

Initial Date: 5/31/2012

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Section: 7-2

## ***Child Abuse & Neglect (Suspected)***

**Aliases:** Child abuse, 3200 form, mandatory reporting

**Purpose:** To provide the process for assessment and management for patients of suspected child abuse.

When emergency personnel suspect that a patient has been abused (physically and/or sexually), neglected, or exploited, **a verbal and written report must be made to the emergency physician on arrival at the hospital and to the Protective Services Agency (child or adult)**. The primary purpose is protection of the patient from further harm. Do not confront the patient or family members with such suspicions at the scene.

Michigan law (MCL 722.623) requires that licensed EMS providers who have “reasonable cause to suspect child abuse or neglect” shall report “immediately, by telephone or otherwise” their suspicions to the Protective Services Agency for the County involved. In cases of suspected child abuse, this oral report shall also be followed with a written report on the Department of Human Services forms available in every hospital emergency department.

Michigan law (MCL 400.11a) also requires this same oral report for suspected cases of abuse or neglect of an adult.

Licensed providers are required to make an immediate verbal report and a written report within 72 hours when they suspect child abuse or neglect. Mandated reporters must also notify the head of their organization of the report. Reporting the suspected allegations of child abuse and/or neglect to the head of the organization does not fulfill the requirement to report directly to MDHHS.

The verbal report can be completed by calling 855-444-3911. The pdf form is found here [DHS3200\\_report.dot \(live.com\)](#) and is included in the protocol for reference. Reports can be made [online](#) (login required).

### **1. Definitions**

**“Child Abuse”** 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 non-accidental physical or mental injury; sexual abuse; sexual exploitation, or maltreatment.

**“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 health or welfare that occurs through either of the following: 1) Negligent treatment, including the failure to provide adequate food, shelter, or medical care; 2) Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or any 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.

## 2. Indicators of Possible Abuse

- History of abuse provided by the patient
- Delay in seeking care for injury
- Injury inconsistent with history provided
- Conflicting reports of injury from patient and care-giver
- Patient unable, or unwilling, to describe mechanism of injury
- Lacerations, bruises, burns, or fractures in various stages of healing
- Scald burns with demarcated immersion lines
- Scald burns involving anterior or posterior half of extremity
- Scald burns involving buttocks or genitalia
- Cigarette burns
- Bruising in a non-ambulatory child
- Rope burns or marks
- Patient confined to restricted space or position
- Pregnancy or presence of venereal disease in a child less than 12 years

## 3. Physical Assessment

- A. Treat and document physical injury per the appropriate medical treatment protocol.
- B. Observe for:
  - Potential over-sedation
  - Inappropriate fear
  - Avoidance behavior
  - Poor parent-child bonding
  - Inappropriate interaction with care giver

## 4. Evaluation and Documentation

- Focus the interview on the patient's physical injury. Do not address the specifics of abuse or neglect at this point.
- Obtain and record pertinent history related to the presenting problems.
- Determine and chart past medical history, and any cognitive or physical impairment.
- Note signs of inadequate housing or lack of facilities such as heat or water.
- Carefully and specifically document the patient's statement of instances of rough handling, sexual abuse, alcohol or drug abuse by family members, verbal or emotional abuse, isolation or confinement, misuse of property or theft, threats, gross neglect such as restriction of fluids, food or hygiene.
- Attempt to record, verbatim (word for word), any excited utterances (spontaneous comments).
- If necessary, ask the caregiver for information regarding the patient's medical condition. Observe mental health of caregiver.

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- Request police assistance if there is any history of threatening, abusive, or violent acts. Protect yourself while obtaining a safe environment for the patient.

### **5. Special Considerations**

- If the patient is not transported, the suspected abuse must still be reported. Law enforcement may also be contacted, at the discretion of EMS providers.
- Careful and specific documentation is vital because the “story” often changes as the investigation proceeds.
- Contact the Department of Health and Human Services Hotline at 1-855-444-3911.



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**REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT**  
Michigan Department of Health and Human Services

|   |  |   |                          |  |                   |
|---|--|---|--------------------------|--|-------------------|
| Was Complaint Phoned to MDHHS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    ▶ If yes, Intake ID # _____    ▶ If no, contact Centralized Intake (855-444-3911) immediately |  |   |                          |  |                   |
| <b>INSTRUCTIONS:</b> REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address listed on page 2.     |  |   |                          |  | 1. Date           |
| 2. List of Child(ren) Suspected of Being Abused or Neglected. <b>To insert additional rows, tab at the end of last row to create a new row.</b>   |  |   |                          |  |                   |
| <b>NAME</b>   |  | <b>BIRTH DATE</b>   | <b>SOCIAL SECURITY #</b> | <b>SEX</b>   | <b>RACE</b>       |
| <b>"Click Here and Type"</b>  |  |   |                          |  |                   |
|   |  |   |                          |  |                   |
|   |  |   |                          |  |                   |
| 3. Mother's Name  |  |   |                          |  |                   |
| 4. Father's Name  |  |   |                          |  |                   |
| 5. Child(ren)'s Address (No. & Street)  |  | 6. City   | 7. County                | 8. Phone No.   |                   |
| 9. Name of Alleged Perpetrator of Abuse or Neglect  |  | 10. Relationship to Child(ren)                            |                          |  |                   |
| 11. Person(s) The Child(ren) Living With When Abuse/Neglect Occurred  |  | 12. Address, City & Zip Code Where Abuse/Neglect Occurred |                          |  |                   |
| 13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect  |  |   |                          |  |                   |
|   |  |   |                          |  |                   |
| 14. Source of Complaint (Add reporter code below)   |  |   |                          |  |                   |
| 01 Private Physician/Physician's Assistant  |  | 11 School Nurse   |                          | 42 MDHHS Facility Social Worker                              |                   |
| 02 Hosp/Clinic Physician/Physician's Assistant  |  | 12 Teacher  |                          | 43 DMH Facility Social Worker                                |                   |
| 03 Coroner/Medical Examiner   |  | 13 School Administrator                                   |                          | 44 Other Public Social Worker                                |                   |
| 04 Dentist/Register Dental Hygienist  |  | 14 School Counselor                                       |                          | 45 Private Agency Social Worker                              |                   |
| 05 Audiologist  |  | 21 Law Enforcement  |                          | 46 Court Social Worker                                       |                   |
| 06 Nurse (Not School)   |  | 22 Domestic Violence Providers                            |                          | 47 Other Social Worker                                       |                   |
| 07 Paramedic/EMT  |  | 23 Friend of the Court                                    |                          | 48 FIS/ES Worker/Supervisor                                  |                   |
| 08 Psychologist   |  | 25 Clergy   |                          | 49 Social Services Specialist/Manager (CPS, FC, etc.)        |                   |
| 09 Marriage/Family Therapist  |  | 31 Child Care Provider                                    |                          | 56 Court Personnel   |                   |
| 10 Licensed Counselor   |  | 41 Hospital/Clinic Social Worker                          |                          |  |                   |
| 15. Reporting Person's Name   |  | Report Code (see above)                                   |                          | 15a. Name of Reporting Organization (school, hospital, etc.) |                   |
| 15b. Address (No. & Street)   |  | 15c. City   | 15d. State               | 15e. Zip Code  | 15f. Phone Number |
| 16. Reporting Person's Name   |  | Report Code (see above)                                   |                          | 16a. Name of Reporting Organization (school, hospital, etc.) |                   |
| 16b. Address (No. & Street)   |  | 16c. City   | 16d. State               | 16e. Zip Code  | 16f. Phone Number |
| 17. Reporting Person's Name   |  | Report Code (see above)                                   |                          | 17a. Name of Reporting Organization (school, hospital, etc.) |                   |
| 17b. Address (No. & Street)   |  | 17c. City   | 17d. State               | 17e. Zip Code  | 17f. Phone Number |
| 18. Reporting Person's Name   |  | Report Code (see above)                                   |                          | 18a. Name of Reporting Organization (school, hospital, etc.) |                   |
| 18b. Address (No. & Street)   |  | 18c. City   | 18d. State               | 18e. Zip Code  | 18f. Phone Number |
| 19. Reporting Person's Name   |  | Report Code (see above)                                   |                          | 19a. Name of Reporting Organization (school, hospital, etc.) |                   |
| 19b. Address (No. & Street)   |  | 19c. City   | 19d. State               | 19e. Zip Code  | 19f. Phone Number |

DHS-3200 (Rev. 6-18) Previous edition may be used.

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**TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE**

|  |   |  |
|--|---|--|
| 20. Summary Report and Conclusions of Physical Examination (Attach Medical Documentation)  |   |  |
| 21. Laboratory Report  | 22. X-Ray   |  |
| 23. Other (specify)  | 24. History or Physical Signs of Previous Abuse/Neglect<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 25. Prior Hospitalization or Medical Examination for This Child  |   |  |
| <b>DATES</b>   |   | <b>PLACES</b>  |
|  |   |  |
|  |   |  |
| 26. Physician's Signature  | 27. Date  | 28. Hospital (if applicable)   |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. |   | AUTHORITY: P.A. 238 of 1975.<br>COMPLETION: Mandatory.<br>PENALTY: None. |

**INSTRUCTIONS**

**GENERAL INFORMATION:**

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into MDHHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:  
Centralized Intake for Abuse & Neglect  
5321 28<sup>th</sup> Street Court, SE  
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154

OR

email this form to MDHHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
  2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
  3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
  4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
  - 5.-7. Child(ren)'s address – Enter the address of the child(ren).
  8. Phone Number – Enter phone number of the household where child(ren) resides.
  9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
  10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
  11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
  12. Address where abuse / neglect occurred.
  13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
  14. Source of complaint – Check appropriate box noting professional group or appropriate category.
- Note:** If abuse or neglect is suspected in a hospital, also check hospital.
- 15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.