (CPL) [MCL 722.623(1)(a)]. For MDHHS employees mandated by law to report suspected child abuse or neglect; see [APR 200, Mandated Reporter- Child](#).

The CPL requires mandated reporters to make an immediate report to MDHHS by telephone or the online reporting system upon suspecting child abuse and/or neglect.

If a report is made by phone, mandated reporters must also make a written report within 72 hours. Mandated reporters must utilize 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 and hospital reports) can take the place of the DHS-3200, unless critical information is missing in the professional report.

At intake, the mandated reporter should be reminded of the legal requirement to submit a written report within 72 hours to CI. The DHS-3200 is available online from the MDHHS public website [Mandated Reporters](#). If the reporting person does not have the DHS-3200 form, CI will email the form to the mandated reporter to expedite compliance with the law.

If a report is completed online, mandated reporters are not required to complete a written report.

Due to federal laws and regulations, domestic violence providers and substance abuse agencies can only provide the information required for reporting by MCL 722.623 unless the client signs a consent for release of information to MDHHS for a CPS investigation; see [SRM 131, Confidentiality](#), for more information.

**Note:** CPS investigators are not required to file a separate report of suspected child 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. This excludes new referrals involving a child death; see [SRM 172 Child/Ward Death Alert Procedures and Timeframes](#).

## ELICITING REFERRAL INFORMATION

The reporting person should be asked to be as specific as possible about the alleged child abuse and/or neglect, indicating what was observed or heard that caused the suspicion of child abuse and/or neglect, family demographics, and how the reporting person knows the family and the information they provided.

## REQUIRED CHECKS FOR LICENSING STATUS

Inquiries must be made to verify the licensing status of individuals associated with the referral. These inquiries are to be supported by a search of the electronic case management system conducted by

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CI to determine if a licensed provider is identified as a member of the CPS referral.

The reporting person must be asked if anyone affiliated with the referral is a licensed foster care provider, licensed day care provider, or a relative provider. Intake staff will document if any of the children in the home are listed within the electronic case management system as foster children. Any children in the home with an active foster care case should be listed as intake participants. These clearances must be documented in the referral source comment section in the electronic case management system.

## **PRELIMINARY INVESTIGATION**

When information received from the reporting person is not sufficient to reach a decision to screen out, transfer, or screen in the referral for an investigation and assign a priority response, CI must conduct a preliminary investigation. Within 24 hours of receipt of the referral, a decision must be made to screen in and assign for CPS investigation, to transfer to another unit that has jurisdiction, or to screen out the referral.

The preliminary investigation for these intake situations should at minimum include one or more of the steps below. Additional steps should be completed when necessary to assist in making appropriate decisions regarding assignment.

## **PRELIMINARY INVESTIGATION ACTIVITIES**

Activities which may be part of a preliminary investigation include but are not limited to the following:

1. An electronic case management system search on all persons listed on the referral. Review the CPS history to determine any trends between past referrals and current allegations.
2. A criminal history check on all persons potentially responsible for the child's health and welfare.

3. Attempted contact with any collateral contacts who have pertinent information regarding the allegations or the child(ren)'s well-being.

Document all steps of the preliminary investigation that were completed in the preliminary investigation section. A summary should be completed for each step conducted in the preliminary investigation. The summary should detail how the information obtained supports the decision made to screen in, transfer, or screen out the referral.

**Note:** If there is already an assigned investigation or an open case, the referral must be forwarded to the assigned case manager for their awareness and any necessary follow-up regarding the allegations. A preliminary investigation is not required when there is already an assigned investigation or an open CPS or foster care case unless a preliminary investigation is necessary to make an accurate screening decision. CI must enter a social work contact in the active case to indicate the referral was received and the reason for the screen out decision.

## REFERRAL DOCUMENTATION

The department is required to maintain documentation of the receipt and disposition of all CPS referrals. Any contacts made during intake must be entered into the electronic case management system in the Social Work Contacts module.

When allegations are entered into the electronic case management system, **proofread to ensure the identity of the reporting person is not revealed**. Once a determination is made to screen in, transfer, or screen out the referral, the details of the allegations cannot be changed.

When selecting allegations under the Allegations Details screen in the electronic case management system, select at least one abuse/neglect type in the Maltreatment Types tab. The maltreatments selected should be selected in accordance with the definition of those maltreatments; see, [PSM 711-2, Definitions, Responsibilities and Maltreatment Types](#). Also, select any of the risk factors if the reporting person indicates the presence of those

factors in the home (for example, domestic violence, drug residence - methamphetamine, and substance exposed newborn).

### ***Death of a Child***

If the referral alleges the death of a child, check the child death box on the maltreatment types tab and enter the date of death in the deceased child's electronic case record; see [PSM 712-06, Special Intake Cases](#). Details should be obtained to determine if there are any concerns of child abuse and/or neglect that led to the child's death. For more information regarding death of a child; see [SRM 172, Child/Ward Death Alert Procedures And Timeframes](#).

## **DECISION TO SCREEN OUT**

If, after intake and/or preliminary investigation, neither CPS intervention nor a transfer to an agency, assigned investigator, or assigned case manager is determined appropriate, the reasons for screening out the referral must be documented in the electronic case management system. Reasons to screen out a referral include:

- Referral already investigated.
- Discounted after preliminary investigation.
- Does not meet statutory criteria.
- Insufficient information to locate child or family.
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- Out of jurisdiction.
- Safe delivery of a newborn without allegations of child abuse and/or neglect other than abandonment.

If the referral 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 referrals or other custody issues not related to child abuse and/or neglect, community mental health for mental health services, or the school district for truancy issues, among others.

When an audit or second line supervisor reviews a screened out referral and determines the referral is appropriate for assignment, CI may use the date and time of the review to create another referral, and reference the original reporting source and intake ID.

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## Multiple Reporting Persons

If a subsequent referral is received while an intake is in pending status for a family, the reporting person of the subsequent referral should be added to the electronic case management system as an additional reporting person. Document the date and time of the subsequent referral and any additional information provided.

**Note:** A second reporting person cannot be added unless the intake is in pending status; the addition cannot be made if the intake has been screened out or screened in and assigned for investigation.

## TRANSFER

Referrals may be transferred to another agency for investigation if the referral does not meet the CPL definition of child abuse and/or neglect. The following are examples of allegations in which a referral should be transferred and the entity for the transfer:

- Allegations of child abuse and/or neglect by a person not responsible for the child's health and welfare must be transferred to law enforcement and the prosecuting attorney.
- Alleged licensing violations should be transferred to MDHHS or private agency certification staff, Division of Child Welfare Licensing (DCWL), or Licensing and Regulatory Affairs (LARA).
- Children residing on lands within exclusive jurisdiction of a Native American tribe that does not have a special written agreement with the department must be transferred to that tribe's child welfare agency. For more information on assigning cases with Native American children; see [NAA 233, Children's Protective Services Investigations](#).
- Incidents of child abuse and/or neglect that occurred outside the state of Michigan may be transferred to the appropriate state's child welfare agency.
- Allegations that are already being addressed in a current, open investigation or that does not meet assignment criteria should



be transferred to the active MDHHS case manager. CI must enter a social work contact in the active case to indicate the referral was received and the reason for the screen out. An auto notification will be sent to all active staff in the electronic case management system.

- Incidents of child abuse and/or neglect that occurred on a military base. Military Base Law, Federal Army Regulation 608-18, prohibits investigation of CPS referrals on military bases, unless a special written agreement exists.
- Referrals that list the alleged perpetrator as a member of the clergy, a teacher, a teacher's aide, or an individual 18 years of age or older who is involved in a youth program, must be referred to the prosecuting attorney/law enforcement within 24 hours of receipt of the referral. Referrals pertaining to these individuals will be automatically sent to the MIC/PCU intake coordinator in the electronic case management system and assigned to a PCU specialist for follow up.

### ***Division of Child Welfare Licensing (DCWL)***

There will be an auto notification sent to DCWL when referrals involve:

- Licensed foster homes.
- Licensed relative foster care placements.
- Child Caring Institutions (CCIs).
- Court operated facilities (COFs).
- Child placing agencies (CPAs).
- Children in foster care who were in any setting other than a parental home or daycare when the alleged maltreatment occurred.

Information on referral participants and allegations must be sent to DCWL and will be included on the auto notification. Contact information for the DCWL area managers can be found on the [Child Welfare Licensing - Field Services Contact Information](#).

### ***Licensing and Regulatory Affairs (LARA)***

There will be an auto notification sent to LARA when referrals involve:

- Children's camps.
- Child care centers.
- Licensed family and group childcare homes.
- Adult foster care homes.

Screened out referrals will be manually sent to [LARA-CCLB-Complaints@michigan.gov](mailto:LARA-CCLB-Complaints@michigan.gov) by Centralized Intake when involving:

- Unlicensed child care programs.

**Note:** Child care programs that do not require licensing are those that fall within the exemption found under MCL 722.111(h)(i) -(v) and MCL 722.111(o)(iii) only if they fall within the providing babysitting services.

The CI specialist must also complete and send the law enforcement notification (LEN) whenever there is a crime against a child and the referral involves a child care program not required to be licensed. The LEN, located within the electronic case management system, must be sent to the appropriate law enforcement jurisdiction.

CI must notify LARA and email referral information to the [Bureau of Community Health Systems Health Facility Complaint Mailbox](#) for referrals involving:

- Hospitals.
- State psychiatric facilities.
- Nursing homes.

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

### ***New Referrals on Assigned CPS Investigations or Open CPS Cases***

Careful attention must be given to documenting the intake dispositions of new referrals received during a pending investigation or an open case. When a new referral is received on a pending investigation or open case, the new allegations must be

evaluated by the same standards as other referrals to determine assignment of the new referral.

If there is an open case or pending investigation, contact should be made with the assigned case manager to identify if the new allegations are known or being addressed with the family. If the new allegations are being addressed with the family or do not meet criteria for assignment, the referral should be transferred to the assigned case manager for any necessary follow-up. A social work contact must be entered into the active investigation or case for each intake ID, documenting review of the new allegations, and that the information was transferred to the assigned case manager.

If the new referral contains allegations not already addressed in the active investigation, the allegations meet criteria for assignment, and it is within fifteen days of receipt of the intake for the active investigation, the new referral should be screened in as an accept and link investigation; see [PSM 713-08, Special Investigative Situations](#) in the accept and link section. If the new referral is received after fifteen days of receipt of the intake for the active investigation, it should be screened in as an accept and assign investigation.

## SCREEN IN FOR CPS INVESTIGATION

The referral allegations must minimally meet the CPL definitions of child abuse and/or neglect to be assigned. Four elements must be present in the allegations to screen in a referral for investigation:

- Allegations of harm or threatened harm.
- To a child's health or welfare.
- Through non-accidental or neglectful behavior.
- By a person responsible for the child's health and welfare.

***Exception:*** Human trafficking referrals made by law enforcement that involve children must be assigned regardless of whether the alleged perpetrator meets the criteria of a person responsible for the child's health and welfare or not.

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**PRIORITY  
RESPONSE  
CRITERIA**

The CPS Minimal Priority Response Criteria determines:

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

When CI receives a referral of suspected child abuse and/or neglect, the CI specialist completes the priority response tool. The priority response tool assists with determining if the referral is screened in as a priority one or priority two response. CI has the discretion to extend a priority response time to 24/72 hours or reduce a priority response time to 12/24 hours based on specific exceptions. A rationale must be provided.

**Exception:** In referrals alleging an infant was born exposed to substances, but no other immediate safety concerns are reported, CI may reduce the priority response time to 24/72.

**Exception:** First responders (e.g., medical personnel, law enforcement, FBI) are requesting CPS on scene, and the response is appropriate given the immediate circumstances.

A case manager must commence the investigation and make face-to-face contact with each alleged child victim(s) within the corresponding timeframes.

**Priority One  
Response:12/24**

- A priority one response investigation must be commenced within 12 hours after receipt of the referral by CI.
- Face-to-face contact must occur with each alleged child victim within 24 hours after receipt of the referral by CI.

**Priority Two  
Response:24/72**

- A priority two response investigation must be commenced within 24 hours after receipt of the referral by CI.

- Face-to-face contact must occur with each alleged child victim within 72 hours after receipt of the referral by CI.

**Note:** If an alleged child victim is identified after the investigation has been assigned, face-to-face contact with the newly identified alleged child victim must occur within 24 hours if the allegations have not already been addressed per policy requirements with the newly identified alleged child victim, as demonstrated in a social work contact.

## ESTABLISHING INTAKE CASE NAME

For all CPS referrals screened in for investigation, CI must complete a search of the electronic case management system to ensure the accurate person is added to the investigation.

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

In most instances, CPS cases should be established in the parent's or legal guardian's name if the child **resides** with the parent or legal guardian. CPS cases should also be established in the parent's or legal guardian's name in situations where child abuse and/or neglect may have occurred when the child previously resided with the parent or legal guardian, regardless of who is alleged to have perpetrated abuse or neglect. There are certain instances in which this will not occur, such as an offending parent who has victim children residing in multiple counties and Maltreatment in Care (MIC) cases that involve day care facilities and Child Caring Institutions; see *Intake* [PSM 714-05, Maltreatment in Care](#).

## WHEN A CHILD IS IN OUT-OF-HOME PLACEMENT

When CI receives allegations of child abuse and/or neglect against a child's parent (or other previous caretakers) and the alleged child victim is currently residing in a court ordered out-of-home placement, the following steps must be taken:

- If the alleged incident occurred at a parent's (or other caretaker's) home or during a visit, enter the alleged perpetrator as the primary caregiver in the electronic case management system 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.

If the alleged perpetrator of the child abuse and/or neglect is the foster parent or current caregiver, the case must be registered in the name of the foster parent or current caregiver.

For more information on out of home placement and how these cases should be assigned; see [PSM 714-5, Maltreatment In Care](#).

## 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. Persons who should be listed as a non-household member include, but are not limited to:

- Legal parents, and putative parents involved in the care of the alleged child victim(s), involved in the allegations.
- Legal guardians of the alleged child victim(s) who are involved in the allegations.
- Alleged perpetrators.

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 and contact information may be documented in the intake narrative.

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## CONFIDENTIAL REFERRALS

A referral involving, but not limited to the following, may need to be marked confidential:

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

If a CPS referral needs to be marked confidential select the Confidential Complaint box.

## CPS CASE RECORD RETENTION

The Child Protection Law (MCL 722.628(11)) requires each report alleging child abuse and/or neglect be entered into a data system. MDHHS uses the electronic case management system as the data system of record. The department is required to maintain the information until the child is 18 years old or until 10 years after the investigation is commenced, whichever is later. If the case is classified as a central registry case, case information shall be retained until the department receives reasonable information that the perpetrator of abuse is dead.

## RESOURCES

[Michigan's Centralized Intake Procedures & Best Practices Manual.](#)

[SDM Centralized Intake Assessment Policy & Procedures Manual.](#)

## POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox \(child-welfare-policy@michigan.gov\)](mailto:child-welfare-policy@michigan.gov).