



Reference and contact numbers

Michigan Department of Health and Human Services (MDHHS) statewide hotline for reporting suspected child abuse or neglect:

855-444-3911

Within 72 hours after making the oral report, the mandated reporter shall submit a written report to Centralized Intake for Abuse & Neglect using Form DHS-3200, which can be accessed at: www.michigan.gov/MandatedReporter.

Find information about abuse and neglect, Children's Protective Services, the reporting process, and multiple resources for mandated reporters, including training availability, at this MDHHS website: www.michigan.gov/AbuseNeglect.

Additional Michigan and national resources

Child Pornography Tipline
800-THE-LOST (800-843-5678)

Childhelp USA
National Child Abuse Hotline
800-4-A-Child (800-422-4453)
Hotline is staffed 24/7 by professional crisis counselors with access to a database of emergency, social service, and support resources.

Common Ground Crisis Line
800-231-1127

Listening Ear Crisis Hotline
Lansing: 517-337-1717
Clare County: 989-386-2774
Isabella County: 989-772-2918

Michigan Children's Trust Fund
800-CHILDREN or (517) 373-4320

Michigan Office of Children's Ombudsman is charged with the oversight of Children's Protective Services, adoption, and foster care services. 800-MICH-FAM (800-642-4326)

Michigan Parent Help Line
800-942-4357

National Domestic Violence/Abuse Hotline
800-799-SAFE
800-787-3224 TTY

National Runaway Switchboard
800-RUNAWAY (800-786-2929)

National Suicide Hotline
800-273-TALK (800-273-8255)

Rape, Abuse, and Incest National Network
800-656-HOPE

RAPLine (Michigan Runaway Assistance Program)
800-292-4517

School Violence Hotline
800-815-TIPS



The Michigan Department of Health and Human Services is the lead agency responsible for protecting Michigan's vulnerable children and adults. In addition, they oversee the mandated reporter process and reports from the general public.

This pamphlet was inspired by the dedication and donation of Marcie Schalon, an MSU social work alumnus whose care for children was further informed by her background in child welfare.

This pamphlet was prepared by the Michigan State University Chance at Childhood Program.

Funding for production of this pamphlet was provided, in part, by a federal Children's Justice Act grant to the Governor's Task Force on Child Abuse and Neglect administered through the Michigan Department of Health and Human Services, under Section 107(a), (b), (c), (d), (e), and (f) of the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106c et seq.) as amended by Public Law (P.L.) 111-320 enacted December 20, 2010; and the Victims of Crime Act of 1984, as amended (42 U.S.C. 10603 et seq.).

Additional funding was provided by the Michigan State University School of Social Work.



For additional pamphlets, contact:
MSU Chance at Childhood Program
610 Abbot Road
East Lansing, MI 48823
<http://chanceatchildhood.msu.edu>

The Chance at Childhood Program is sponsored by:

MICHIGAN STATE UNIVERSITY

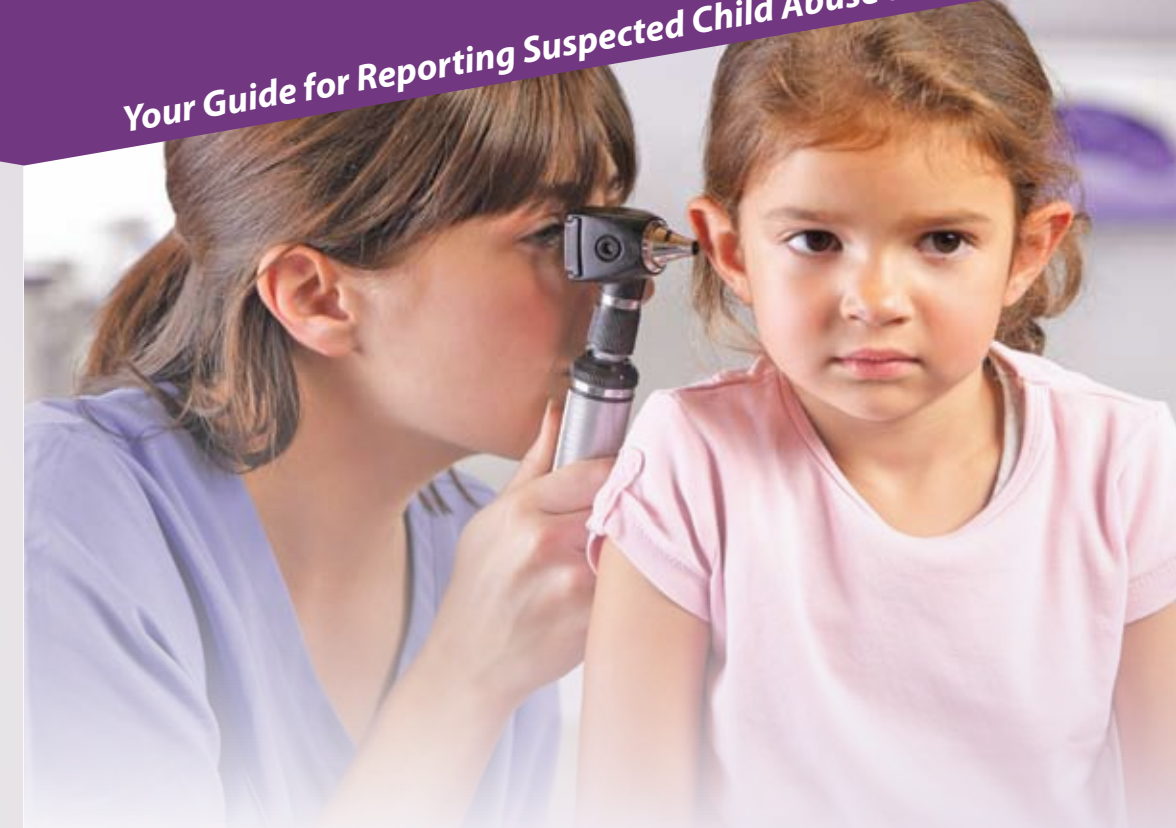
School of Social Work

MICHIGAN STATE UNIVERSITY

College of Law

Nurses

Your Guide for Reporting Suspected Child Abuse and Neglect



YOU ARE A MANDATED REPORTER.

Why this is your responsibility. Nurses play an important role in the lives of children. You are in a unique position to observe and interact with children on a daily basis. You see changes in children that may indicate abuse or neglect. Because children often confide in you, you may learn information that indicates a child is being abused or neglected. Once you file a report, the child and family may become eligible to receive a wide variety of services that will improve the family's ability to care for the child. The family may be provided parenting classes, counseling, treatment for substance abuse, medical services, anger management education, and other services designed to meet the family's specific needs.

Michigan law requires that certain persons report any case of suspected child abuse or child neglect to the Michigan Department of Health and Human Services (MDHHS). The definition of mandated reporter includes **nurses**.

The legal standard for reporting

Michigan law requires that you must file a report when you have **reasonable cause** to suspect abuse or neglect. This is an extremely low legal standard. Elsewhere in this pamphlet is a description of certain signs of abuse and neglect. However, you must keep in mind that **you are not required to determine whether abuse or neglect has actually occurred**. MDHHS is responsible for investigating reports of abuse and neglect and for determining how each case progresses. You must make a report whenever you **suspect** that abuse or neglect **may have occurred**.

Your liability for failure to report.

If you fail to file a report of suspected abuse or neglect, you will be subject to both civil and criminal liability. In a civil action you may be held liable for **all damages that any person suffers** due to your failure to file a report. In a criminal action, you may be found guilty of a **misdemeanor punishable by imprisonment for up to 93 days and a fine of \$500**.

Notifying your supervisor or other center, hospital, or clinic administrator **DOES NOT** satisfy your legal obligation to file a report with MDHHS.

There are NO excuses for failing to report.

You may believe that filing a report will not lead to any benefit to the child involved. You may believe that filing a report may actually place the child at an increased risk of abuse or neglect. You may feel uncertain that abuse or neglect has actually occurred. Such concerns of any nature **DO NOT** discharge your legal obligation to file a report. Such concerns **WILL NOT** protect you from liability for failing to report.



You CANNOT be “punished” for filing a report.

When you file a report in good faith, you cannot be held liable to any person for any damages they may suffer. You are also immune from any criminal liability that could otherwise result.

When you file a report, you are PRESUMED to have acted in good faith.

An aggrieved person would have the burden of proving that you made a report for some reason unrelated to the well-being of the child who was the subject of your report. An aggrieved person could not meet this burden if you filed a report due to your concern for a child's well-being.

Further, you cannot be dismissed or otherwise penalized within your center, hospital, or clinic for making a report required by the Child Protection Law or for cooperating in an investigation.

Your identity must be kept confidential.

When you file a report with MDHHS, your identity may not be shared with any person unless you agree in writing to that disclosure or a judge orders such disclosure. Your identity may be disclosed to a child protective agency or a law enforcement agency that is investigating the alleged abuse or neglect. Any concern that a parent may discern your identity **DOES NOT** discharge your obligation to file a report.

What constitutes child abuse or neglect?



The legal definitions of child abuse and neglect are set forth below. At times it may be a challenge to translate and apply legal definitions and standards to a particular circumstance. Most importantly, keep in mind that you are not required to determine whether these legal standards are met in your case. If you in good faith believe that circumstances in your situation may constitute abuse or neglect, then you **MUST** file a report with MDHHS.

The following list of common indicators of abuse and neglect IS NOT exhaustive. Use common sense, and always err on the side of caution by filing a report when in doubt.

Physical abuse. Harm or threatened harm to a child through non-accidental injury. Examples of physical abuse include beating, kicking, punching, and burning.

Common indicators of physical abuse

- Questionable, recurring bruises and/or welts on various parts of the body or in various stages of healing
- Bruises or welts in the shape of an object (electric cord, belt)
- Bite marks
- Bald spots, missing clumps of hair
- Cigarette or cigar burns
- Burns in the shape of an object (iron, stove burner)
- Immersion burns (legs, hands, buttocks)
- Questionable, multiple, or recurring fractures

Neglect. Harm or threatened harm to a child's health or welfare due to failure to provide adequate food, shelter, clothing, or medical care. The failure to protect a child from a known or potential risk of harm is also considered neglect.

Common indicators of neglect

- Persistent hunger
- Stealing or hoarding food
- Abrupt, dramatic weight change
- Persistent poor hygiene
- Recurring medical issues untreated
- Ongoing lack of supervision
- Consistently inappropriate dress
- Excessive school absences

Sexual abuse and sexual exploitation. Engaging in sexual contact or sexual penetration with a child (as defined in the criminal code) constitutes sexual abuse. Sexual exploitation is defined as allowing, permitting, or encouraging a child to engage in prostitution or to be depicted in a sexual act (as defined in the penal code).

Common indicators of sexual abuse and sexual exploitation

- Age-inappropriate knowledge of sexual behavior
- Sexually explicit drawings and behavior
- Unexplained fear of a person or place
- Unexplained itching, pain, bruising, or bleeding in the genital area
- Age-inappropriate seductive behavior
- Pregnancy at 12 years or under
- Venereal disease, frequent urinary or yeast infections

Emotional abuse. Any attitude or behavior that interferes with a child's mental health or social development.

Types of emotional abuse may include:

- Negative comparisons/ridiculing/belittling
- Lack of love
- Ignoring the child
- Lack of any physical or emotional affection
- Intimidation
- Holding impossible expectations without regard to developmental capability

Common indicators of emotional abuse:

- Withdrawn, fearful, or anxious about doing something wrong
- Unattached to parent or caregiver
- Acts either inappropriately adult (taking care of other children) or inappropriately infantile (thumb-sucking)

Maltreatment. Treatment that involves cruelty or suffering that a reasonable person would recognize as excessive. Examples include forcing a child to eat dog food as punishment, locking a child in a closet, or teaching a child to assist in criminal activities.

How to make a report

Upon suspecting child abuse/neglect, you must report to MDHHS. MDHHS is generally prohibited from discussing the details of any investigation stemming from your report. You should receive a very general letter, stating whether or not the case was assigned for investigation. Do not assume a lack of “follow up” with you indicates nothing was accomplished. Although MDHHS may be unable to share with you details about an ongoing investigation, you should continue to report any new concerns that might arise after your initial report.

Step 1: Oral report. You must immediately make, by telephone or face-to-face, an oral report of the suspected child abuse /neglect to MDHHS, followed by a written report. (MDHHS contact information and written requirements are provided in this pamphlet). You should be prepared to provide, if known, the following information when making a verbal Children's Protective Services report:

- Child's current address as well as past addresses if known and the address where the alleged incident happened if different.
- If the alleged perpetrator lives with the child.
- Alleged victim's full name, birth date, and race.
- Alleged perpetrator's full name. If known, provide the relationship of the perpetrator to the child.
- Statements of the child's disclosure and context of the disclosure. For example, was the child asked about the injury, or did they volunteer the information?
- History of the child's behavior and patterns of attendance may be helpful to the investigation.
- Why you think the child is being abused, neglected, and/or maltreated.



You SHOULD NOT attempt to investigate the matter yourself. Investigation and appropriate action are the responsibility of Children's Protective Services, a division of the Michigan Department of Health and Human Services, the state agency responsible for child welfare.

Step 2: Follow-up written report. **Within 72 hours after making the oral report**, the mandated reporter shall submit a written report to Centralized Intake for Abuse & Neglect using Form DHS-3200, Report of Actual or Suspected Child Abuse or Neglect. Both the reporting hotline number and weblink to the form are included in this pamphlet. The 72-hour period includes weekends and holidays.

The DHS-3200 includes a mailing address, fax numbers, and email option for submission to Centralized Intake for Abuse & Neglect.

One report from a center, hospital, or clinic will be considered adequate to meet the law's reporting requirement.

Step 3: Reporting obligations to person in charge of your center, hospital, or clinic. You may need to notify the person in charge of your center, hospital, or clinic of the suspected abuse/neglect and that the report has been made with MDHHS.

Note: Reporting the suspected allegations of child abuse/neglect to the person in charge of your school, hospital, or clinic does not fulfill your mandated requirement to report directly to MDHHS.