

Front-End Redesign: Maltreatment Types

Agenda

- Goals for maltreatment type changes.
- Data from previous maltreatment types.
- Old maltreatment types vs. new maltreatment types.
- Operational definitions.
- Threatened harm application.
- Maltreatment type definitions and practice scenarios.
- Egregious act application and vulnerable child updates.



Goals for Maltreatment Type Changes

Simplify and
clarify policy

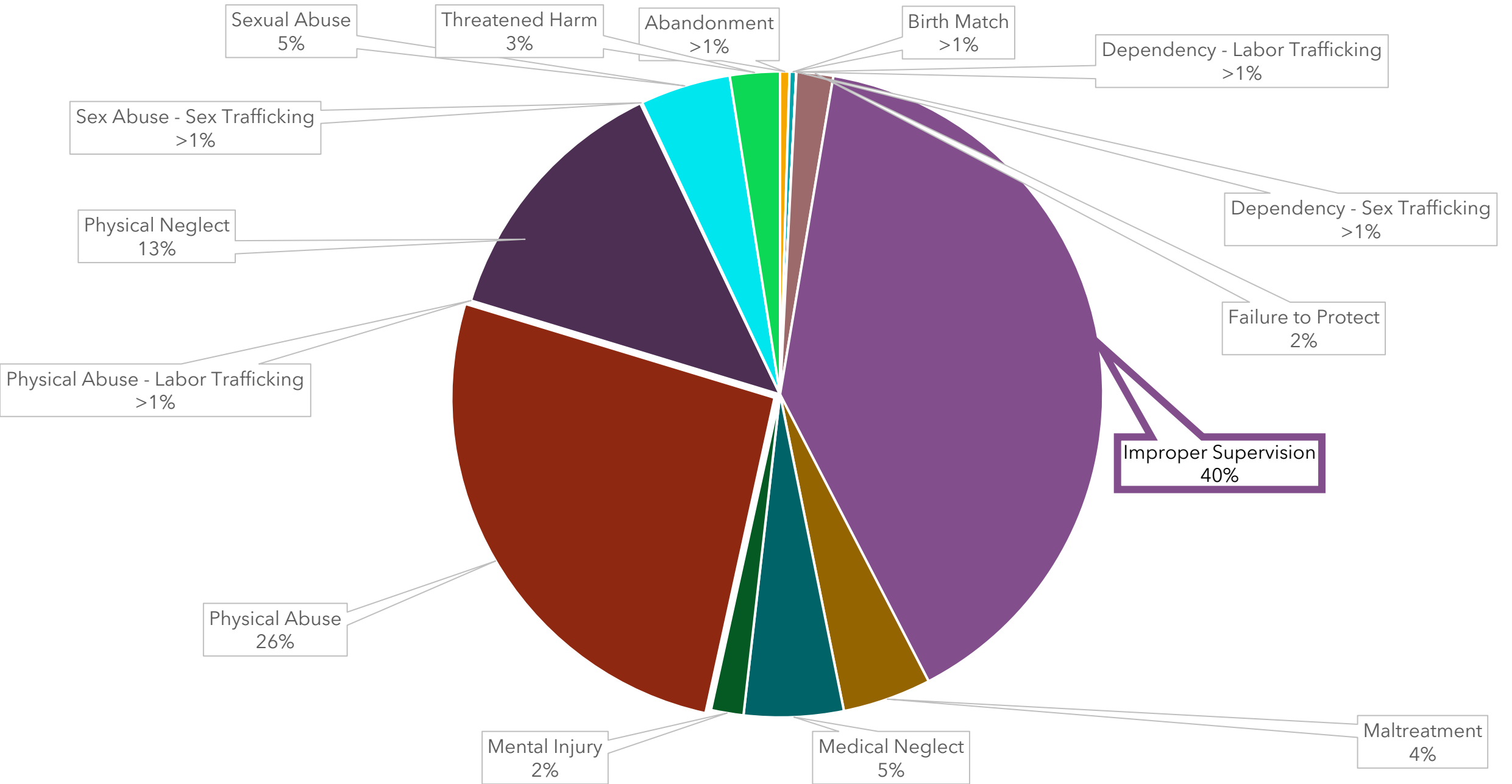
Align with
statute where
applicable

Reduce
disparity

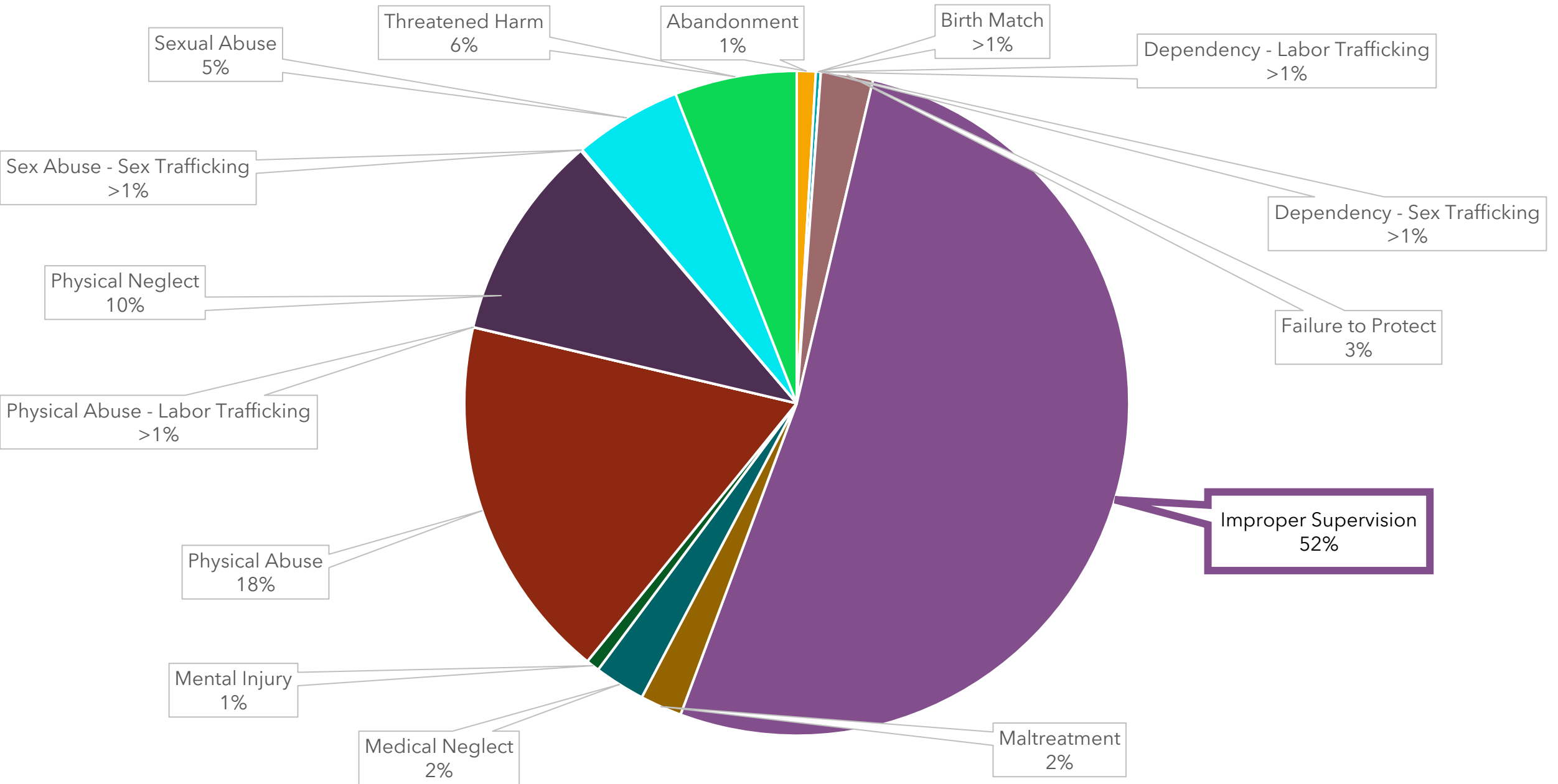
Utilize CPS
resources
effectively

Enhance
child safety

% of all Assignments (FY22)

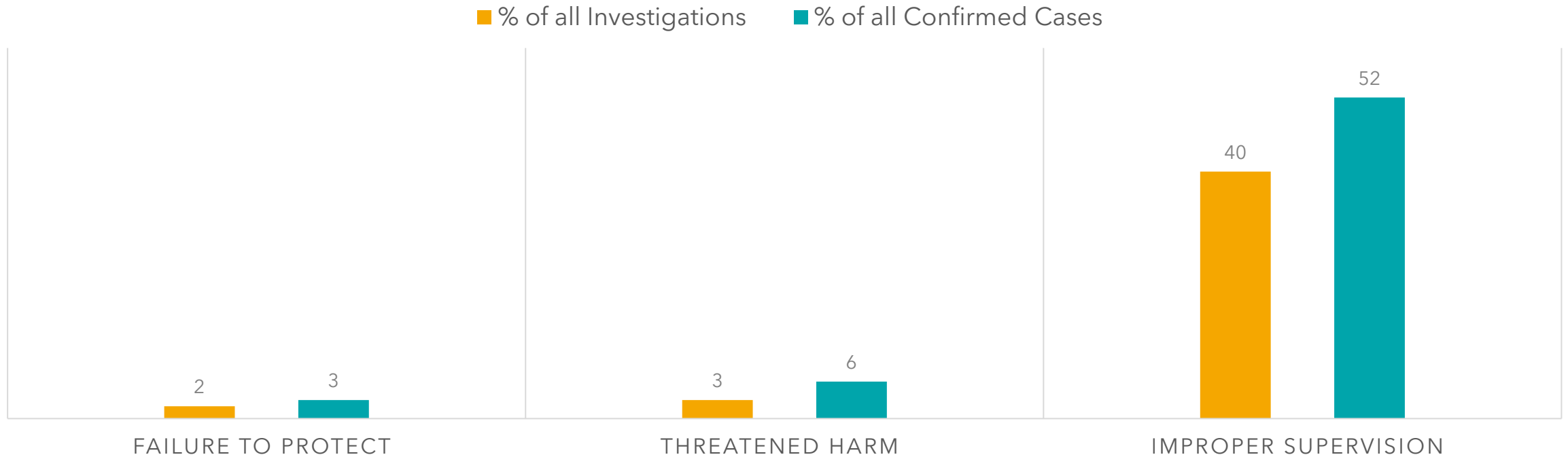


% of all Confirmed Cases (FY22)



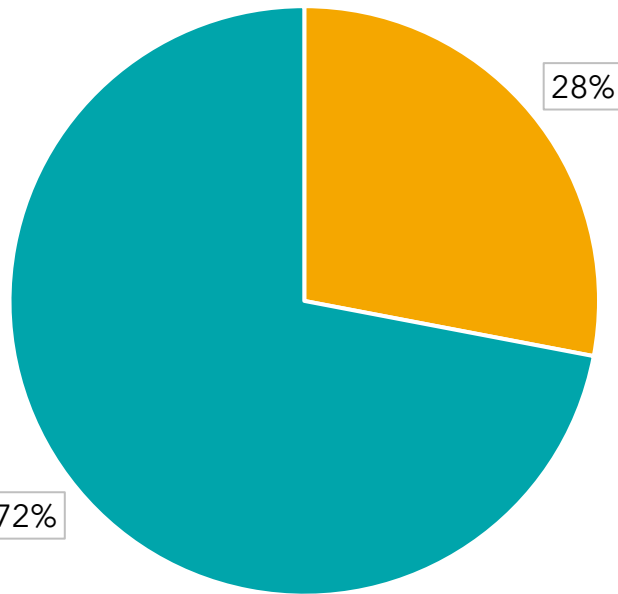
Maltreatment Types with an increase from % of all investigations to % of all confirmed cases (FY22)

These three maltreatment types alone represent 61% of all investigations and 45% of all confirmed cases. This is likely a result of these maltreatment types being ambiguous and applied too broadly.



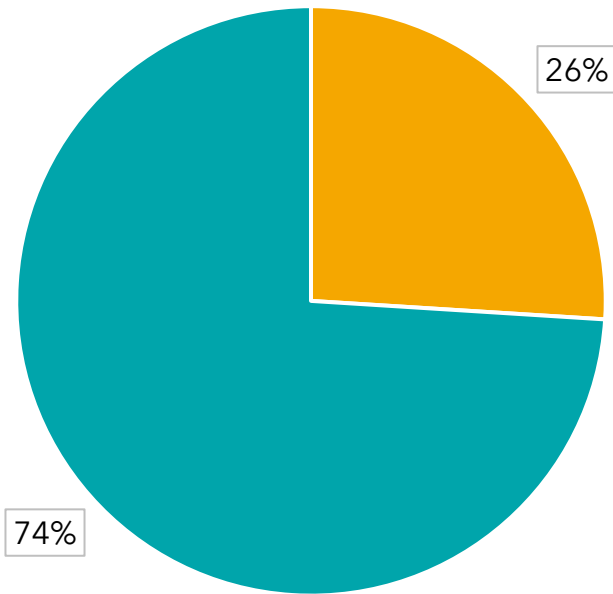
Disposition Breakdown by Maltreatment Type (FY22)

Failure to Protect



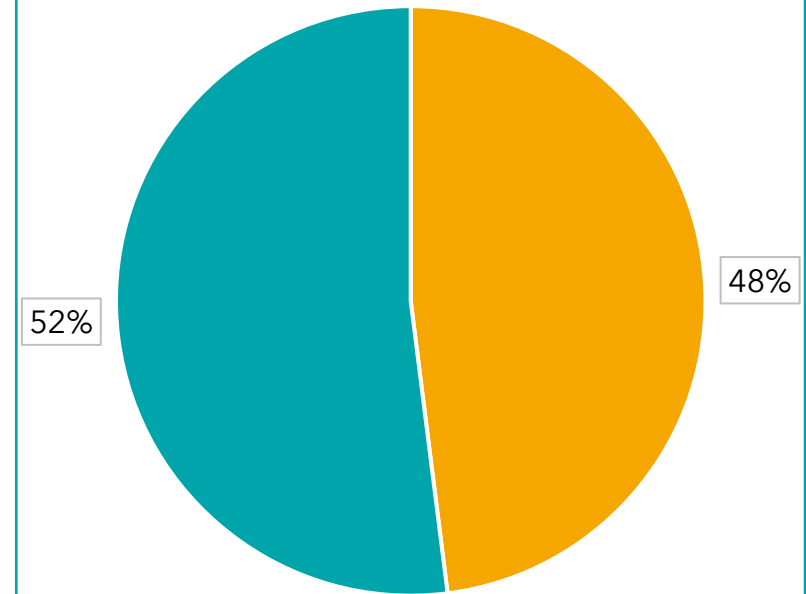
Confirmed Not Confirmed

Improper Supervision



Confirmed Not Confirmed

Threatened Harm



Confirmed Not Confirmed

Abuse Maltreatment Types

OLD

Physical Abuse	Mental Injury	Sexual Abuse	Sex Trafficking	Maltreatment
A nonaccidental occurrence of an injury or an action which a reasonable person would expect to be a proximate cause of injury.	Psychological or emotional harm to the child that results from a pattern of physical or verbal acts or omissions on the part of the parent and/or person responsible.	Sexual contact or sexual penetration with a child, as defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a. Accosting, soliciting, or enticing a minor child to commit, or attempt to commit an act of sexual contact.	Subjecting an individual to the recruitment, harboring, transportation, provision, patronizing or soliciting for the purposes of a commercial sex act induced by force, fraud, or coercion.	Cruelty or suffering that a reasonable person would recognize as excessive.

NEW

Physical Injury	Mental Injury	Sexual Abuse	Sexual Exploitation	Labor Trafficking
Non-accidental or purposeful action which: <ul style="list-style-type: none"> • Results in physical harm. • Is cruel regardless of whether harm results. • Is injurious, malicious, dangerous, or poses an unreasonable risk of injury to a child, regardless of whether physical harm results. 	Psychological or emotional harm to the child meeting any of the following: <ul style="list-style-type: none"> • Is likely to lead to significant impairment to the child's emotional or behavioral functioning. • Has or will have adverse impact on the child's development or well-being. • Results in serious mental harm. 	Sexual penetration, sexual contact, attempted sexual penetration or assault with intent to penetrate, as defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a.	Allowing, permitting, or encouraging a child to engage in: <ul style="list-style-type: none"> • Commercial sex activity. • The photographing, filming, or depicting of a child engaged in a listed sexual act as defined in section 145c of the Michigan penal code, MCL 750.451c. • 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. <p>*Also includes sex trafficking.</p>	The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through use of force, fraud, coercion, or manipulation.

Neglect Maltreatment Types

OLD

Physical Neglect	Medical Neglect	Failure to Protect	Threatened Harm	Abandonment	Improper Supervision
Negligent treatment, including but not limited to, failure to provide the child with, food, clothing or shelter necessary to sustain the life or health of the child.	Failure to obtain medical care for a child though financially able to do so and the failure to obtain medical care results in death or likely death, disfigurement or bodily harm or results in impairment to the growth, development or functioning of the child.	Knowingly allowing another person to abuse and/or neglect the child without taking appropriate measures to stop the abuse and/or neglect or to prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the abuse or neglect.	A child found in a situation where harm is likely to occur based on a historical circumstance.	Placing or leaving a child with an agency, person or other entity without obtaining an agreement with that person/entity to assume responsibility for the child and cooperating with the department to provide for the care and custody of the child.	Placing the child in, or failing to remove the child from, a situation that a reasonable person would realize requires judgement or actions beyond the child's mental abilities and results in harm or threatened harm to the child.

NEW

Physical Neglect	Placing a Child at Unreasonable Risk	Medical Neglect
<p>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:</p> <ul style="list-style-type: none"> • Living conditions which are unsanitary and/or contain hazards that lead to the child being injured or ill. • 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, unmitigated hunger and/or dehydration. • Absence of supervision causing harm to the child. 	<p>Neglectful behavior that causes adverse impact or will cause identifiable harm if behavior does not cease. Occurs by failure to intervene and eliminate a risk to a child although the person can do so and has or should have knowledge of the risk.</p>	<p>Failure to obtain necessary medical, dental, or mental health care for a child and failure to obtain care has either resulted in or will likely result in harm without intervention:</p> <ul style="list-style-type: none"> • Death. • Disfigurement. • Bodily harm. • Impairment to the growth, development or functioning of the child.

What's the difference?

As the previous slides show, there are many differences between the old maltreatment types and new maltreatment types.

- The new maltreatment types will have more detailed explanation within policy.
- A new structured support tool has been created for Centralized Intake to help guide intake specialists in selecting the appropriate maltreatment type for assignment.
- Threatened harm will be defined for each maltreatment type.
- Some definitions will closely align with statutory language in the CPL and will include reference to statute where applicable.

Legal Definitions

- **Cruel:** Brutal, inhuman, sadistic, or that which torments [MCL 750.136b(1)(b)]
- **Intimate Parts:** Includes the primary genital area, groin, inner thigh, buttock, or breast of a human being [MCL 750.520a(f)].
- **Physical harm:** Any injury to a child's physical condition [MCL 750.136b(1)(e)]
- **Serious physical harm:** Any physical injury to a child that seriously impairs the child's health or physical well-being, including, but not limited to, brain damage, a skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprain, internal injury, poisoning, burn or scald, or severe cut [MCL 750.136b(1)(f)].
- **Serious mental harm:** 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)].

Operational Definitions

- **Reasonable:** Based on sound judgement; fair and sensible. Not extreme or excessive.
- **Resides:** To dwell permanently or continuously. It expresses an intention of a person to keep or return to a particular dwelling place as their fixed, settled, or legal abode.
- **Threatened harm:** 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.

Threatened Harm

Threatened harm can be identified for all maltreatment types by the following:

- Threatened harm of physical injury
- Threatened harm of mental injury
- Threatened harm of sexual abuse
- Threatened harm of sexual exploitation
- Threatened harm of labor trafficking
- Threatened harm of physical neglect
- Threatened harm of placing a child at unreasonable risk
- Threatened harm of medical neglect

Identifying if harm or threatened harm of a particular maltreatment type has occurred will need to be determined throughout the course of the investigation. Upon assignment, the maltreatment type will be selected based on completion of the SDM Intake tool. If it is determined that threatened harm of a particular maltreatment type exists, the corresponding threatened harm maltreatment type will need to be identified within the electronic case management system.

Note: Threatened harm of a particular maltreatment type does not result in central registry placement.

Threatened Harm Application

How to differentiate between the maltreatment type and the threatened harm component of that maltreatment type.

Maltreatment Type

- Harm has occurred
- Actual harm

Threatened Harm Maltreatment Type

- Harm has not yet occurred
- High probability to cause harm

Threatened Harm Application

The determination of how to apply threatened harm is also based on the perpetrator's role in the action of abuse or neglect.

When the threat of harm is from the **person responsible**, consider the most applicable maltreatment type.

Parent forcibly chokes the child with no visible injury.

➤ Parent → Threatened Harm of Physical Injury

When the threat of harm is from **others**, and the person responsible does not intervene or protect the child.

Parent knowingly allowed another caregiver to choke the child.

➤ Parent → Threatened Harm of Placing a Child at Unreasonable Risk

➤ Another caregiver → Threatened Harm of Physical Injury

Maltreatment Types - Child Abuse

The following maltreatment types will be categorized under child abuse.

Physical Injury

Non-accidental or purposeful action which results in physical harm.

Physical injury includes situations where an injury exists and there is inconsistent explanation as to how the injury occurred. This can include situations where an injury is present and any of the following apply:

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

Physical injury does **not** include:

- 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)). A parent can physically discipline their child with the intent to discipline and not cause injury.

Examples:

- Child has received unnecessary and harmful medical care at the initiation of the child's parent or guardian.
- A newborn exposed to substances not attributed to medical treatment, **causing injury or defect as diagnosed by a medical professional.**
- Hitting, kicking, choking, punching, pushing or throwing a child leading to a physical injury.
- Forcibly restraining the child with an instrument.

Threatened Harm of Physical Injury

- Is cruel, injurious, malicious, dangerous, or poses a *high probability* of injury to the child but harm did not occur.
- Dangerous behavior or excessive action toward the child AND current behavior would cause serious physical harm, including unsafe use of physical restraint.
- A person responsible:
 - Has made credible threats to cause serious physical harm to the child that, if carried out, would constitute abuse, and it is likely that without intervention, the person responsible will carry out these threats.
 - Talks about being worried, fearful, or preoccupied with abusing the child.
 - Expresses a credible concern for what another person responsible is capable of doing or may do, and the person responsible of concern has unsupervised access to the child.

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 adverse impact on the child's development or well-being.
- Results in *serious mental harm*:
 - ❖ 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)).

Examples of child impairment/behaviors include, but are not limited to, the following:

- Fire setting, self-harm, animal maltreatment, suicidal ideation.
- Regression to wetting themselves or defecating on themselves.
- Previously verbal toddlers stop talking.
- Child expresses credible fear that they will experience abuse or neglect.
- Child may isolate themselves, may be preoccupied with their body, or may shut down.

Threatened Harm of Mental Injury

Psychological or emotional harm is *highly probable*, absent intervention, to lead to:

- Significant impairments to the child's emotional or behavioral functioning.
- Adverse impact on the child's development or well-being.

A diagnosis by a mental health professional is needed to confirm Mental Injury or Threatened Harm of Mental Injury. Consultation with a mental health professional is critical when making a determination on these types of case situations.

Sexual Abuse

Sexual penetration, sexual contact, attempted sexual penetration, or assault with intent to penetrate, as defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.145c.

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 an 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 either of the following (MCL 750.520a(q)):

- Intentional touching of the victim's or perpetrator's intimate parts.
- Intentional touching of clothing covering the immediate area of the victim 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 sexual purpose, or in a sexual manner for revenge, to inflict humiliation, or out of anger.

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).

Threatened Harm of Sexual Abuse

When no sexual act has occurred; however, the person responsible behaves in ways that create a *substantial likelihood* that the child will be sexually abused or person responsible makes credible statements of intentions to sexually abuse victim or person responsible fails to eliminate the risk.

Grooming:

- Verbal, written, or physical behavior that may not be overtly sexual but is likely designed to prepare a child for future sexual abuse.
- A process where a person intentionally builds a relationship with someone to manipulate, exploit, or abuse a child.
- A deliberate and escalating pattern of actions taken to lower a child's inhibitions.

* Policy will also include examples of common grooming behaviors.

Indecent Exposure:

- A person exposes their genitals for the purpose of sexual gratification.
- A person exposes their genitals for the purposes of shaming, humiliating, shocking or exerting control over the victim.
- When the alleged perpetrator knows or should know that this conduct is likely to offend, affront, or alarm.

Sexual Exploitation

Allowing, permitting or encouraging a child to engage in any of the following for the benefit of others (MCL 722.622(r)):

- Commercial sexual activity.
- The photographing, filming, or depicting of a child engaged in a listed sexual act (MCL 750.145c) including:
 - Sexual intercourse.
 - Erotic fondling.
 - Sadomasochistic 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 includes *sex trafficking*:

- The action of subjecting a child to the recruitment, harboring, transportation, provision, patronizing, or soliciting for the purposes of a commercial sex act.
- Trafficking may involve an exchange of goods or psychological responses.

Threatened Harm of Sexual Exploitation

Circumstances in which no sexual exploitation has occurred, but the person responsible behaves in ways that create a *substantial likelihood* that the child will be sexually exploited.

The alleged perpetrator of the trafficking does not need to meet criteria for person responsible. The department can investigate trafficking conditions regardless of role or status of the alleged perpetrator when law enforcement requests assistance to respond to assist with the youth's trauma.

In order to make a finding of sexual exploitation or threatened harm of sexual exploitation, the perpetrator must be a person responsible.

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
- Debt bondage.

Threatened Harm of Labor Trafficking

Circumstances in which a trafficking event has not occurred, but the person responsible behaves in a way that creates a *substantial likelihood* that the child will be trafficked.

The alleged perpetrator of the trafficking does not need to meet criteria for person responsible. The department can investigate trafficking conditions regardless of role or status of the alleged perpetrator when law enforcement requests assistance to respond to assist with the youth's trauma.

In order to make a finding of labor trafficking or threatened harm of labor trafficking, the perpetrator must be a person responsible.

Maltreatment Types - Child Neglect

The following maltreatment types will be categorized under child neglect.

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.
- 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, unmitigated hunger and/or dehydration.
- Absence of supervision causing harm to the child.

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.

Need to demonstrate the adverse impact to the child.

Threatened Harm of Physical Neglect

Though a parent or person responsible is financially able or able to access resources, absent intervention, harm is *highly probable* by any one of the following:

- Living conditions that, absent intervention, are highly probable to cause harm to the child. Person responsible fails to act to address the child's living conditions, which are unsanitary and/or contain hazards that are highly probable to lead to the child's injury or illness if not resolved.
- Failure to provide adequate clothing or appropriate hygiene that, absent intervention, is highly probable to cause harm to the child. The child's basic needs for clothing and/or hygiene are unmet to the extent that the child's daily activities will be severely impacted without intervention, and/or the child will develop or suffer worsening injury or illness.
- Absence of supervision is highly probable to cause harm to the child, absent intervention. The child is not attended to or supervised by the person responsible AND there is no other person able and willing to provide safe supervision to the extent that the harm to child is highly probable, without intervention.

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.

Placing a child at an unreasonable risk of harm requires consideration of the following in context to the imminent risk of harm:

- Age, developmental, cognitive and verbal abilities of the child.
- Person responsible's knowledge they have or reasonably should have regarding the risk of danger as well as interventions to eliminate danger.
- Person responsible's ability to respond to the danger posed.
- Impact to the child's health or welfare by way of imminent risk of harm.

Examples:

- Unable or unwilling to protect the child from others.
- Exposing, allowing, or encouraging the child to engage in illegal or life-threatening activities.
- Erratic or impaired behavior by the person responsible.
- Access to dangerous objects.

Need to demonstrate the adverse impact to the child.

Threatened Harm of Placing a Child at Unreasonable Risk

Neglectful behavior that, absent intervention, is *highly probable* to cause identifiable harm if behavior does not cease. Occurs by failure to intervene and eliminate a risk to a child although the person is able to do so and has or should have knowledge of the risk.

- The person responsible knowingly, intentionally, or negligently placed the child in an illegal or dangerous situation that is highly probable to endanger the child.
- Actions by the person responsible cause the child to have unsupervised access to dangerous objects that is highly probable to cause harm.

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.

Includes action or inaction by a person responsible which results in failure to thrive diagnosis by a qualified medical professional.

Does **not** include:

- Failure to provide immunizations or routine well-childcare or dental visits.
- A parent or guardian legitimately practicing their religious beliefs who do not provide specified medical treatment for a child for that reason alone. (MCL 722.634).

Examples:

- Withholding or failing to obtain medically necessary treatment for the child with life-threatening, acute, or chronic medical or mental health conditions resulting in harm.
- Failing to obtain and/or regularly administer prescribed medication to a child that results in death, disfigurement, bodily harm or impairment to the growth, development, or functioning of the child.

Threatened Harm of Medical Neglect

- Failure to obtain necessary medical, dental, or mental health care for a child and the failure to obtain care, absent intervention, is *highly probable* to result in harm, including any of the following:
 - Death.
 - Disfigurement.
 - Bodily harm.
 - Impairment to the growth, development, or functioning of the child.
- Frequently missing appointments, therapies or other necessary medical and/or mental health treatments that, absent intervention, is highly probable to cause the child harm or have a negative impact on the child.
- Taking the child out of or terminating treatment against medical advice, and the removal, absent intervention, is highly probable to cause the child harm or have a negative impact to the child.

A finding of Medical Neglect and Threatened Harm of Medical Neglect will need coordination with medical and/or mental health professionals to ensure full scope of the impact to the child is understood and appropriately documented.

Practice with Scenarios

Next, we'll go through some scenarios and determine which maltreatment types fit each one.

Scenario One

A neighbor called 911 to report a domestic assault in progress. Law enforcement arrived and observed the child's mother, Sarah, and her boyfriend, Johnny, in the front yard. Johnny was sitting on top of Sarah, striking her face as she tried to turn away and shielded her face with her arms. A child, Timmy (10), was seen trying to intervene and was struck by Johnny as well. Johnny was arrested. Multiple injuries to Sarah's face were visible.

Timmy reported walking into the living room after hearing Sarah cry out and Johnny yelling at her. Sarah told him to "get back to bed right now!" Timmy cried and then ran over to protect his mother. Johnny got angry and tried to kick Sarah again and kicked Timmy instead. While Johnny continued assaulting her, Sarah crawled toward the front door, opened the door, and made it out to the front lawn. Johnny continued screaming and cursing at her, trying to drag her back into the house. Timmy was observed with bruising on his abdomen and reported this was from Johnny kicking him.

Maltreatment Types for Scenario One

1. Physical injury by Johnny
 - a. Timmy was observed with a non-accidental injury (bruises on his abdomen) from being kicked by Johnny.

2. Placing a Child at Unreasonable Risk by Johnny
 - a. Erratic behavior by Johnny led to Timmy being placed in a situation in which he was injured/sustained bruises on his abdomen.

Scenario Two

Angelica resides with her boyfriend, Chuckie, and her daughter Cynthia (4). Chuckie has previous convictions relating to child abuse and Angelica is aware of this history. When Angelica goes to work, she has Chuckie watch Cynthia unsupervised and has refused to find alternative caretakers for Cynthia. Angelica has several family members that are willing and able to provide care to Cynthia while Angelica is at work. One evening while Angelica was at work, Cynthia soiled herself and Chuckie choked Cynthia as a result. There were no marks or bruises observed on Cynthia, but she did disclose being fearful of Chuckie and that he has put his hands around her neck. She stated that Chuckie stopped putting his hands around her neck when his phone rang.

Maltreatment Types for Scenario Two

1. Threatened harm of Physical Injury by Chuckie
 - a. Cynthia was not injured by being choked by Chuckie, but his behavior was dangerous to the point there was a substantial likelihood that Cynthia could have been harmed.

2. Threatened Harm of Placing a Child at Unreasonable Risk by Angelica
 - a. Angelica knew there was a risk of Cynthia being harmed due to Chuckie's past incidents of child abuse and failed to remove Cynthia from that situation.

Scenario Three

The initial referral stated Mike Williams had been touching his stepdaughter, Kayla (14), inappropriately and had touched Kayla's breasts and between her legs. Kayla's mother is unaware this is occurring. During an interview with Kayla, she denied Mike has ever touched her inappropriately. Kayla stated she likes spending time with Mike most of the time and stated that sometimes her stepfather is annoying and won't leave her and her friends alone. Kayla denied ever feeling unsafe with Mike. Kayla stated Mike has previously shown her his "private parts" and stated this occurred about a month ago. She stated that Mike wanted her to know what "private parts" look like and was providing better education to her than what her school could provide. Kayla stated that Mike did not say anything else but told her to keep what happened a secret and that he would buy her clothes if they could have education sessions like that regularly. Kayla denied telling her mother about what happened. When an interview occurred with Mike, he confirmed he has been showing Kayla his genitals, as he was providing her with a real-life example of what the male anatomy looks like. He stated he would much rather show Kayla than for her to have her first experience seeing a male penis from a boyfriend or someone her age. Mike completed a sexual abuse assessment which indicated a substantial likelihood of sexual abuse toward female children.

Maltreatment Types for Scenario Three

1. Threatened harm of sexual abuse by Mike
 - a. Although sexual abuse has not yet occurred or were disclosed by Kayla, Mike's behaviors create a substantial likelihood that sexual abuse will occur.

Scenario Four

Dwight (2) and Angela (3) live with their mother, Jan. Jan took Dwight and Angela to the emergency room for a rash, which had progressively gotten worse over the last week. Dwight and Angela were observed to be in "filthy" condition. They both had an unpleasant odor coming from their person and it appeared the children had not been bathed in weeks or months. Dwight and Angela had matted hair and matted dirt on their bodies and were observed to be crying and uncomfortable. The medical professional observing Dwight and Angela reported the children were diagnosed with scabies, and this was likely a result of the home being unsanitary. Dwight and Angela were prescribed medication to clean the body, antibiotics to prevent infection, and creams for the rashes.

When visiting the home, it appeared to be in deplorable condition. There was moldy food in the sink and on the counters of the kitchen, maggots and other insects throughout the home and animal feces on the floor that the young children could access. The children's rashes did not appear to be getting any better. Jan reported she has not had time to pick up the children's medication yet.

Upon speaking with the medical professionals, if the children do not receive their medication, their scabies is highly probable to develop more serious consequences such as septicemia. Jan was reported to have Medicaid, which would pay for all prescriptions. The medical professional reported their office can fill the prescriptions on site, but Jan refused to do so.

Maltreatment Types for Scenario Four

1. Physical neglect by Jan

- a. The conditions of the home were unsanitary leading to the children being diagnosed with scabies.

2. Threatened harm of medical neglect by Jan

- a. Although Jan was able to access the medication to clear up the scabies on Dwight and Angela, as she has Medicaid and was able to fill the prescription at the doctor's office, she did not fill the prescription. If the children do not receive the medication, it is highly probable the children will develop septicemia.



Egregious Acts

What they are and how to apply with the central registry legislation changes.

Confirmed Case Definitions (MCL 722.622)

- **Confirmed serious abuse or neglect:** a confirmed case of mental injury, physical injury or neglect to a child that involves any of the following:
 - Battering, torture or other serious harm.
 - Loss or serious impairment of an organ or limb.
 - Life-threatening injury.
 - Murder or attempted murder.
 - Serious mental harm.
- **Confirmed sexual abuse:** a confirmed case that involves sexual penetration, sexual contact, attempted sexual penetration or assault with intent to penetrate as defined in MCL 720.520a.
- **Confirmed sexual exploitation:** a confirmed case that involves allowing, permitting, or encouraging a child to engage in commercial sex acts, the photographing, filming, or depicting of a child engaged in a sexual act as defined in MCL 750.145c.
- **Confirmed case of methamphetamine production:** a confirmed case that involved a child's exposure or contact with methamphetamine production.

Determining Egregious Acts

Child Abuse

Physical Injury
Mental Injury
Sexual Abuse
Sexual Exploitation
Labor Trafficking

Any confirmed case of **sexual abuse** or **sexual exploitation** would be considered egregious.

A confirmed case of **serious abuse** would be considered egregious:

Serious abuse includes: Battering, torture or other serious harm, loss or serious impairment of an organ or limb, life-threatening injury, murder or attempted murder, serious mental harm.

Child Neglect

Physical Neglect
Placing a Child at Unreasonable Risk
Medical Neglect

A confirmed case of **serious neglect** would be considered egregious:

Serious neglect includes: Battering, torture or other serious harm, loss or serious impairment of an organ or limb, life-threatening injury, murder or attempted murder, serious mental harm.

Preponderance
determination

Central Registry
determination

Note: Threatened harm of a particular maltreatment type does not result in central registry placement.

MiSACWIS - Central Registry Identifiers

Central Registry Identifier

- Methamphetamine Production
A confirmed case that involved a child's exposure or contact with methamphetamine production.
- Serious Abuse
A confirmed case of mental injury or physical injury or neglect to a child that involves any of the following:
 - Battering, torture, or other serious physical harm.
 - Death of a child.
 - Life-threatening injury.
 - Murder or attempted murder.
 - Serious mental harm.
 - Loss or serious impairment of an organ or limb.
- Serious Neglect
A confirmed case of mental injury or physical injury or neglect to a child that involves any of the following:
 - Battering, torture, or other serious physical harm.
 - Death of a child.
 - Life-threatening injury.
 - Murder or attempted murder.
 - Serious mental harm.
 - Loss or serious impairment of an organ or limb.
- Sexual Abuse
A confirmed case that involves sexual penetration, sexual contact, attempted sexual penetration, or assault with intent to penetrate.
- Sexual Exploitation
A confirmed case that involves allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act.
- N/A - does not merit Central Registry

Selecting one of the Central Registry Identifiers within MiSACWIS will automatically trigger the egregious act checkbox to be selected.

Vulnerable Child Policy Updates

- Vulnerable Child Policy will now be contained in [PSM 713-01, CPS Investigation- General Instructions](#). A child is considered vulnerable if at least one of the following factors apply:
 - Age 0 to 5 years.
 - Significant diagnosed or suspected medical or mental health concern.
 - Not readily visible in the community.
 - Diminished developmental/cognitive capacity.
 - Diminished physical capacity.
 - A vulnerable child assessment must be completed for **any child** considered vulnerable **and** who requires face-to-face contact, per PSM 713-01, Contact with Children section.
 - When a child has been identified as vulnerable, contact one or more individuals with knowledge of the child's needs and who is not identified as a perpetrator.
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Vulnerable Child Definitions

0-5 years

- Any child 5 years old or younger.
- Children in this age range are considered more vulnerable because they are less verbal and less able to protect themselves from harm.
- Infants are particularly vulnerable because they are nonverbal and completely dependent on others for care and protection. Their normal developmental stages (e.g., crying to communicate, toilet training) also make them more vulnerable due to increased caregiver stress.

Significant diagnosed or suspected medical or mental health concern.

- A child has a diagnosed or suspected medical or mental health concern that significantly impairs the child's ability to protect themselves from harm.
 - A diagnosis may not yet be confirmed, but preliminary indications are present, and testing/evaluation is in process OR the child is on a waitlist for evaluation.
- Examples include, but are not limited to:
 - ❖ severe asthma.
 - ❖ severe depression.
 - ❖ medically fragile (requires assistive devices to sustain life).

Vulnerable Child Definitions cont.

Not readily visible in the community

- The child is isolated or less visible within the community, for example:
 - ❖ The child may not have routine contact with people outside the household.
 - ❖ The child may not attend a public or private school .
- Children who are less visible in their community are more likely to have signs of abuse/neglect go unnoticed or unreported, and they are less able to reach out to others for assistance.

Diminished developmental/cognitive capacity

- A child has diminished developmental/cognitive capacity that affects their ability to communicate verbally or to care for and protect themselves from harm, for example:
- The child cannot communicate or defend themselves.
 - The child cannot get out of the house in an emergency situation if left unattended.

Diminished physical capacity

- A child has a physical condition/disability that affects their ability to protect themselves from harm, for example:
- The child cannot run away or defend themselves.
 - The child cannot get out of the house in an emergency situation if left unattended.

Change Readiness Toolkit

Activity 1	Topic	Activity
Staff	The Impact of Language on Service Delivery	<u>Lesson Plan - Change Begins with Conversation</u>
Supervisor/Manager	Assessing Readiness for Change	<u>Lesson Plan - Got Change</u>
Activity 2	Topic	Activity
Staff	Recognizing and Responding to Need	<u>Lesson Plan - Recognizing and Responding to Need</u>
Supervisor/Manager	Awareness of Staff Responses to Change	<u>Lesson Plan - Change and the Roles People Play</u>
Activity 3	Topic	Activity
Staff	Understanding the Differences Between Poverty and Neglect	<u>Lesson Plan - Understanding the Differences Between Poverty and Neglect</u>
Supervisor/Manager	Communicating for Effective Change and Shared Ownership for Outcomes	<u>Lesson Plan - Giving Work Back</u>

Additional Resources

[Focusing on Race Equity Throughout Change and Implementation - Center for States - Child Welfare Capacity Building Collaborative](#)

Provides practical guidance for advancing race equity throughout change and implementation of new child welfare programs and practices.

[Family Engagement: Partnering With Families to Improve Child Welfare Outcomes](#)

Outlines the importance of engaging families as the experts and offers recommendations for engaging families on different levels of child welfare service delivery.

[Spotlight on Knowing the Difference Between Poverty and Neglect \(hhs.gov\)](#)

Highlights the importance of differentiating between poverty as a cause of neglect and poverty as being neglect and how primary prevention and family-strengthening strategies are key to keeping families together.

The collection of trainings and resources below can be used to improve team and office culture through specific activities focused on creating a learning culture, team building/staff morale, celebrating individual and team achievements, conflict resolution, and self-care.

[Creating a Learning Culture - National Child Welfare Workforce Institute \(ncwwi.org\)](#)

[Leading-People-Activity_Team-Building-Team-Unifying.pdf \(ncwwi.org\)](#)

[Leading-People-Activity_Way-to-Go.pdf \(ncwwi.org\)](#)

[Taking-it-Higher-Elevating-Morale.pdf \(ncwwi.org\)](#)

[Regulate-the-Conflict-Temperature.pdf \(ncwwi.org\)](#)

[Leading-People-Activity_Building-Resiliency.pdf \(ncwwi.org\)](#)

[Regulating Distress Module - National Child Welfare Workforce Institute \(ncwwi.org\)](#)

[Regulating Distress Job Aid.pdf \(ncwwi.org\)](#)

[What About You - A Workbook for Those Who Work with Others](#)



Discussion and Questions

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