

STATE OF MICHIGAN

GOVERNOR'S TASK FORCE ON CHILD ABUSE AND NEGLECT

**A Model Child Abuse and Neglect Protocol
Utilizing a Multidisciplinary Team Approach**



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Glossary of Abbreviations

Children’s Advocacy Center	CAC
Child Protection Law.....	CPL
Child Victim Identification Program.....	CVIP
Children’s Protective Services.....	CPS
Code of Federal Regulations.....	CFR
Computer Programs and Systems Inc.....	CPSI
Division of Child Welfare and Licensing	DCWL
Drug Endangered Children.....	DEC
Family Independence Agency	FIA
Friend of the Court.....	FOC
Herpes Simplex Virus.....	HSV
Human Immunodeficiency Virus.....	HIV
Human Papilloma Virus	HPV
Internet Crimes Against Children.....	ICAC
Law Enforcement Notification form.....	LEN
Michigan Compiled Law	MCL
Michigan Department of Health and Human Services.....	MDHHS
Michigan Department of Health and Human Services.....	Department
Michigan Online Reporting System	MORS
Multidisciplinary Team.....	MDT
National Center for Missing and Exploited Children.....	NCMEC
National Institute on Drug Abuse.....	NIDA
Nucleic Acid Amplification Test	NAAT
Occupational Safety and Health Administration	OSHA
Publication.....	PUB

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I. Introduction

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

One of the cornerstone recommendations of the Governor's Task Force on Children's Justice was to develop a protocol for handling child abuse and neglect cases in Michigan. The Model Child Abuse and Neglect Protocol was created in 1993, revised in 1998 and again in 2013.

The Model Child Abuse and Neglect Protocol is to be used by each county to create a community child abuse and neglect protocol as noted in the Statement of Purpose section of this protocol. Any county-specific changes must still adhere to the Child Protection Law (CPL), the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, and any other relevant statutory provisions. The Michigan Department of Health and Human Services (MDHHS) and prosecuting attorney shall take a leadership role in the construction, implementation, and maintenance of a local protocol using this model and the attached guidelines.

This protocol is an investigative and systems roadmap for coordination among the prosecuting attorney, Children's Protective Services (CPS), law enforcement, and Children's Advocacy Center staff, as well as the medical, mental health, school, victim advocacy, Friend of the Court, Division of Child Welfare Licensing, Licensing and Regulatory Affairs, and federally recognized American Indian or Alaskan Native tribe or band who respond to suspected child abuse/neglect.

The Governor's Task Force on Child Abuse and Neglect and MDHHS will enhance the application of this protocol by statewide training which will be conducted by a highly trained multidisciplinary group. The purpose of this training is to prepare local investigators and multidisciplinary team members to conduct competent child abuse/neglect investigations, which will reduce trauma to children while protecting the rights of the accused. It is also a priority of the Governor's Task Force on Child Abuse and Neglect that this protocol does not further disadvantage minority populations, including people of color, serve to maintain systemic racism, or cause racial or ethnic disparities in outcomes for minority populations, including children of color and their families.

MDHHS or its designee will provide training on this protocol and establish local multidisciplinary teams.

II. Statement of Purpose

The prosecuting attorney, Children's Protective Services (CPS), law enforcement, and other professionals recognize the special needs of child victims and must be committed to working together to respond.

The Child Protection Law (CPL), MCL 722.621 et seq., recognizes the need for coordinating the investigation of certain cases and requires that protocols be drafted at the local level to accomplish this goal.

As set forth in MCL 722.628:¹

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

The Model Child Abuse and Neglect Protocol in the present document applies to situations described in MCL 722.628, as amended. It incorporates, by reference, the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, and serves as a minimum standard for investigations. This model protocol may be expanded at the local level. Coordinating an effective and quality investigation should be the goal in every child abuse and neglect investigation, whether the alleged offense is perpetrated by a person responsible for the child's health or welfare or someone else. However, such coordination is statutorily required for cases involving certain types of suspected child abuse or neglect. MCL 722.628(3) and (4) provides:

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

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

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

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

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

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

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

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

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

All multi-disciplinary team members shall comply with all local, state and federal laws, as well as applicable local protocol(s).

Please see Appendix B: Statutes Cited Within the Model Child Abuse and Neglect Protocol for a list of all statutes related to child abuse and neglect cases.

III. Goals

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

- A. Ensure cases of suspected child abuse/neglect are properly and effectively investigated without racial or ethnic bias or appearance of bias or prejudice. Cases which require court intervention will be referred to the prosecuting attorney and/or appropriate legal counsel for review.
- B. Reduce trauma and provide protection and continued support for child victims and their families.
- C. Eliminate racial and ethnic disparities in investigation dispositions and other case outcomes.
- D. Improve cooperation among professionals and agencies that furthers the development of common goals and methodologies for better response to suspected child abuse/neglect, including limiting the number of times a child is interviewed.
- E. Encourage communication and collaboration among multidisciplinary team members.
- F. Improve awareness and reporting of suspected child abuse/neglect.
- G. Instill public trust and transparency in systemic responses to suspected child abuse/neglect.
- H. Ensure proper training for all professionals within the scope of the Model Child Abuse and Neglect Protocol.
- I. Encourage early and continued coordination between Children's Protective Services (CPS) and law enforcement to make investigations timelier and more inclusive.
- J. Consider the expertise and advisement of all agencies or entities, including family members themselves, involved in protecting and promoting family well-being before deciding what intervention or response is needed.
- K. Involve children's advocacy centers when appropriate and as determined by the prosecuting attorney, law enforcement, and the Michigan Department of Health and Human Services.
- L. Support the videorecording of investigative forensic interviews of children at a Children's Advocacy Center or in a similar setting. The Governor's Task Force on Child Abuse and Neglect supports videorecording as best practice.

IV. General Legal Principles

In general, the guiding principles of the Model Child Abuse and Neglect Protocol are the legal principles outlined below. Counties developing their own protocol should consider adopting these same principles as their own guidelines:

- A. To ensure accurate information is received from the child and to protect the rights of the accused, the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, shall be utilized. See MCL 722.628(6).
- B. No interview should be conducted in the presence of the alleged perpetrator. See MCL 722.628c.
- C. If the county videorecords or audiorecords, follow the procedures set forth in the Introduction section "Video or Audio Recording and Documentation" in the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol. Videorecorded and/or audiorecorded forensic interviews should be treated and maintained pursuant to local law enforcement procedures. It is recommended the storage of evidence is addressed through local multidisciplinary teams in accordance to applicable laws and policy. See MCL 712A.17b and MCL 600.2163a.²
- D. Copies of all recorded interviews, inculpatory or exculpatory, must be retained and disclosed. See MCL 712A.17b and MCL 600.2163a.
- E. When it is determined the accused is not a "person responsible for the child's health or welfare," as defined in the Child Protection Law (CPL), Children's Protective Services (CPS) shall not investigate the complaint and promptly turn the case over to the appropriate law enforcement agency for investigation and disposition. See MCL 722.623(6).
- F. Confidentiality is imposed upon both the Michigan Department of Health and Human Services (MDHHS) and the law enforcement agency. While the law enforcement agency may receive information from the central registry of MDHHS, the statute provides that information may only be given to another entity named in the statute. See MCL 722.627.
- G. The results of all medical, psychiatric, and psychological exams of the child (performed by specialized personnel when applicable) should promptly be made available to CPS, the investigative branch of MDHHS. 45 CFR 164.512.

² MCL 600.2163a is included in its entirety in the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol in the Videorecording Laws Appendix of that document.

V. Child Protection Law and its Requirements

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

(f) "Child" means a person under 18 years of age.

(g) "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or member of the clergy.

(k) "Child neglect" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:

(i) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care, though financially able to do so, or by the failure to seek financial or other reasonable means to provide adequate food, clothing, shelter, or medical care.

(ii) Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

The CPL requires certain professionals to report suspected child abuse or neglect to the Michigan Department of Health and Human Services when they have reasonable cause to suspect a child is being abused or neglected. MCL 722.623, sets forth:

(1) An individual is required to report under this act as follows:

(a) A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or child neglect shall make an immediate report to centralized intake by telephone, or, if available, through the online reporting system, of the suspected child abuse or child neglect. Within 72 hours after making an oral report by telephone to centralized intake, the reporting person shall file a written report as required in this act. If the immediate report has been made using the online reporting system and that report includes the information required in a written report under subsection (2), that report is considered a written report for the purposes of this section and no additional written report is required. If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that

the report has been made, and shall make a copy of the written or electronic report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by this section. One report from a hospital, agency, or school is adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation.

(b) A department employee who is 1 of the following and has reasonable cause to suspect child abuse or neglect shall make a report of suspected child abuse or neglect to the department in the same manner as required under subdivision (a):

- (i) Eligibility specialist.
- (ii) Family independence manager.
- (iii) Social services specialist.
- (iv) Social work specialist.
- (v) Social work specialist manager.
- (vi) Welfare services specialist.

VI. Using a Multidisciplinary Team Approach

Every county shall have a multidisciplinary team (MDT). While each MDT will be structured and operate somewhat differently according to the defined needs of the county, implementing the Model Child Abuse and Neglect Protocol will underlie its objectives.

- A. The MDT's primary purpose is to ensure coordination of the procedures and practices of the various agencies, organizations, and personnel involved in the detection, investigation, and prosecution of child abuse/neglect cases.
- B. Among the duties and responsibilities are regular meetings to increase communication among MDT members. Whether MDTs act only in an oversight capacity, or are actively involved in case-by-case decision-making, the MDT will facilitate and support the work of its members, coordinate the sharing of information, and provide oversight to increase awareness of, and compliance with, the law and best practices outlined in this protocol.
- C. The Child Protection Law (CPL) requires the MDT consist of the following officials, who must coordinate their efforts. See MCL 722.628(6).
 1. Prosecuting attorney – MDT leader unless prosecuting attorney designates this task.
 2. Michigan Department of Health and Human Services (MDHHS) designee.
- D. The MDT may include but is not limited to the following additional professionals, on a case-by-case basis:
 1. Law enforcement officials.
 2. Child Advocacy Center (CAC) personnel.
 3. Medical personnel.
 4. Mental health personnel.
 5. School personnel.
 6. Victim or child advocate.
 7. Friend of the Court (FOC) personnel.
 8. Licensing and Regulatory Affairs (LARA) personnel.
 9. Federally recognized American Indian or Alaska Native tribe or band.
 10. Federally recognized American Indian or Alaska Native tribe or band.
 11. Members of or advocate for racial and ethnic minority populations.
- E. The roles of MDT members should be determined by those investigating abuse/neglect. Not every case will require the participation of all MDT members.
- F. Each law enforcement agency should designate at least one investigator and an appropriate backup, each specifically identified and specially trained to respond to suspected child abuse/neglect within its jurisdiction.

- G. Each member of the county's MDT should have received specialized training in responding to reports of suspected child abuse/neglect. Training should include the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, which is provided by either MDHHS or the current holder of the MDHHS service contract.
- H. Any law enforcement agency within the county that is unable to find a trained investigator should, as an alternative, identify a specific law enforcement agency and investigators within that agency who can be called on to ensure complete coverage. It is recommended these responsibilities be coordinated between the county's sheriff's office and local state police posts.
- I. All designated MDT members shall be provided with a list of contact phone numbers, including numbers for after-hour emergencies, which shall be maintained and distributed by the MDT coordinator.
- J. MDT objectives are to:
 - 1. Coordinate the investigation.
 - 2. Conduct a thorough, fair, impartial, objective, and timely investigation.
 - 3. Eliminate racial or ethnic bias and appearance of bias or prejudice during investigation and when reaching conclusions and deciding intervention.
 - 4. Minimize trauma to the alleged child victim.
 - 5. Ensure fairness to the person(s) accused.
- K. Coordinated abuse/neglect investigations will:
 - 1. Ensure interviews of all witnesses, including but not limited to, children and members of the alleged child victim's household or family are completed pursuant to the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol.
 - 2. Use the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, in all interviews with children. Whenever possible and appropriate, arrange for an interview at a CAC.
 - 3. Assess the need for and obtain medical treatment for the child(ren) when appropriate. It is best practice to provide medical resource information on all cases of sexual abuse.
 - 4. Arrange for an immediate medical exam when an allegation involves sexual and/or severe physical abuse that occurred in the past 120 hours. Whenever possible, the exam shall be provided by specially trained medical personnel.
 - 5. Collect and preserve evidence.
 - 6. Interview the alleged perpetrator.

7. Obtain family and medical histories. This may require contacting more than one physician, including the family doctor and the current emergency/specially trained provider.
 8. Coordinate efforts with law enforcement, the courts, Children’s Protective Services (CPS), and others when assistance is needed with the removal of a family member or child.
 9. Assess child safety and plan a course of action with the prosecuting attorney, law enforcement, CPS, and family members to ensure all children are protected.
- L. Cases of special note that prompt a specific response:
1. Medical issues: When a case requires a medical evaluation of a child, refer to Section XI: Medical Personnel of this protocol.
 2. Digital evidence: When a case involves digital evidence and the need for a forensic examination, refer to Appendix C: Cases Involving Digital Evidence of this protocol.
 3. Methamphetamine: When a case involves methamphetamine exposure, refer to Appendix D: Michigan Drug Endangered Children (DEC) Response of this protocol.
 4. Human Trafficking: When a case involves allegations of human trafficking, refer to the DHS-Pub-215, Human Trafficking of Children Protocol.

To ensure continuity, suspected child abuse/neglect occurring in the following locations will be handled by the agency listed below:

Location: _____ Agency: _____

Location: _____ Agency: _____

Location: _____ Agency: _____

VII. Prosecuting Attorney

The prosecuting attorney has critical responsibilities within the multidisciplinary team (MDT) functions. By law, the prosecuting attorney is the MDT leader unless they delegate this responsibility to another entity participating in local MDTs. They are responsible for litigating cases in criminal and civil court. Duties of the prosecuting attorney include:

- A. Prosecuting attorney shall take a leadership role with their county protocol and MDT. This role should include:
 1. Developing and implementing a county child abuse and neglect protocol in accordance with the Model Child Abuse and Neglect Protocol.
 2. Coordinating or designating a coordinator for the MDT activities.
 3. Reviewing the investigation to ensure compliance with the county protocol when a case requires the MDT because it falls under the Child Protection Law (CPL). See MCL 722.628(3).
 4. Providing legal counsel on issues related to investigating and prosecuting suspected child abuse/neglect.
 5. Facilitating cross-systems training for local members of the MDT at least annually.
 6. Raising awareness of the county protocol, particularly among mandated reporters and professionals covered by the county protocol, including medical providers, mental health providers, school officials, courts, attorneys, and children's advocacy center (CAC) staff.
- B. Prosecuting attorney should pursue consistent practices in charging, negotiating pleas, and litigating child abuse/neglect cases in each county and should:
 1. Minimize trauma to the alleged child victim throughout legal proceedings.
 2. Ensure the legal rights of the person accused.
- C. Prosecuting attorney should advocate for alleged child abuse/neglect victims by:
 1. Designating a person to act as the advocate for alleged victims.
 2. Establishing an office policy that accommodates the special needs of alleged victims during their exposure to the civil and criminal justice system.
- D. Prosecuting attorney should, as appropriate, make the notices required as follows. See MCL 722.628a:
 - (1) If an individual is bound over to circuit court for any of the following crimes, the prosecuting attorney shall execute the notices as prescribed by subsections (2) to (5):
 - (a) Criminal sexual conduct in the first, second or third degree in violation of the Michigan Penal Code [MPC], MCL 750.520b, 750.520c, and 750.520d.
 - (b) Assault with intent to commit criminal sexual conduct in violation of the [MPC], MCL 750.520g.

- (c) A felonious attempt or felonious conspiracy to commit criminal sexual conduct.
 - (d) An assault on a child that is punishable as a felony.
 - (e) Child abuse in the first, second, or third degree, in violation of the [MPC], MCL 750.136b.
 - (f) Involvement in child sexually abusive material or child sexually abusive activity in violation of the [MPC], MCL 750.145c.
- (2) If the individual is an employee of a nonpublic school as defined in the revised school code, MCL 380.5, the prosecuting attorney shall notify the governing body of the nonpublic school.
- (3) If the individual is an employee of a school district or intermediate school district, the prosecuting attorney shall notify the superintendent of the school district or intermediate school district.
- (4) If the individual is an employee of a department that provides a service to children and youth as described in the social welfare act, MCL 400.115, the prosecuting attorney shall notify the county director of social services or the superintendent of the training school.
- (5) If the individual is a child care provider, the prosecuting attorney shall notify the department, the owner or operator of the child care provider's child care organization or adult foster care location authorized to care for a child, and the child care regulatory agency with authority over that child care organization or adult foster care location authorized to care for a child.
- (6) Upon final disposition of a criminal matter for which a notice was given under subsections (2) to (5), the prosecuting attorney shall notify each person previously notified under subsections (2) to (5) of that disposition.

VIII. Children's Protective Services

Children's Protective Services (CPS) is the designated investigative entity of the Michigan Department of Health and Human Services (MDHHS). By law, MDHHS is required to participate in multidisciplinary team (MDT) functions. It is the goal of CPS to help maintain children safely in their own homes or in the care of their families whenever possible. Duties of MDHHS include:

- A. Centralized Intake (CI) is responsible for receipt of complaints of suspected child abuse/neglect by MDHHS and making one of the following decisions:
 1. Determine there is reasonable suspicion a child is being abused or neglected by a person responsible for the child. Following such a determination, CPS will:
 - a. Determine if the suspected abuse/neglect falls under MCL 722.628(3)(a), (b), or (c) or MCL 722.623(6) or (9). If it does, MDHHS will complete the following prior to completing the requirements listed below:
 - 1) Immediately contact the law enforcement agency with jurisdiction where the alleged abuse/neglect occurred.
 - 2) Route the complaint to the appropriate county for investigation.
 - 3) Provide notice of investigations to:
 - a) Law enforcement in the jurisdiction where the alleged abuse/neglect occurred using the Law Enforcement Notification form (LEN).
 - b) The Prosecuting Attorney's office where the alleged abuse/neglect occurred using a LEN.
 - c) If the suspected abuse/neglect does not fall under 722.628(3)(a), (b), or (c) or MCL 722.623(6) or (9), or if the appropriate notifications were made, MDHHS will:
 - b. Assign a CPS investigator from an appropriate county office. This investigator will:
 - 1) Commence the investigation within the response time required.
 - 2) Coordinate the investigation with law enforcement in a timely manner.
 - 3) Follow the guidelines set forth in CPS policy.
 - c. Conduct all face-to-face interview within required timeframes.
 - 1) Children should only be interviewed at school when there is probable cause to suspect child abuse or neglect has occurred and the interview is necessary to complete the investigation. If probable cause does not, or no longer exists (for example, the circumstances indicate that the original complaint cannot be substantiated), it is not permissible to interview a child at school absent parental consent.

- 2) If at any time during the course of the investigation, it is determined that the allegations are unfounded or cannot be substantiated, parental consent must be obtained prior to interviewing a child.
 - 3) If a child is interviewed without parental consent, caseworkers must attempt to contact the child's parent or legal guardian as soon as possible to inform them that an interview of the child occurred.
- d. Assess for family strengths and needs and refer to appropriate services to support the child and the family.
 - e. Provide least intrusive protecting intervention needed for child safety.
 - f. Develop a safety plan with the family and offer needed services to the child and the child's family.
 - g. Follow the Using a Multidisciplinary Team Approach in Section VI of this protocol.
 - h. Complete the field investigation and determine which category prescribed by section 8d, to classify the allegation of child abuse or neglect. See MCL 722.628(12).
2. Determine there is reasonable suspicion to believe a child was abused or neglected by a person **not responsible** for the child's health or welfare and therefore CPS will not investigate the complaint. Following such a determination, CPS will:
 - a. Submit a LEN to the appropriate law enforcement agency in the jurisdiction where the alleged child abuse/neglect occurred.
 - b. Submit a child abuse complaint to the Prosecuting Attorney's office using a LEN.
 3. Determine CPS will not investigate the allegations received because CPS lacks jurisdiction. Following such a determination, CPS will:
 - a. Transfer the complaint to a jurisdiction with authority over the allegations.

These jurisdictions include:

 - 1) Tribal authorities.
 - 2) Law enforcement agencies.
 - 3) Division of Child Welfare Licensing (DCWL).
 - 4) Licensing and Regulatory Affairs (LARA).
 - 5) Child welfare agency in another state.
 - b. Determine CPS will reject the complaint because:
 - 1) The allegations have already been investigated.
 - 2) The allegations have been discounted after preliminary investigation.

- 3) The complaint does not meet the definition of child abuse/neglect.
- 4) There is no reasonable cause for the complaint because:
 - a) The information is vague/insufficient.
 - b) It is based on speculation.
 - c) The child exhibits normal/exploratory behavior.
- 5) The reporting person is unreliable or not credible per PSM 712-7.
- 6) The child's family has fled to another state and the child is not currently in Michigan.

B. MCL 722.628(5) provides:

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

IX. Law Enforcement Officials

Law enforcement serves as the lead criminal investigators of the multidisciplinary team (MDT). The role of law enforcement in child abuse cases is to investigate to determine if a violation of criminal law occurred, identify and apprehend the offender, and file appropriate criminal charges.

- A. When law enforcement has reason to believe a child is being abused and/or neglected, law enforcement will:
 1. Make a report of suspected abuse/neglect to Centralized Intake. Additional information on reporting child abuse/neglect is located in Appendix E of this protocol.
 2. Assign a complaint number.
 3. Follow the Using a Multidisciplinary Team Approach in Section VI of this protocol.
 4. Coordinate with Children's Protective Services (CPS) in a timely manner to schedule and conduct the investigation.
 5. Make reports and documents available as allowed by statute. See MCL 722.623(7).
- B. When law enforcement receives a Law Enforcement Notification (LEN) from CPS and/or commences an investigation regarding allegations of child abuse/neglect, they will conduct a thorough and objective investigation to include:
 1. Interview the reporting source.
 2. Identify the relationship of the alleged perpetrator(s) to the child and ensure steps are taken to protect the child.
 3. If there is reasonable cause to believe that a child is at substantial risk of harm or is in surroundings that present an imminent risk of harm and the child's immediate removal from those surroundings is necessary to protect the child's health and safety, a law enforcement officer may, without a court order, immediately take that child into protective custody. See MCL 712A.14a.
 - a. An officer who takes a child into protective custody under this section shall immediately notify CPS.
 - b. If a child is taken into protective custody under this section is not released, the law enforcement officer or CPS shall immediately contact the designated judge or referee, to seek a court order for placement of the child pending a preliminary hearing.
 4. Arrange for an immediate medical exam when an allegation involves sexual abuse that occurred in the preceding 120 hours. The exam shall be provided by specially trained medical personnel. In cases in which a sexual assault evidence kit is collected:

- a. Law enforcement shall take possession of any sexual assault kit evidence within 14 days of receiving notice. See MCL 752.934.
 - b. After taking possession of the sexual assault kit evidence, law enforcement shall assign a criminal complaint number and submit the sexual assault kit evidence to a Michigan State Police Forensic Science Laboratory or another accredited laboratory within 14 days for analysis. See MCL 752.934(4).
5. Arrange for an immediate medical exam when an allegation involves severe physical abuse. The exam shall be provided by specially trained medical personnel.
6. Consider medical examinations in all cases, even outside the 120 hours. Consult with the medical provider on your MDT.
7. Collect and preserve evidence. Photograph injuries to scale, when applicable. The forensic interview is evidence and must be treated as such.
8. Interview the child utilizing the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol. Arrange for an interview at a CAC whenever possible and in compliance with local protocols.
9. Interview the alleged perpetrator.
10. When a law enforcement agency determines the abuse of a child is of sexual nature, it will complete all necessary documentation, including the state-required Sex Motivated Crime Report (MSP DD-079). See MCL 28.247.
11. Submit the investigation to the prosecuting attorney's office for consideration.

X. Children's Advocacy Centers

Children's Advocacy Centers (CACs) are organizations that provide child-friendly, trauma informed services to alleged child victims of abuse and their families. Services provided by CACs include, but are not limited to, forensic interviews, mental health counseling, prevention education, family advocacy, and medical services. CACs work closely with a multidisciplinary team to provide support throughout each step of the child abuse investigative process and beyond.

- A. Forensic interviewers will conduct interviews of children referred to the CAC by Children's Protective Services (CPS) and/or law enforcement. The following must be considered regarding forensic interviewing and CACs:
 - 1. Forensic interviewers must complete required training in the Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol.
 - 2. Forensic interviewers shall follow the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, in all interviews of children.
 - 3. Forensic interviews will be well documented pursuant to the Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol.
 - 4. Forensic interviews should be conducted in a space developed for children and accommodate their needs.
 - 5. The forensic interviewer of a child for the investigation will not participate in any follow up mental health, advocacy, or medical services in that child's case.
- B. The Governor's Task Force on Child Abuse and Neglect supports, as a best practice, the video recording of investigative forensic interviews of children at children's advocacy centers or in similar settings. If the county video records or audio records an interview, it will follow the procedures recommended in the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, and MCL 712A.17b and MCL 600.2163a.

XI. Medical Personnel

Medical professionals who specialize in child abuse/neglect assess, diagnose, and treat issues which develop due to abuse/neglect. During the investigation of suspected child abuse/neglect, a multidisciplinary team (MDT) may consult with medical professionals. When addressing suspected child abuse/neglect, medical personnel should consider the following:

- A. Medical personnel are mandated reporters under the Child Protection Law (CPL) and must report when they have reasonable cause to suspect child abuse/ neglect. See MCL 722.623(1)(a) and Appendix E of this protocol.
 1. Medical personnel shall follow these procedures for reporting suspected child abuse/neglect to Children's Protective Services (CPS):
 - a. Identify the relationship of the alleged perpetrator to the alleged child victim.
 - b. Document the child's statements verbatim regarding abuse/neglect.
 2. Investigating whether alleged child abuse/neglect has occurred is the responsibility of CPS and law enforcement.
 3. Any legally recognized privileged communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631.
 4. Following a report of suspected child abuse/neglect to Centralized Intake, medical personnel making the report shall notify the person in charge of the hospital or agency of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623(1)(a).
 5. The reporting person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623(1)(a).
 6. The identity of a reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625.
- B. If a child suspected of being abused or neglected is admitted to a hospital or brought to a hospital for outpatient services and the attending physician determines that the release of the child would endanger the child's health or welfare, the attending physician shall notify the person in charge and the department. See MCL 722.626(1).

1. The person in charge may detain the child in temporary protective custody until the next regular business day of the probate court, at which time the probate court shall order the child detained in the hospital or in some other suitable place pending a preliminary hearing. See MCL 722.626; 712A.14.
 2. Call Centralized Intake when a child is taken into temporary medical custody. CPS has no authority to impede parental custody of their child and may not become involved in medical action to detain or prohibit release of a child to their parent without a court order.
- C. Medical personnel should do the following when completing an examination regarding suspected child abuse/neglect:
1. Obtain a medical history from the parent(s), caregiver(s), and/or child(ren) sufficient to formulate a differential diagnosis and to plan treatment and discharge care.
 - a. Speak with the parent(s), caretaker(s), or person responsible for the child and the child separately whenever possible.
 - b. Document the medical personnel's questions and the child's statements verbatim regarding suspected abuse/neglect in the medical chart. Obtaining a medical history is subject to the following stipulations:
 - 1) Investigating whether actual child abuse/neglect has occurred is the responsibility of CPS and law enforcement and not the medical personnel reporting the suspected child abuse/neglect.
 - 2) Statements made by alleged victims of suspected child abuse/neglect pertaining to medical history must be accurate and detailed when documented.
 - 3) Statements concerning alleged child abuse/neglect, when obtained for the purpose of medical diagnosis and/or treatment, are generally admissible in court.
 2. With parental or legal guardian consent, perform a physical exam to identify or rule out injuries from alleged child abuse/neglect and determine treatment.
 - a. An exam for suspected child abuse/neglect generally includes a skin exam and exam of the eyes, ears, nose, mouth, and when medical/physical evidence exists, genitals and anus.
 - b. Document identified injuries with photographs that identify the patient and contain a ruler to provide scale. When medical/physical evidence exists of suspected sexual abuse, photo-documentation of the suspected genital and anal area is encouraged.
 - c. The use of body diagrams of visible injuries is encouraged.
 3. Collect specimens of possible deoxyribonucleic acid (DNA) for analysis using the State of Michigan Forensic Evidence Kit. This should be done:

- a. Whenever the alleged perpetrator's DNA may be present on the child's body.
 - b. If the sexual assault occurred 120 hours or less before the exam.
4. Test for sexually transmitted infection as indicated. When testing, the following should be considered:
- a. Testing should be done when there is known/confirmed genital to child-mouth contact and any skin to skin contact of the child's genitals or anus as indicated by the child's statements, the alleged perpetrator's statements, other corroborating evidence, or based on suspicion of the MDT.
 - b. Clinical guidelines regarding which patients to test should be updated regularly in consultation with an expert in child sexual abuse (such as a child abuse pediatrician)
 - c. Testing that may be necessary includes the following:
 - 1) Examination to evaluate for anogenital warts and vesicular or ulcerative lesions (possible herpes).
 - a) Warts are generally confirmed by exam only. Human Papillomavirus (HPV) testing can be performed if the warts need to be removed. HPV testing may be done for medical purposes but is not generally forensically useful
 - b) Lesions suspicious for Herpes Simplex Virus (HSV) can be swabbed and tested (polymerase chain reaction [PCR] and nucleic acid amplification test [NAAT] preferred).
 - 2) Gonococcal cultures of the throat, genitals, and anus as indicated.
 - a) NAAT may be used as available.
 - b) If the child is less than 16 years old, positive NAAT testing must be confirmed prior to treatment.
 - 3) Chlamydial cultures from the genitals and anus as indicated.
 - a) NAAT may be used as available.
 - b) If the child is less than 16 years old, positive NAAT testing must be confirmed prior to treatment.
 - 4) Genital/urethral discharge should be tested for trichomonas and strep. Testing for bacterial vaginosis may also be considered.
 - 5) Blood testing for Human Immunodeficiency Virus (HIV) and syphilis as indicated by history or clinical examination.
 - a) Testing for hepatitis C may be considered based on risk factors.

- b) Testing for hepatitis B may be considered if the child is unimmunized or if immunization status is unknown.
 - 6) When necessary and appropriate, blood and/or urine test for drugs and alcohol that may have been a factor in alleged abuse/neglect.
 - 7) Blood and/or urine testing with counseling for emergency contraception options offered to an adolescent patient.
 - 5. Treatment of sexually transmitted infection as indicated. When testing, the following should be considered:
 - a. Post pubertal children may be treated prophylactically for possible sexually transmitted infections.
 - b. Prepubertal children with reasonable expectation of follow-up can be seen in 14-21 days after acute assault, then tested and treated for any identified infections.
 - c. HIV prophylaxis should be offered to all children, including young children, when presenting within 72 hours of the assault according to Center for Disease Control and Prevention (CDC) guidelines.
 - D. The medical report should include a medical history, physical exam findings, a medical assessment, and treatment recommendations. The report should be submitted to the party requesting consultation, including law enforcement with a signed release.
 - E. The CPL includes specific requirements for employees of a hospital or other medical organization.
 - 1. The CPL does not preclude or hinder a hospital or other medical organization from investigating suspected child abuse/neglect by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a.
 - 2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.
 - 3. An internal investigation should not interfere with or hinder an investigation being conducted by CPS or law enforcement.
 - 4. An internal investigation should be coordinated with any investigation being conducted by CPS and law enforcement to:
 - a. Avoid duplicative interviews.
 - b. Ensure the child is interviewed by a trained forensic interviewer.
 - c. Ensure proper case management.

XII. Mental Health Personnel

Mental health professionals who specialize in child abuse/neglect, assess, diagnose, and treat issues which develop due to abuse/neglect. During the investigation of suspected child abuse/neglect, a multidisciplinary team (MDT) may consult with mental health professionals. When addressing suspected child abuse/ neglect, mental health personnel should consider the following:

- A. Mental health personnel are mandated reporters under the Child Protection Law (CPL) and must report when they have reasonable cause to suspect child abuse/neglect. See MCL 722.623(1)(a) and Appendix E of this protocol.
 - 1. Mental health personnel shall follow these procedures for reporting suspected child abuse and neglect to Children’s Protective Services (CPS):
 - a. Identify the relationship of the alleged perpetrator to the alleged child victim.
 - b. Document the child’s statements verbatim regarding abuse/neglect.
 - 2. Investigating whether child abuse/neglect has occurred is the responsibility of CPS and law enforcement.
 - 3. Any legally recognized privileged communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631.
 - 4. Following a report of suspected child abuse/neglect to Centralized Intake, mental health personnel making the report shall notify the supervisor or administrator of the agency of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623(1)(a).
 - 5. The reporting person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623(1)(a).
 - 6. The identity of a reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625.
- B. If the child is identified as needing behavioral or mental health intervention during the investigative or court process, the child may be referred for services by a local children’s advocacy center (CAC), the prosecuting attorney’s office, CPS, law enforcement, or court order.
- C. If necessary, the assigned clinician should obtain pertinent information regarding the case through either the Michigan Department of Health and Human Services (MDHHS), law enforcement, or the CAC. A release of information may be needed.

- D. The CPL has specific requirements regarding investigations of suspected child abuse/neglect by a mental health clinician.
 - 1. The CPL does not preclude or hinder mental health agency from investigating alleged child abuse/neglect by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a.
 - 2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.
 - 3. An internal investigation should not interfere with or hinder an investigation being conducted by CPS or law enforcement.
 - 4. An internal investigation should be coordinated with any investigation being conducted by CPS and law enforcement to:
 - a. Avoid duplicative interviews.
 - b. Ensure the child is interviewed by a trained forensic interviewer.
 - c. Ensure proper case management.
- E. Mental health professionals utilized by the MDT for a provision of mental health services shall maintain appropriate licenses and follow ethical guidelines consistent with their professional licensure.

XIII. School Personnel and Regulated Child Care Providers

School personnel and regulated child care providers care for and educate children. Often, school personnel have relevant information regarding children and families. When investigating suspected child abuse/neglect, the multidisciplinary team (MDT) may utilize school personnel. If child abuse/neglect is suspected, school personnel should consider the following:

- A. School personnel and regulated child care providers are mandated reporters under the Child Protection Law (CPL) and must report when they have reasonable cause to suspect child abuse/neglect. See MCL 722.623(1)(a) and Appendix E of this Protocol.
 1. School personnel and regulated child care providers shall follow these procedures for reporting suspected child abuse/neglect to Children's Protective Services (CPS):
 - a. Identify the relationship of the alleged perpetrator to the alleged child victim(s).
 - b. Document the child's statements verbatim regarding the allegations of abuse/neglect.
 2. Investigating whether child abuse/neglect occurred is the responsibility of CPS and law enforcement.
 - a. It is not the role of school staff to investigate or determine if abuse/neglect occurred.
 - b. No child may be subjected to a search at school that requires the child to expose buttocks, genitalia, or breasts without a court order. See MCL 722.628(10).
 3. Any legally recognized privileged communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631.
 4. Following a report of suspected child abuse/neglect to Centralized Intake, school personnel or regulated child care providers making the report shall notify the supervisor or administrator of the agency of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623(1)(a).
 5. The reporting person shall not be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623(1)(a).

6. The identity of a reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625.
 7. School personnel or regulated child care providers who knowingly fail to report to CPS instances of suspected child abuse/neglect are civilly liable for damages proximately caused by the failure and are guilty of a misdemeanor. See MCL 722.633(1), (2).
 8. A person who intentionally makes a false report of child abuse or neglect is guilty of either a misdemeanor or felony. See MCL 722.633(5).
 9. Public and private schools and other institutions shall cooperate with CPS during an investigation of reported child abuse/neglect.
 10. School personnel or regulated child care providers should cooperate with the MDT. Cooperation includes:
 - a. Allowing access to the child without parental consent if access is determined by the department to be necessary to complete the investigation or to prevent child abuse or child neglect of the child. See MCL 722.628(8).
 - b. Allowing CPS to interview the child alone regardless of whether law enforcement officials are present.
 - 1) Before contact with the child, CPS should review CPS's responsibility under MCL 722.628(9)(a) with the designated school staff person.
 - 2) After interviewing the child, CPS should review with the designated staff member and the child the response that CPS will take. See MCL 722.628(9)(b).
 - 3) CPS may share additional information with the designated staff member without the child present, pursuant to the confidentiality provisions of the CPL.
 11. Lack of cooperation by the school does not relieve or prevent CPS from proceeding with its responsibilities. See MCL 722.628(9)(c).
 12. Immediately after the interview, CPS should notify the person responsible for the child's health and welfare CPS or law enforcement had contact with the child. See MCL 722.628(8).
 13. Temporary delay in notification is permitted if the notice would compromise the safety of the child or the child's siblings or the integrity of the investigation. See MCL 722.628(8).
- B. The CPL has specific requirements regarding investigations of suspected child abuse/neglect by an employee of a school or regulated child care provider.
1. The CPL does not preclude or hinder a school or agency from investigating alleged child abuse/neglect by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a.

2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.
3. An internal investigation should not interfere with or hinder an investigation being conducted by CPS or law enforcement.
4. An internal investigation should be coordinated with any investigation being conducted by CPS and law enforcement to:
 - a. Avoid duplicative interviews.
 - b. Ensure the child is interviewed by a trained forensic interviewer.
 - c. Ensure proper case management.

XIV. Friend of the Court Personnel

Friend of the Court (FOC) personnel are valuable members of multidisciplinary team (MDT) functions. FOC personnel often have additional information on family demographics and information on current custody orders. When investigating suspected child abuse/neglect, FOC personnel should consider:

- A. People employed in a professional capacity in any office of the FOC are mandated reporters under the Child Protection Law (CPL) and must report when they have reasonable cause to suspect child abuse/neglect. See MCL 722.623(1)(a) and Appendix E of this Protocol.
 1. FOC personnel shall follow these procedures for reporting suspected child abuse/neglect to Children's Protective Services (CPS):
 - a. Identify the relationship of the alleged perpetrator to the alleged child victim.
 - b. Document the child's statements verbatim regarding abuse/neglect.
 2. Investigating whether child abuse/neglect has occurred is the responsibility of CPS and law enforcement.
 3. Any legally recognized privileged communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631.
 4. Following a report of suspected child abuse/neglect to Centralized Intake, Friend of the Court personnel making the report shall notify the supervisor or administrator of the agency of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge does not relieve the reporting person of the obligation of reporting to CPS as required. See MCL 722.623(1)(a).
 5. The reporting person shall not, according to law, be dismissed or otherwise penalized for making a report required by the CPL or for cooperating in an investigation. See MCL 722.623(1)(a).
 6. The identity of a reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625.
 7. FOC personnel who knowingly fail to report to CPS instances of suspected child abuse and/or neglect are civilly liable for damages proximately caused by the failure and are guilty of a misdemeanor. See MCL 722.633(1), (2).
 8. A person who intentionally makes a false report of child abuse or neglect is guilty of either a misdemeanor or felony. See MCL 722.633(5).

- B. The CPL has specific requirements regarding investigations of suspected child abuse/neglect by an employee of the FOC.
 - 1. The CPL does not preclude or hinder the FOC from investigating claims of child abuse/neglect by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a.
 - 2. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.
 - 3. An internal investigation should not interfere with or hinder an investigation being conducted by CPS or law enforcement.
 - 4. An internal investigation should be coordinated with any investigation being conducted by CPS and law enforcement to:
 - a. Avoid duplicative interviews.
 - b. Ensure the child is interviewed by a trained forensic interviewer.
 - c. Ensure proper case management.
- C. When a judge or referee refers a case of suspected child abuse/neglect to the FOC for determination of custody or parenting time, the FOC will:
 - 1. Interview the parties involved, not including children.
 - 2. Determine whether a report of suspected child abuse/neglect has been made to MDHHS Centralized Intake. If a report has not been made, make the appropriate report. Additional information on reporting child abuse/neglect is located in Appendix E of this protocol.
 - 3. If a report has been made, determine the status of the investigation and whether the child has been interviewed by CPS, law enforcement, or a Children's Advocacy Center (CAC).
 - a. If the child has been interviewed, review the child's statement(s).
 - b. If the child has not been interviewed, coordinate with the local MDT to schedule an interview by a trained forensic interviewer. See Section VI: Using a Multidisciplinary Team Approach of this protocol.
 - 4. Cooperate with CPS, law enforcement, courts, and other agencies to help ensure the child's safety.
 - 5. Recommend, based on the referral by the court or referee, whether a FOC investigation should be delayed pending the outcomes of any CPS investigation.
 - 6. If appropriate, determine whether the child has been evaluated by a mental health clinician regarding the allegation or has participated in behavioral or mental health intervention.
 - 7. In cases in which there are conflicting criminal and family division orders, assist in coordinating information among courts, CPS, and the foster care worker.

8. When a case involves suspected abuse/neglect of a child, it is recommended to interview the child using interview techniques in accordance with the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol.

XV. Licensing and Regulatory Affairs and Division of Child Welfare Licensing Personnel

Licensing and Regulatory Affairs (LARA) and Division of Child Welfare Licensing (DCWL) personnel have an important role in multidisciplinary team (MDT) functions. Personnel of these entities help ensure compliance with licensing regulations and may have information needed during an investigation. While investigating suspected child abuse/neglect, LARA and DCWL personnel should consider the following:

- A. LARA and DCWL personnel are not mandated reporters under the Child Protection Law (CPL); however, they may have internal policy and procedure which require personnel to make a report when they have reasonable cause to suspect child abuse/neglect. See Appendix E of this Protocol.
 - 1. LARA and DCWL personnel shall follow these procedures for reporting suspected child abuse/neglect to Children's Protective Services (CPS):
 - a. Identify the relationship of the alleged perpetrator to the alleged child victim(s).
 - b. Document the child's statements verbatim regarding abuse/neglect.
 - 2. Investigating whether child abuse/neglect has occurred is the responsibility of CPS and law enforcement.
 - 3. Any legally recognized privileged communication (except that between attorney and client or that made to a member of the clergy in his or her professional character in a confession or similarly confidential communication) is abrogated and shall not constitute grounds for excusing a report otherwise required to be made. See MCL 722.631.
 - 4. The identity of a reporting person shall be confidential, subject to disclosure only with the consent of that person or by judicial process. See MCL 722.625.
- B. The CPL has specific requirements regarding investigations of suspected child abuse/neglect by an employee of LARA or DCWL.

The CPL does not preclude or hinder LARA or DCWL from investigating claims of child abuse/neglect by its employees, provided that all other requirements imposed by law are first met. See MCL 722.632a.

- 1. An internal investigation does not take precedence over the requirements of reporting to CPS or law enforcement.
- 2. An internal investigation should not interfere with or hinder an investigation being conducted by CPS or law enforcement.
- 3. An internal investigation should be coordinated with any investigation being conducted by CPS and law enforcement to:
 - a. Avoid duplicative interviews.
 - b. Ensure the child is interviewed by a trained forensic interviewer.

- c. Ensure proper case management.
- C. Consider this protocol's recommendation that a disclosure of any crimes against a child be reported to law enforcement.
- D. When a case involves the abuse/neglect of a child, it is recommended to interview the child using interview techniques in accord with the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol.

XVI. Multi-Disciplinary Team Agreement

It is recognized that there is a need for coordination of investigation and services for children who are alleged or confirmed victims of child abuse or neglect and their families. To provide a consistent, appropriate, and equitable response to children and their families, representatives of the designated agencies agree to adopt and adhere to this Model Child Abuse and Neglect Protocol in all cases of child abuse and neglect. By law, the county prosecuting attorney and the Michigan Department of Health and Human Services (MDHHS) must participate in the multidisciplinary team (MDT). Other disciplines may participate at the discretion of the MDT.

Agency Information	Responsible Party	Contact Information
Prosecuting Attorney	_____	_____
MDHHS Designee	_____	_____
Law Enforcement	_____	_____
Children's Advocacy Center	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Appendix A:
Important Phone Numbers**

MDHHS

Centralized Intake: 855-444-3911

Local MDHHS Office

Local MDHHS Office Director

Local Office CPS Program Manager

Local Office Foster Care Program Manager

Division of Child Welfare Licensing: 844-313-3447

Local Prosecutor's Office

General Information

Juvenile Court

Warrants

Victim

Advocate

Law Enforcement

Local Jurisdiction

Local Jurisdiction

Sheriff's Office

State Police

Courts

Circuit Court

Probate Court

Friend of the Court

Probation Services

Appendix B:
Statutes Cited Within the Model Child Abuse and Neglect Protocol

User Note: This index lists the short title of the statutes that are referenced in this Model Protocol. A few statutes have been cited in their entirety within this index. [MCL §§ 722.621, 722.624, 722.625, 722.626, 722.628, and 722.631] The Michigan statutes listed here are current as of January of 2020. For updates see: www.legislature.mi.gov.

Code of Federal Regulations:

45 CFR 164.512. Uses and disclosures for which an authorization or opportunity to agree or object is not required.

Michigan Complied Laws:

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

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

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

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

MCL § 722.622. Definitions.

MCL § 722.623. Mandatory reporters, individual required to report child abuse or neglect; report by telephone or online reporting system; written report; contents; transmitting report to centralized intake; copies to prosecuting attorney and probate court; conditions requiring transmission of report to law enforcement agency; pregnancy or presence of sexually transmitted infection in child less than 12 years of age; exposure to or contact with methamphetamine production.

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

MCL § 722.624. Persons permitted to report child abuse or neglect. In addition to those persons required to report child abuse or neglect under section 3, any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or a law enforcement agency.

MCL § 722.625. Identity of reporting person; confidentiality; disclosure; immunity; good faith presumed. Except for records available under section 7(2)(a), (b), and (n), the identity of a reporting person is confidential subject to disclosure only with the consent

of that person or by judicial process. A person acting in good faith who makes a report, cooperates in an investigation or assists in any other requirement of this act is immune from civil or criminal liability that might otherwise be incurred by that action. A person making a report or assisting in any other requirement of this act is presumed to have acted in good faith. This immunity from civil or criminal liability extends only to acts done according to this act and does not extend to a negligent act that causes personal injury or death or to the malpractice of a physician that results in personal injury or death.

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

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

(2) When a child suspected of being an abused or neglected child is seen by a physician, the physician shall make the necessary examinations, which may include physical examinations, x-rays, photographs, laboratory studies, and other pertinent studies. The physician's written report to the department shall contain summaries of the evaluation, including medical test results.

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

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

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

MCL § 722.627. Electronic central registry; availability of confidential record; closed court proceeding not required; notice to person named in record; amending or expunging certain reports and records; hearing; evidence; release of reports compiled by law enforcement agency; information obtained by citizen review panel; release or inspection of documents from another agency or organization; sharing of information or records.

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

MCL § 722.627b. Child fatality review team; membership; review of child fatality; training and orientation; creation of advisory committee; review by citizen review

panel; annual report; transmission of report to governor and legislature; disclosure of information; member of review team as member for purposes of MCL 691.1407; registry of statistical information regarding children's deaths.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(6) In each county, the prosecuting attorney and the department shall develop and establish procedures for involving law enforcement officials and children's advocacy centers, as appropriate, as provided in this section. In each county, the prosecuting attorney and the department shall adopt and implement standard child abuse and child

neglect investigation and interview protocols using as a model the protocols developed by the governor's task force on children's justice as published in FIA Publication 794 (revised 8-98) and FIA Publication 779 (8-98), or an updated version of those publications.

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

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

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

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

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

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

(10) A child shall not be subjected to a search at a school that requires the child to remove his or her clothing to expose his buttocks or genitalia or her breasts, buttocks, or genitalia unless the department has obtained an order from a court of competent jurisdiction permitting such a search. If the access occurs within a hospital, the investigation shall be conducted so as not to interfere with the medical treatment of the child or other patients.

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

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

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

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

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

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

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

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

(16) Unless section 5 of chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.5, requires a physician to report to the department, the surrender of a newborn in compliance with chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20, is not reasonable cause to suspect child abuse or child neglect and is not subject to the section 3 reporting requirement. This subsection does not apply to circumstances that arise on or after the date that chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20, is repealed. This subsection applies to a newborn whose birth is described in the born alive infant protection act, 2002 PA 687, MCL 333.1071 to 333.1073, and who is considered to be a newborn surrendered under the safe delivery of newborns law as provided in section 3 of chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.3.

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

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

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

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

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

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

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

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

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

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

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

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

MCL § 722.628c. Interview with child.

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

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

MCL § 722.628e. Investigation checklist.

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

MCL § 722.629a. Annual report.

MCL § 722.630. Lawyer-guardian ad litem.

MCL § 722.631. Privileged communications.

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

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

MCL § 722.632a. Investigations by hospital, school, or other agency.

This act does not preclude or hinder a hospital, school, or other agency from investigating reported claims of child abuse or neglect by its employees or from taking disciplinary action based upon that investigation against its employees.

MCL § 722.632b. Task force on prevention of sexual abuse of children; creation; appointment; qualifications; officer; meetings; recommendations; consultation; compensation; abolishment; child excused from participating in information-gathering efforts.

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

MCL § 722.634. Religious beliefs.

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

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

MCL § 752.934. Notice of release of sexual assault kit evidence; possession; assignment of criminal complaint number; submission to laboratory or department; analysis; uploading of DNA profiles to databases; failure to comply with requirements of act.

(1) A law enforcement agency that receives notice under section 3 that sexual assault kit evidence has been released to that law enforcement agency shall take possession of the sexual assault kit evidence from the health care facility within 14 days after receiving that notice.

(2) If a law enforcement agency described in subsection (1) determines that the alleged sexual assault occurred within the jurisdiction of another law enforcement agency and that it does not otherwise have jurisdiction over that assault, that law enforcement agency shall notify the other law enforcement agency of that fact within 14 days after receiving the kit from the health care facility that collected the sexual assault kit evidence.

(3) A law enforcement agency that receives notice under subsection (2) shall take possession of the sexual assault kit evidence from the other law enforcement agency within 14 days after receiving that notice.

(4) The investigating law enforcement agency that takes possession of any sexual assault kit evidence shall assign a criminal complaint number to that evidence in the manner required by that agency and shall submit that evidence to the department or another accredited laboratory for analysis within 14 days after that law enforcement agency takes possession of that evidence under this section. Sexual assault kit evidence that was received by a law enforcement agency within 30 days before the effective date of this act shall also be submitted to the department or other accredited laboratory as provided in this section.

(5) Each submission of sexual assault kit evidence for analysis under this act shall be accompanied by the criminal complaint number required under subsection (4).

(6) All sexual assault kit evidence submitted to the department or an accredited laboratory on or after the effective date of this act shall be analyzed within 90 days after all of the necessary evidence is received by the department or other accredited laboratory, provided that sufficient staffing and resources are available to do so.

(7) The DNA profiles of all sexual assault kit evidence analyzed under this section on or after the effective date of this act shall be uploaded only into those databases at the state and national levels specified by the department.

(8) The failure of a law enforcement agency to take possession of sexual assault kit evidence as provided in this act or to submit that evidence to the department or other accredited laboratory within the time prescribed under this act does not alter the authority of the law enforcement agency to take possession of that evidence or to submit that evidence to the department or other accredited laboratory under this act and does not alter the authority of the department or other accredited laboratory to accept and analyze the evidence or to upload the DNA profile obtained from that evidence into state and national DNA databases under this act.

(9) The failure to comply with the requirements of this act does not constitute grounds in any criminal proceeding for challenging the validity of a database match or of any database information, and any evidence of that DNA record shall not be excluded by a court on those grounds.

(10) A person accused or convicted of committing a crime against the victim has no standing to object to any failure to comply with the requirements of this act, and the failure to comply with the requirements of this act is not grounds for setting aside the conviction or sentence.

Appendix C: Cases Involving Digital Evidence

When multidisciplinary team (MDT) members have located digital evidence or have reason to believe such evidence exists, appropriate investigatory measures must be taken to ensure the protection of the evidence and the integrity of the investigation. The following steps can be taken to safeguard the material and chain of custody:

- A. When investigators have probable cause to believe digital/electronic evidence exists, the necessary steps should be taken to preserve digital/electronic evidence by means of preservation letter and obtaining a search warrant, when appropriate, from the Prosecuting Attorney's office or consent from someone who has control over the material.
- B. When conducting searches of locations suspected of containing equipment holding digital evidence, the investigators should have someone with the MDT that is familiar in the identification and operation of the equipment. If the MDT does not have the resources for digital forensic investigation in its jurisdiction, the MDT is encouraged to contact the Internet Crimes Against Children (ICAC) Task Force.
- C. Recovered digital evidence should be forensically examined by a trained and certified professional. If the MDT does not have this resource in its jurisdiction, the MDT should contact the ICAC Task Force.
- D. If the MDT has digital evidence of the abuse/neglect prior to the forensic interview, they should refer to "Quick Guide #6: Guidelines for the Use of Physical Evidence" in the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol.
- E. Copies of sexually abusive material should be submitted to the Child Victim Identification Program (CVIP) at the National Center for Missing and Exploited Children (NCMEC). Submission guidelines can be found on the NCMEC website.
- F. All handling of sexually abusive material must follow the protocol set forth in the Adam Walsh Child Protection and Safety Act (42 USC § 16911 et seq.).

Appendix D:
MICHIGAN DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

The National Alliance for Drug Endangered Children (DEC) defines drug endangered children as children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution of narcotics. They may also be children whose caretaker's substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment. The information below has been taken from the Michigan Drug Endangered Children (DEC) Response Protocol and is a guide for managing the safety of children who are found in drug labs and/or homes. The procedures below are intended for law enforcement, child welfare, public health, emergency medical services, fire personnel, social services, and others who respond to help children found in unsafe situations. Due to the unique and harmful byproducts produced from methamphetamine (meth), the information below is focused primarily on children with potential meth exposure but may be applied to other controlled substances. Given these circumstances, the Michigan Drug Endangered Children (DEC) Response Protocol should be followed to ensure the safety, health, and welfare of the child(ren).

- A. Drug endangered children are children under age 18 and are found in homes:
 - 1. With a caregiver who is manufacturing controlled substances in or around the home (meth labs).
 - 2. Where a caregiver is dealing or using controlled substances and the children are exposed to the drug(s) or drug residue.
 - 3. For the purposes of this section, a meth lab is considered any location where chemicals and/or equipment used to make methamphetamine are present.
- B. A DEC response team is managed at the local level and should be comprised of administrators who can ensure agency personnel are knowledgeable about the Michigan Drug Endangered Children (DEC) Response Protocol and ensure the protocol is followed. Representation on a DEC response team should include:
 - 1. Prosecuting attorney.
 - 2. Michigan Department of Health and Human Services (MDHHS).
 - 3. Law enforcement.
 - 4. School system personnel.
 - 5. Medical personnel.
 - 6. Public health personnel.

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

The following information from the Michigan Drug Endangered Children (DEC) Response Protocol should be followed when investigating potential drug endangered children:

A. Initial Discovery: Response to Children Found in a Drug Home

1. Appropriate responder(s): law enforcement, MDHHS, and others approved by law enforcement.
 - a. Any responder who discovers child(ren) living in a home where meth or other drugs are being used, dealt, and/or manufactured and where the children are exposed to the drug or drug residue will contact law enforcement (call 9-1-1) and Michigan Department of Health and Human Services (MDHHS).
 - b. Pursuant to Public Act 256 of 2006, in conducting an investigation of child abuse involving a child's exposure to or contact with methamphetamine production, MDHHS shall seek the assistance of and cooperate with law enforcement officials within 24 hours of initial discovery. Law enforcement officials shall cooperate with MDHHS in conducting investigations of child abuse related to methamphetamine exposure or contact.
 - c. If while in the home, any responder other than law enforcement sees or smells signs of a meth lab or evidence of other narcotic use, they will exit immediately and contact law enforcement.
 - d. Other responders may only enter a drug home if it has been secured and determined safe by law enforcement. Other responders will work under the direction of law enforcement to assist in removing children, and if directed to do so, their belongings, from the home.

B. Initial Discovery: Response to Children Found at Meth Labs

1. Appropriate responder(s): law enforcement.
 - a. Only Occupational Safety and Health Administration (OSHA)-certified law enforcement personnel will enter a known meth lab. Any other responders who are in a home and begin to have suspicions that a meth lab is present will exit immediately; contact law enforcement; request immediate assistance; and give details about the scene (weapons, odors, number of people inside, chemicals, equipment, etc.).
 - b. No one other than OSHA-certified law enforcement personnel will remove adults/children from a home that contains a meth lab. This is for the safety of everyone involved as uncertified responders may inadvertently set off an explosion. The chemicals used to make meth are highly volatile. Labs are often guarded by firearms, traps, explosives and other hazards.

- c. If a child protective services worker is not already on the scene, responders shall contact MDHHS and request immediate assistance, state that children have been found at a meth lab and, if possible, provide the names and dates of birth.
 - d. Law enforcement personnel will enter the lab wearing appropriate safety gear (refer to OSHA Standards 1910.132-137 regarding Personal Protective Equipment); secure the scene; and remove adults and children from home.
 - e. No clothing (other than what the children are wearing); toys; food; or drink will be removed from the home as these items are likely contaminated. Either a Tyvek® suit or the clothing contained in the DEC kits should be on the child(ren) or over their clothing. If essential items such as medications and eyeglasses must be removed from the scene, place the items in a sealed bag.
- C. Preliminary Medical Assessment of Children
- 1. Appropriate responder(s): MDHHS and medical personnel.
 - a. Pursuant to Public Act 266 of 2006, MDHHS shall have a medical evaluation made without a court order if the child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.
 - b. MDHHS, and in their absence law enforcement, will ensure medically trained personnel conduct an initial assessment as soon as possible (within four hours) upon discovery of children at a meth lab or home. If children need of emergency care, refer to item 4 below, as well as the Michigan Drug Endangered Children (DEC) Response Protocol.
- D. Emergency Transport of Children to Medical Facility
- 1. Appropriate responder(s): Emergency Medical Services (EMS).
 - a. If child(ren) have critical injuries, illness, or severe emotional trauma, they should be transported to the emergency room immediately. If the child(ren) was removed from a meth lab, call the emergency room prior to arrival and alert personnel of possible chemical contamination. Emergency room staff will provide directions to comply with emergency room procedures.
- E. Photographing and Decontamination of Children Removed from Meth Lab or Home
- 1. Appropriate responder(s): law enforcement. MDHHS may be on scene to assist law enforcement with the child(ren).
 - 2. Special considerations should be given to who assists with the decontamination process as a child may be uncomfortable being undressed by someone of the opposite sex. MDHHS employees may only assist law enforcement after the children have been decontaminated and are clothed.

- a. If possible, photograph and decontaminate the child(ren) at the scene by taking the children to a safe location that affords privacy and by doing the following:
 - 1) Wear nitrile gloves.
 - 2) Photograph children in original clothing to document condition of child.
 - 3) Photograph any visible injuries.
 - 4) Dress in disposable Tyvek® suit or clean clothing provided by a responder.
 - 5) Follow law enforcement procedure to dispose of contaminated gloves and clothing.
- b. If not possible to decontaminate at the scene, protect responders and response vehicles from chemical residue on child prior to transport by doing the following:
 - 1) Wear nitrile gloves.
 - 2) Leave child in existing clothing.
 - 3) Wrap child in a disposable emergency blanket or a thick blanket, or put an oversized coat/sweat suit over child's clothing.
 - 4) Follow law enforcement procedure for disposal of contaminated gloves.

F. Obtaining Urine Sample from Children Within Four Hours

- 1. Appropriate responder(s): medical personnel.
 - a. A urine sample should be collected from all children who are removed from meth labs. For children removed from homes where meth was being used or dealt but not manufactured, MDHHS should collaborate with law enforcement and medical personnel to determine whether a urine screen should occur based on the likelihood of exposure and weighing factors such as the child's access to the drugs. Any urine samples must be collected within four hours of the child's removal to yield the most accurate results for medical analysis and evidence for prosecuting child endangerment. Consideration should be given to the age and sex of the child when determining who will monitor and assist the child during this process if necessary.
 - b. If possible, order a urine screen that will test for presence of meth or other controlled substances at any detectable level performed at 50 nanograms or lower. Do not use National Institute on Drug Abuse (NIDA) thresholds for screening purposes.

G. Forensic Interview of Children

- 1. Appropriate responder(s): MDHHS and law enforcement.

2. Forensic interviews must be conducted by someone who is trained in the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, and shall utilize the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, in all interviews of children.
 - a. The purpose of this interview is to determine the child's primary caregiver, information on the health and wellbeing of the child, and determine if the child had access to any controlled substances or the manufacturing of a controlled substance.
 - b. If possible, given specific circumstances, conduct a forensic interview of the child on scene once rendered safe by law enforcement. During the interview, determine:
 - 1) Last meal eaten and who prepared it.
 - 2) Last bathing and by whom.
 - 3) How child feels physically and mentally.
 - 4) Information on who smokes in the home and what they smoke.
 - 5) Any concerns about safety for self or others.
 - 6) Other siblings living in the home who are not currently home.
 - c. A second forensic interview in a child-friendly setting should occur within 48 hours of discovery of children in a drug endangered environment.

H. Immediate Safety Concerns

1. Appropriate responder(s): MDHHS and/or law enforcement.
2. Pursuant to Public Act 256 of 2006, within 24 hours after MDHHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, MDHHS shall submit a petition for authorization by the court under MCL 712A.2.
 - a. MDHHS will only recommend removal after exhausting all other options to enable the child to safely remain in the care of the child's parents or relative. MDHHS will help the parents secure a safe place to remain with their child to avoid parent-child separation. Alternatively, MDHHS will help the parents identify a safe place for the child if the parent is unable to safely care for the child. This may include the parent's decision to allow the child to temporarily stay with relatives or trusted family friends.
 - b. If children are without proper care or custody because parents cannot be located or are unable to arrange appropriate care for their child, CPS should be contacted.

3. If the only option to assure child safety is to seek removal, MDHHS will contact the court to obtain an order to remove the child and place the child in out of home care.
 4. MDHHS will obtain children's birth and medical information from caregivers and serve notice of preliminary hearing.
 5. If not done previously, the child(ren) will be decontaminated per the national DEC protocol.
 6. After an order from the court is obtained, MDHHS will transport the child(ren) to their placement and explain the following to the caregivers:
 - a. The children were removed from a home in which they were exposed to controlled substances and/or hazardous materials.
 - b. The children must be medically assessed pursuant to item 3 in this section.
 - c. The children will need additional exams/care within 30 days pursuant to MDHHS policy or court order.
 - d. If the child(ren) were removed from an operational meth lab, the following should also be explained to the caregiver:
 - 1) If child(ren) has not been properly decontaminated, the caregiver should immediately bathe the child with soap and warm water. Any contaminated clothing and coverings used for transport should either be cleaned by washing in hot water with laundry detergent separately from other clothing or placed in the garbage in a closed plastic bag.
 - 2) None of the child's personal belongings were removed from the home due to danger of chemical contamination.
- I. Location of Other Children
1. Appropriate responder(s): MDHHS.
 2. MDHHS will attempt to locate all other children known to live in the home who were not present at the time of discovery.
 3. MDHHS will conduct or arrange an initial forensic interview to determine how many hours it has been since the child(ren) have been home and determine if an initial medical assessment is appropriate to determine if emergency care is needed. Forensic interviews must be conducted by someone who is trained in the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, and shall utilize the DHS-PUB 779, Governor's Task Force on Child Abuse and Neglect Forensic Interviewing Protocol, in all interviews of children.
- J. Documentation of Child Endangerment
1. Appropriate responder(s): law enforcement and MDHHS.

- a. Law enforcement should utilize the Michigan State Police Methamphetamine Protocol and MDHHS must follow MDHHS policy. Law enforcement is responsible for collecting and maintaining evidence.
 2. The clandestine/drug lab and/or anything else that can support a finding of child endangerment must be documented. The documentation should make clear the degree of accessibility to the child. Documentation will occur in writing, photos, and/or video and will include any of the following risk factors:
 - a. Visible evidence of children's presence, particularly proximity of children's belongings to chemicals.
 - b. Children's accessibility to drugs, drug residue, chemicals, syringes, and drug paraphernalia.
 - c. Proximity of hazards to children's play, sleep, and eating areas.
 - d. Other hazards and indications of neglect.
 - e. Evidence of steps parents took to protect the child from danger or exposure, like getting them off to school, providing appropriate care, etc.
 - f. Access to pornography.
 - g. Access to weapons.
 - h. Provision of parenting, attention, and nurturing.
 - i. Food quantity and quality.
 - j. Sleeping conditions, presence of toys and child care items.
 - k. Sanitary conditions.
 3. Law enforcement officers should document any surveillance equipment, weapons (note if loaded), and/or explosives (note if live) in their report and provide the information to MDHHS.
 4. Retrieve samples for forensic laboratory.
 5. Interview family, neighbors and other witnesses as appropriate.
 6. Dismantle meth lab (must be completed by personnel certified to dismantle clandestine labs).
 7. Law enforcement will share appropriate information and/or investigative reports regarding child care with MDHHS.
- K. Complete Medical Evaluation of Children
1. Appropriate responder(s): medical personnel.
 2. For additional information, see the Michigan Drug Endangered Children (DEC) Response Protocol.

L. Prosecution and Administrative Follow-Up

1. Appropriate responder(s): law enforcement, MDHHS, Prosecuting Attorney's office, medical personnel.
2. Law enforcement will complete necessary reports that include documentation of child endangerment and forward them to the local prosecuting attorney.
3. Law enforcement will notify the local enforcing agency under Public Act 307 for all meth related incidents.
4. Law enforcement, MDHHS, and medical providers will coordinate exchange of information contained in MDHHS intake/investigation report(s), medical report (including urine screen results), and law enforcement report. Each agency should ensure that the appropriate reports are forwarded to the Prosecuting Attorney's office.
5. Pursuant to Public Act 256 of 2006, within 24 hours after MDHHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, MDHHS shall submit a petition for authorization from the court under MCL 712A.2.
6. The prosecuting attorney will review evidence and information gathered from other agencies and decide what legal action should be taken, including the following:
 - a. Filing criminal charges.
 - b. Filing child neglect petition in Family Division of Circuit Court.
 - c. Making referral of potential child abuse or neglect to MDHHS.
 - d. Notifying law enforcement of potential illegal drug activity (if law enforcement not yet involved).
 - e. Participating in forensic interview of children.
7. Prosecuting Attorney should share all accessible information with other agencies and interested parties.

M. Follow-Up Care for Child(ren) and their Families

1. Appropriate responder(s): MDHHS, medical personnel, mental health personnel, dental personnel, and service providers.
2. For children who are under the care and custody of the State of Michigan, MDHHS will ensure that all follow-up medical, dental, mental health, and developmental evaluations are occurring as needed and all necessary treatment is being provided to the child.
3. MDHHS will collaborate with medical/mental/developmental health care providers to evaluate the children's needs.
4. MDHHS will provide information on appropriate follow-up care to children's caregivers.

5. MDHHS should not allow child/parent visits to occur in homes that formerly housed meth labs unless it has been cleaned pursuant to PA 258 and 260 (check with local public health department to confirm). This is because presently, Michigan has no standardized method for tracking and certifying decontamination of such sites.

Appendix E: How to Report Suspected Child Abuse or Neglect

The Child Protection Law (CPL) requires mandated reporters to report suspected child abuse/neglect to the Michigan Department of Health and Human Services (MDHHS) Centralized Intake.

Centralized Intake is staffed 24 hours a day 7 days a week. A mandated reporter who has reasonable cause to suspect child abuse/neglect is required to make an oral report immediately and complete a DHS-3200 within 72 hours.

There are two ways to report child abuse/neglect in Michigan:

- A. Reporting suspected child abuse/neglect by telephone:
 1. Immediately call Centralized Intake at 855-444-3911.
 2. Complete a DHS-3200 within 72 hours of the call and send it to Centralized Intake. This only needs to occur by one of the ways below:
 - a. Fax the DHS-3200 to any of the following: 616-977-8900, 616-977-8050, 616-977-1158, 616-977-1154.
 - b. Email the DHS-3200 to: MDHHS-CPS-CIGroup@Michigan.gov.
 - c. Mail the DHS-3200 to: Centralized Intake for Abuse and Neglect, 5321 28th Street Court SE, Grand Rapids, MI 49546.
- B. Reporting suspected child abuse/neglect online:
 1. A complaint of suspected child abuse/neglect can be made from any device with internet access. Complaints in which a child is in imminent risk of injury, death, or serious harm are considered emergency situations. In these situations, the reporting person should call 911 prior to contacting Centralized Intake by phone. An online complaint should not be made in emergency situations.
 2. When utilizing the Michigan Online Reporting System (MORS), a DHS-3200 is not required as using MORS is considered a written report. Reporting persons must provide as much information as they would when making a complaint by phone to be compliant with the written report requirement of the CPL. To make a report of suspected child abuse/neglect via MORS:
 - a. State of Michigan employees: Request access to MI BRIDGES for Mandatory Reporters through MI Login. Once a profile is created, reports of suspected child abuse/neglect can be made.
 - b. Non-State of Michigan Employees: Create a profile from the hyperlink found on www.Michigan.gov/mandatedreporter. Once a profile is created, reports of suspected child abuse/neglect can be made.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

DHS-PUB-794 (Rev. 6-21) Previous edition obsolete.