

MANDATED REPORTER RESOURCE GUIDE

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Michigan Child Protection Law

The [Michigan Child Protection Law](#), MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements [for reporting](#), investigating, and responding to child abuse and neglect. This document is designed to assist mandated reporters in understanding their responsibilities under the Child Protection Law.

Report and referral are synonymous in the context of Children’s Protective Services (CPS) reports to Centralized Intake, also formally referred to as a complaint.

List of Mandated Reporters

Mandated reporters are an essential part of the child protection system because they have an enhanced capacity, through their expertise and direct contact with children, to identify

suspected child abuse and neglect. Referrals made by mandated reporters are confirmed at nearly double the rate of those made by non-mandated reporters. The list of mandated reporters is as follows:

- Physician.
- Physician's assistant.
- Nurse.
- Dentist.
- Registered dental hygienist.
- Law enforcement officer.
- Medical examiner.
- Audiologist.
- Psychologist.
- Physical therapist.
- Physical therapist assistant.
- Occupational therapist.
- Athletic trainer.
- Member of the clergy.
- School administrator.
- School counselor or teacher.
- Regulated child care provider.
- Social worker.
- Licensed professional counselor.
- Marriage and family therapist.
- Licensed master's social worker.
- Licensed bachelor's social worker.
- Registered social service technician.
- Social service technician.
- Any person licensed to provide emergency medical care.
- A person employed in a professional capacity in any office of the friend of the court.
- Any employee of an organization or entity that, as a result of federal funding statutes, regulations, or contracts would be prohibited from reporting in the absence of a state mandate or court order (e.g., domestic violence providers).

Note: For individuals working or volunteering in a capacity like those listed professions (but not included in this list), please follow agency procedures or internal policies to ensure your concerns regarding suspected abuse and/or neglect are reported.

The list also includes specific Michigan Department of Health and Human Services (MDHHS) personnel:

- Welfare services specialist.
- Eligibility specialist.
- Social services specialist.

- Social work specialist.
- Family independence specialist.
- Family independence manager.
- Social work specialist manager.

Responsibility of Mandated Reporters

Mandated reporters are always required to report suspected child abuse and neglect to MDHHS.

The referral must be made directly to MDHHS Centralized Intake. There are civil and criminal penalties for a mandated reporter's failure to make a referral. Likewise, there is civil and criminal immunity for someone making a referral in good faith.

The Child Protection Law requires mandated reporters who have reasonable cause to suspect child abuse or neglect to make an **immediate oral report** to MDHHS – Centralized Intake (855-444-3911), followed by a **written report within 72 hours** (see page 3). Mandated reporters may also report using the [Michigan Online Reporting System](#) (MORS), an online reporting portal. For those reporting a child death, an oral report to the hotline is preferred.

The reporter is not expected to investigate any matter or know the legal definitions of child abuse and neglect. Child Protection Law is intended to make reporting simple and places responsibility for determining appropriate action with the Children's Protective Services (CPS) division of MDHHS. The authority and actions of CPS are based on requirements in the Child Protection Law.

Mandated reporters who are staff of a hospital, agency, or school shall notify the person in charge of that agency. They shall include their findings and make the written report available to the person in charge. This notification to the person in charge does not relieve mandated reporters of the obligation to report child abuse or neglect to MDHHS – Centralized Intake. Mandated reporters should also confirm with their individual agencies any internal procedures their agency may have in addition to the state requirement for reporting. In addition to those persons required to report child abuse or neglect under section 3, a 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.

Child's Disclosure: The Role of Mandated Reporters

Mandated reporters often have an established relationship with children, patients, students, etc., which may give them the advantage of being able to have a conversation

with a child using terms the child will understand. When child abuse and/or neglect is suspected, mandated reporters should attempt to gather as much information as possible to make a detailed referral without interrogating a child or conducting their own investigation.

If a child starts disclosing information regarding child abuse and/or neglect, mandated reporters should proceed by moving the child into a private environment. This may limit distraction of the child and provide privacy for a potentially sensitive conversation.

During disclosure, mandated reporters should maintain eye contact and avoid displaying any signs of shock or disapproval. Mandated reporters should only ask open-ended questions (mainly “how” and “what” types of questions) that allow the child to freely discuss the incident without being led during the conversation. For example, “*How did you get that bruise?*” Again, these discussions should only proceed to the point needed to determine whether a referral needs to be made to MDHHS.

Children may want to tell what has happened but also maintain loyalty to their parent(s). If a referral is going to be made, attempt to maintain trust with the child by explaining the reporting process, if appropriate.

The Verbal Report

The information in a referral to Centralized Intake needs to be provided by the individual who observed the injuries or had contact with the child regarding the report. It is helpful, but not necessary, for the MDHHS Centralized Intake Specialist to have the information listed below. Contact MDHHS – Centralized Intake for Abuse and Neglect at 855-444-3911 to make the verbal report.

Intake personnel will ask for the following information, if available:

- Primary caretaker’s (parent and/or guardian) name and address.
- Names and identifying information for all household members, including the alleged victim and perpetrator, if known.
- Birth date of all members of the household, if known.
- Whether the alleged perpetrator lives with and/or has current access to the child.
- The address where the alleged incident happened if different than the home address.
- Statements of the child’s disclosure and context of the disclosure. For example, was the child asked about the injury or did the child volunteer the information?
- History of the child’s behavior.
- Why child abuse and/or neglect is suspected.

See Appendix for specific questions that may be asked during the intake process.

The Written Report

Within 72 hours of making the verbal report, mandated reporters must file a written report as required in Child Protection Law. MDHHS requires the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form, which includes all information required under the law. Mandated reporters must also provide a copy of the written report to the head of their organization. One report from an organization is considered adequate to meet the law's reporting requirement. A DHS-3200 is not required if the referral is made via MORS.

Mandated reporters cannot be dismissed or otherwise penalized for making a referral required by Child Protection Law or for cooperating with an investigation. Even though the written process may seem redundant, the written report is used to document verbal reports from mandated reporters. Any necessary or beneficial documentation may be included with the written report and will be electronically attached to the referral upon receipt. This may include, but is not limited to, medical reports, police reports, written letters, or photographs. Access the DHS-3200 online at [Mandated Reporters](#).

Forward the written report to:

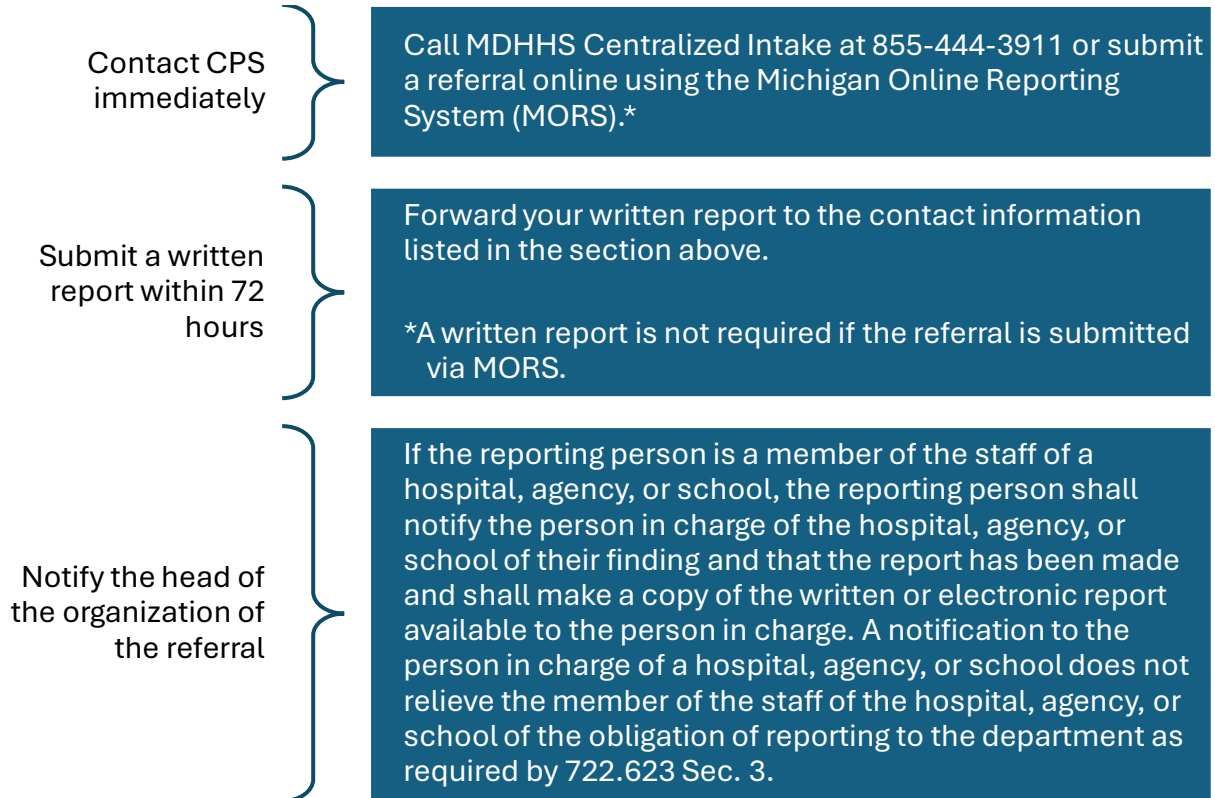
Michigan Department of Health and Human Services
Centralized Intake for Abuse and Neglect
5303 28th Street Court S.E., Suite A
Grand Rapids, MI 49546

or email to:

MDHHS-CPS-CIGroup@michigan.gov

Fax: 616-977-1154 or 616-977-1158

Reporting Process for Mandated Reporters



Definitions of Child Abuse/Neglect

Physical Injury:

A non-accidental or purposeful action which results in physical harm.

Includes situations where an injury exists and there is an inconsistent explanation as to how the injury occurred. This can include situations where a child has an injury and any of the following apply:

- The injury itself suggests that it is non-accidental.
- A medical professional has concern that the injury is consistent with abuse or is inconsistent with the explanations provided.

This does not include injuries sustained during actions by a parent or guardian, person responsible, or persons authorized by a parent or guardian to reasonably discipline a child, including the use of reasonable force, MCL 750.136b(9).

This also includes **medical child abuse**, which may result in risk of physical or emotional harm to a child. Medical child abuse occurs when a child receives or is at risk of receiving either of the following:

- Unnecessary and harmful, or potentially harmful, medical care at the initiation

- of the child's parent or caregiver.
- Unnecessary medical treatment due to a parent or caretaker exaggerating, fabricating, or causing symptoms of illness.

Mental Injury:

Psychological or emotional harm meeting any of the following criteria:

- Has led to significant impairment to the child's emotional or behavioral functioning.
- Has had an adverse impact on the child's development or well-being.
- Results in serious mental harm.

Serious mental harm is an injury to a child's mental condition or welfare that is not necessarily permanent but results in visibly demonstrable manifestations of a substantial disorder of thought or mood which significantly impairs judgement, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life, MCL 750.136b(g).

Sexual Abuse:

Pursuant to MCL 722.622, a confirmed case that involves sexual penetration, sexual contact, attempted sexual penetration, or assault with intent to penetrate as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a. These acts include:

- Sexual penetration means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body. Emission of semen is not required, MCL 750.520a(r).
- Sexual contact includes the intentional touching of the victim's or perpetrator's intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or perpetrator's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for revenge, to inflict humiliation, or out of anger, MCL 750.520a(q).
- Attempted sexual penetration, sexual contact, or assault with intent to penetrate means any attempt to commit an act or do any act towards the commission of sexual abuse, as defined above, while failing in the perpetration due to being intercepted or prevented in the execution, MCL 750.92.

Sexual Exploitation:

Allowing, permitting, or encouraging a child to engage in any of the following:

- Commercial sex activity.
- The photographing, filming, or depicting of a child engaged in a listed sexual act including:
 - Sexual intercourse.
 - Erotic fondling.

- Sadoomasochistic abuse.
- Masturbation.
- Passive sexual involvement.
- Sexual excitement.
- Erotic nudity.
- Sharing sexual acts over live video or phone.
- Coercing or forcing a child to participate in or be exposed to pornography and/or sexual behavior.

Sexual exploitation also includes **sex trafficking**, which is the action of subjecting a child to the recruitment, harboring, transportation, provision, patronizing, or soliciting for the purposes of a commercial sex act through the use of force, fraud, or coercion, **or in which the person induced to perform the act is under 18 years of age**. Trafficking may involve an exchange of goods or psychological responses. Offenders may exchange love, friendship, protection, or attention to a child while an exchange of goods could include money, drugs, jewelry, clothing, food, shelter, 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.

Physical Neglect:

Though a parent or person responsible **is financially able or able to access resources**, harm has occurred to the child, by any one of the following:

- Living conditions which are unsanitary and/or contain hazards that lead to the child being injured or ill. Consider the child's age and developmental status and to what extent the living conditions pose a danger to the child.
- Failure to provide adequate clothing and/or appropriate hygiene to the extent that the child's daily activities are severely impacted.
- Deficient food and/or hydration to meet the needs of the child and the child experiences significant lack of food, hunger and/or dehydration. This excludes fasting for religious purposes.
- Absence of supervision causing harm to the child. Consider the child's age, cognitive abilities, behaviors, need level and length of time unsupervised. Time of day and other surrounding circumstances should also be considered.

Abandonment is considered physical neglect. Abandonment is when a person responsible willfully deserts or surrenders a child without making adequate arrangements for the child's basic needs or the continuing care of the child. Abandonment does not apply to the Safe Delivery of Newborns Law.

Placing a Child at Unreasonable Risk:

Neglectful behavior that causes identifiable harm to the child by failing to intervene and eliminate a risk although the person responsible is able to do so and has or should have knowledge of the risk.

Knowledge is based on common knowledge the general population would possess without additional education or information on child safety, child development, or other related areas. This does not include incidences that happen unexpectedly or accidentally and there must be an adverse impact to the child.

Medical Neglect:

Failure to obtain necessary medical, dental, or mental health care for a child and the failure to obtain care has resulted in harm, including any of the following:

- Death.
- Disfigurement.
- Bodily harm.
- Impairment to the growth, development, or functioning of the child.

This includes when a person responsible fails to obtain and/or regularly administer prescribed medication to a child and that failure results in any of the above. Medical neglect also includes failure to thrive

Failure to provide immunizations or routine well-child care or dental visits does not constitute medical neglect, nor does failing to provide specified medical treatment to a child as a result of religious beliefs.

Threatened Harm:

Threatened harm is an action, accidental or non-accidental, inaction or credible verbal threat by a person responsible **and absent intervention, there is high probability that harm will occur**. This occurs when a child is found in a situation where harm is highly probable to occur based on a current or historical circumstance. Threatened harm is divided into the threatened harm types of:

- Physical injury.
- Mental injury.
- Sexual abuse.
- Sexual exploitation, including sex trafficking.
- Labor trafficking.
- Physical neglect.
- Placing a child at unreasonable risk.
- Medical neglect.

See Appendix for specific questions that may be asked when reporting each type of abuse and neglect.

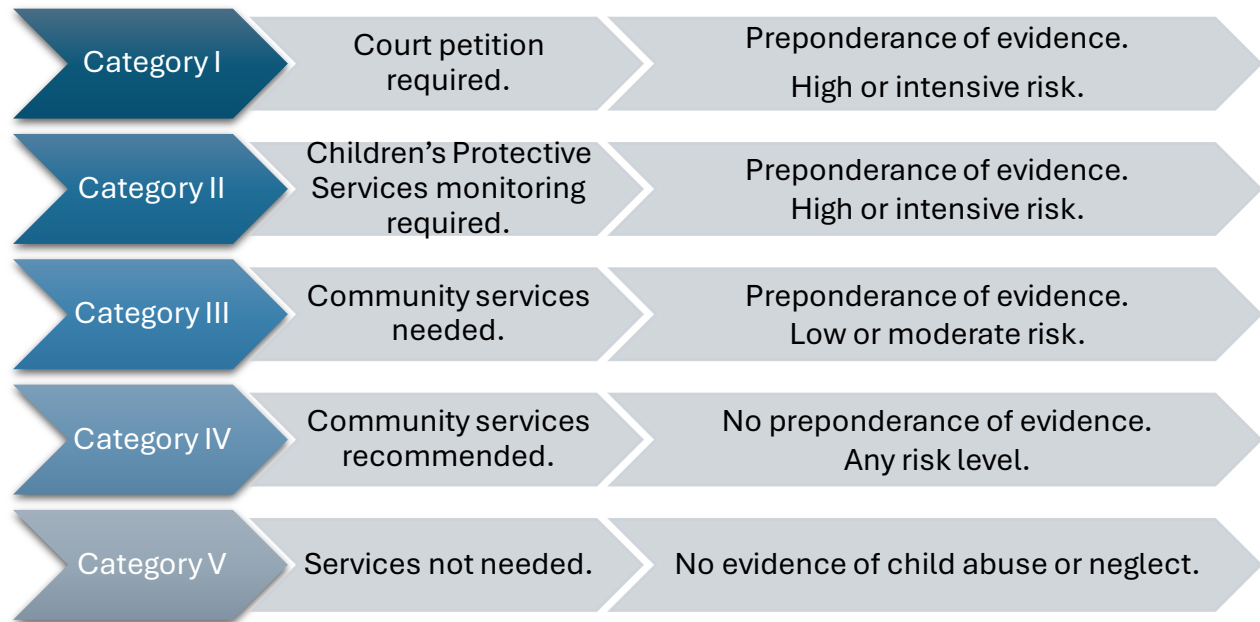
Indicators of Child Abuse/Neglect

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact MDHHS for consultation. Below are some common physical and behavioral warning signs associated with various forms of child abuse and neglect. **Note that the physical and behavioral indicators below are not the only indicators of child abuse and neglect and, if present, do not necessarily mean a child is being abused or neglected.**

Category	Physical Indicators	Behavioral Indicators
Physical Injury	<ul style="list-style-type: none"> • Bruises more numerous than expected from explanation of incident. • Patterned bruising. • Bruising on the torso, ears, neck, frenulum, angle of jaw, cheeks, eyelids, and subconjunctivae on children under 4 years old. • Any bruise on a child under 4 months old. • Adult/human bite marks. • Bald spots or missing clumps of hair. • Unexplained fractures, skin lacerations, punctures, or abrasions. • Swollen lips and/or chipped teeth. • Puncture wounds that resemble distinctive objects. 	<ul style="list-style-type: none"> • Self-destructive/self-mutilation. • Withdrawn and/or aggressive-behavior extremes. • Uncomfortable/skittish with physical contact. • Expresses fear of being at home. • Chronic runaway (adolescents). • Complains of soreness or moves uncomfortably. • Wears clothing inappropriate for the weather to cover body. • Lacks impulse control (e.g., inappropriate outbursts). • Is frequently absent from school. • Abuses animals or pets.
Physical Neglect	<ul style="list-style-type: none"> • Distended stomach, emaciated. • Lack of supervision. • Consistent signs of hunger. • Inappropriate dress, poor hygiene. • Sudden or unexplained weight change. 	<ul style="list-style-type: none"> • Regularly displays fatigue or listlessness; falls asleep in class. • Steals, hoards or begs for food. • Is frequently absent from school.

Category	Physical Indicators	Behavioral Indicators
Sexual Abuse	<ul style="list-style-type: none"> • Pain or itching in genital area. • Bruises or bleeding in genital area. • Frequent urinary or yeast infections with no medical explanation. • Sudden or unexplained weight change. • Child under the age of 12 and over the age of 1 month has a sexually transmitted disease. 	<ul style="list-style-type: none"> • Withdrawal, chronic depression. • Sexual behaviors or references that are unusual for the child’s age. • Poor self-esteem, self-devaluation, lack of confidence. • Suicide attempts. • Habit disorders (sucking, rocking). • Experiences a sudden change in appetite. • Runs away. • Attaches very quickly to strangers or new adults in their environment.
Medical Neglect	<ul style="list-style-type: none"> • Failure to thrive. • Untreated medical or mental health concerns. 	<ul style="list-style-type: none"> • Somatic complaints. • Frequent absence from school. • Frequently missed medical appointments.
Human Trafficking	<ul style="list-style-type: none"> • Contracted sexually transmitted diseases. • Symptoms of post-traumatic stress including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper vigilance, or apathy. • Avoids eye contact. • Lacks health care. • Appears malnourished and/or always hungry. • Shows signs of physical and/or sexual abuse, physical restraint, confinement or torture. 	<ul style="list-style-type: none"> • May not identify themselves as a victim. • Victims and perpetrators are often skilled at concealing their situations. • Live with other unrelated youth and with unrelated adults. • Significant and unexplained gaps in school attendance. • Not in control of their own identification documents. • Do not live with their parent(s) or know the whereabouts of their parent(s).

Outcomes of CPS Investigations



When CPS investigates and child abuse or neglect **is not confirmed**, the case manager is required to provide the family with community services available to assist. Community services may include but are not limited to, substance abuse treatment, emotional/mental health treatment, domestic violence services, or other identified supports. Community services are provided by CPS on a voluntary basis and the family is encouraged to seek out and utilize those services. The case manager may also address underlying concerns that do not rise to the level of child abuse or neglect but present risk.

When CPS investigates and child abuse or neglect **is confirmed**, the case may be opened and monitored by a case manager. The family is referred to services to help address the concerns identified by the family and CPS. In open cases, a case manager must conduct monthly face-to-face visits with the child and family to verify child safety and family well-being, evaluate engagement in services, and assess if the risk of harm has been reduced. Additional services and support may be referred to as needed, up to and including court involvement.

Miscellaneous Items

Head Lice

An allegation of neglect based solely on a child having head lice is not appropriate for CPS investigation. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect.

Therapy

There are times when a child's behavior is a concern and may need further evaluation by a medical or mental health professional. If mandated reporters determine psychological help may be needed for a child, they should provide that information to the parent. It is up to the parent and/or guardian to make an appropriate decision for their child.

Medical

CPS is not authorized to investigate referrals that alleged parents are failing or refusing to obtain immunizations for their children. The Michigan Public Health Code provides for exceptions to the immunization requirements.

School Truancy and Runaways

Routine referrals on school truancy and runaways are not appropriate for CPS investigation. Truancy and youth running away from home may occur absent the presence of child abuse or neglect.

Multiple Allegations of Chronic Abuse and/or Neglect Suspected

If a mandated reporter reports a suspicion of child abuse/neglect and then a new incident occurs, the mandated reporter must make another report of suspected abuse and/or neglect to MDHHS Centralized Intake. It is important to treat each suspected incident of abuse and/or neglect independently as it occurs. Each allegation of suspected child abuse and/or neglect may uncover patterns that intake and/or CPS can assess further.

Making the Report

MDHHS Centralized Intake is not an emergency responder. If the situation you are reporting requires immediate attention from law enforcement or medical responders, please call 911 first and then contact MDHHS Centralized Intake to make your report. Although emergency responders are mandated reporters, contact must still be made with MDHHS Centralized Intake to make the report and fulfill reporting obligations.

Examples: Parents driving while intoxicated with the child in the car, a child in the middle of the road, a child hanging out of a second story window, a domestic violence situation that is occurring at the time the call is being made, a young child found unsupervised, etc.

Call immediately. Child Protection Law states the verbal report should be made immediately once a mandated reporter has reasonable cause to suspect child abuse and/or neglect.

Examples: Do not wait until morning to call Centralized Intake if there are allegations a young child is home alone in the middle of the night. Child safety may be of immediate concern and the caretaker may return home by morning, making it more difficult for CPS to assess. Call when the child is believed to be home alone.

Do not wait a week to call in concerns that a child had an injury suspected to be caused by abuse. Child safety may be of immediate concern and the injury may change or heal over time, making it more difficult for CPS to assess. Allegations of an injury suspected to be caused by abuse should be reported immediately.

Some professionals who are mandated reporters may not be able to stop what they're doing to make an immediate report. Recognizing the importance of immediate reporting, the report should be made as soon as possible once the mandated reporter suspects child abuse or neglect.

Example: A teacher may not be able to walk out of a classroom, leaving students unattended. Once class has ended, the teacher is on break (lunch, the class is at gym, recess, at the end of the school day, etc.), or the teacher identifies other staff to relieve them, the report should be made immediately.

24/7 availability. MDHHS Centralized Intake is available 24 hours a day, seven days a week, 365 days a year.

Be prepared. It is important to have as many details as possible (about the situation, concerns, and the family) when making the report; however, MDHHS Centralized Intake will still take the report if not all the information is known.

Know your environment. Be mindful of your surroundings when making a report. Do not make the call to Centralized Intake with the child present. Be sure to gather all the necessary information from the child prior to calling MDHHS Centralized Intake.

Michigan's Safe Delivery Law

Under Michigan's Safe Delivery of Newborns law, Michigan law (MCL 701.1 et. seq., 750.135, and 722.628) a parent(s) can anonymously surrender an unharmed newborn, from birth to 72 hours of age, 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 responding to a 911 call.

According to the law, parents have the choice to leave the infant without giving any identifying information to the ESP. While a parent may remain anonymous, the parent is encouraged to provide family and medical background that could be useful to the infant in the future.

Once a newborn is in the custody of an ESP, the infant is taken to a hospital for an examination. If there are no signs of abuse and/or neglect, temporary protective custody is given to a private adoption agency for placement with an approved adoptive family. If the examination reveals signs of abuse and/or neglect, hospital personnel will make a referral to MDHHS Centralized Intake.

Mandated Reporters Information Line

Phone: **877-277-2585**

E-mail: MDHHS-MRCIcontact@michigan.gov

The Mandated Reporters Information Line (877-277-2585) is available to assist mandated reporters who have concerns about actions taken on a specific referral of child abuse or neglect they have reported to Centralized Intake. This line should not be used to report abuse or neglect.

The Mandated Reporters Information Line is staffed from 9 a.m. to 5 p.m., Monday through Friday, excluding holidays. Mandated reporters must provide the Intake ID number given to them at the time they made their referral to Centralized Intake to obtain information regarding their referral.

Centralized Intake specialists staffing this information line will verify the caller's identity to ensure confidentiality. For example, mandated reporters could be asked to send an email to the information line from their agency or business address for comparison to contact information in the department's system.

Examples of reasons to call the Mandated Reporters Information Line:

- More than five business days have passed since the date of your referral, and you have not received a notification letter from MDHHS Centralized Intake to inform you of the decision to reject the referral, or no CPS case manager has contacted you for more information.
- You received a letter from MDHHS Centralized Intake informing you your referral was rejected or transferred, and you would like to speak with an MDHHS Centralized Intake supervisor to discuss that action.
- A CPS case manager is actively involved with the family, and you have been unable to contact the case manager, or your calls have not been returned.

Note: If you are reporting new allegations of suspected child abuse or neglect, please call MDHHS Centralized Intake at 855-444-3911.

Training

MDHHS provides training to mandated reporters regarding their requirement to report suspected child abuse and/or neglect. Contact information for your local MDHHS office trainers can be found [online](#) under Training Resources. Community partners are encouraged to reach out to the MDHHS local office contact to coordinate a mandated reporter training. Community partners may also email the MDHHS-MandatedReporterTraining@michigan.gov mailbox for additional assistance.

Allegations of child abuse and/or neglect must be reported to Centralized Intake, not this mailbox.

Confidentiality

Strict *state and federal* confidentiality laws govern CPS investigations. The identity of a reporting person is confidential under the law. The identity of a reporting person is subject to disclosure only with the consent of that person, by judicial process, or to those listed under Section 5 of the Child Protection Law (MCL 722.625). The alleged perpetrator may infer from the information in the report who made the referral and confront mandated reporters; however, CPS case managers are trained not to confirm or deny any assumptions or guesses.

MDHHS is required to notify mandated reporters of the referral decision made by Centralized Intake, if requested. MDHHS is also required to notify mandated reporters of the case disposition for all referrals screened in and investigated by CPS. This is typically communicated in writing via a letter. Information shared via letter is very limited due to confidentiality. It is important to note the Log ID/Intake ID/Intake Number at the time of referral to cross reference any letters received, as the letter does not include any identifying information for the child or family.

There may be circumstances where CPS shares more information with a mandated reporter during or after a CPS investigation; however, this is largely dependent on the nature of the investigation, unique case circumstances, and the mandated reporter's role with the family.

Appendix

Specific questions need to be answered during the referral process to provide the most complete and comprehensive description of the alleged abuse or neglect.

The following is a guide for what information reporting persons should have available, if possible, when making a referral to MDHHS Centralized Intake. In many cases, not all questions can be answered; however, gather as much information as possible. This will enable MDHHS Centralized Intake to make an informed screening decision, which includes screen in for investigation, screen out for investigation, screen out to prevention in select counties, or transfer to an active case manager, law enforcement, or another appropriate entity.

Be alert to the following information, if possible, but do not complete an interview of the child(ren). Centralized Intake recognizes some of this information may be unknown, which is okay. Mandated reporters are encouraged to report even if they don't have all the information; provide as much as possible at the time of the report.

Demographic/General:

- Names and dates of birth of all parties.
- What is the name and contact information of the parent(s)?
- What is the visitation schedule between the child(ren) and the non-custodial parent(s)?
- How did you learn this information?
- If you learned this information from a different source, would you be willing to provide that source's name and contact information? Would that individual be willing to speak with someone from MDHHS Centralized Intake regarding these concerns?
- What is the location of the child (at the time the referral is being made)?
- What school/daycare does the child(ren) attend?
- What time does school start? What time does school end?
- Does the child/victim have a disability?
- Does any household member have Native American heritage?
- Does the family reside on a Native American Reservation or Trust Land?
- Are there any safety issues or concerns for CPS to know about (weapons/pets/violent people)?
- Have the police ever been contacted regarding this family?
- Does the family have any language barriers?
- Is there anyone else who would have additional information regarding these concerns?
- Is anyone in the home a licensed foster care provider, licensed day care provider, or relative provider?

Physical Injury:

- If the allegations involve **physical injury**:
 - How is the child being abused?
 - Who is abusing the child?
 - With what is the child being abused?
 - Has the child ever had marks and/or bruises?
 - Has the child ever had any other type of injuries from the abuse?
 - When is the last time you observed the child having marks and/or bruises?
- If the child currently has **marks or bruises**:
 - How does the child explain them?
 - What do the marks look like (burns, welts, scalds, etc.)?
 - What color, size, and shape are they?
 - Was the skin broken?
 - When does the child say they were last struck?
 - Is the child afraid to go home?
 - Did the parent threaten to hit the child again?
 - Is the child complaining of pain and/or discomfort?

Sexual Abuse:

- Be specific as to why you suspect sexual abuse.
- What has the child done or said to make you suspect sexual abuse?
- When and to whom did the child disclose sexual abuse?
- Who is the suspected perpetrator?
- Does the suspected perpetrator live in the home?
- Does the suspected perpetrator still have access to the child?
- Is a parent aware?
- What action has the parent taken to protect the child if they are aware?
- Has the parent sought medical attention for the child?

Physical Neglect:

- If the allegations involve concerns with the family's home conditions (sometimes referred to as a *dirty* home), describe the home in detail. **Be very specific.**
 - When was the last time you were in the house?
 - Describe what you see when you walk in the house.
 - The words "dirty" or "filthy" are vague and have different meanings to different people. "Garbage on the floor" or "animal feces throughout the house" are more specific and descriptive.
 - Does the home have an odor?
 - What does the kitchen look like?
 - Are there open containers of food lying around?
 - Is there running water in the home?

- If the allegations involve a **child not being fed properly**:
 - Is there any food in the home right now? How do you know?
 - When was the last time you saw food in the home?
 - What exactly is in the refrigerator and cupboards?
 - Do the children complain about being hungry?
 - Does anybody else buy food for the home?
 - Is there less food during specific times of the month?
 - Is the family accessing food at another location – a neighbor’s home, with relatives, a restaurant, etc.?
- If your concerns involve a **child’s hygiene** (including oral hygiene):
 - Is the child generally clean? If they are not clean, provide specifics to support.
 - How often are they unclean? Twice a week, four or five times a week, every day, etc.?
 - Does the child bathe on a regular basis?
 - Are their clothes and/or body unclean?
 - Do they have an odor?
 - Does the family have animals?
 - Are the animals indoor pets?
 - Does the home have bugs or rodents (cockroaches, flies, mice, etc.)?
 - How does this affect the child’s peer-to-peer relationships? Do others notice and/or treat the child differently due to their odor or hygiene?
 - Does the child have any unmet dental needs?
 - Is the child currently reporting any tooth/mouth pain?
 - Does the child have any broken, discolored, or missing teeth?
- If the allegations involve **no water or heat in the home**:
 - How are you aware of the situation?
 - How long has the water and/or heat been off?
 - Do the parents have a plan to have the water and/or heat turned back on?
 - Does the family have access to water?
 - Is the family bringing water into the home?
 - Are the children sleeping at the residence or staying elsewhere at night?
 - Are the children bathing elsewhere?
- If the allegations involve **abandonment**:
 - Has the parent left the child in the care of another for an indeterminate length of time and that person is not able to continue to provide care for the child?
 - Has the parent kicked the child out of the home or refuses the child entry into the home and has not provided a safe alternative?
 - Is the parent inaccessible by the child and others involved in the current care of the child?
 - Has the parent established another residence without the child and not made appropriate arrangements for the child’s care and custody?
- If the allegations involve the **children being home alone**:

- If the child is being left home alone, how old are they?
- How often are they left home alone?
- Are they left alone during the daytime or in the evenings?
- How long are they usually left alone?
- Is there a phone in the home?
- Does the child know what to do in case of emergency?
- Do any of the children in the home have special needs, including mental, physical, and/or behavioral needs?
- Has the child ever been left alone overnight?
- Is the child home alone right now?

Please note: For children left home alone, consider if the child has been left unsupervised with responsibilities beyond their capabilities and/or without a support system, including access to phone numbers of people responsible, other family members or neighbors, information about personal safety, and what to do in an emergency. Consider length of time, time of day, and age/ability of the child, if the child is without a support system and does not have access to a phone, phone numbers of people responsible, or other family members.

Placing a Child at Unreasonable Risk:

- If the allegations involve **parental substance (drug or alcohol) use**:
 - How does the parent's drug use affect the care of the child?
 - How do you know the parents are using substances?
 - What kind of substance(s) are they using?
 - Are substances used in front of the child?
 - Does the parent's use of substances in front of the child impact the child's safety and well-being?
 - Are the parents selling drugs out of the home?
 - Are the parents allowing other people to use drugs in the home or to sell drugs out of the home?
- If the allegations involve concerns with the **parent's ability to protect** the child:
 - How has the child been abused or neglected?
 - How do you know that the parent is aware of the abuse/neglect?
 - Has the parent taken any steps to protect the child?
 - Has the parent threatened the child not to talk about the abuse/neglect?
 - Did the abuse occur in the past and the parent continued to allow the alleged perpetrator to have contact with the child?
 - What type of emotional tie does the parent have with the alleged perpetrator?

Medical Neglect

- What type of injury or medical need does the child have?
- What type of care does the child require?
- How has the parent failed to meet the child's needs?

- If the child has missed medical appointments, how many?
- When was the last time the child was seen by a doctor?
- How has the parent's failure to provide medical care affected the child?
- Any identifying information about the child's health care provider is helpful.

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