

MICHIGAN CHILD INJURY AND DEATH COORDINATED AND COMPREHENSIVE INVESTIGATION RESOURCE PROTOCOL



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PREFACE

The Michigan Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol was created with a grant from the Governor’s Task Force on Children’s Justice. The purpose behind the Resource Protocol is to provide information to ensure successful coordinated investigations in child maltreatment cases, including child maltreatment cases that result in a child death, and to minimize additional trauma to child victims.

The Resource Protocol is a compilation of summaries on existing child abuse and neglect protocols and the entire Sudden & Unexplained Child Death Scene Investigation Form. These protocols provide information and guidelines directed towards responders from different disciplines—law enforcement, children’s protective services, prosecutors, and others. They reflect current and successful methods to conducting thorough and successful coordinated investigations of child maltreatment cases.

The goal of the Resource Protocol is to promote the highest level of success in the handling of child maltreatment cases through: clearly defining team roles; effectively and appropriately carrying out responsibilities; initiating consistency in dealing with children and families; and increasing the understanding and appreciation of the unique roles of each discipline involved.

The importance of the utilization of open communications through on-going discussions with all disciplines involved is crucial in:

- Ensuring successful investigation of child maltreatment cases, including child maltreatment cases that result in a child death.
- Minimizing additional trauma to the child.

This project is funded by a federal Children’s Justice Act grant to the Governor’s Task Force on Children’s Justice administered through the Michigan Department of Human Services, under the Child Abuse Prevention and Treatment Act, Administration of Children and Families, Department of Health and Human Services, CFDA 93.643, being section 107(a), (b), (c), (d), (e) and (f) as amended (42 USC 5101 et seq.); and the Victims of Crime Act of 1984, as amended (42 USC 10601 et seq.).

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A MODEL CHILD ABUSE PROTOCOL – COORDINATED INVESTIGATIVE TEAM APPROACH

For complete details, please reference the full document at:
http://www.michigan.gov/documents/dhs/DHS-Pub-794_206830_7.pdf

Pursuant to Public Act 238 of 1975, 722.628(6), in each county, the prosecuting attorney and the department shall develop and establish procedures for involving law enforcement officials as provided in this section. In each county, the prosecuting attorney and the department shall adopt and implement standard child abuse and neglect investigation and interview protocols using as a model the protocols developed by the governor's task force on children's justice as published in DHS Publication 794 (revised 9-07) and DHS Publication 779 (Revised 10-07), or an updated version of those publications.

APPROPRIATE RESPONDER

Law Enforcement Authority	✓
Children's Protective Services	✓
Medical Personnel	✓
Emergency Medical Services	
Prosecution	✓
Public Health	✓
School Personnel	✓

STATEMENT OF PURPOSE

This protocol shall apply to those situations described in the Child Protection Law (MCL 722.628). This protocol shall serve as a minimum standard for investigations and should be expanded at the local level. In order to provide a more consistent and appropriate response to children, representatives of designated agencies have adopted and adhere to this protocol.

The Child Protection Law (CPL), MCL 722.628(3), provides: *In conducting its investigation, the department shall seek the assistance of and cooperate with law enforcement officials within 24 hours after becoming aware that 1 or more of the following conditions exists:*

- ✓ Abuse or neglect is the suspected case of a child's death.
- ✓ The child is the victim of suspected sexual abuse or sexual exploitation.
- ✓ Abuse or neglect resulting in severe physical injury to the child requires medical treatment or hospitalization. (Severe physical injury is defined as an injury to the child that requires medical treatment or hospitalization and that seriously impairs the health or physical well-being of the child.)
- ✓ Law enforcement intervention is necessary for the protection of the child, a department employee, or another person involved in the investigation.

- ✓ The alleged perpetrator of the child's injury is not a person responsible for the child's health or welfare.
- ✓ The child has been exposed to or had contact with methamphetamine production.

A MODEL CHILD ABUSE PROTOCOL

REPORTING CHILD SEXUAL ABUSE, SEVERE PHYSICAL INJURY, AND CHILD FATALITY

- A. Upon Children's Protective Services (CPS) receipt of reported child abuse and/or neglect, listed in MCL 722.628(3), CPS shall:
 - 1. Immediately notify the appropriate law enforcement Coordinated Investigative Team (CIT) member/agency.
 - 2. Notify the designated team leader (prosecutor).
- B. Each CIT law enforcement agency shall establish written procedures for apprising CPS:
 - 1. Of child abuse case handling during normal business hours.
 - 2. Of child abuse case handling after normal business hours (weekends, evenings, and holidays).
 - 3. Of child abuse complaints received by the agency.

COORDINATED INVESTIGATIVE TEAM APPROACH

- A. Coordinated Investigative Teams (CITs)
 - 1. Each member of the team(s) will have received specialized training in the handling of abuse/neglect cases. The team(s) will include the following individuals:
 - a. Prosecuting Attorney - Team Leader
 - b. Law Enforcement
 - c. Children's Protective Services Workers
 - d. Medical Professionals
 - e. Mental Health Professionals

Note: Not every case will require the participation of all members of the team.

- 2. Each law enforcement agency shall designate at least one officer and an appropriate backup officer/agency, specifically identified and specially trained to handle cases of child abuse occurring within their jurisdiction.
 - 3. An appropriate on-call notification system for all cases received shall be developed, maintained, or enhanced.
 - 4. All designated teams members shall be provided with a telephone and/or pager number contact list that shall be maintained and distributed by the team coordinator. This list shall be updated as necessary.
- B. Investigative Objectives:
 - 1. Determine if child was abused or neglected and whether the child is in need of protection.
 - 2. Determine whether there is probable cause to believe a crime was committed.
 - 3. Minimize trauma to the victim.
 - 4. Ensure fairness to the accused.

PROSECUTORS

- A. To facilitate this protocol, the prosecuting attorney shall:
 - 1. Take a leadership role in the development and implementation of this child abuse protocol in accordance with the statewide protocol and MCL 722.628(6).
 - 2. Coordinate the activities of the CIT.
 - 3. Provide legal counsel on issues relative to the investigation and prosecution of child abuse.
 - 4. Facilitate in-service training for local members of the CIT not less than annually.
- B. The prosecuting attorney shall establish consistent practices for the charging, plea negotiation, and disposition of child abuse cases which achieve the following:
 - 1. Minimize trauma to the child victim relative to all proceedings.
 - 2. Ensure the rights of the accused.
- C. To enhance the advocacy of child abuse/neglect, victims, the prosecuting attorney shall:
 - 1. Designate a staff member(s) to act as an advocate for child abuse victims.
 - 2. Establish office policy that accommodates the special needs of child abuse victims during their exposure to the civil and criminal justice system.

CHILDREN'S PROTECTIVE SERVICE AND LAW ENFORCEMENT INVESTIGATIONS

- A. The CIT shall proceed with an investigation including:
 - 1. Interview victim(s) pursuant to the Forensic Interviewing Protocol (DHS Pub 779).
 - 2. Interview all witnesses, including children.
 - 3. Interview members of victim's family, including children.
 - 4. Collect and preserve evidence.
 - 5. Interview alleged perpetrator(s).
- B. The designated CIT law enforcement member in consultation with the prosecuting attorney and Children's Protective Services shall be responsible for management of the following areas:
 - 1. Collecting and retaining evidence.
 - 2. Interviewing of victim(s), alleged perpetrator, witnesses.
 - 3. Selecting location of interviews.
 - 4. Methods used in interview.
- C. When an allegation involves sexual and/or severe physical abuse, or methamphetamine exposure, which has occurred within approximately 72 hours, the CIT shall arrange for an *immediate* medical examination.
- D. When an allegation involves sexual and/or severe physical abuse, or methamphetamine exposure, which has not taken place within the last approximately 72 hours, an examination at a medical facility specializing in the evaluation of child abuse is *strongly recommended*.

MEDICAL PERSONNEL

- A. Interview the child for the purpose of medical diagnosis or treatment.
 - 1. Limit the interview of the child to the person who will examine the child.
 - 2. Interview the child alone, whenever possible.
 - 3. Document the child's verbatim statements regarding abuse.
 - a. Accurate and detailed statements from children are essential for the other CIT members.
 - b. Statements concerning child abuse made by a child during the course of medical diagnosis and treatment are generally admissible in court.
 - 4. An evaluation report shall be submitted to CPS.
- B. Specially trained medical personnel shall conduct a physical examination of child.
 - 1. Test according to standardized sexual assault protocol.
 - 2. Use rape kit when appropriate.
 - 3. Take cultures (vagina, anus, urethra in males, mouth) when history or physical examination suggests likelihood of sexually transmitted disease.
 - 4. Test for baseline serology (VDRL, HIV, Hepatitis B) if indicated by history or exam.
 - 5. Document results of medical exam using body maps and photographs.
- C. When medical personnel identify or have reasonable cause to suspect child abuse/neglect including self-reporting by a child, s/he shall:
 - 1. Telephone a complaint to Children's Protective Services immediately.
 - 2. Complete and submit DHS 3200 form within 72 hours.
- D. Child may be admitted to the hospital without parental consent if:
 - 1. Parents threaten to remove the child against medical advice.
 - 2. Release could endanger the child's health or welfare.
- E. Under the Child Protection Law, the hospital can retain the child in temporary protective custody until the next regular business day of the Family Division of Circuit Court. CPS must be contacted immediately.

MENTAL HEALTH PERSONNEL

- A. When mental health personnel identify or have reasonable cause to suspect child abuse/neglect, including self-reporting by a child, s/he shall:
 - 1. Telephone a complaint to Children's Protective Services immediately.
 - 2. Complete and submit DHS 3200 form within 72 hours.
- B. If forensic evaluation of the child victim(s) and family is requested by CIT:
 - 1. Interview victim(s) using the Forensic Interviewing Protocol (DHS 779) as a model.
 - 2. The same therapist should evaluate all family members involved in the case.
 - 3. Interview all children in the victim's family if they have had any contact with the alleged perpetrator.
 - 4. Submit evaluation report to CPS.

SCHOOL PERSONNEL

All of the following are required by law and should be complied with regardless of any other requirements of the school. This is an individual's responsibility.

- A. When school personnel or regulated child care providers identify or have reasonable cause to suspect child abuse/neglect, including self-reporting by a child, s/he shall:
 - 1. Telephone a complaint to Children's Protective Services immediately.
 - 2. Complete and submit DHS 3200 form within 72 hours.
- B. Public schools and other institutions shall cooperate with DHS during an investigation of a report of child abuse and neglect.
- C. School personnel shall cooperate with the CIT.
 - 1. Cooperation includes allowing access to the child without parental consent and allowing DHS to interview the child alone [MCL 722.628(8)].
 - 2. As soon afterward as possible, DHS shall notify the person responsible for the child's health and welfare that DHS had contact with the child.
- D. Investigation of child abuse is the responsibility of DHS and law enforcement officials.
 - 1. School personnel are not to investigate or determine if abuse/neglect actually occurred.
 - 2. No child shall be subjected to a search at school that requires the child to remove clothing to expose buttocks, genitalia, or breasts [MCL, 722.628(10)].

GENERAL PRINCIPLES

- A. Confidentiality is imposed upon both DHS and the law enforcement agency. While the law enforcement agency may receive information from the central registry of DHS, the statute provides the information may only be disseminated to another entity named in the statute.
- B. Videotaping or audiotaping of interviews should be approved in advance by the prosecuting attorney, bearing in mind that copies of *all* interviews, inculpatory or exculpatory, must be retained.
- C. The results of all examinations of the child performed by specialized personnel (including medical, psychiatric, and psychological evaluations) shall promptly be made available to CPS.
- D. When it is determined that the alleged perpetrator is not a "person responsible for the child's health or welfare," as defined in the Child Protection Law, CPS shall promptly turn over the matter to the appropriate law enforcement agency for investigation and disposition.
- E. Open communication between all parties is encouraged to resolve any difficulties that may arise in the implementation of this protocol.
- F. The best interests and welfare of the child are of primary importance and the ultimate disposition in each case should reflect this principle. The opinions and advice of all agencies involved in protecting the child should be considered before any final decisions are made.
- G. Anatomically explicit dolls and other aides, if used, should only be used with caution.
- H. To ensure accurate information from children and protect the rights of the alleged perpetrator, all CIT members should utilize the Forensic Interviewing Protocol (DHS Pub 779).

FORENSIC INTERVIEWING PROTOCOL

For complete details, please reference the full document at:
http://www.michigan.gov/documents/dhs/DHS-PUB-0779_211637_7.pdf

Pursuant to Public Act 238 of 1975, MCL 722.628(6), in each county, the prosecuting attorney and the department shall develop and establish procedures for involving law enforcement officials as provided in this section. In each county, the prosecuting attorney and the department shall adopt and implement standard child abuse and neglect investigation and interview protocols using as a model the protocols developed by the governor's task force on children's justice as published in DHS Publication 794 (revised 9-07) and DHS Publication 779 (Revised 10-07), or an updated version of those publications.

APPROPRIATE RESPONDER

Law Enforcement Authority	✓
Children's Protective Services	✓
Medical Personnel	
Emergency Medical Services	
Prosecution	✓
Public Health	
School Personnel	

Only professionals who have received appropriate training in the application of the protocol should conduct the interviews of children. Below is a summary of the full forensic protocol. Please refer to the entire protocol for further clarification if needed.

This protocol should be used in conjunction with the Governor's Task Force on Children's Justice protocol, *A Model Child Abuse Protocol—Coordinated Investigative Team Approach* (DHS Pub. 794). Proper implementation of the *Forensic Interviewing Protocol* (DHS Pub. 779) requires professional training.

The goal of a forensic interview is to obtain a statement from a child, in a developmentally-sensitive, unbiased, and truthseeking manner, which supports accurate and fair decision-making in the criminal justice and child welfare systems. Forensic interviews are hypothesis-testing rather than hypothesis-confirming and should be child-centered rather than adult-centered. Prior to the interview, collect as much information pertaining to the child as possible. This will help the interviewer build rapport with the child and allow the interviewer to develop and test alternative hypotheses regarding the allegations.

CONDUCTING A PHASED INTERVIEW

The interview includes 8 phases:

- **PREPARING THE INTERVIEW ENVIRONMENT**
 - Review questions that will test alternative hypotheses about how the allegation arose.
 - Interviewing room should be friendly but uncluttered, free from distracting noises and supplies.
 - Remove distracting material from the room and position chairs and recording equipment before introducing the child to the interview room.
 - Record identifying information on video recorded statement, if used.

- **THE INTRODUCTION**
 - Introduce yourself to the child by name and occupation.
 - Explain recording equipment if being used.
 - Answer questions from child.
 - The following is a simple example adapted from Sternberg et al. (1997):
 - Introduction: "Hello, my name is _____. I am a police officer/detective/social worker and part of my job is to talk with children about things that have happened."
 - Explain recording: "As you can see, I have a video camera/recorder here. It will record what we say. Sometimes I forget things and the recording lets me listen to you without having to write everything down."

- **ESTABLISHING THE GROUND RULES** *"Before we talk some more, I have some simple rules for talking today."*
 - Get a verbal agreement from the child to tell the truth.
 - Remind the child that s/he should not guess at an answer.
 - Explain the child's responsibility to correct the interviewer when s/he is incorrect.
 - All the child to demonstrate understanding of the rules with practice questions (e.g., "What is my dog's name?").

- **COMPLETING RAPPORT BUILDING WITH A PRACTICE INTERVIEW** *"I'd like to get to know you a little better now."*
 - Ask the child to describe a recent event from beginning to end.
 - Use open-ended prompts such as "Then what happened?" or "Tell me more."
 - Reinforce the child for talking by displaying interest in what the child is saying.

- **INTRODUCING THE TOPIC**
 - Introduce the topic, starting with the least suggestive prompt.
 - e.g., "Now that I know you a little better, it's time to talk about something else. Do you know why you are here today?"
 - Avoid words such as *hurt*, *bad*, or *abuse*.
 - e.g., "I understand something has been bothering you."

- **THE FREE NARRATIVE**
 - Prompt the child for a free narrative with general probes such as, “Tell me everything you can about that.”
 - Encourage the child to continue with open-ended prompts such as, “Then what?” or “Tell me more about...”

- **QUESTIONING AND CLARIFICATION** *“I want to make sure I understand everything that happened.”*
 - Cover topics in an order that builds upon the child’s prior answers to avoid shifting topics during the interview.
 - Select less suggestive question forms as much as possible.
 - Do not assume that the child’s use of terms (e.g., “Uncle” or “pee pee”) is the same as an adult’s.
 - Clarify important terms and descriptions of events that appear inconsistent, improbable or ambiguous.
 - Use specific but non-leading questions for details about information.
 - e.g., “Do you remember what you were doing when....?”
 - Ask questions that will test alternative explanations for the allegations.

- **CLOSURE** *“Is there something else you’d like to tell me about _____? Are there any questions you would like to ask me?”*
 - Ask if the child has any questions.
 - End interview with a neutral topic conversation.
 - Thank the child for coming.

MICHIGAN DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

For complete details, please reference the full document at:
http://www.michigan.gov/documents/dhs/DEC_Response_Protocol_179832_7.pdf

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

APPROPRIATE RESPONDER

Law Enforcement Authority	✓
Children's Protective Services	✓
Medical Personnel	✓
Emergency Medical Services	✓
Prosecution	✓
Public Health	
School Personnel	

This is a summary of the Michigan Drug Endangered Children (DEC) Response Protocol. This is intended to manage the safety issues of children who are found in drug labs and/or homes.

Drug Endangered Children (DEC) are children under age 18 found in homes: (a) with caregivers who are manufacturing controlled substances in/around the home ("methamphetamine (meth) labs") or (b) where caregivers are dealing/using controlled substances **and** the children are exposed to the drug or drug residue ("meth homes" and/or "drug homes"). Given these circumstances, the protocol should be followed to ensure the safety, health and welfare of the child.

MICHIGAN DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL

1. INITIAL DISCOVERY: RESPONSE TO CHILDREN FOUND IN A DRUG HOME

- Responder calls 911 and DHS.
- DHS and law enforcement coordinate a mutual response within 24 hours.
- If while in the home, any responder other than law enforcement sees or smells any signs of a potential meth lab or evidence of other narcotic use, s/he will exit immediately without alarming the suspects and contact law enforcement.
- Responder other than law enforcement does not enter home until determined safe by law enforcement.

2. INITIAL DISCOVERY: RESPONSE TO CHILDREN FOUND AT METH LABS

- Only Occupational Safety and Health Administration (OSHA) certified law enforcement is to enter a known meth lab.
- Only OSHA-certified law enforcement is to remove anyone from a known meth lab.
- If a child protective services worker is not already on the scene, responders shall contact DHS and request immediate dispatch, state that children have been found at a meth lab and if possible, state the names and dates of birth.
- Law enforcement is to wear appropriate safety gear.
- No clothing (other than what the children are wearing), toys, food or drink is to be removed from the home. If essential items such as medications, eyeglasses, etc., must be removed, they are to be placed in sealed plastic bag by law enforcement.

3. PRELIMINARY MEDICAL ASSESSMENT OF CHILDREN

- *Within 4 hours of discovery or **immediately if child(ren) are showing symptoms***, DHS or law enforcement will secure a medical evaluation of children found in meth labs.

Symptoms:

- Respiratory distress/breathing difficulties.
- Red, watering, burning eye(s).
- Chemical/fire burns.
- Altered gait (staggering, falling).
- Slurred speech.
- **Any** other symptom requiring emergency care.

4. EMERGENCY TRANSPORT OF CHILDREN TO MEDICAL FACILITY

- If necessary, Emergency Medical Services (EMS) may transport children to emergency room (ER) and alert ER to possible chemical contamination.

5. PHOTOGRAPHING AND DECONTAMINATION OF CHILDREN FROM METH LAB/HOME

- If possible, on the scene, law enforcement will photograph and decontaminate child(ren) in a safe/private location.
- If not possible on scene, protect responders/response vehicles from chemical residue prior to transporting child(ren).

6. OBTAINING URINE SAMPLE FROM CHILDREN WITHIN 4 HOURS

- A urine sample from each child should be collected within *4 hours* from when the child was removed from meth home.
- Request the screen at 50 ng or lower and confirmation tests at “any detectable level”.

7. FORENSIC INTERVIEW OF CHILDREN

- The purpose of this brief interview is to determine the children’s primary caregiver, the kind of care the children are receiving and the degree of access the children have had to the meth lab and/or drugs.
- If possible, given the specific circumstances, conduct a forensic interview of children at the scene to ascertain:
 - Last meal eaten and who prepared it.
 - Last bathing and by whom.
 - How the child feels physically and mentally.
 - Child aware if anyone in home smokes? If yes, what do they smoke?
 - Anything in house that bothers child?
 - Other children living in the house who aren’t home right now?
- A second forensic interview in a child-friendly setting should occur within 48 hours of discovery of children within a drug endangered environment.

8. REMOVAL AND PLACEMENT OF CHILDREN

- DHS will intervene on behalf of the child(ren) and determine the appropriate action and/or placement per DHS policy.
- If DHS is unable to respond to the scene, any available responder should contact DHS to report the drug endangered child(ren).
- Non-DHS responders should not release child(ren) to neighbors, relatives, etc.

Pursuant to Public Act 256 of 2006, within 24 hours after DHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, DHS shall submit a petition for authorization by the court under MCL 712A.2.

9. LOCATION OF OTHER CHILDREN

- DHS will attempt to locate any and all children known to live in the drug house not present at time of discovery and will arrange for forensic interviews and medical evaluations as necessary

10. DOCUMENTATION OF CHILD ENDANGERMENT

- Law enforcement will follow MSP Meth protocol.
- DHS will follow DHS policy for documentation.
- Appropriate responders will document in writing and with photos/video any and all hazards/risk factors.

11. COMPLETE MEDICAL EVALUATION OF CHILDREN

- Medical personnel will follow *Michigan DEC Medical Protocol*, as required.

12. PROSECUTION AND ADMINISTRATION FOLLOW-UP

- Law enforcement will complete reports/documentation of child endangerment and forward to prosecutor.
- Law enforcement will notify the local enforcing agency under PA 307 for all meth related incidents.
- Law enforcement, DHS and medical providers will coordinate exchange of information obtained by DHS through intake/investigation.
- Pursuant to Public Act 256 of 2006, within 24 hours after DHS determines that a child was allowed to be exposed to or have contact with methamphetamine production, DHS shall submit a petition for authorization from the court under MCL 712A.2.
- The prosecuting attorney will review evidence and information gathered from other agencies and decide what legal action should be taken.
- Prosecutor should share all accessible information with other agencies and interested parties.
- In the event that DHS does not confirm abuse or neglect, the prosecutor should consider filing petition in family court without their involvement if situation so warrants.

13. FOLLOW-UP CARE FOR CHILDREN

- DHS will ensure all necessary follow-up evaluations and treatment are provided to child(ren).
- DHS will collaborate with health care providers and the child(ren)'s caregivers.
- DHS will not allow child/parent visits to occur in homes that formerly housed meth labs unless it has been cleaned pursuant to PA 258 and 260 (check with local health department to confirm).

MUNCHAUSEN BY PROXY – A COLLABORATIVE APPROACH TO INVESTIGATION, ASSESSMENT AND TREATMENT (PEDIATRIC CONDITION FALSIFICATION AND FACTITIOUS DISORDER BY PROXY)

*For complete details, please reference the full document at:
http://www.michigan.gov/documents/dhs/DHS_PUB_0017_200457_7.pdf*

APPROPRIATE RESPONDER

Law Enforcement Authority	✓
Children’s Protective Services	✓
Medical Personnel	✓
Emergency Medical Services	✓
Prosecution	✓
Public Health	
School Personnel	

The term “Munchausen by Proxy” (MBP) is used to describe a form of child abuse in which a parent, nearly always a mother, over-reports symptoms or illness or causes unnecessary medical procedures to be performed on the child. The impact of MBP on the child-victim may include physical, emotional, and psychological harm.

Identifying and responding to this unusual and complex form of child abuse requires a carefully coordinated multidisciplinary intervention. Due to the complexity of investigation, assessment and treatment for Munchausen by Proxy, **please refer to the full document, *A Collaborative Approach to Investigation, Assessment, and Treatment (DHS Pub 17)*, to guide you through the process.** The multidisciplinary approach will guide various professionals through detection, investigation, legal proceedings, and treatment of the phenomena.

WARNING SIGNS OF MUNCHAUSEN BY PROXY

Although family members, neighbors, teachers and others may report pathological use of health care to child protective services, it is usually a physician who is in a position to initially suspect pathological health seeking behavior. Detection is subtle and dependent on swift recognition of the warning signs that should trigger suspicion. These warning signs are not diagnostic on their own and are not necessarily exclusive to MBP abuse. However, when several warning signs exist, the physician needs to recognize that the child is at risk of harm and the physician should include MBP abuse in the differential diagnosis and evaluate that possibility. These warning signs, when clustered together, raise the chances that the child is at risk. Specific warnings signs fall into several domains.

ILLNESS RELATED WARNING SIGNS

- Unexplained/recurrent/prolonged illness leading to several hospitalizations and multiple medical procedures.
- Discrepancy between reported history, clinical assessment and laboratory results.
- Discrepancy between child's appearance and reported medical history.
- Symptoms are often vague and lack verifying signs.
- Symptoms only occur or are reported to occur in offending parent's presence.
- Poor response to standard treatment.
- Bizarre, unusual laboratory results.
- Prior concerns of MBP in medical records.

PERPETRATOR WARNING SIGNS

- Intense desire to maintain close relationship with medical staff.
- Immediate acceptance of recommendations for invasive, painful procedures.
- Failure to express relief when presented with negative test findings.
- Strong resistance to having child discharged.
- Presents as more interested in the medical condition than in the child; parent's affect is not consistent with the severity of the symptoms described.
- Reports numerous dramatic life events.

PARENT-CHILD RELATIONSHIP WARNING SIGNS

- Excessive attention in the form of enmeshment, overprotection, restriction of activities and relationships.
- Offending parent insists on doing routine medical/nursing care in hospital.
- Child's symptoms diminish or cease when away from suspected parent.
- Child responds to standard medical treatment when away from suspected parent.
- Older children colluding with the suspected parent.
- Younger children appear to have a passive tolerance of painful procedures.

FAMILY INDICATOR WARNING SIGNS

- Unexplained sibling illness or death.
- Marital discord.
- Absent or disengaged father.
- History of physical or sexual abuse in suspected parent's family of origin.

RESPONDER	DETECTION	INVESTIGATION AND ASSESSMENT	COURT
Children's Protective Services/ Foster Care	Complaint received.	<ol style="list-style-type: none"> 1. Meet with physician or medical team. 2. Refer to medical review if not done already. Obtain needed medical records. 3. If barriers to obtaining medical records, petition court for order to release records. 4. Seek assistance of law enforcement within 24 hours if abuse/neglect has caused severe physical injury to child. 	File Petition; make placement recommendation. Ensure that placement is safe and consistent with needs of child. Consider protective orders that control parent access to child and protect siblings.
Physician/Medical Team	Evaluate health, review applicable medical records. If child abuse or neglect is suspected, immediately contact CPS.	<ol style="list-style-type: none"> 1. Notify MBP consultant. Begin formal assessment. 2. Consider planned hospitalization. 3. Make diagnosis, direct further evaluation or rule out. 	Testify regarding medical history. Medical records review underway.
Court/Prosecution		<ol style="list-style-type: none"> 1. If requested, consider entering orders for investigation or emergency placement. 2. Assign a Lawyer-Guardian ad litem (L-GAL) to child. L-GAL should have knowledge on MBP dynamics. 3. Legal representation for parent should have knowledge with MBP dynamics. 4. County prosecuting attorney or Attorney General's office will represent DHS. 	Preliminary Hearing; determine whether child abuse/neglect is supported by probable cause. Determine placement pending trial and, if placed, parenting time. Order further investigation, including psychological evaluation.
Law Enforcement	If MBP is suspected, contact CPS.	If child has severe physical injury, work with CPS to get child medical treatment.	
Emergency Medical Services	If MBP is suspected, contact CPS.		

DEATH SCENE INVESTIGATION FORM

APPROPRIATE RESPONDER

Law Enforcement Authority	✓
Children's Protective Services	✓
Medical Personnel	✓
Emergency Medical Services	✓
Prosecution	
Public Health	
School Personnel	

When a child dies suddenly and unexpectedly, a thorough investigation of the scene is necessary to accurately determine the cause and manner of death. The scene investigation should happen as soon as possible after the child's death, optimally within 24 hours.

This form should be used as a guide to your investigation of the scene of a sudden and unexplained death, especially to a child under the age of two. Completing all or parts of this form will help your medical examiner determine how and why the child died. The questions in this form will lead you through a thorough investigation. It is not expected that you will be able to answer all of the questions. You should attempt to interview witnesses, EMS and emergency room personnel, child care providers, law enforcement, and other persons from the scene.

In conducting the investigation, criminality or negligence should not be assumed. An empathetic, non-confrontational approach is both appropriate and effective. Complete as many sections as possible. Attach this form to your investigation report. Submit a copy to the medical examiner's office within 24 hours. Because the child will probably have already been transported to a hospital or other facility, it is important that you try to recreate the scene to approximate actual events. Attempt to acquire scene photographs as appropriate. Contact your prosecuting attorney's office to ensure that all laws and regulations are followed in your search of the area, the interviewing of witnesses, and the collection of evidence. Use only forms that have been approved by your local prosecutor.

CLICK ON THE STATE SEAL TO OPEN FULL DOCUMENT

**State of Michigan
Sudden & Unexplained
Child Death Scene
Investigation Form**



Instructions:

Please fill out this form as much as possible and attach it to your investigation report.

Return a copy to the Medical Examiner's Office within 24 hours.

Contact your Prosecuting Attorney's Office to ensure all laws and regulations are followed.

KEY PHONE NUMBERS AND RESOURCES

NAME	NUMBER
DHS Statewide toll free	1-800-942-4357
Poison Control Hotline	1-800-222-1222
Methamphetamine Hotline	1-888-609-6384

Local Contact Numbers

Hospital Emergency Room _____

Local DHS Contact _____

Law Enforcement Contact _____

Medical Professional Contact _____

Mental Health Professional Contact _____

Prosecutor's Office _____



Copies Printed: 0

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Authority: DHS Director

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.