
OVERVIEW

This policy provides a general overview of required activities and guidance case managers must consider in a Children's Protective Services (CPS) investigation.

DEFINITIONS

Mandated Reporter

An individual required to report suspected concerns of child abuse or neglect under MCL 722.623.

Person Responsible

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

- A licensed or registered child care organization.
- A licensed or unlicensed adult foster care family home or adult foster care small group home as defined in section 3 of the adult foster care facility licensing act, 1979 PA 218, MCL 400.14.
- A court-operated facility.

Note: This includes licensed individuals providing respite care.

- **Non-parent adult:** A person who is 18 years of age or older and who, regardless of the person's domicile, meets all of the following criteria in relation to the child, MCL 722.622:
 - Has substantial and regular contact with the child(ren).
 - Has a close personal relationship with the child(ren)'s parent(s) or with a person(s) responsible for the child(ren)'s health or welfare.

- Is not the child(ren)'s parent(s) or a person(s) otherwise related to the child by blood or affinity to the third degree.

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

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

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

COMMENCEMENT

Commencement must occur within 24 hours following report to Centralized Intake (CI), MCL 722.628(1). The *priority response criteria* determines whether the commencement must occur within 12 or 24 hours; see [PSM 712-1, CPS Intake](#).

Commencement means to begin the investigation with any activity including, but not limited to:

- Review of case history.
- Gathering of evidence.
- Case planning with supervisor.
- Making successful investigation contacts.

Note: If using review of case history, information gained must be documented in the history/trends section, as well as a social work contact in the electronic case management system, indicating commencement was completed by a review of case history.

Only one social work contact should be selected as commencement within an investigation unless there is an *accept and link* assignment to the case; see [PSM 713-08, Special Investigative Situations](#).

CONTACT WITH CHILDREN

Alleged Child Victims

The case manager must make face-to-face contact to assess child(ren) safety and well-being with each alleged child victim within designated timeframes (24 or 72 hours), as determined by the Priority Response Criteria; see [PSM 712-1, CPS Intake](#).

Case managers must make face-to-face contact with all alleged child victims even when the alleged child victims have been seen by law enforcement as outlined below in *Face-to-Face Contacts by Law Enforcement* in this policy item.

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

Note: The newly identified alleged child victim must be added to the investigation as an alleged child victim within 24 hours of identification and all policy requirements must be completed.

Other Children

During an investigation, case managers must attempt **face-to-face contact** with the following other (non-victim) children:

- Minor children of the alleged perpetrator(s).
- Children who reside in the alleged perpetrator(s) home or who visit the home as part of a court ordered custody arrangement or other visitation agreement.

Exception: For other (non-victim) children who are in a legal guardianship, it is sufficient to verify their well-being via a telephone call to the guardian.

When **face-to-face contact** cannot occur, document:

- The barriers to making contact.

- Contact with a person able to provide reliable information concerning the child's well-being.

All children requiring contact in an investigation must be added as investigative persons to the case within the electronic case management system.

When a Parent or Adult is Not Home

Case managers must not enter a home when an adult is not present to provide permission to enter the home and speak with the child(ren). If an adult is not present at the home, case managers may not request the child(ren) step outside to interview them, even if the child(ren) agrees or suggests this solution.

If a referral alleges that a young child is home alone or a child is at imminent risk of harm and no adult is present in the home, the case manager should contact law enforcement for assistance; see [PSM 713-08, Special Investigative Situations](#).

Face-to-Face Contacts by Law Enforcement

Face-to-face contact with all alleged child victims must be made by a case manager. If a case manager cannot locate a child or is unable to access a child, law enforcement may make the initial face-to-face contact. The case manager's efforts to locate and/or access the child prior to requesting law enforcement assistance must be documented in a social work contact. If law enforcement makes the initial face-to-face contact, a case manager must make face-to-face contact with all alleged child victims seen by law enforcement within 24 hours of law enforcement contact to assess safety and well-being and coordinate any necessary safety planning.

Case managers must still commence an investigation within the required priority response timeframe when law enforcement makes the initial face-to-face contact.

For more information on application and documentation of replacement contacts by law enforcement; see [PSM 712-3, Coordination with Prosecuting Attorney and Law Enforcement.](#)

Even in situations where contact requirements are met by law enforcement, case managers must take steps to ensure the safety of the child(ren) involved.

Interviews

If able, interviews with the child(ren) must occur to determine if the child(ren) is/are being abused and/or neglected and if safety planning, supports, or services are needed for the child.

Legal Parent/Legal Guardian Consent

Case managers do not need consent from a legal parent or legal guardian prior to contact with a child if:

- The child is an alleged victim of child abuse or neglect.

AND/OR

- The case manager has reason to believe the alleged abuse or neglect occurred.

Note: If during the investigation, information is obtained that gives reason to believe a child who was originally identified as a non-victim is an alleged victim of abuse or neglect, consent from a legal parent or legal guardian is not needed.

Note: A putative parent cannot consent to contact with the child.

If legal parent or legal guardian consent is not obtained, documentation in a social work contact must demonstrate why consent from a legal parent or legal guardian was not required if contact was made with a child.

If at any time during an investigation, a case manager no longer suspects abuse or neglect, further contact with any child requires prior consent of a parent or legal guardian. *Schulkers, et al. v Kammer, et al., 955 F3d 520 (CA 6, 2020)*

Reasonable suspicion of abuse and/or neglect exists when under the current known facts and/or circumstances, there are indicators to demonstrate abuse and/or neglect may have occurred. Reasonable suspicion no longer exists when based on the known facts and circumstances, the report of suspected child abuse or neglect cannot be confirmed.

Legal Parent/Legal Guardian Notification After Interview

If the child(ren) are contacted at school, regardless of whether prior parental consent occurred, the case manager must notify the child(ren)'s legal parent or legal guardian the case manager contacted the child at school. This notification must occur as soon as possible after the interview. A 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 (MCL 722.628(8)).

Forensic Interviewing Protocol

The [DHS Pub 779, Forensic Interviewing Protocol](#), should be used to interview all age and developmentally appropriate children. Case managers must document use of the protocol for the interview as well as qualitative steps outlined within the protocol. If the protocol is not used, the reason must be documented. Children must not be interviewed in the presence of an alleged perpetrator, MCL 722.628c.

If an interview is conducted at a children's assessment center or child advocacy center, Michigan Department of Health and Human Services (MDHHS) must not maintain copies of video/audio recording and should not video tape interviews. Case managers should observe and document interviews occurring at a children's assessment center or a child advocacy center.

Contact at Schools and Other Institutions

Schools and other institutions are required to cooperate with the department during an investigation. Case managers must review the following with the designated school staff person, MCL 722.628(8) and (9):

- Prior to the interview, discuss the department's responsibilities and the investigation procedure.
- Following the interview, discuss the response the department will take as a result of contact with the child. Sharing of information is subject to confidentiality provisions; see [SRM 131, Confidentiality](#).

NOTE: If the school does not cooperate, this does not relieve or prevent the department from proceeding with the investigation.

If access to the child occurs within a hospital, the investigation must be conducted so as not to interfere with the medical treatment of the child(ren) or other patients, MCL 722.628(10).

Assessment of Alleged Injuries

When allegations include injury on the child(ren)'s body, case managers are required to make efforts to view alleged marks, bruises, or other injuries. No child(ren) shall be subjected to a search which requires the child to remove their clothing to expose buttocks, genitalia, or breasts of child(ren), at any age.

If the area of injury includes the child(ren)'s buttocks or genitalia, case managers may view the buttocks or genitalia of the child(ren) up to the age of 6 with parent or legal guardian consent and in the presence of another adult (which may be the child's consenting parent or legal guardian). If the child(ren) is age 6 or older, case managers must request the parent/caregiver take the child(ren) for a medical examination. See [PSM 713-04, Medical Examination and Assessment](#).

Vulnerable Children

Children may be at greater risk of abuse and/or neglect based on several identified factors. A child is considered a vulnerable child if at least one of the following factors are true:

- **Age 0 to 5 years.** Any child in the household five years of age or younger. Children in this age range are considered more

vulnerable because they are less verbal and less able to protect themselves from harm. For example, these children have less capacity to retain memory of events. Infants are particularly vulnerable because they are nonverbal and completely dependent on others for care and protection. Their normal developmental stages (for example, crying to communicate, toilet training) also make them more vulnerable due to increased caregiver stress.

- **Significant diagnosed or suspected medical or mental health concern.** Any child in the household has a diagnosed or suspected medical or mental health concern that significantly impairs the child's ability to protect themselves from harm, or a diagnosis may not yet be confirmed, but preliminary indications are present, and testing/evaluation is in process OR the child is on a waitlist for evaluation. Examples include, but are not limited to, severe asthma, severe depression, and medically fragile (for example, requires assistive devices to sustain life).
- **Not readily visible in the community.** The child is isolated or less visible within the community (for example, the child may not have routine contact with people outside the household, and/or the child may not attend a public or private school and/or is not routinely involved in other activities within the community). Children who are less visible in their community are more likely to have signs of abuse/neglect go unnoticed or unreported, and they are less able to reach out to others for assistance.
- **Diminished developmental/cognitive capacity.** Any child in the household has diminished developmental/cognitive capacity that affects their ability to communicate verbally or to care for and protect themselves from harm (for example, cannot communicate or defend themselves, cannot get out of the house in an emergency situation if left unattended).
- **Diminished physical capacity.** Any child in the household has a physical condition/disability that affects their ability to protect themselves from harm (for example, cannot run away or defend themselves, cannot get out of the house in an emergency situation if left unattended).

When a child has been identified as vulnerable based on the above factors, the case manager must contact one or more individuals, excluding the perpetrator, with knowledge of the child's needs. Case managers should also obtain and document the following information in a social work contact:

- Concerns regarding potential child abuse and/or neglect.
- The caregiver's ability to meet the needs of the child.
- If the child has any unmet medical, mental health, or safety needs.

Note: Vulnerable child policy applies to any child(ren) who requires a face-to-face contact; see *Contact with Children* section above.

CONTACT WITH ADULTS

During an investigation, **face-to-face contact** must be attempted with the following:

- Legal and putative parents, guardians, or caretaker(s) of the alleged child victim(s).
- Alleged perpetrators.

At minimum, a **telephone contact** must be attempted with the following:

- Other adults residing in the home with the alleged child victim(s).
- Legal parents of children not identified as victims but associated with the case.
- Legal parent(s) of children who reside in the alleged perpetrator(s) home or who visit the home as part of a court ordered custody arrangement or other visitation agreement.

When required face-to-face or telephone contact cannot be made, case managers must document the barriers that prevented contact in a social work contact.

All adults with whom face-to-face contact is required, must be added as investigative persons to the case in the electronic case

management system. Other adults may be added as associated persons.

Interview Requirements

Engagement with all adults, parents, and alleged perpetrators must be professional, respectful, culturally sensitive, non-judgmental, and non-threatening.

Case managers must display their MDHHS identification, clearly identify themselves as representing CPS, and inform the individuals being interviewed of the referral and identified concerns.

Interviews with the alleged victim's parents, guardians, and alleged perpetrator(s) should focus on the specific referral and any other concerns observed or reported that may impact child safety and/or future risk.

Case managers must attempt to obtain the following information from the child's parents, guardians, and the alleged perpetrator:

- Verification of identity and previous names.
- If the person is a licensed foster care or day care provider.
- Native American heritage for self and child(ren).
- Names and dates of birth of their children.
- Friend of the Court involvement.

Case managers must also inquire of any out of state history within the previous 10 years for all alleged perpetrators.

If the person being interviewed is the non-custodial parent of the alleged child victim, and there is a Friend of the Court order, the [DHS-1450, How to Change a Parenting Time Custody Order](#), must be offered to the parent.

The primary objectives of the contact with the child(ren)'s parent(s), guardian(s), and the alleged perpetrator(s) is to gather information to:

- Assess the referral allegations and identify the child(ren) who may have been involved/impacted.

- Assess the caregiver's ability to meet the needs of the child(ren).
- Identify any immediate child(ren) safety concerns and help the family develop a safety plan, if warranted.
- Identify strengths and needs of the family and to coordinate access to resources.
- Gather information to accurately complete risk and safety assessments.

Support Persons

An adult may request a support person be present while being interviewed. Prior to an interview with a support person(s) present, the case manager must:

- Ensure the request or use of a support person(s) does not delay or impede any necessary safety planning.
- Inform the support person(s) at the beginning of the interview that information obtained during the interview is confidential and release of this information has civil and criminal penalties.
- Obtain consent and necessary signatures on the [DHS-860, CPS Support Person Letter](#).

Absent Parents

Case managers must document efforts to identify and locate parents. The case manager should use the [Absent Parent Protocol](#) to identify and locate parents in an investigation, if needed.

Parents Who Are Incarcerated

To locate a parent(s) who is incarcerated, the following resources may be used:

- [Michigan Department of Corrections](#).
- [Federal prisons](#).
- Out-of-state facilities.
- County jails.

**DIFFICULTY MAKING
CONTACT/UNABLE
TO LOCATE**

- VINELink.
- Contact the facility.

If a case manager is unable to contact or locate an adult or family, documentation of efforts to contact the adult, family, and/or child(ren) must be documented on the [DHS-991, Diligent Search Checklist](#). All efforts must be clearly documented in social work contacts in the electronic case management system. Case managers may also contact the MDHHS assistance case manager for assistance in locating a family; see [BAM 220, Case Actions](#).

Imminent Risk of Harm to the Child(ren)

If the whereabouts of a child(ren) cannot be verified, and evidence indicates the child(ren) is at imminent risk of harm, the case manager must contact local law enforcement in the jurisdiction where the child is alleged to reside. The case manager must explain why the child(ren) is at imminent risk and request law enforcement attempt to verify the child(ren)'s safety. The case manager must provide law enforcement with the last known details of the whereabouts of the child(ren).

Alleged Perpetrator(s) - Refuses to Cooperate/Unable to Locate

Case managers must make attempts to interview the alleged perpetrator(s). When a child(ren) is at imminent risk of harm and the case manager is unable to locate the alleged perpetrator(s), or the alleged perpetrator(s) is not willing to cooperate, the case manager must take steps to ensure the alleged perpetrator(s) does not have contact with the child(ren). Case managers must safety plan with a non-offending parent or caregiver to ensure child safety, when able to do so. If there is imminent risk of harm to the child(ren), consider filing a petition asking the court to remove the perpetrator(s) from the home.

For information on filing a petition, see [PSM 715-3, Family Court: Petitions, Hearings and Court Orders](#).

Child Found in Another State

In instances where it is indicated an alleged child victim or non-victim household child is visiting or residing in another state, country, territory, etc., the following steps must be taken and documented in social work contacts:

- Verbally confirm with the adult providing care for the child, that the child is with them.
- If the child is an alleged victim, request assistance from CPS in the other state or jurisdiction to conduct an interview with the child or request law enforcement verify the well-being of the child, if the CPS agency is unable to respond timely.

CASES INVOLVING MULTIPLE COUNTIES

In cases in which parents, caregivers or children are in other counties, **requests for courtesy contacts must be honored.** Courtesy case managers and supervisors must be assigned within the electronic case management system. All activities completed by the courtesy case manager must be documented in social work contacts.

Disputes between counties must be referred to the appropriate Business Service Center director(s) for resolution.

When Families Move or Visit Out of County

When a family with an active CPS investigation moves or is temporarily visiting outside of the assigned county of responsibility, case managers in the assigned county and the county where the family now resides or is temporarily visiting, should communicate to discuss the nature of the active CPS investigation. Case managers should coordinate to ensure child safety and timely completion of investigation requirements.

- If the family is living in another county **temporarily**, the assigned county of responsibility should outline the need for courtesy interviews and referral of services, and request these be completed by the county of temporary residence. The county of responsibility must provide primary case management until there is confirmation the family has moved permanently.
- If the family has **moved** to a new county, the supervisor must transfer the active CPS investigation in the electronic case management system to the new county of residence for the family.

Disputes between counties must be referred to the appropriate Business Service Center director(s) for resolution.

FIREARM ASSESSMENT

The following assessment is intended to be used when a case manager becomes aware of a firearm in a home; for example, when completing a case contact during an open case. The goal of this assessment is to evaluate the safety of the child, assist with ensuring child safety, and guide caregivers through the safe storage of firearms.

Note: Child welfare staff must continue to utilize licensing rules for licensed foster homes. Case managers must also follow criteria regarding weapons, firearms, and/or ammunition outlined in the [MDHHS-5770, Relative Placement Safety Screen](#), and [MDHHS-3130-A, Relative Placement Home Study](#).

ASSESSING THE SAFETY OF THE CHILD

Storage of the firearm(s) and ammunition.

- Is the firearm locked by a cable lock, trigger lock, in a gun safe, in a solid metal gun case, or in a solid wood gun case?
 - If answered Yes:
 - Is the key to the cable/trigger locks, gun safe, etc. accessible to youth?

If yes, consider the following caregiver and child factors collectively when assessing the safety of the child and whether there are concerns of child abuse or child neglect.

- If answered *No*:
 - Is the firearm inaccessible to the child?
 - Is the firearm unloaded?
 - Is the firearm separate from the ammunition?
 - Is the ammunition stored in a locked location?
 - Is the ammunition inaccessible to the children?

If there are any *No* responses to questions 1-5, consider the following caregiver and child factors collectively when assessing the safety of the child and whether there are concerns of child abuse or child neglect.

CAREGIVER FACTORS

- Caregiver's response to the child's access to a firearm.
- Caregiver's child welfare history as it relates to inadequate supervision or other findings that may elevate concerns of child's access to a firearm.
- Familial safety plans related to firearms.
 - Do you believe your children know there are guns in your home?

CHILD FACTORS

- Child's knowledge of where firearm is located based on child's report.
 - Have you ever seen a real gun?
 - If yes, where?
 - If yes, assess factors below.
- Are there any guns in your home?

- If no, do not imply or confirm there are guns in the home.
- If yes, assess factors below.
 - Likelihood child could gain access to firearm or child did gain access to firearm.
 - Child's age.
 - Child's developmental and maturity level.
 - Special needs of the child, including unruly or delinquent behavior and/or mental health needs. Assess any statements made by the child to use a firearm to harm self or others.
 - Child's awareness of firearm safety, including formal or informal firearm education, hunter's safety, or similar training or education.

Upon review of the factors above and all evidence gathered, assess if harm has occurred, or is likely to occur, without intervention. For any case where a safety concern is identified, a safety plan must be completed and documented in the electronic case management system. The assigned case manager should verify child safety in relation to firearms in the home following implementation of a safety plan.

Note: When working through a safety plan, please be advised that people have the right to the possession of usable firearms in the home. *District of Columbia v. Heller*, 554 US 570, 572 (2008).

SAFETY PLANNING

Case managers must consistently assess the safety and need for protection of all children during an investigation. Safety plans must:

- Address immediate safety concerns (a safety plan is not a treatment plan).
- Be developed with the input and assistance of parents, family members, and tribe (if applicable).
- Include formal and informal supports and services.

- Include proactive and reactive steps.
- Be realistic, achievable, and understood by the parent/caregiver.
- Specify roles and expectations of pertinent individuals involved in the plan.
- Be modified as other safety concerns arise.
- Build on the strengths of the parent/caregiver.

Safety plans must be documented within a social work contact and uploaded into the electronic case management system.

Temporary Voluntary Arrangements

As part of a safety plan during CPS involvement, **a parent or a legal guardian may decide to allow** their child(ren) to temporarily stay with the other parent, a relative, or a friend, as the parent determines appropriate and/or as part of the parent's safety plan.

In such circumstances, **discussions of a temporary voluntary arrangement must be led by a parent or legal guardian; and the decision to change, extend, or stop the arrangement rests with the parent.** During a temporary voluntary arrangement, case managers and/or temporary caregivers may not restrict a parent's physical custody or access to their child(ren). Temporary voluntary arrangements are meant to be short-term and should not be used in lieu of court involvement or removal.

A parent's right to care and custody of their children must not be restricted without the parent's consent or court involvement. Restricting these parental rights would be a violation of that parent's 14th Amendment rights. Restricting a parent's clearly established right to the companionship and care of their children without arbitrary government interference is a violation of the Due Process Clause of the Fourteenth Amendment.

When safety concerns exist that do not necessitate court involvement, and the parent secures a temporary voluntary arrangement for their child(ren), the case manager must ask the

parent to sign the [MDHHS-5433, Temporary Voluntary Arrangement](#), and upload the form into the documents section within the electronic case management system.

Like any other safety plan established during CPS involvement, case managers must continuously monitor the effectiveness of the safety plan, verify the child(ren)'s continued safety, and assist the family with any additional services and supports needed. When there is no longer a need for the temporary voluntary arrangement, the case manager must notify the family, and document this in a social work contact. If there is a need to extend the timeframe of the temporary voluntary arrangement, a Family Team Meeting (FTM) must be held to determine next steps. For information on FTMs, see [PSM 714-1, Post-Investigative Services](#).

NOTE: The parent(s) has the right to end a temporary voluntary arrangement. If this occurs, the case manager must immediately assess the safety of the child(ren) and request an FTM to determine next steps.

Screened Out Referrals

The case manager must review screened out referrals to determine if any new or additional safety planning may be needed based on screened out allegations.

The case manager must document in a social work contact the following:

- Intake ID(s) of screened out allegations.
- Acknowledgement that new allegations have been reviewed.
- Whether additional safety planning is needed.

SERVICE PROVISION

When a child(ren) can remain safely in their own home with services, include caregivers in coordinating services that build on caregiver strengths. Identify and implement services that will adequately prevent harm to the child(ren) by supporting the family. Intensive home-based services should be made available to families within 24 hours to alleviate risk and stabilize the family.

Services may be continued without initiating legal action if a child(ren) can remain in their own home safely, and the caregivers are willing and able to voluntarily participate in services to improve conditions for the child(ren).

Relative care and/or other family resources may provide support to parents as they improve their skills and work with services; see [PSM 714-1, Post-Investigative Services](#), *Servicing Engagement* section.

COLLATERAL CONTACTS

Collateral contacts should be made to thoroughly assess referral allegations regarding the child(ren)'s safety. Examples of individuals who may be able to provide pertinent information are:

- Witnesses to the alleged abuse/neglect.
- Relatives and friends.
- Non-parent adults.
- Teachers/other school staff.
- Medical provider(s).
- Mental health provider(s).
- Neighbors.
- Reporting person(s).
- Service providers.

Case managers should request reports from law enforcement, mental health providers, physicians, emergency medical services (EMS), and other entities, when applicable, to the investigation. Reports should be summarized in a social work contact and uploaded into the document section within the electronic case management system.

Requesting Medical and Mental Health Record Information

The Child Protection Law, the Public Health Code (MCL 333.2640 & 333.16281) and the Mental Health Code (MCL 330.1748a) provide the legal authority and obligation for medical and mental health providers to share their records with CPS during an

investigation of suspected child abuse or neglect, even without the client's consent.

CPS must request the records in writing, using the [DHS-1163-M, Children's Protective Services Request for Medical Information](#), or [DHS-1163-P, Children's Protective Services Request for Mental Health Information](#). The [DHS-1555, Authorization to Release Confidential Information](#), can also be utilized to request medical information that is not pertinent to the CPS investigation.

Note: The DHS-1163-M, Children's Protective Services Request for Medical Information, may only be used to obtain a child's medical information. To obtain medical information for an adult, the DHS-1555 must be utilized.

Medical and mental health providers shall release pertinent medical and mental health records to CPS case managers involved in an investigation within 14 days after receipt of the request for such records.

If the medical provider denies the written request, the local CPS office must send a copy of the denied request to the [Child Welfare policy mailbox\(Child-Welfare-Policy@michigan.gov\)](mailto:Child-Welfare-Policy@michigan.gov). Include in the subject line of the email: denied medical records request.

In an emergency, the local CPS office may request assistance in obtaining records from the local prosecuting attorney and Family Division of Circuit Court.

OBSERVATION OF HOME ENVIRONMENT

Case managers must view the primary residence of the alleged victim child(ren), as well as the location where the alleged abuse and/or neglect occurred, if applicable. If the allegations are about the conditions of the home, case managers must document home observations in a social work contact in the electronic case record.

Safe Sleep

The sleep environment of child(ren) under 12 months of age must be observed and documented. Infants under 12 months should not sleep on couches, inflatable mattresses, or in a bed with adults or

other children. Infants should sleep alone in a crib, portable crib, bassinet or pack 'n play (play yard) with only a firm mattress and tightly fitted sheet for every sleep time. No pillows, blankets, comforters, stuffed animals, or other objects should be in the infant's sleep area. Car seats, swings and other sitting devices are not recommended for routine sleep.

Case managers must discuss [safe sleep](#) practice with the parent/caregiver. If items needed for safe sleep are not available in the home, case managers should assist the family with obtaining needed items. This should be documented in a social work contact in the electronic case record.

HISTORY/TRENDS

Case managers must document a thorough search of history/trends, on all the following investigation persons for every investigation:

- Legal parent(s) of the alleged child(ren) victim(s) where they were an alleged or confirmed perpetrator or child victim.
- Putative parent(s) of the alleged child(ren) victim(s) where they were an alleged or confirmed perpetrator or child victim.
- Legal guardian(s) of the alleged child(ren) victim(s) where they were an alleged or confirmed perpetrator or child victim.
- Alleged or confirmed perpetrators(s).
- Alleged or confirmed child(ren) victim(s).

Note: Documentation of history/trends must clearly state each individual that a search was completed on, including prior legal names, maiden names, and aliases.

Assessment of history/trends must address the following areas:

- Number of previous investigations, categories, and timeframes.
- Previous court involvement and out of home placements.
- Broad trends/patterns for all previous child welfare cases.
- Previous service referrals and participation in services.
- Overall strengths and barriers for the family.

- Relationship between previous cases and current case.
 - This includes an assessment of history of the legal/putative parent/legal guardian as both an alleged or confirmed perpetrator and/or child victim.
- Central registry information for the following:
 - Legal and putative parent(s) of the alleged child(ren) victims.
 - Legal guardian(s) of the alleged child(ren) victim(s).
 - Alleged or confirmed perpetrators(s).

Note: If a central registry clearance was completed as part of a preliminary investigation, case managers may use these results for history/trends. For information on preliminary investigations; see [PSM 712-1, CPS Intake](#).

If applicable, out of state history must also be assessed for all alleged perpetrators in any state in which residency is reported within the previous 10 years. All results for the above areas must be documented and detailed in the *history/trends tab* of the electronic case record.

New Investigations with Prior Central Registry (No due process date) Listing

If the central registry inquiry reveals that a perpetrator listed on the registry does not have a due process date (a date appropriate notice provided) in the electronic case management system, the current investigator must provide notice. See [PSM 713-13, Central Registry and Confirmed Perpetrator Notification](#), *New CPS Investigation* subsection for investigative persons notification process.

CASE CONFERENCE

Case conferences between the case manager and supervisor must occur at least once within 30 days of the date of the referral. When an extension is requested, a case conference must be held during each extension period. Case conferences must occur as often as necessary to ensure child safety and to develop and assess safety

plans. Case conferences must be documented in a social work contact selecting supervision as the contact type and narrate only that the conference occurred.

ADDITIONAL INVESTIGATION ACTIVITIES

Additional investigation activities may be required, including:

- Criminal history check for the following; [SRM 700, Law Enforcement Information Network \(LEIN\)](#):
 - On all alleged perpetrators and adults residing in the home of the alleged perpetrator when there are allegations of:
 - Sexual abuse.
 - Physical injury.
 - Sex or labor trafficking.
 - Domestic violence, and/or
 - Substance use, sales, or production.
 - On all household members when considering placement with non-custodial parents and relatives; see [PSM 715-2, Court Intervention and Placement of Children](#).
 - During any investigation when the case manager believes a LEIN clearance will provide pertinent information.
- Medical assessment; see [PSM 713-04, Medical Examination and Assessment](#).
- Plan of Safe Care; [see PSM 716-7, Cases Involving Substances](#).

Early On®

As a requirement of the Child Abuse Prevention and Treatment Act (CAPTA), 42 USC 5101 et. seq., case managers must refer all confirmed victims under the age of three to Early On in the following:

- Cases classified as category I and II.

- Cases in which the child(ren) was/were born affected by substances; see [PSM 716-7, Cases Involving Substances](#) for more information.

Special consideration must be given to children under the age of three who have medical conditions which could impact child development. In these situations, regardless of the category, the child(ren) with an identified condition should be referred to Early On.

The case manager must notify the family of the referral to Early On and ask the caregiver to sign the [DHS-1555-CS, Authorization to Release Confidential Information](#). Completion of the DHS-1555-CS allows MDHHS to receive the Early On evaluation results and any plan for services, if applicable.

Case managers should identify developmental, cognitive, social, emotional, and/or medical concerns of the child(ren) when completing the referral. Information regarding the family may be included in the general information section.

TIME FRAME FOR COMPLETION OF INVESTIGATION

Investigations must be completed within 30-calendar days from the department's receipt of the referral unless an extension is granted.

Extension Request

In some situations, completing an investigation may require an extension of the 30-calendar day standard of promptness (SOP). When requesting an extension, case managers must document the reasons for the extension and submit an extension request prior to the end of the 30-calendar day SOP in the electronic case management system. **Extensions are not to be approved solely for the purpose of meeting the SOP.** Supervisory approval can only occur for the following circumstances:

- Obtaining medical records, or a second medical opinion to verify an injury or medical condition.

- Obtaining mental health evaluations, reports, or records necessary to reach an accurate case disposition.
- Coordinating interviews with law enforcement necessary to reach an accurate case disposition.
- Coordinating interviews with other states or counties necessary to complete a thorough investigation.

Extensions which do not fall under these circumstances may be allowed, if reviewed and approved by the Children's Services Administration (CSA) senior deputy director or their designee. Before requesting the CSA senior deputy director's approval, case managers must complete and document all requirements detailed in section, *Extension and Overdue Investigation Requirements* in this item.

The CSA senior deputy director or their designee's approval of an extension must be documented in the supervisor approval section in the electronic case record as well as in social work contacts, and the approval, such as an email approval, must be scanned and uploaded to the document section.

Extension and Overdue Investigation Requirements

Case managers requesting an investigation extension, or for investigations going overdue (without an extension request), must complete all the following within 30-calendar days from the date of the referral, and within every 30-days thereafter:

- Face-to face contact with each alleged child victim(s).
- Safety assessment.
- Contact with parent/caregiver(s) of each victim.

Note: For extension requests, a face-to-face contact with each alleged child victim(s) must have occurred within 7 business days prior to supervisory approval of the extension.

Case managers must continually assess the need to implement or revise any safety plans to ensure child safety throughout the remainder of the investigation.

Extension Approval

If an extension of the 30-calendar day investigation is requested, the extension must be reviewed and approved by a supervisor.

PHOTOGRAPHS

Case managers may take photographs to capture evidence for an investigation. Taking photographs of injuries or conditions is a preferred practice for documenting evidence. Case managers must not take photographs of the child's genitalia, buttocks, or breasts of children, at any age. Case managers may only accept photographs from law enforcement and/or medical professionals. If photographs of injuries to these areas are needed for evidence, they must be taken by medical personnel during a medical examination. Case managers may consult with medical professionals to request that photographs of injuries to these areas be taken.

All photographs taken for the purpose of the investigation must be uploaded into the document section of the electronic case record. Supervisors must review all photographs prior to approving an investigation extension or disposition.

COMPLETION OF INVESTIGATION

The investigation must include the systematic, objective, and unbiased examination of facts and evidence which support the determination that a confirmation of child abuse and/or child neglect exists or does not exist.

No Preponderance or Evidence of Abuse/Neglect

If child abuse or child neglect is not confirmed, the case must be classified as a Category IV or V. A no evidence decision (Category V) is appropriate for investigations where all allegations were based on false or erroneous information, or the family cannot be located.

Preponderance of Evidence of Abuse/Neglect

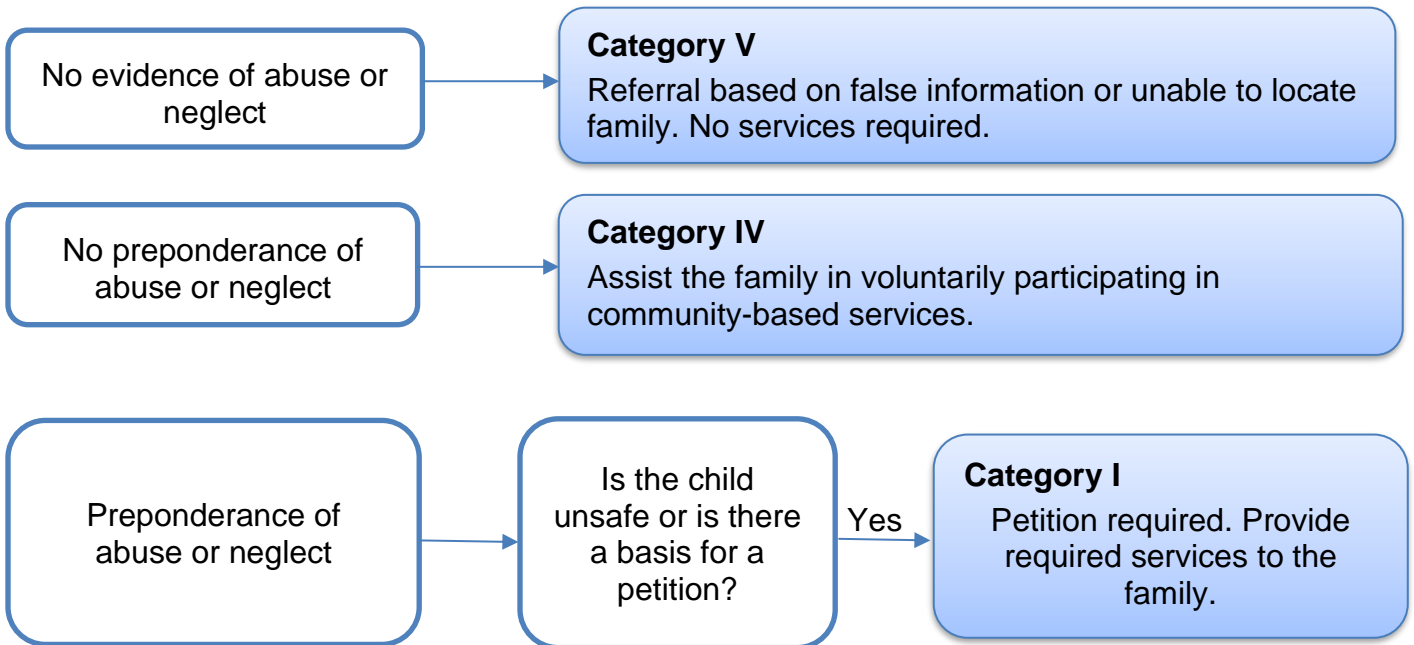
If evidence of child abuse or child neglect is confirmed, the case must be classified as a Category I, II, or III.

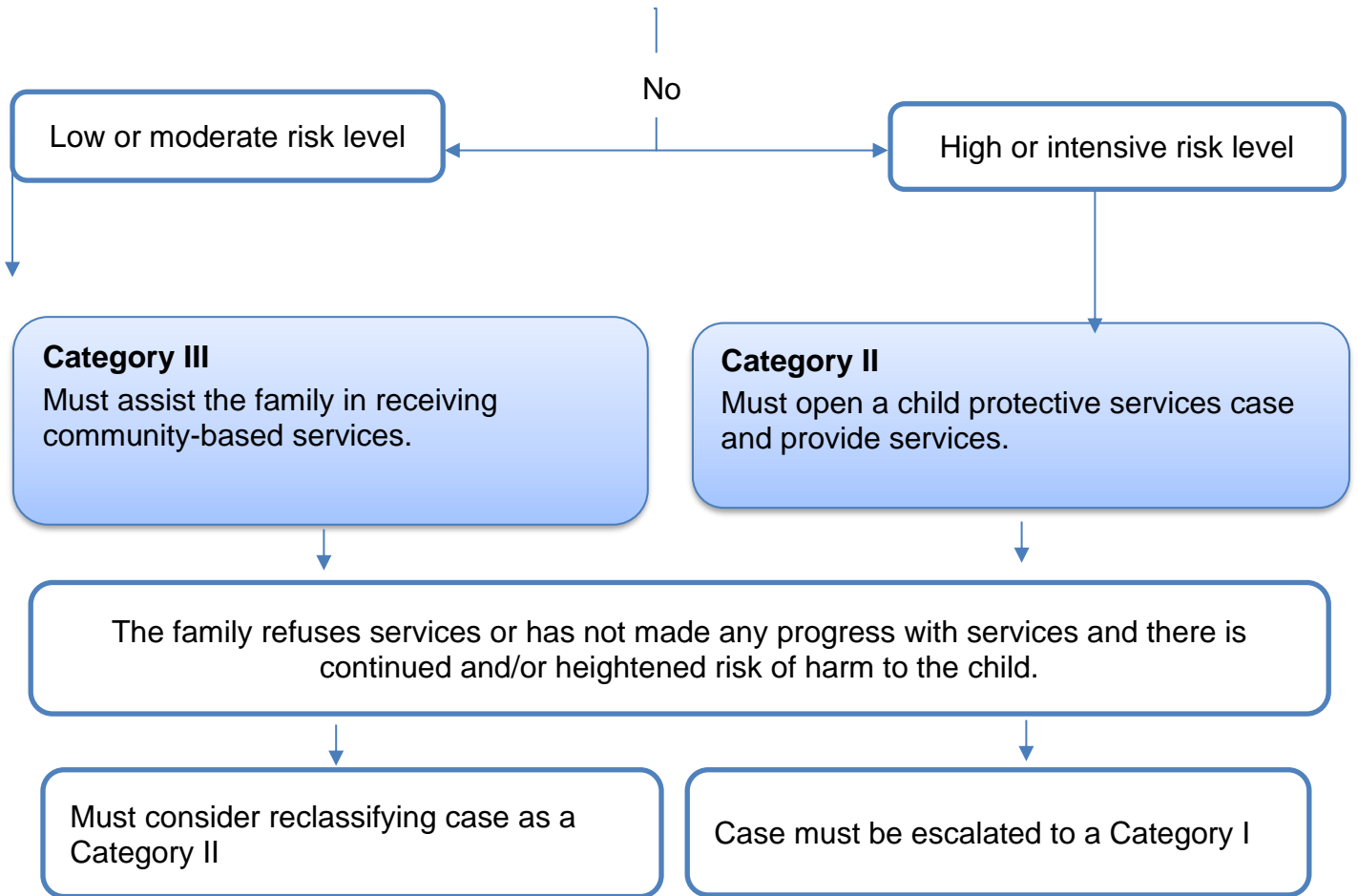
Five Category Disposition

MCL 722.628d defines the five CPS investigation categories and the department’s required response for each. The decision tree below is a guide to the five category dispositions and the department’s required response; see [PSM 711-4, CPS Legal Requirements and Definitions](#).

For those cases that require the perpetrator be listed on central registry; see [PSM 713-13, Central Registry and Confirmed Perpetrator Notification](#).

FIVE CATEGORY DISPOSITION DECISION MAKING TREE:





Perpetrator Notification

A person who has been confirmed for child abuse and/or child neglect must be appropriately notified within 30 calendar days of the investigation approval date they will be placed on central registry; or, they are a perpetrator of a confirmed case of child abuse and/or child neglect which does not warrant placement on the central registry. Some investigations may require both a DHS-847a and DHS-847c be sent to an individual perpetrator. If an individual is confirmed for multiple maltreatments, but only some result in placement on central registry, the DHS-847a must be sent for the central registry placement(s) and the DHS-847c for the confirmed maltreatment(s) that do not result in central registry placement.

For notification requirements, see Notification Requirements and Timeframes in [PSM 713-13, Central Registry and Confirmed Perpetrator Notification](#).

Notification to Mandated Reporters

If the person who made the report to CPS is a mandated reporter, the case manager must generate and mail the [DHS-1224, Complaint Source Notification Letter](#), to the mandated reporter within 24 hours of approval of investigation disposition (MCL 722.628(16)).

Case managers must document sending the [DHS-1224](#) in a social work contact **without** identifying the reporting source. The [DHS-1224](#) form must be saved in the electronic case record and uploaded to the *document* section within the *investigation tasks* screen.

ABBREVIATED INVESTIGATIONS

Case managers may consider conducting an abbreviated investigation in the following situations:

- Unable to locate family/child victim(s).
- After an interview or contact with the child victim(s) and any other information gathered confirms the referral is without any factual basis.

An abbreviated investigation means that a full investigation with all investigative policy requirements was not conducted and will result in a Category V disposition. Case managers must submit a request for supervisory approval in the electronic case record. All abbreviated investigations must also be routed for review by the local office director.

Note: If there is reason to believe the referral is without factual basis prior to completing interviews with the children, parental consent must be obtained prior to completing any interviews; see *Contact with Children* section in this item.

Required Activities

Case managers must enter all the following for an abbreviated investigation:

- Referral to law enforcement/prosecutor's office, if required; see [PSM 712-3, Coordination with Prosecuting Attorney and Law Enforcement](#).
- Face-to-face contact with the child victim(s).
- History/trends.
- Contact with school personnel if child is interviewed at school. The parent or caregiver must be notified if the child was interviewed at school.
- Social work contacts demonstrating any case activity completed.
- All appropriate sections in the electronic case management system including disposition.
- Notification to mandated reporter, if applicable.

**DOCUMENTATION IN
THE ELECTRONIC
CASE
MANAGEMENT
SYSTEM**

The electronic case management system is utilized for documenting all actions taken in a CPS investigation. Case managers must complete/update all applicable tabs within the investigation module of the electronic case management system. This includes, but is not limited to, the following sections:

- Investigation persons.
- Petitions for removal.
- Allegations/findings.
- Safety Assessment.
- Risk Assessment.
- Create households.

- Social work contacts.
- Exception/Extension Requests.
- Documents.
- Disposition questions.
- Disposition summary.

**Social Work
Contacts**

Enter all contacts, either successful or unsuccessful, into the electronic case record. Case managers must enter all social work contacts into the electronic case record within five business days.

Social work contacts should document statements, evidence, and engagement with the family as well as other actions taken by the case manager to investigate the allegations and address the safety of the child. Social work contacts must also support information provided within the disposition summary.

All social work contacts with accompanying narratives will pre-fill onto the DHS-154, Children's Protective Services Investigation Report.

**Disposition
Summary**

Case managers must document the following in the disposition summary:

- Allegations investigated.
- Investigation disposition (preponderance/no preponderance).
- Names of the alleged and/or confirmed perpetrator(s) and alleged and/or confirmed victim(s).
- Steps taken in the investigation including:
 - Verification of the safety and whereabouts of all children listed in investigation persons.
 - Interviews with adults.

- Observations of the home and/or scene of alleged abuse/neglect.
- Any documentation obtained to support the conclusion (medical reports, police reports, etc.).
- How the relevant facts/evidence obtained during the investigation led to case outcome.
- The category disposition, the risk level, and any applicable overrides applied.
- The names of individuals added to central registry and the confirmed case type, if applicable.
- Any services recommended, offered, or referred, if applicable.
- Any safety plans developed with the family.
- If a petition was filed and rationale.

**Submission for
Approval of
Investigation**

Upon completion of an investigation meeting policy and legal requirements, the case manager must submit the case for supervisory approval. Supervisors may return the case with corrections if additional steps need to be taken. Corrections must be completed by the case manager in a timely manner to ensure the investigation is approved within 14-calendar days of initial submission for approval of the investigation.

**DHS-154,
Children's
Protective
Services
Investigation
Report**

The DHS-154, Children's Protective Services Investigation Report, is the report used to detail the action completed in the electronic case management system for an investigation. Once approved, the DHS-154 must be generated, saved, and the signature page of the

report signed and uploaded into the document section of the electronic case record.

POLICY CONTACT

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