OVERVIEW

Centralized Intake (CI) may receive referrals that require additional information or guidance in addition to standard intake steps outlined in PSM 712-1, CPS Intake, in order to appropriately screen in, screen out, or transfer an intake. This item provides information for those special cases.

DEFINITIONS

Domestic Violence (DV)

A pattern of coercive control perpetrated against one or more intimate partners. Behaviors can include sexual abuse, physical violence, threats, intimidation, financial control, possessiveness, and isolation, among others. This includes situations where one of the partners does not live in the home but has substantial contact in the home or has lived in the home but continues to behave in threatening ways.

Intimate Partner

A spouse, a former spouse, an individual with whom the individual has a child in common, an individual with whom the individual has or had a dating relationship, or an individual residing or having resided in the same household.

Dating Relationship

Frequent, intimate associations primarily characterized by the expectation of affectional involvement. A dating relationship does not include a casual relationship or an ordinary fraternization between two individuals in a business or social context.

CPS-MALTREATMENT IN CARE (MIC)

The Children's Protective Services Maltreatment in Care Unit (CPS-MIC) was developed to ensure safety and well-being of children under the care and supervision of the Michigan Department of Health and Human Services (MDHHS) and for children being cared for in a facility or home licensed by MDHHS. The CPS-MIC Unit investigates:

- Licensed foster homes.

- Licensed adult foster homes (for minor foster children placed in an adult foster home only).
- Licensed or unlicensed relative placements.
- Independent living.
- Child Caring Institutions (CCI).
- Child Care Licensing Programs (CCLP).
- Parental homes still under foster care and court supervision, after the children return home. Not applicable when children go from a respondent parent's home directly to a non-respondent parent's home. This is assigned to CPS in the local office.

The Intake Decision Table for CPS and CPS-MIC Investigations specifies the responsibilities of CPS and CPS-MIC for investigation of CA/N referrals received by MDHHS.

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS		
Facility/Placement Type	**Responsible Unit - Department**	
Licensed foster home or licensed/unlicensed relative caregiver when allegations involve:	**CPS**	**CPS-MIC**
A foster parent or relative caregiver, and the alleged child victim is in foster care residing in the foster home or relative placement.		X
A foster parent or relative caregiver, biological/adoptive children, and children in foster care residing in the foster home or relative placement, regardless of which child(ren) in the home is/are the alleged victim.		X
A legal parent, and the child victim is in foster care, regardless of placement type.		X
A foster parent, and the alleged child victim has returned to the parent's care.		X

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS		
Facility/Placement Type	**Responsible Unit - Department**	
A foster parent with biological/adoptive children and there are not or were not any foster children placed in the home at the time of the alleged abuse/neglect.	X	

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS		
Facility/Placement Type	**Responsible Unit - Department**	
Legal parents (including in-home placement or following return home from foster care with court jurisdiction), when allegations involve:	**CPS**	**CPS-MIC**
A child in their care, under in-home court jurisdiction, who does not have an open foster care case.	X	
A child in their care, **not** under court jurisdiction.	X	
A child in their care who has returned home from foster care and the court maintains jurisdiction.		X
Alleged abuse or neglect occurred prior to their child going into out of home care.	X	
Adding a non-respondent parent to active court cases.	X	
A child goes from one parent directly to another parent (no out of home placement).	X	

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS		
Facility/Placement Type	**Responsible Unit - Department**	
CCIs (such as, detention centers, youth homes, shelter homes, residential care facilities (long- and short-term), halfway homes, court operated facilities) when allegations involve:	**CPS**	**CPS-MIC**
An employee of a CCI and an alleged child victim residing in a CCI.		X
A legal parent and an alleged child victim under MDHHS supervision; for example, allegations occurred during visit.		X
An employee or volunteer of a CCI and an alleged child victim who was returned home to a parent's care, if the abuse or neglect was alleged to have occurred during the child's placement in the CCI.		X
A licensed provider or an employee of a CCI and the alleged victim is the alleged perpetrator's own child.	X	
An employee or volunteer of a CCI and a child placed in the CCI who is not under supervision of MDHHS.		X
CCLPs (referrals involving children, regardless of court jurisdiction) when allegations involve:	**CPS**	**CPS-MIC**
A child in a licensed facility.		X
A legal parent, licensed to operate a child care facility, and the alleged victim is their biological/adopted child.	X	
Unlicensed facilities.	N/A	N/A

INTAKE DECISION TABLE FOR CPS AND CPS-MIC INVESTIGATIONS		
Facility/Placement Type	**Responsible Unit - Department**	
Licensed camp facility when allegations involve:	**CPS**	**CPS-MIC**
Children at a licensed camp facility.		X
A legal parent at a licensed camp facility, and the victim is the alleged perpetrator's own child.	X	

ADDITIONAL CPS-MIC POLICY

See PSM 714-5, Maltreatment In Care, when a CPS-MIC referral is assigned for investigation.

COUNTY ASSIGNMENT

CPS-MIC investigations are assigned to the county of the perpetrator's current residence and where the child abuse and neglect occurred, regardless of the victim's current residence.

Note: CI may assign referrals received after-hours to the county where the child victim is located to ensure contact is made. See *Inter-County Referrals* section in this item.

Inter-County Referrals

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

- The county where the child is found is responsible for the referral if the priority response is Immediate Response,12-hour commencement and 24-hour face-to-face (12/24).
- The county of residence is responsible for handling the referral if the priority response requires a 24-hour commencement and 72-hour face-to-face (24/72).

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

Inter-County Disputes and Coordination

Additional referrals should not be assigned solely for the purpose of verifying the well-being of other children/siblings on a current investigation. Courtesy requests can be made between counties to assist in the verification of well-being and filing petitions.

Counties should work together to ensure child safety and to ensure timeframes are met for commencement and face to face. Disputes between the assigned county and the county in which the request for assistance is being made must be immediately referred to the appropriate Business Service Center director(s) for resolution.

MULTIPLE FAMILIES IN SAME HOUSEHOLD

When CI receives allegations meeting assignment criteria on multiple families residing in the same household, and one of the families meets criteria for assignment to CPS-MIC, CI will assign all the referrals within that household to CPS-MIC.

NEW REFERRALS ON FOSTER CHILDREN

Refer to FOM 722-13A, Maltreatment In Care - Foster Care Responsibilities, for guidance regarding referrals of abuse and/or neglect on a foster child.

When a referral alleges abuse and/or neglect of a child with an open foster care or adoption program type, or when a child with an

open foster care or adoption program type is placed in a home with an alleged perpetrator, CI must send an intake decision notification to all active case managers and supervisors on the child's case. When a provider is linked to the intake, CI will also send a notification to the licensing specialist and supervisor assigned to the provider record.

CONFLICTS OF INTEREST

If at the time of intake, a CPS referral is reported to involve an MDHHS employee or a relative of an MDHHS employee, the referral must be transferred to the nearest adjacent county. These cases must also be marked confidential. See SRM 131, Confidentiality, *Making Cases Confidential in the Electronic Case Management System*, section for further information on marking a case confidential.

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

INTERSTATE REFERRALS

When CI receives a referral from an out-of-state department involving a Michigan child, and the referral is assigned, the county where the referral is assigned must proceed with standard procedures for evaluating and investigating referrals of child abuse and/or neglect. Michigan CPS staff may communicate with the referring out-of-state department to obtain necessary information.

If a referral is received regarding child abuse and/or neglect that occurred in another state and there are no current concerns that a child in Michigan is being abused or neglected, the referral should be transferred to the state in which the child abuse and/or neglect occurred.

CPS referrals to or from another state are not governed by the Interstate Compact on the Placement of Children (ICPC). Contact may be made directly with the other state department. For contact information for other states, go to https://aphsa.org/AAICPC/Resources.aspx.

PROSECUTING ATTORNEY/LAW ENFORCEMENT RESPONSIBILITY

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

- Schools (both public and private), including boarding schools.
- Incidental out-of-home or in-home childcare (baby-sitting).
- Mental health facilities not subject to PA 116.
- Clergy.
- Teachers.
- Teacher's aides.
- An individual 18 years of age or older, involved with a youth program.
- Unregulated (unlicensed or unregistered) child care group and family homes.
- Persons not responsible for the child’s health or welfare.

CI must transfer these referrals and refer to the prosecuting attorney/law enforcement agency within 24 hours of receipt of the referral. When the alleged perpetrator's role has been coded by CI as a member of the clergy, a teacher, a teacher's aide, or an individual 18 years of age or older who is involved in a youth program, the referrals are automatically sent to the MIC/PCU intake coordinator in the electronic case management system and assigned to a PCU specialist for follow up.

DEATH OF A CHILD

Allegations involving death of a child will be assigned for investigation if the allegations meet the definition of child abuse and/or neglect. If the incident that led to the child's death appears accidental, the referral may not need to be assigned. CI should obtain and review information gathered from the reporting person to determine if assignment is appropriate. If the cause of death is unknown, CI will assign for investigation. When screening out child

death referrals consultation with a second line manager must occur and be documented in the electronic case record.

Document the referral is regarding a child death in the electronic case management system. For more information on child death cases, see PSM 713-08, Special Investigative Situations. Select the child is deceased and enter the date and place of death in the Person Profile Section in the child's electronic case record. The death of a child must be reported as outlined in SRM 172, Child/Ward Death Alert Procedures and Timeframes.

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

DOMESTIC VIOLENCE

A CPS referral in which the only allegation is domestic violence (DV) is not a sufficient basis for assigning the referral for investigation. To be assigned for investigation, the referral must also include information indicating the domestic violence has resulted in harm, likely harm, or threatened harm to the child(ren). Consider the potential adverse impacts, including trauma or mental harm, when making an assignment decision. Assignment should also be considered if the alleged perpetrator has engaged in any activity that would cause a reasonable person to feel terrorized, intimidated, threatened, or harassed, or has caused or threatened to cause physical or mental harm.

Issues that may assist in determining whether there is threatened harm in cases involving DV are:

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

- Reported increase in frequency or severity of DV.
- Threats of violence against the child.
- Proximity and intensity of the incident in relation to the child.

For information on domestic violence (DV) cases; see, the Domestic Violence sections in PSM 713-08, Special Investigative Situations, and PSM 714-1, Post Investigative Services.

DRIVING UNDER THE INFLUENCE

When CI receives a referral in which the reporting person alleges a child is at imminent risk because the child is riding in a vehicle with an intoxicated driver, CI must direct the reporting person to contact law enforcement with a description of the vehicle, its last known location, license plate number, and identity of the driver, if known.

CI must assign referrals received from law enforcement or the prosecuting attorney when the referral alleges a person responsible for the health or welfare of a child has been arrested, charged, or convicted of operation of a motor vehicle while under the influence, and the child was in the vehicle.

INSECT INFESTATIONS

An allegation of neglect based solely on a child having head lice, or a home having an insect infestation in and of itself, is not an indicator of neglect and is not appropriate for assignment. Consider the action or inaction of the parent/caregiver to address or alleviate the issue when making the decision.

SUBSTANCE USE BY CARETAKER

Allegations only involving substance use by a parent, guardian, or person responsible, is not sufficient for CPS investigation. To assign for investigation, referrals containing allegations of substance use must meet Child Protection Law (CPL) definitions of suspected child abuse and/or neglect. (MCL 722.622)

Child abuse means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, any other person responsible for the child's health

or welfare, a teacher, a teacher's aide, a member of clergy, or an individual 18 years of age or older who in involved with a youth program.

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.

Infants Exposed to Alcohol or Substances

Mandated reporters are required to make a referral or a notification to CI when an infant is born exposed to substances.

Referrals

The terms "report" and "referral" are synonymous. Report is used in Child Protection Law, while referral is a term adopted by MDHHS.

A ***referral*** to CPS is required by a mandated reporter when it is known, or from the infant's symptoms, there is reasonable cause to suspect an infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in the infant's body not attributed to medical treatment.

CPS will investigate referrals alleging an infant was born exposed to substances not attributed to medical treatment when exposure is indicated by any of the following:

- Positive urine screen of the newborn.
- Positive result from meconium testing.
- Positive result from umbilical cord tissue testing.

- Confirmation by a medical professional of withdrawal symptoms in a newborn that are not the result of medical treatment.

Note: Medical marijuana and medication assisted treatment are considered medical treatment.

Referrals can be made by phone or online.

For referrals screened in for investigation, child welfare case managers must ensure a MDHHS-6182 My Plan of Safe Care is in place. For more information on developing an infant Plan of Safe Care; see PSM 716-7, Cases Involving Substances.

Notifications

A ***notification*** to CI is required by a mandated reporter when:

- The infant's exposure to substances is attributed to medical treatment.

AND

- There is no other suspected child abuse or neglect.

Notifications to CI should only be made to the Centralized Intake hotline to ensure all pertinent information is captured. Mandated reporters should not use the Michigan Online Reporting System (MORS) to report notifications.

For notifications, the healthcare team is responsible for ensuring a Plan of Safe Care is developed in collaboration with the family.

CI Review

CI must review the information provided by the mandated reporter to determine the appropriate designation, referral or notification, is made. Changes can be made by CI after a review of the information if it is determined another designation is more appropriate.

CI should obtain any information related to the Plan of Safe Care, if available, at the time of referral. Details should be documented in a social work contact, and a copy of the plan uploaded to the electronic case management system, if provided.

If Centralized Intake receives a referral regarding an infant born exposed to substances, and it is subsequently determined a notification is the appropriate path, Centralized Intake must make a

notification to the identified Plan of Safe Care coordinator to assist with co-development of a Plan of Safe Care.

See PSM 716-7, Cases Involving Substances, for information on infants exposed to substances and alcohol.

PROPER CUSTODY OR GUARDIANSHIP

Referrals that only allege improper custody (a child residing with a person without legal guardianship or power of attorney) do not meet criteria for assignment. To be assigned, the referral must include allegations the person is unwilling or unable to meet the child's basic needs. See Guardianship/Power of Attorney in PSM 713-08, Special Investigative Situations, for more information on investigating these referrals.

SCHOOL ATTENDANCE AND HOME SCHOOLING

A referral in which the **only** allegation involves a child failing to attend school and/or alternate educational programming (educational neglect) is not sufficient basis for assignment. If the referral is initiated by non-school personnel, the person should be referred to the school district's attendance officer. If the referral is initiated by school personnel, they must be informed this issue falls under the provisions of the Compulsory School Attendance section of the School Code of 1976 (MCL 380.1561-380.1599), not Child Protection Law.

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

Referrals involving sibling or child-on-child violence should be evaluated to determine if the person responsible for the child's health or welfare was neglectful. If the referral is based **solely** on violence (physical abuse or sexual abuse) among siblings or other children in the home and includes no issue of parental neglect (or other child abuse and/or neglect allegations), transfer the referral to law enforcement. The referral to law enforcement must be made within 24 hours of CI receiving the referral.

See PSM 713-08, Special Investigative Situations, *Sibling-on-Sibling* Or *Child-on-Child Violence* section for more information on

investigating these referrals. A minor child must never be investigated as an alleged perpetrator of child abuse and/or neglect unless they are the minor parent of an alleged child victim.

MEDICAL NEGLECT

CPS is responsible for responding to referrals that parents/legal guardians, and persons responsible for the child(ren)'s health or welfare are neglecting their child's health and welfare by withholding medically indicated treatment. For more information when a referral is received regarding medical neglect of a disabled infant or medical neglect based on religious beliefs, see PSM 716-8, Medical Neglect of Disabled Children & Medical Neglect Based on Religious Beliefs.

VACCINATIONS

The Michigan Public Health Code (MCL 333.9215) provides exceptions to the immunization requirements. CPS does not investigate referrals involving parents who have chosen to not immunize their children.

NEWBORNS

CPS must conduct a full investigation if an infant is born to parents, identified as a perpetrator, who currently have a child(ren) in out-of-home care, or who are/were permanent wards because of a child abuse and/or neglect court action.

INTENT TO ADOPT

CPS must conduct a full investigation, if an infant is born to parents who currently have a child(ren) in out-of-home care or is/was a permanent ward because of a child abuse and/or neglect court action and the parents' intent is to have the newborn adopted. If it is later determined the infant was exposed to alcohol or substances not attributed to medical treatment, the referral must be assigned for investigation.

Note: This does not apply to ***Safe Delivery Act***, see below in this policy item.

BIRTH MATCH

Birth Match is an automated system that notifies CI when a new child is born to a parent who has previously had parental rights terminated in a child protective proceeding, caused the death of a

child due to abuse and/or neglect or has committed a serious act of child abuse and/or neglect.

When a birth match occurs, the electronic case management system automatically generates a referral as an unassigned referral and the CI director receives an email alert that the referral has been generated. When CI receives the birth match referral, they must verify the match is accurate.

Inaccurate Match

If the match is inaccurate (the parent listed in the referral does not have history that would lead to birth match placement), the referral must be screened out.

Accurate Match

If the match is accurate and there is not an already pending investigation or open investigation regarding the new birth, the referral must be screened in and assigned for investigation.

See PSM 713-08, Special Investigative Situations, for information on investigating birth match.

SAFE DELIVERY ACT

Michigan law (MCL 712.1 et. Seq., 750.135, and 722.628) allows a parent(s) to surrender an unharmed newborn up to 72 hours old to an emergency service provider (ESP). An ESP is a uniformed, or otherwise identified, inside-the-premises, on-duty employee, or contractor of a fire department, hospital or police station or a paramedic or an emergency medical technician when responding to a 911 call.

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

The Safe Delivery website has a listing of private adoption agencies that will provide placement for an abandoned newborn. If there is no evidence of child abuse and/or neglect, the newborn is less than 72 hours old, and is voluntarily surrendered by a parent, CI must screen out the referral for investigation.

See NAA 255, Termination of Parental Rights, Voluntary Consent to Termination of Parental Rights section for information on the Safe Delivery Act as it pertains to American Indian children.

PREGNANCY AND SEXUALLY TRASMITTED DISEASE

A referral involving a child under the age of 12 who is pregnant, or a child who is under the age of 12 and over the age of 1 month who has a sexually transmitted disease, must be screened in for investigation.

RUNAWAY AND MISSING CHILDREN

Routine referrals on runaway and missing children are not appropriate for investigation by MDHHS; however, careful consideration should be given to determine whether there are allegations of abuse and/or neglect. There are known risk factors that contribute to a child running away, including family dynamics, family violence, bullying, sexual abuse, and neglect. Some children are asked by their parents to leave home. If these children end up in the streets, without a place to stay, without support, and limited options to meet their basic needs, they are at greater risk of being trafficked.

HUMAN TRAFFICKING

The MDHHS Human Trafficking of Children Protocol was developed to guide case managers and other child welfare staff in assisting children who are victims of human trafficking. Human trafficking includes sex trafficking and labor trafficking.

Human trafficking referrals made by law enforcement that involve children must be screened in and assigned regardless of the alleged perpetrator meeting the criteria of a person responsible. The department can investigate trafficking conditions regardless of the role or status of the alleged perpetrator when law enforcement requests assistance to respond to help with the youth's trauma.

Human trafficking referrals made by individuals other than law enforcement must include information the alleged perpetrator meets the criteria for person responsible to be assigned for investigation. If the alleged perpetrator does not meet the criteria of

a person responsible, the referral must be transferred to law enforcement.

Sex Trafficking

The act of subjecting a child to the recruitment, harboring, transportation, provision, patronizing, or soliciting for the purpose of a commercial sex act.

Sex trafficking is any incident that involves:

- Recruitment, harboring, transportation, provision, or patronizing of a child.
- Soliciting a child for a commercial sex act.
- Trafficking a child for a commercial sex act induced by force, fraud, or coercion.
- Any sex act of or with a minor in exchange for anything of value. This includes cash, drugs, jewelry, clothing, food, shelter, protection, or transportation.

Labor Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for labor as a result of force, fraud, coercion, or manipulation. Labor trafficking can include, but is not limited to, domestic servitude, forced labor in restaurants or salons, forced agricultural labor, or debt bondage.

RESOURCES

SDM Centralized Intake Assessment Policy & Procedures Manual.

POLICY CONTACT

Questions about this policy item may be directed to the Child-Welfare-Policy@michigan.gov.