Series	Effective Date	Review Date	Directive Number
200	TBD	Three Years	203.10
Chapter 203 – Criminal Investigations			
Reviewing Office Special Victims Unit			☐New Directive ☒Revised Revisions in *Italics*
References *MLEAC 4.5.7 Michigan Safe Delivery of Newborns Law*			

CHILD ABUSE AND SAFE DELIVERY OF NEWBORNS

203.10 – 1 PURPOSE

The purpose of this policy is to provide members with guidelines for recognizing instances of and investigating child abuse and taking protective custody of surrendered newborns.

203.10 - 2 POLICY

It is the policy of the Detroit Police Department (DPD) that all complaints involving allegations of child abuse, neglect, or abandonment shall be promptly and thoroughly investigated by the Child Abuse Unit (CAU), in coordination with the State of Michigan's Department of Health and Human Services – Child Protective Services (CPS), as required by local, state, and federal laws. The DPD is committed to responding to such allegations with urgency, sensitivity, and effectiveness. All officers shall act in accordance with Michigan's Child Protection Law (MCL 722.621–722.638), and shall prioritize the safety, protection, and overall well-being of the child throughout the investigative process.

Acronyms/Definitions:

- *CAU (Child Abuse Unit): The specialized unit within the Detroit Police Department responsible for investigating allegations of child abuse, neglect, or abandonment.*
- *CPS (Child Protective Services): A division of the Michigan Department of Health and Human Services (MDHHS) that investigates reports of child abuse or neglect and ensures the safety and welfare of children.*
- *MDHHS (Michigan Department of Health and Human Services): The state agency responsible for health, welfare, and human services programs, including oversight of Child Protective Services.*
- *Emergency Service Provider: A uniformed or clearly identified employee or contractor of a fire department, hospital, or police station who is on duty and physically present on the premises. (Particularly relevant in the context of the Safe Delivery of Newborns Law)*

203.10 - 3 Child Abuse and/or Child Neglect

The Child Abuse Unit (CAU) shall be responsible for conducting thorough investigations into all reported cases of child abuse and/or neglect. This includes gathering evidence, interviewing involved parties, collaborating with partner agencies, and obtaining criminal warrants when appropriate. Safety assessments shall be conducted to minimize any risk of future harm to a child in partnership with support services to connect children and families to appropriate resources and victim advocacy.

a. The CAU is responsible for obtaining and executing necessary criminal warrants in child abuse and/or neglect cases.

203.10 – 3.1 Reporting Procedures:

a. During Business Hours (8am–4pm):
   Members responding to, or discovering suspected child abuse and/or child neglect shall immediately contact *the* CAU. *If Members are unable to make contact with a member from the CAU, Members shall contact Notification and Control, who will notify the CAU.*

b. All Other Hours**:**
   All notifications shall be made from the scene and be guided by their directives regarding further action. If a Member must make contact with a member from the Child Abuse Unit between the hours of 4:00 PM - 8:00 AM, the Member shall notify Notification and Control who will connect the Member to an on-call CAU member.

203.10 – 3.2 **Scene Notifications:** All initial notifications regarding suspected child abuse and/or neglect must be made from the scene whenever possible. Members shall follow the CAU's directives regarding further action, including but not limited to:

- Child removal
- Safety planning
- Evidence collection

203.10 – 3.3 Initial Child Interaction and Interviewing:

a. *Purpose of Initial Contact*
   The primary goal of initial contact with a child in suspected abuse or neglect cases is to ensure the child's immediate safety and assess the need for urgent medical attention. Members must avoid multiple or unnecessary interviews that may re-traumatize the child or compromise the integrity of the child's disclosure. This applies to both oral and written statements.

b. *Forensic Interview Referral*
   Once minimal facts have been obtained, the child should be referred for a forensic interview. This interview should occur in a neutral, child-focused setting (such as Kids-TALK Children's Advocacy Center) to reduce trauma and support a legally sound investigation.

c. *Interview Separation from Suspected Perpetrators*
   Under no circumstances shall a child be interviewed in the presence of any individual suspected of perpetrating the abuse or neglect, including those alleged to have failed to protect the child. Protecting the child's emotional and physical well-being during the interview process is paramount. This policy is consistent with

*Michigan's Child Protection Law (MCL 722.628(8))**,** which requires that interviews be conducted in a manner that minimizes trauma to the child.*

d. *Key Principles Of Minimal Facts Interviewing Include:*

- *Gather only essential information: Collect just enough information to assess whether the child is safe and if there is a need for further investigation, without conducting a full interview.*
- *Avoid leading or suggestive questions: Use open-ended, neutral questions.*
- *Do not probe for details: The purpose is not to conduct a full investigation but to determine immediate safety needs and if further investigation is required.*
- *Ensure child safety: Assess whether the child is in immediate danger and take appropriate protective actions.*
- *Document and report: Record exactly what the child says. Avoid paraphrasing or interpreting.*

203.10 – 4 Medical Evaluation and Referrals

a. *General Medical Evaluation Protocol*
When abuse or neglect is suspected, children should be evaluated by a Board-Certified or Board-Eligible Child Abuse Pediatrician or a Pediatric Sexual Assault Nurse Examiner (SANE-P) to ensure expert assessment and appropriate evidence collection.

b. *Sexual Abuse Cases*

- *Emergency Medical Needs**:** If the child exhibits injuries requiring immediate medical attention (e.g., pain, active bleeding, suicidal ideation), transport them to the nearest emergency department*
- *Incident Occurred Within 120 Hours (5 Days)**:** Contact Avalon Healing Center for emergency forensic medical examination and evidence collection.*
- *Incident Occurred More Than 120 Hours (5 Days) Prior: Refer the child to Kids-TALK Children's Advocacy Center for a forensic interview and medical evaluation via the secure referral portal: https://support.iamtgc.net/support/tickets/new*

c. *Physical Abuse Cases*

- *Emergency Medical Needs**:** If the child has visible injuries (e.g., bleeding, fresh bruises, abrasions, cuts, or burns), or is 2 years old or younger, refer them immediately to the emergency department**.***
- *Healed Injuries with No Immediate Concerns**:** Contact Children's Hospital of Michigan CARE Team for a follow-up evaluation.*
- *Severe Physical Abuse Allegations**:** Refer the child to Kids-TALK Children's Advocacy Center for a forensic interview and medical evaluation via the secure referral portal: https://support.iamtgc.net/support/tickets/new*

d. Child Removal: *No child shall be removed from the custody of a parent, relative, or social worker unless prior approval is obtained from* CAU *personnel* except in situations where imminent danger to the child exists. *Therefore, the above notifications must be made from the scene or from the nearest telephone.*

203.10 – 5 **Mandatory Reporting:** The Child Protection Law Act No. 238, Public Acts of 1975, makes it mandatory for members to report immediately any case of actual or suspected child abuse and/or child neglect to the MDHHS Centralized intake immediately, followed by a written report within 72 hours.

- Child Abuse: means harm, or threatened harm, to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, any other person responsible for the child's health or welfare, a teacher, a teacher's aide, a member of the clergy, or an individual 18 years of age or older who is involved with a youth program. (MCL 722.622(g) (1975).
- Child neglect: means harm or threatened harm, to a child's health or welfare caused by a parent, legal guardian, or any other person responsible for the child's well-being, that occurs through either of the following:
  a. Negligent treatment including the failure to provide adequate food, clothing, shelter, or medical care, though financially able to do so, or by the failure to seek financial or other reasonable means to provide adequate food, clothing, shelter, or medical care.
  b. Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or 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. (MCL 722.622(k) (1975).

203.10 – 6 **Child Abuse/Neglect Reporting:**

- Notification: The responding member shall notify the CAU and MDHHS of all suspected cases of child abuse or neglect.
- Incident Report: The responding member shall include the following on the incident report:
  - Name of the child;
  - Child's date of birth;
  - Description of the child abuse and/or child neglect;
  - Name(s) and addresses of parents, guardians, and (if different) the person(s) with whom the child resides;
  - Any additional information as requested by the CAU, MDHHS or CPS;
  - CPS intake log number.

203.10 – 7 **Notification Procedure:**

- Initial Contact: The responding members shall notify the MDHHS, CPS by calling Central Intake and entering the officer code;
- Obtain Log Number: Members shall obtain a CPS intake log number, which shall be included within the responding members' incident report.
- Report Submission: The original copy of the incident report shall be forwarded to CAU and to the MDHHS, CPS before the completion of their tour of duty.

203.10 – 8 **Custody During Non-Business Hours:**

- Procedure: If a child is taken in custody during the hours CAU is not in operation, the responding member shall:
  - Prepare an incident report and a State of Michigan JC- 02 ("Complaint – Request for Action, CPS Proceedings").

- Obtain authorization for the protective custody placement of the child from the Wayne County Juvenile Court.
- Document placement shall be noted in the designated area on page two (2) of the JC- 02 form.
  The member's copy of the JC-02 complaint and the original copy of the incident report shall be forwarded to the CAU.

203.10 – 9 **Narcotics Raids:**

- Child Safety: When a narcotics raid is conducted and children are found on the premises where narcotics are used, stored or sold, the CAU shall be notified immediately.
- Incident Report: An Incident Report shall be completed in all cases where children are present during a narcotics raid.
- Assessment: the CAU will determine if the child/Children will be placed in protective custody.

203.10 – 10 **Evidence Collection and Documentation:**

- Confiscation of Evidence: The responding member shall confiscate any evidence at the scene and document this evidence on the incident report.
- Photography: The Evidence Technician Unit shall be notified to take photographs of:
  - Physical abuse when injuries are visible, but no medical treatment is needed immediately;
  - Hazardous living conditions when there is a failure to provide safe and sanitary housing, (no gas, water, or electricity*;*
  - *Evidence technicians will be ordered at the discretion of the* CAU.

203.10 – 11 **Michigan Safe Delivery Act** *[MLEAC 4.5.7]*

203.10 – 11.1 **Scope:** The Michigan's Safe Delivery Act mandates that any Emergency Service Provider in the state of Michigan is required to take protective custody action for any newborn (where a physician reasonably believes newborn is no more than 72 hours) that is surrendered by a parent.

203.10 – 11.2 **Definition:** The Michigan Safe Delivery Act defines An Emergency Service Provider as *an individual who provides emergency response services, including a law enforcement officer, corrections officer, firefighter, emergency medical services provider, dispatcher, emergency response communication employee, a rescue service provider, or an individual who is employed by or under contract with a health facility or agency, a health professional licensed under article 15* when an employee is inside the premises and on-duty.

Note for DPD Members: While this directive primarily guides DPD procedures, it's important to recognize that a parent may surrender a newborn to any identified

employee or contractor of a fire department or hospital under the same act. DPD members encountering such situations should be prepared to coordinate appropriately with the involved agency, in accordance with the guidelines outlined in this policy.

Note: Article 15 of the Michigan Public Health Code governs the licensure and regulation of healthcare professionals. It establishes the standards for obtaining and maintaining licenses, registrations, and certifications across various health professions. The article also outlines scope of practice, rules for task delegation, and procedures for disciplinary actions

203.10 – 12 **Surrender Procedures:**

- A newborn up to 72 hours old may be surrendered to any on-duty Detroit Police Officer in any district on any day, at any time.
- The Safe Delivery Act mandates the Michigan Missing Children Clearinghouse to serve as the repository of information for all surrendered newborns in the state of Michigan.
- Confidentiality and Anonymity: Under the Safe Delivery of Newborns Act, a parent is legally permitted to surrender a newborn anonymously. Members of the Detroit Police Department shall fully respect and uphold this right to anonymity as provided by law. No effort shall be made to identify or question the surrendering parent(s), unless there is a clear and articulable reason to believe that a separate criminal offense, unrelated to the act of safe surrender, has occurred.

203.10 – 13 **Emergency Service Provider Responsibilities:**

- Upon surrender of a newborn:
  - The Emergency Service Provider is required to immediately contact the Michigan Missing Children Information Clearinghouse.
  - The Clearinghouse will conduct an investigation to determine that the surrendered newborn has not been abducted.
  - Upon surrender, the Emergency Service Provider shall inspect the newborn for signs of abuse or injury.
  - The Emergency Service Provider shall make a reasonable effort to provide the parent(s) with the following forms:
    - *MDHHS Form 1819, Medical Background*
    - *MDHHS Form 4820, Voluntary Release*

Contingency for Unresponsive Parent: If the parent refuses the forms, declines to provide information, or leaves the premises before the forms can be offered, DPD members shall not attempt to detain them and document the attempt. The priority remains the safe delivery and medical assessment of the newborn.

203.10 – 14 **DPD Member Procedures:**

- The member who accepts the newborn child shall immediately notify Notification and Control, who shall then notify CAU.

- *The child shall immediately be conveyed to the hospital by medics.*
- Personnel from the CAU will respond to the location (precinct**,** fire station, hospital).
- Necessary notifications shall be made to the Michigan Missing Children Information Clearinghouse by the proper Emergency Service Provider.
- DPD's role is to ensure the safe transfer of custody.

203.10 – 15 **Limitations:**

- The law specifically stipulates that the Emergency Service Provider must be on duty and on the premises.

- Any other type of newborn surrendered shall constitute abandonment and the member shall follow department policy pertaining to child abuse and neglect.

203.10 – 16 **Training Requirements:** All DPD members, particularly those in patrol, investigation, and supervisory roles, shall receive regular training on the Michigan Safe Delivery Act.

203.10 – 17 Child Safety During Transport

- ***Use of Child Safety Restraints***
  When members of the DPD transport a child in protective custody, the child shall be secured in an age and size-appropriate child safety seat, in accordance with Michigan's Motor Vehicle Code (MCL 257.710d).
- ***Department-Issued Car Seats***
  Precincts shall maintain child safety seats that are properly rated for infants, toddlers, and young children. Members are responsible for ensuring these seats are available and used during transport.
- ***EMS Transport Option***
  If an appropriate child safety seat is not immediately available, or if the child has medical or developmental needs requiring specialized transport, members shall request emergency medical services (EMS) for safe transportation of the child.
- ***Documentation Requirement***
  The method of transport, including whether a child safety seat was used or if EMS transport was requested, shall be documented in the incident report.
- ***Prohibition***
  No child shall be transported in the lap of an officer or unsecured in a Department vehicle under any circumstances.

RESOURCES

Related Policies: Training Directive #22-01 Training for Youth-Related Interactions
Related Forms: Complaint – Request For Action, Child Protective Proceedings (JC-02)
Michigan *Law Enforcement Accreditation Commission: 4.5.7 Michigan Safe Delivery of Newborns Law*

- *MCL 712.1 Safe Delivery of Newborns Law*
- *MCL 722.111 – Child Placing Agency*

- *MCL 722.622 – Child Protection Law*
- *MCL 257.710d – Child Restraint System*
- *MCL 333.20981 – Emergency Service Provider*

Michigan Public Health Code. Act 368 of 1978, Article 15, §§ 333.16101 et seq., Michigan Legislature, 2024, https://www.legislature.mi.gov.

Kids-TALK Children's Advocacy Center:
- Provides support and resources for children and families affected by abuse.
- Website: https://www.guidance-center.org/kids-talk/

Safe Delivery of Newborns - Michigan's Safe Delivery of Newborns Law: Safe Delivery Hotline 1-866-733-7733