

Field Guide

Children's Protective Services
Investigations



Disclaimer

Information contained in the field guide is not intended to replace the CPS policy manual. When questions arise regarding information contained in the field guide, please refer to the policy manual.

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Safety / Cooperation

The mental state of CPS workers should be condition yellow: constantly perceiving and evaluating the ever changing environment.

CPS should always have law enforcement accompany them to the home if they feel their safety, or the safety of the child or any other person included in the investigation is in question.

When interviewing a potentially volatile or uncooperative person, use the following techniques.

Deflection Techniques

1. Focus the Client
 - a. I appreciate that ...but.....
 - b. I'm sorry that you feel that way....but....
 - c. **I UNDERSTAND...BUT...**
 - d. **THAT MAY BE TRUE...BUT...**
2. Use of Safety Phrases:
 - a. If we could work together, we could resolve this more quickly.

De-Escalation Techniques

(The 3 C's)

1. Confident.
2. Calm.
3. Create space.

- Speak slowly.
- Lower your voice.
- Avoid staring.
- Avoid arguing and confrontation.
- Show concern through non-verbal and verbal responses.
- Be prepared to react!

De-Escalation Conflicts (The Four “R” Method)

1. Receive the other person’s comments without interruption, and do not get defensive.
2. Repeat the other person’s comments as objectively as possible.
3. Request the other person’s proposed ways of dealing with the problem.
4. Review the options and decide on the best approach.

Approaching the Home

- Park in the street. (Quick get away.)
- Plan your escape before you get out; car unlocked, no valuables, and keys in hand.
- Knock and stand to the side of the door. (Safest position.)

Note: In conducting a field investigation, the worker will approach a reported or known drug house (where drug sales are being conducted) only when accompanied by law enforcement and/or other DHS staff.

Forensic Interview

Preparing the Environment

The Introduction Hello, my name is ...

Establishing the Ground Rules Before we talk some more, I have some simple rules for talking today.

- Get a verbal agreement from the child to tell the truth.
- Remind the child that he/she should not guess at an answer.
- Remind the child to correct you if you are wrong.
- Explain why you repeat questions.

Completing Rapport Building with a Practice Interview I'd like to get to know you a little better now.

- Ask the child to recall a recent significant event or scripted event.
- Tell the child to report everything from beginning to end.

Introducing the Topic Do you know why I am here?

- Introduce the topic starting with the least suggestive prompt.
- Avoid words such as *hurt*, *bad* or *abuse*.
- Avoid suggestive language.

The Free Narrative Tell me everything about that, even little things you don't think are very important.

- No leading questions.

Questioning and Clarification I want to make sure I understand everything that happened.

- Clarify important terms.
- Mark topic shifts.
- Use non-leading questions.

Closure Is there something else you'd like to tell me about _____?
Are there any questions you would like to ask me?

Parent/Caretaker/Perpetrator Interview

Keys to Good Interviews

- Do not interrupt or be judgmental.
- Let them tell their story.
- Be an active listener.
- Pay attention to body language.

1. Interview Preparation

- Go over allegations.
- Write out important points to cover during interview.
- Gather background information.

2. Introduction

- Identify self and reason you are there.
- Be polite and friendly.

3. Develop Rapport

4. Initial Interview

- Non-accusatory, non-threatening.
- Obtain an agreement to only tell the truth.
- Use free narrative and ask open-ended questions.
- Lock them into a story.
- Observe body language and behavior.
- Find out who, what, when, where, why.
- Try to identify stressors that could later be used as themes, e.g., substance abuse, job loss, etc.
- Establish truthfulness (See Behavioral Questions on page 12).

Truthful responses

- o Type of words they use (beat, molest vs. injury, situation, problem)
- o Answers are more spontaneous.
- o Denials are unyielding and persistent.

Deceptive Responses

- o Answers seem rehearsed and/or have too much detail.
 - o Unconcerned about the interview.
 - o Defensive and/or gives one word answers.
 - o Apologetic or overly polite.
 - o Repeats questions back to you.
 - o Uses phrases like “Honestly, to tell the truth” and “believe me”.
 - o Uses specific denials such as “I didn’t punch my child” or “I never had sex with my daughter”.
- Wrap-Up Questions-Asked at the end of the interview which indicates existence of evidence. (Is there any reason why....? Is it possible....?)

5. Transition to Confrontational Interview

- Used when you believe, or evidence suggests, that client is not being truthful and you must do a confrontational interview.
- Take a break from the interview.
- Outline potential themes.

6. Confrontational Interview

Confrontation

- Only move into this phase if you are in a safe environment (police station, DHS office, etc.)

- Advise perpetrator there is no doubt in your mind that they are not telling the truth.
- Must show absolute confidence in your belief.
- Watch the perpetrator's body language.

Theme Development

- o "I'm no longer going to ask you if you did it, I know you did, now let's talk about why."
- o Themes place blame on something else.
- o Themes justify their behavior.
- o A person who didn't do it will reject all themes.
- o Themes should revolve around personal information revealed in the initial interview (lost job, getting a divorce, drugs, step-children don't listen, etc.).

Denials

- o Stop denials immediately!
- o Interrupt them when they try to use denials.

Compare and Contrast

- o Compare and contrast them with someone who has done something worse. "You aren't like that person...."
- o Key is to find the correct theme and use it to get them to admit the truth.
- o Acceptance of any theme is acceptance of responsibility.

7. Acceptance

Behavioral Questions For **Establishing Truthfulness***

Use the questions and the typical responses below as one tool to evaluate whether the interviewee is being truthful or deceptive. The interviewee's answers and nonverbal responses to these questions should be evaluated in light of how they answer all of the questions used and all the evidence obtained in the investigation.

Evaluate both verbal and nonverbal behavior, including strength of denial. Not all questions have to be used; questions should be appropriate and relevant to the investigation.

As you are using these questions, keep in mind that typically a truthful person will try to help you narrow your search for who is responsible for the child abuse/neglect and a deceptive person will try to keep your search as wide open as possible.

◆ = Important Behavior Questions

- 1. What is your understanding for the purpose of the interview with me today? Tell me everything you know about (issue)?**

Truthful person - Will accurately describe why you are there, e.g., "To find out who beat up my son," "To find out who raped Suzie," etc.

Deceptive person - Will use “soft” words, give a vague answer, or will deny knowledge, e.g., “I don’t know,” “To solve this problem with my son,” etc.

◆2. We are investigating the (issue). Did you do (issue)?

Both truthful and deceptive persons will typically deny responsibility. Consider the strength of the denial and note any nonverbal responses.

◆3. Do you know who did (issue)? Now let me say this, if you only have a suspicion I want you to tell me that, even though you may be wrong. I will keep it confidential and not report it to that person.

Truthful person - Will try to help you narrow your search for who is responsible, will give you possible suspects, etc.

Deceptive person - Will try to keep your search as wide open as possible. Will not give you possible suspects, may respond with “I don’t know,” “I have no idea,” etc.

◆4. What do you think should happen to a person who would do (issue)? (Why?)

Truthful person - Will have a strong opinion, e.g., “Should go to prison for the rest of their life,” “Should be shot,” etc.

Deceptive person - Will down play the consequence, e.g., “They should be given counseling,” “They need help,” etc.

◆5. How do you think the results of the investigation will come out on you?

Truthful person - Will be confident about the result, e.g., "It will be fine, I didn't do it," etc.

Deceptive person - Will use less confident words, e.g., "It should be fine," "I don't know, I don't trust the government," etc.

◆6. Do you think the person who did this would deserve a second chance under any circumstances?

Truthful person - Will have a strong opinion, e.g., "No, people who hurt kids should get locked up for life," etc.

Deceptive person - Will say people deserve a second chance, e.g., "Yes, everyone needs help sometimes," "People make mistakes," etc.

◆7. Is there any reason why ... Now I'm not saying that you did this, but ...

This question is used when you believe the person is being deceptive and will be transitioning to a Confrontational Interview (see page 10).

*Created by John Reid and Associates

Physical Abuse Allegations

PRIORITY RESPONSE

A face-to-face with all child victims must be made within the appropriate priority response.

Immediate Response (1/24):

- Child victim has injuries and/or medical care is required.
- Child victim is afraid to go home.
- Child victim is under six and/or limited by disability and the perpetrator will have access in next 48 hours.

24-Hour Response (24/24):

- Child victim does not have injuries and medical care is not required.
- Child victim is not afraid to go home.
- Child victim is under six and/or limited by disability and the perpetrator will not have access in next 48 hours.

24-Hour Response and 72-Hour Face-to-Face Contact (24/72):

- Child victim is over six and not limited by a disability and not afraid to go home.

LAW ENFORCEMENT

If severe physical injury, refer to law enforcement within 24 hours of the receipt of the complaint and conduct joint investigation. Consider the need for a referral to law enforcement on all other physical abuse cases.

CPS HISTORY

Central Registry clearance, file clearance (CIMS, Bridges, SWSS, Infoview, etc.), review case record, history in other counties. Look for trends, patterns, services, worker alerts, etc.

CRIMINAL HISTORY

If physical abuse or drug or alcohol exposed infant case, complete a criminal history check all household members and non-parent adults. Consider contacting local law enforcement for more information.

CHILD/VICTIM CONTACT

Must forensically interview and verify well-being of all children. See page 7 for forensic protocol quick guide. Consider using a Child Advocacy Center for severe physical injury cases.

PARENT/CARETAKER/PERPETRATOR INTERVIEW

Interview all parents (including non-custodial), caretakers, non-parent adults. See page 9 for information on parent/caretaker/perpetrator interviews.

WITNESSES

Contact anyone who may have information regarding the family and/or allegations. For severe physical injury or drug or alcohol exposed infant cases, the treating physician, pediatrician, medical first responders, emergency room personnel, etc., may be critical witnesses. Other possible witnesses: school personnel, siblings of the victim, family members, friends, neighbors, day care providers, mental health professionals, landlord, employer, etc.

VISUAL ASSESSMENT OF CHILD

When there are allegations of physical abuse, every attempt should be made to view a child's body. Visual assessments should be done on all children. Never view genitalia of a child older than an infant or the breasts of a female child. To view a child's buttocks, you need permission from the parent/guardian: verbal for a child age six and under and written permission for a child seven and older. **Note:** Children are not to be asked to remove their clothing. If there are injuries, consider the injury in relation to the following:

- Location on the body (different planes of the body).
- Angle of impact.
- Is the alleged perpetrator right or left handed?
- Objects used.
- Size of injury.

SCENE & OBJECT OBSERVATION/ASSESSMENT

Observe the scene where the alleged abuse occurred, as well as any objects alleged to have been involved. Assess whether the injury is consistent with the explanations given and the scene and object observations.

PHOTOGRAPHS

When possible, photographs should be taken of the child's injuries (or lack of injuries), the scene, objects used, and any other photos that will support the investigation.

MEDICAL EXAMS

Medical exams are required in certain physical abuse situations. See page 61 for details on when a medical in required, emergency medical care, and the Medical Resource Contract.

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS

These evaluations may be a useful tool to help resolve uncertainties regarding whether physical abuse occurred, the nature of the problem, or the capacity of the parents to use and benefit from services.

POLYGRAPH EXAMINATION

These examinations may be a useful tool in physical abuse cases, but should always be used with caution. These exams can be offered to alleged perpetrators and non-offending parents, but never to a victim. Approval from PA/LE must be obtained prior to a polygraph exam being given.

SAFETY ASSESSMENT

All factors impacting child safety must be assessed. See page 67 for the safety assessment quick guide.

RISK/NEEDS ASSESSMENT

Risk factors and the needs of the family must be assessed. See page 68 for the risk and needs assessment quick guide.

PETITION

Petitions are required in certain physical abuse situations, but may be considered in all investigations. See page 69 for information on petitions.

REMOVAL

Removal should only occur after all other options to keep the child safely in the home are exhausted. See page 73 for information on removal.

Sexual Abuse Allegations

PRIORITY RESPONSE

A face-to-face with all child victims must be made within the appropriate priority response.

Immediate Response (1/24):

- The perpetrator has access to the child victim.

24-Hour Response (24/24):

- The perpetrator does not have access to the child victim.

LAW ENFORCEMENT

If sexual abuse allegations, refer to law enforcement within 24 hours of the receipt of the complaint and conduct a joint investigation.

CPS HISTORY

Central Registry clearance, file clearance (CIMS, SWSS, Bridges, Infoview, etc.), review case record, history in other counties. Look for trends patterns, services, worker alerts, etc.

CRIMINAL HISTORY

If sexual abuse allegations, complete a criminal history check on all household members and non-parent adults. Consider contacting local law enforcement for more information.

CHILD/VICTIM CONTACT

Must forensically interview and verify well-being of all children. See page 7 for forensic protocol quick guide. Consider using a Child Advocacy Center for sexual abuse cases.

PARENT/CARETAKER/PERPETRATOR INTERVIEW

Interview all parents (including non-custodial), caretakers, non-parent adults. See page 9 for information on parent/caretaker/perpetrator interviews.

WITNESSES

Contact anyone who may have information regarding the family and/or allegations. For sexual abuse cases, the treating physician, pediatrician, medical first responders, emergency room personnel, etc., may be critical witnesses. Other possible witnesses: school personnel, siblings of the victim, family members, friends, neighbors, day care providers, mental health professionals, landlord, employer, etc.

VISUAL ASSESSMENT OF CHILD

Unless the child is alleged to have injuries (e.g., grab marks on arm, etc.) due to the sexual abuse, a visual assessment of the child is not to be done. However, if there are injuries to the exposed areas, complete a visual assessment of the child. See page 17 for more information.

SCENE & OBJECT OBSERVATION/ASSESSMENT

Observe the scene where the alleged abuse occurred, as well as any objects alleged to have been involved. Assess whether the information provided in interviews is consistent with the scene and object observations.

PHOTOGRAPHS

When possible, photographs should be taken of the child's injuries (or lack of injuries), the scene, objects used, and any other photos that will support the investigation.

MEDICAL EXAMS

Medical exams are required in suspected sexual abuse cases with exceptions in limited circumstances. See page 61 for details on medical exams in sexual abuse cases, emergency medical care, and the Medical Resource Contract.

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS

These evaluations may be a useful tool to help resolve uncertainties regarding whether sexual abuse occurred, the nature of the problem, or the capacity of the parents to use and benefit from services.

POLYGRAPH EXAMINATION

These examinations may be a useful tool in sexual abuse cases, but should always be used with caution. These

exams can be offered to alleged perpetrators and non-offending parents, but never to a victim. Approval from PA/LE must be obtained prior to a polygraph exam being given.

SAFETY ASSESSMENT

All factors impacting child safety must be assessed. See page 67 for the safety assessment quick guide.

RISK/NEEDS ASSESSMENT

Risk factors and the needs of the family must be assessed. See page 68 for the risk and needs assessment quick guide.

PETITION

Petitions are required in certain sexual abuse situations, but may be considered in all investigations. See page 69 for information on petitions.

REMOVAL

Removal should only occur after all other options to keep the child safely in the home are exhausted. See page 73 for information on removal.

Mental Injury Allegations

PRIORITY RESPONSE

A face-to-face with all child victims must be made within the appropriate priority response.

Immediate Response (1/24):

- There are chronic (ongoing history or pattern of incidents), severe, extreme and/or bizarre incidents that cause or may cause a risk of mental injury.
- The child victim presents an observable condition and the person responsible presents an emotional instability.

24-Hour Response and 72-Hour Face-to-Face Contact (24/72):

- The child victim does not present an observable condition.
- The person responsible is emotionally stable.

CPS HISTORY

Central Registry clearance, file clearance (CIMS, SWSS, Bridges, Infoview, etc.), review case record, history in other counties. Look for trends, patterns, services, worker alerts, etc.

LAW ENFORCEMENT

Law enforcement involvement is not required but consider the need for their involvement.

CRIMINAL HISTORY

A criminal history check is not required, but consider the need for a criminal history check.

CHILD/VICTIM CONTACT

Must forensically interview and verify well-being of all children. See page 7 for forensic protocol quick guide.

PARENT/CARETAKER/PERPETRATOR INTERVIEW

Interview all parents (including non-custodial), caretakers, non-parent adults. See page 9 for information on parent/caretaker/perpetrator interviews.

WITNESSES

Contact anyone who may have information regarding the family and/or allegations. For mental injury cases, mental health professionals may be critical witnesses. Other possible witnesses: school personnel, siblings of the victim, family members, friends, neighbors, day care providers, pediatrician, landlord, employer, etc.

VISUAL ASSESSMENT OF CHILD

Observe the child's presentation. Look for signs of anxiety, depression, etc. Observe changes in the child's demeanor in the presence of the parent and/or alleged perpetrator.

SCENE & OBJECT OBSERVATION/ASSESSMENT

Observe the scene where the alleged mental injury occurred, as well as any objects alleged to have been involved. Assess whether the information obtained from interviews is consistent with the scene and object observations.

PHOTOGRAPHS

When possible, photographs should be taken of the scene, objects used, and any other photos that will support the investigation.

MEDICAL EXAMS

Consider the need for a medical exam to rule out a medical reason for symptoms. See page 61 for more information on medical exams.

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS

These evaluations may be a useful tool to help resolve uncertainties regarding whether mental injury occurred, the nature of the problem, or the capacity of the parents to use and benefit from services. **NOTE:** A preponderance of evidence of mental injury can only be found if a mental health practitioner outside of DHS either diagnoses a psychological condition or determines that the child is at significant risk of being psychologically or emotionally injured/impaired resulting from the parent or person responsible's actions.

SAFETY ASSESSMENT

All factors impacting child safety must be assessed. See page 67 for the safety assessment quick guide.

RISK/NEEDS ASSESSMENT

Risk factors and the needs of the family must be assessed. See page 68 for the risk and needs assessment quick guide.

PETITION

Petitions may be considered in all investigations. See page 69 for information on petitions.

REMOVAL

Removal should only occur after all other options to keep the child safely in the home are exhausted. See page 73 for information on removal.

Child Maltreatment Allegations

PRIORITY RESPONSE

A face-to-face with all child victims must be made within the appropriate priority response.

Immediate Response (1/24):

- Child victim has injuries and/or medical care is required.
- Child victim is afraid to go home.
- Child victim is under six and/or limited by disability and the perpetrator will have access in next 48 hours.

24-Hour Response (24/24):

- Child victim does not have injuries and medical care is not required.
- Child victim is not afraid to go home.
- Child victim is under six and/or limited by disability and the perpetrator will not have access in next 48 hours.

24-Hour Response and 72-Hour Face-to-Face Contact (24/72):

- Child victim is over six and not limited by a disability and not afraid to go home.

LAW ENFORCEMENT

Law enforcement involvement is not required, but consider the need for their involvement.

CPS HISTORY

Central Registry clearance, file clearance (CIMS, SWSS, Bridges, Infoview, etc.), review case record, history in other counties. Look for trends, patterns, services, worker alerts, etc.

CRIMINAL HISTORY

A criminal history check is not required, but consider the need for a criminal history check.

CHILD/VICTIM CONTACT

Must forensically interview and verify well-being of all children. See page 7 for forensic protocol quick guide.

PARENT/CARETAKER/PERPETRATOR INTERVIEW

Interview all parents (including non-custodial), caretakers, non-parent adults. See page 9 for information on parent/caretaker/perpetrator interviews.

WITNESSES

Contact anyone who may have information regarding the family and/or allegations. Possible witnesses: school personnel, siblings of the victim, family members, friends, neighbors, day care providers, mental health professionals, landlord, employer, etc.

VISUAL ASSESSMENT OF CHILD

Visual assessment is not required. However, if there are injuries to the exposed areas, complete a visual assessment of the child. See page 17 for more information.

SCENE & OBJECT OBSERVATION/ASSESSMENT

Observe the scene where the alleged child maltreatment occurred, as well as any objects alleged to have been involved. Assess whether the information obtained from interviews is consistent with the scene and object observations.

PHOTOGRAPHS

When possible, photographs should be taken of the scene, objects used, and any other photos that will support the investigation.

MEDICAL EXAMS

Consider the need for a medical exam. See page 61 for more information on medical exams.

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS

These evaluations may be a useful tool to help resolve uncertainties regarding whether child maltreatment occurred, the nature of the problem, or the capacity of the parents to use and benefit from services.

SAFETY ASSESSMENT

All factors impacting child safety must be assessed. See page 67 for the safety assessment quick guide.

RISK/NEEDS ASSESSMENT

Risk factors and the needs of the family must be assessed. See page 68 for the risk and needs assessment quick guide.

PETITION

Petitions may be considered in all investigations. See page 69 for information on petitions.

REMOVAL

Removal should only occur after all other options to keep the child safely in the home are exhausted. See page 73 for information on removal.

Physical/Medical Neglect Allegations

PRIORITY RESPONSE

A face-to-face with all child victims must be made within the appropriate priority response.

Immediate Response (I/24):

- Child victim is at risk of severe danger or harm.
- Child victim is under 6 years old and/or limited by a disability and the person responsible is not willing and/or not capable of meeting the child's basic needs.

24-Hour Response and 72-Hour Face-to-Face Contact (24/72):

- Child victim is not at risk of severe danger or harm and the person responsible is willing and capable of meeting the child's basic needs.

LAW ENFORCEMENT

If the alleged neglect resulted in severe physical injury or child death, refer to law enforcement within 24 hours of the receipt of the complaint and conduct a joint investigation. Consider the need to involve law enforcement on all other physical/medical neglect allegations.

CPS HISTORY

Central Registry clearance, file clearance (CIMS, SWSS, Bridges, Infoview, etc.), review case record, history in other counties. Look for trends, patterns, services, worker alerts, etc.

CRIMINAL HISTORY

If the alleged physical/medical neglect resulted in severe physical injury or child death, a criminal history check is required. Consider the need to complete a criminal history check on all other physical/medical neglect cases.

CHILD/VICTIM CONTACT

Must forensically interview and verify well-being of all children. See page 7 for forensic protocol quick guide.

PARENT/CARETAKER/PERPETRATOR INTERVIEW

Interview all parents (including non-custodial), caretakers, non-parent adults. See page 9 for information on parent/caretaker/perpetrator interviews.

WITNESSES

Contact anyone who may have information regarding the family and/or allegations. For medical neglect cases, the treating physician, pediatrician, medical first responders, emergency room personnel, etc., may be critical witnesses. Other possible witnesses: school personnel, siblings of the victim, family members, friends, neighbors, day care providers, mental health professionals, landlord, employer, etc.

VISUAL ASSESSMENT OF CHILD

Visual assessment may be needed to view the condition of the child (e.g., cleanliness, etc.) or an untreated medical problem (e.g., ringworm, diaper rash, etc.). Never view genitalia of a child older than an infant or the breasts of a female child. To view a child's buttocks, you

need permission from the parent/guardian: verbal for a child age six and under and written permission for a child seven and older. **Note:** Children are not to be asked to remove their clothing.

SCENE & OBJECT OBSERVATION/ASSESSMENT

Observe the scene where the alleged neglect occurred, as well as any objects alleged to have been involved. Assess whether the information obtained from interviews is consistent with the scene and object observations.

PHOTOGRAPHS

When possible, photographs should be taken of the scene, objects used, and any other photos that will support the investigation.

MEDICAL EXAMS

Medical exams are required in certain neglect situations. See page 61 for details on when a medical exam is required, emergency medical care, and the Medical Resource Contract.

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS

These evaluations may be a useful tool to help resolve uncertainties regarding whether physical/medical neglect occurred, the nature of the problem, or the capacity of the parents to use and benefit from services.

POLYGRAPH EXAMINATION

Consider the need for a polygraph examination. Polygraphs should be used with caution. These exams can be offered to alleged perpetrators and non-offending parents, but never to a victim. Approval from PA/LE must

be obtained prior to a polygraph exam being given.

SAFETY ASSESSMENT

All factors impacting child safety must be assessed. See page 67 for the safety assessment quick guide.

RISK/NEEDS ASSESSMENT

Risk factors and the needs of the family must be assessed. See page 68 for the risk and needs assessment quick guide.

PETITION

Petitions are required in certain neglect situations, but may be considered in all investigations. See page 69 for information on petitions.

REMOVAL

Removal should only occur after all other options to keep the child safely in the home are exhausted. See page 73 for information on removal.

Failure to Protect Allegations

When investigating failure to protect allegations, there should be a concurrent investigation regarding allegations of some type of harm or threatened harm, e.g., sexual abuse allegations, physical abuse, etc.

PRIORITY RESPONSE

Follow the priority response criteria of the type of harm or threatened harm alleged, e.g., if allegations that mother failed to protect sexual abuse by father, use sexual abuse priority response criteria.

LAW ENFORCEMENT

A referral to law enforcement is not required in failure to protect cases. Follow the law enforcement section for the type of harm or threatened harm alleged.

CPS HISTORY

Central Registry clearance, file clearance (CIMS, SWSS, Bridges, Infoview, etc.), review case record, history in other counties. Look for trends, patterns, services, worker alerts, etc.

CRIMINAL HISTORY

A criminal history check is not required for failure to protect cases. Follow the criminal history section for the type of harm or threatened harm alleged.

CHILD/VICTIM CONTACT

Must forensically interview and verify well-being of all children. See page 7 for forensic protocol quick guide.

PARENT/CARETAKER/PERPETRATOR INTERVIEW

Interview all parents (including non-custodial), caretakers, non-parent adults. See page 9 for information on parent/caretaker/perpetrator interviews.

WITNESSES

Contact anyone who may have information regarding the family and/or allegations. Possible witnesses: school personnel, siblings of the victim, family members, friends, neighbors, day care providers, mental health professionals, landlord, employer, etc.

SCENE & OBJECT OBSERVATION/ASSESSMENT

Observe the scene, as well as any objects alleged to have been involved. Assess whether the information obtained from interviews is consistent with the scene and object observations.

PHOTOGRAPHS

When possible, photographs should be taken of the scene, objects used, and any other photos that will support the investigation.

MEDICAL EXAMS

Consider the need for a medical exam. Follow the medical exam policy on the type of harm or threatened harm alleged, e.g., sexual abuse. See page 61 for details on when a medical exam is required, emergency medical care, and the Medical Resource Contact.

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS

These evaluations may be a useful tool to help resolve uncertainties regarding whether failure to protect occurred, the nature of the problem, or the capacity of the parents to use and benefit from services.

POLYGRAPH EXAMINATION

These examinations may be a useful tool in failure to protect cases, but should always be used with caution. These exams can be offered to alleged perpetrators and non-offending parents, but never to a victim. Approval from PA/LE must be obtained prior to a polygraph exam being given.

SAFETY ASSESSMENT

All factors impacting child safety must be assessed. See page 67 for the safety assessment quick guide.

RISK/NEEDS ASSESSMENT

Risk factors and the needs of the family must be assessed. See page 68 for the risk and needs assessment quick guide.

PETITION

Petitions may be considered in all investigations, but are required in certain failure to protect situations. See page 69 for information on petitions.

REMOVAL

Removal should only occur after all other options to keep the child safely in the home are exhausted. See page 73 for information on removal.

Improper Supervision Allegations

PRIORITY RESPONSE

A face-to-face with all child victims must be made within the appropriate priority response.

Immediate Response (1/24):

- Child victim is at risk of severe danger or harm.
- Child victim is under 6 years old and/or limited by a disability and the person responsible is not willing and/or not capable of meeting the child's basic needs.

24-Hour Response and 72-Hour Face-Face Contact (24/72):

- Child victim is not at risk of severe danger or harm and the person responsible is willing and capable of meeting the child's basic needs.

LAW ENFORCEMENT

If the alleged improper supervision resulted in severe physical injury or child death, refer to law enforcement within 24 hours of the receipt of the complaint and conduct a joint investigation. Consider the need to involve law enforcement on all other improper supervision allegations.

CPS HISTORY

Central Registry clearance, file clearance (CIMS, SWSS, Bridges, Infoview, etc.), review case record, history in other counties. Look for trends, patterns, services, worker alerts, etc.

CRIMINAL HISTORY

If the alleged improper supervision resulted in severe physical injury or child death, a criminal history check is required. Consider the need for a criminal history check on all other improper supervision allegations.

CHILD/VICTIM CONTACT

Must forensically interview and verify well-being of all children. See page 7 for forensic protocol quick guide.

PARENT/CARETAKER/PERPETRATOR INTERVIEW

Interview all parents (including non-custodial), caretakers, non-parent adults. See page 9 for information on parent/caretaker/perpetrator interviews.

WITNESSES

Contact anyone who may have information regarding the family and/or allegations. Possible witnesses: school personnel, siblings of the victim, family members, friends, neighbors, day care providers, mental health professionals, landlord, employer, etc.

VISUAL ASSESSMENT OF CHILD

Visual assessment is not required. However, if there are injuries to the exposed areas, complete a visual assessment of the child. See page 17 for more information.

SCENE & OBJECT OBSERVATION/ASSESSMENT

Observe and assess the scene where the alleged improper supervision occurred, as well as any objects alleged to have been involved. Assess whether the information obtained from interviews is consistent with the scene and object observations.

CHILD HOME ALONE

CPS cannot enter a home without an adult's permission.

Evaluate the following:

- Does the child have contact information for parents?
- Does the child know where the parents are?
- What is the child's age and developmental capability?
- How many other children are in the home? What are their ages?
- How long have the parents been gone?
- What time of day is the child home alone?
- Can the child identify an adult to come to the home to care for them until the parent's return?
- Is the child fearful? Is the child experiencing distress about being home alone?
- What is the condition of the home? Is it safe? Is there food in the home?
- Does the child have access to and know how to use a phone in case of an emergency?
- Does the child know what to do in case of an emergency?

PHOTOGRAPHS

When possible, photographs should be taken of the scene, objects used, and any other photos that will support the investigation.

MEDICAL EXAMS

Consider the need for a medical exam. See page 61 for details on when a medical exam is required, emergency medical care, and the Medical Resource Contact.

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS

These evaluations may be a useful tool to help resolve case uncertainties, the nature of the problem, or the capacity of the parents to use and benefit from services.

POLYGRAPH EXAMINATION

These examinations may be a useful tool, but should always be used with caution. These exams can be offered to alleged perpetrators and non-offending parents, but never to a victim. Approval from PA/LE must be obtained prior to a polygraph exam being given.

SAFETY ASSESSMENT

All factors impacting child safety must be assessed. See page 67 for the safety assessment quick guide.

RISK/NEEDS ASSESSMENT

Risk factors and the needs of the family must be assessed. See page 68 for the risk and needs assessment quick guide.

PETITION

Petitions may be considered in all investigations, but are required in certain situations. See page 69 for information on petitions.

REMOVAL

Removal should only occur after all other options to keep the child safely in the home are exhausted. See page 73 for information on removal.

Abandonment Allegations

PRIORITY RESPONSE

A face-to-face with all child victims must be made within the appropriate priority response.

Immediate Response (1/24):

- Child victim is at risk of severe danger or harm.
- Child victim is under 6 years old and/or limited by a disability and the person responsible is not willing and/or not capable of meeting the child's basic needs.

24-Hour Response and 72-Hour Face-to-Face Contact (24/72):

- Child victim is not at risk of severe danger or harm and the person responsible is willing and capable of meeting the child's basic needs.

LAW ENFORCEMENT

Law enforcement involvement is not required, but consider the need for their involvement.

CPS HISTORY

Central Registry clearance, file clearance (CIMS, SWSS, Bridges, Infoview, etc.), review case record, history in other counties. Look for trends, patterns, services, worker alerts, etc.

CRIMINAL HISTORY

A criminal history check is not required, but consider the need for a criminal history check.

CHILD/VICTIM CONTACT

Must forensically interview and verify well-being of all children. See page 7 for forensic protocol quick guide.

PARENT/CARETAKER/PERPETRATOR INTERVIEW

Interview all parents (including non-custodial), caretakers, non-parent adults. See page 9 for information on parent/caretaker interviews.

WITNESSES

Contact anyone who may have information regarding the family and/or allegations. Possible witnesses: school personnel, siblings of the victim, family members, friends, neighbors, day care providers, mental health professionals, landlord, employer, etc.

VISUAL ASSESSMENT OF CHILD

Visual assessment is not required. However, if there are injuries to the exposed areas, complete a visual assessment of the child. See page 17 for more information.

SCENE & OBJECT OBSERVATION/ASSESSMENT

Observe the scene, as well as any objects alleged to have been involved. Assess whether the information obtained from interviews is consistent with the scene and object observations.

PHOTOGRAPHS

When possible, photographs should be taken of the scene, objects used, and any other photos that will support the investigation.

MEDICAL EXAMS

Consider the need for a medical exam. See page 61 for details on when a medical exam is required, emergency medical care, and the Medical Resource Contact.

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS

These evaluations may be a useful tool to help resolve case uncertainties, the nature of the problem, or the capacity of the parents to use and benefit from services.

POLYGRAPH EXAMINATION

These examinations may be a useful tool, but should always be used with caution. These exams can be offered to alleged perpetrators and non-offending parents, but never to a victim. Approval from PA/LE must be obtained prior to a polygraph exam being given.

SAFETY ASSESSMENT

All factors impacting child safety must be assessed. See page 67 for the safety assessment quick guide.

RISK/NEEDS ASSESSMENT

Risk factors and the needs of the family must be assessed. See page 68 for the risk and needs assessment quick guide.

PETITION

Petitions may be considered in all investigations, but are required in certain situations. See page 69 for information on petitions.

REMOVAL

Removal should only occur after all other options to keep the child safely in the home are exhausted. See page 73 for information on removal.

Child Death Investigations

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 (e.g., SIDS, overlay, etc.).

CPS should observe the scene (at the home or a 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 page 67 for the safety assessment quick guide.

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. The checklist is based on the State of Michigan Sudden and Unexplained Child Death Scene Investigation Form used by law enforcement and medical examiners. The State of Michigan Sudden and Unexplained Child Scene Investigation Form can be viewed at www.michigan.gov/dhs-forms in the Children's Protective Services section.

Note: 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.

Suspected Methamphetamine Use/Production

The DHS Methamphetamine Protocol was developed to ensure that the health and safety of children found in or near methamphetamine (meth) laboratories is addressed in a consistent and quality manner. The environmental contamination and hazardous life styles of a meth lab setting create numerous risk factors for children, and may result in abuse, neglect and/or health endangerment. This protocol addresses the immediate health and safety needs of children, establishes best practice and provides guidelines for coordinated efforts between DHS workers, law enforcement and medical services.

Meth labs can pose significant danger to all workers who conduct home visits including child welfare workers. Meth labs carry the risks of fire and explosion, exposure to chemicals and fumes, and volatile confrontations with highly agitated and unpredictable users. It is important to understand the warning signs that you may be approaching, or already in, a meth lab.

Potential indicators of meth lab activity may include, but are not limited to the following:

- Strong odor of chemicals in the area.
- Large numbers of discarded propane tanks, cold medicine packages, paint thinner, antifreeze, starting fluid, Drano, Red Devil Lye, matches, lithium batteries, coffee filters, glass or plastic tubing, heating plates, and soft drink or fruit juice bottles.

- Complaints from neighbors about strange smells coming from the property.
- Heavy fortification such as bars on or blackened windows or signs of alert mechanisms such as video surveillance.
- Suspicious automobile traffic and visitors to the site.
- Unusual hours of activity.
- Chemical cans or drums in the yard.
- People leaving the building to smoke or piles of cigarette butts.
- Open windows in cold weather or fans for ventilation.

In addition to the dangers from the physical environment of a meth lab, there are dangers associated with people who are abusing the drug. Some potential indicators are:

<ul style="list-style-type: none"> • Irritability and potentially violent. • Dilated pupils. • Paranoia. • Agitation. • Excited speech. • Gaunt appearance. • Signs of insomnia and/or sleeping for days. • Inability to stay still. • Signs of chemical burns. 	<ul style="list-style-type: none"> • Lack of dental care (“meth mouth”). • Signs of picking skin. • Increased feelings of depression. • Ignoring parental duties. • Suicidal feelings. • Confusion. • Hallucinations. • Severe anxiety.
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If a lab is alleged or encountered, child welfare workers should proceed in compliance with the following Methamphetamine Protocol:

1. When a DHS worker suspects methamphetamine manufacturing and/or components potentially hazardous to a child(ren), they should contact law enforcement. **If a worker sees or smells signs of a potential meth lab, s/he must leave the property immediately without alarming the suspects and must contact law enforcement.** A worker should not enter the premises of a known meth lab.
2. When law enforcement discovers evidence of current methamphetamine manufacturing and/or components potentially hazardous to a child(ren), CPS must be contacted immediately, in accordance with the Child Protection Law.
3. Coordination of the investigation with CPS and law enforcement should include:
 - Response with law enforcement in accordance with A Model Child Abuse Protocol-Coordinated Investigative Team Approach (DHS Pub. 794).
 - Identification of safety issues for any child(ren).
 - Photographs of each child and/or scene showing the proximity of the hazardous material to the child(ren)'s living environment, condition of living environment, injuries, signs of neglect, etc.
 - Identification of each child, parents and/or caretakers, other household members and witnesses.
 - Forensic interview (see page 7 for forensic protocol quick guide) of each child which includes questions and clarification regarding:

- Primary caretaker.
 - Child's knowledge of the drug manufacturing process.
 - Child's living area, if relative to the hazardous material.
 - Medical problems.
 - School attendance.
 - Other children living in the home who were not present at the time of the arrest or contact.
4. When a child is exhibiting symptoms suspected to result from exposure to methamphetamines or components thereof, EMS must be called and an emergency medical evaluation must be sought.

Symptoms:

- Respiratory distress/breathing difficulties.
 - Red, watering, burning eye(s).
 - Chemical/fire burns.
 - Altered gait (staggering, falling).
 - Slurred speech.
 - Any other symptom requiring emergency care.
5. All children suspected of exposure must be taken for medical evaluation. Efforts toward obtaining medical evaluation are to be made within four (4) hours to help determine the best possible treatment for the child. The most accurate exposure levels are obtained when the medical evaluation is completed within four (4) hours or less. Treatment

for exposed children must occur according to the recommendations of the attending physician. All medical treatments and recommendations must be documented in the CPS and/or foster case file.

6. Items including, but not limited to, clothing, bedding and toys should not be removed from the scene.
7. A debriefing between law enforcement, CPS, medical personnel and others may be requested to identify problem areas and make recommendations. Refer to A Child Abuse Protocol-Coordinated Investigative Teams Approach (DHS Pub. 794).

For additional information, including the Michigan Drug Endangered Children (DEC) Medical & Response Protocols, go to www.michigan.gov/meth.

For staff concerns of exposure, workers should document the incident by contacting the DHS Office of Human Resources for procedures for incident reporting. Refer to Administrative Handbook Items:
AHP 639-5, Prevention of Workplace Violence
AHP 639-6, General Accident Reporting and Compensation for Accidental Injury.
AHI 451, Employee Safety, Security and Health.

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.
 - 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 them 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 that 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

non-parent adult, or a conviction(s) of crimes against children. Examples include, but are not limited to:

- New birth with prior termination of parental rights.
- Known perpetrator of a crime against a child.

Investigation of Threatened Harm Complaints

When investigating complaints of threatened harm, the CPS worker must complete all appropriate investigative steps, including a thorough assessment of known facts and circumstances. Workers must also consider 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.
- 2. 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 behavior or central registry incidents and document how the past behavior relates to current allegations of threatened harm (e.g., 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

- 3. The length of time that has passed since the documented historical incident occurred and how it relates to the current allegations.

Evaluation of Services

- 4. 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).

Comparison Between Past History and Current Complaint

5. 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 (e.g., prior termination 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

6. Workers must consider the vulnerability of the child. A child may be more vulnerable due to age, mental capacity, a disability, etc.

Medical Examinations

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 (see below). 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 need to be examined in the nearest emergency department (see Who Should Do A Medical Examination section on page 66).

Evaluate the following when determining if an exception to obtaining a medical examination in sexual abuse cases is appropriate:

- The information and statements obtained from the alleged victim, siblings, non-offending parent and collateral contacts. Does this information 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. What type of incident is alleged/reported to have occurred? (E.g., sexual penetration, grabbing of breasts over clothing, etc.)

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, e.g., blows to the head or abdomen resulting in internal injuries or a brain injury, etc.

- 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 **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 appears to be fearful of parents or caregivers or exhibits other characteristics such as withdrawal or anxiety which indicates that they feel threat of harm.
 - There has been a severe physical injury or death of a sibling during the current investigation or in the past.

If a medical examination is not done, you must document the reason in the Investigation Report.

Consultation with a medical practitioner should be immediate when an examination is needed. Workers should **never** ask a medical practitioner whether an injury **could** have happened in the manner the parent, guardian or person responsible said it happened. The appropriate question is whether the injury is consistent with the explanation.

Second Medical Opinion

If medical findings are in conflict with other information or evidence, such as statements by the child or a witness, a second medical opinion may be necessary.

- **If the child is under age six, a second opinion in these cases is mandatory.**

The medical practitioner being asked to provide a second opinion must be informed that he/she is being asked to reexamine and evaluate the child and/or medical records and why. This medical practitioner also needs to know what the allegations were, what the results of the first medical examination were 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 medical opinion is needed, but not obtained, document the reason in the Investigation Report (DHS-154).

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 in order to protect the child.
- Is willing to be involved, including providing court testimony, if needed.

Medical Resource System

DHS maintains a contract with various medical providers through the Medical Resource System (MRS). This contract provides services such as a 24 hour, 7 day/week statewide hotline for physicians and workers seeking medical consultation on cases involving child abuse/neglect (877-391-2345). For further information, review L-Letters concerning the current contract or contact CPS Program Office.

Safety, Risk, and Needs Assessment

Safety Assessment

- Caretaker caused or threatened serious harm to children currently.
- Caretaker previously maltreated children in care and severity of previous maltreatment or previous response **and** current circumstances suggest child safety is a concern.
- Caretaker is violent or out of control with children.
- Caretaker has negative or unrealistic expectations of child.
- Caretaker did not protect child.
- Caretaker refuses access to child, family is a flight risk, child's whereabouts are unknown.
- Caretaker does not provide adequate supervision of child.
- Child's need for food, clothing, shelter, and/or medical or mental health care not being met.
- Living conditions are hazardous based on child's age and developmental stage.
- Caretaker's substance abuse affects how child is cared for.
- Sexual abuse is suspected and circumstances suggest child safety is a concern.
- Caretaker's emotional stability affects how child is cared for.
- Caretaker's explanation of injuries is unconvincing.
- Child is fearful of caretaker or people in or having access to home.

Risk/Needs Assessment

Areas to address with family:

- Harmful relationships/domestic violence.
- Social support systems.
- Substance abuse.
- Emotional problems/mental health issues.
- Parenting skills.
- Caretaker's motivation to improve parenting skills.
- Caretaker's response to investigation.
- Financial situation/employment status.
- Housing problems/homeless.
- Physical health issues.
- Prior CPS history/services.
- Abuse/neglect of caretaker as a child.
- Excessive or inappropriate discipline.
- Sexual abuse of child (caretaker is perpetrator or failed to protect).
- Domineering parent.
- Caretaker's communication/interpersonal skills, literacy, and intellectual capacity.
- Child has a developmental disability, mental health or behavioral issue, or history of delinquency.
- Caretaker's ability to control impulses.
- Caretaker's ability to provide physical care and adequate supervision of the child.
- Caretaker's ability to put child's needs ahead of own.
- Caretaker's self-esteem.

Court Petitions

Actual procedures for petitioning the court (setting up preliminary hearings, etc.) vary. See local office policies and procedures.

Petitions for Court Jurisdiction Required by Child Protection Law

MCL 722.628d

A petition is required if the department determines that there is evidence of child abuse and neglect and 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.

MCL 722.637

A petition is required within 24 hours of determining a preponderance of evidence exists that a child has been:

- Sexual abused or exploited.
- Severely physically injured due to abuse or neglect, including abuse or neglect that results in the death of the child.
- Exposed to, or to had contact with, methamphetamine production.

Exception: The department is not required to file a petition for court jurisdiction as indicated above (under MCL 722.637) 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.

MCL 722.638

A petition is required on the victim and siblings in the following situations:

- 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.

Petitions for Termination of Parental Rights

A petition is required for termination of parental rights in the following situations:

- If the parent is the perpetrator or the parent failed to protect child against those listed above (under MCL 722.638).

- Any investigation in which there is found to be current risk of harm to the child, and the parent's rights to another child were previously terminated (voluntarily or involuntarily) as a result of abuse/neglect proceedings, either in Michigan or another state.

Remember: When a termination request is withdrawn as part of a plea agreement, DHS workers must get their supervisor's approval to agree with this on the record. If they cannot talk to their supervisor prior to the court hearing, they cannot support or oppose that decision.

Temporary Custody Petition - Not Mandated *In and out-of-home custody*

Consider petitioning in the following non-mandated situations:

- Court authority is needed to remove a child from an unsafe situation and there are no services that can ensure child safety.
- Court jurisdiction is needed to ensure child safety in their own home with court ordered services or conditions.

Removing/Placing Children

Prior to making the decision to request that the court authorize the removal of a child, assess the following:

- Is the child at imminent risk of harm and therefore unsafe?
- How does the caretaker view the situation?
 - Are they cooperative?
 - Are they asking for help?
 - Are they willing and capable of change?
- Is the family a flight risk?
- Are there alternatives to removal?
 - Are there immediate services that can be put in place to keep the child safe in the home? (Can arrangements be made for the child until those services can be put in place?)
 - Will the offending parent leave the home?
 - Can court orders be put in place that would keep the child safe in the home?
 - Will the parents agree to allow the child to stay with appropriate friends and/or relatives?

Convene Team Decision Making meeting.

Never remove a child without a written court order.

Never transport a child without a written court order.

Remember-
Reasonable efforts *must* be made to keep children safely in their homes.

Best Practices When Removing Children

1. Take a few minutes to make a plan before removing the children when possible.
2. Try to obtain physical help when needed to move and supervise the children.
3. Get information from the parents about the child's allergies, medications, medical needs, routines, food likes and dislikes, when they ate last, what soothes the child.
4. Get information from the parents about relatives and family support.
5. Encourage parents to be calm for their child's benefit.
6. Provide for time in your plan to tell each child what is happening and why. This can be done separately or all together, but each child should be told:
 - a. As much information as possible about where they are going, who they will be staying with, what foster care is, and how long they might be there, and what is going to happen to their siblings.
 - b. That the placement is not their fault. That their parents are working to make things better so they can go home (if this is true).
 - c. When they will see their parents again.

7. Give them time to ask questions. If you don't know some of the answers, be truthful. Being dishonest may heighten their fear and anxiety.
8. Give them time to experience grief. Take time to acknowledge and help them deal with what they are going through.
9. Children are able to prepare psychologically and physically for placement if they are able to say good-bye, pack their own belongings, and obtain telephone numbers.
10. Provide a safe, supervised, and comfortable environment while waiting to be placed.
11. Go back two or three days later to re-explain everything to the child.
12. Never make promises to a child.

Placement Options

Children entering foster care cannot be placed in the home of a relative unless the relative is willing and able to be licensed as a foster family home. When children must be removed from their home and placed in court ordered out-of-home placement, preference must be given to placement with a relative if the relative family:

- Meets licensing requirements.
- Meets the needs of the child.
- Keeps siblings together.
- Lives in close geographic proximity to where the child was living at the time of removal, unless it is in the best interest of the child to be placed with a relative in another location.

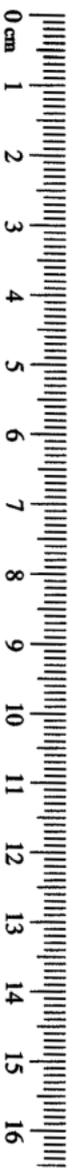
Prior to placement, a basic assessment of the relative's home must be completed. The basic assessment consists of:

- An initial safety screen of the home environment using the DHS-588, Initial Relative Safety Screen form.
- A home visit.
- A statewide criminal history clearance on all members of the household including adolescents and children.
- Central Registry clearance completed on all adults in the household 18 years of age and older.

- The DHS-972, Relative Agreement for Placement and Licensure form must be completed after having a discussion with the relative about licensing requirements.
 - If the relative signs the DHS-972, a copy of the VHS or DVD “Foster Parenting: What Every Parent Needs to Know” should be given to the relative caregiver.

Placement is **PROHIBITED** if:

- Any household member (adults and juveniles) with 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 (adults and juveniles) sex offender resides in the home.
- An adult member of the household is listed as a perpetrator of child abuse or neglect on central registry.
- The relative is not willing to sign the DHS-972 agreeing to be evaluated for licensure.



Measuring



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