

CRIMINAL SEXUAL CONDUCT

penetration

1st degree (life)

1. Under 13 years
2. 13 to 16
 - + member of the same household
 - (or) relation (4th degree)
 - (or) position of authority
3. Felony
4. Aided or abetted
 - + mentally incapable incapacitated or helpless
 - (or) force or coercion
5. Armed with a weapon
6. Personal injury
 - + force or coercion
 - (or) mentally incapable incapacitated or helpless
7. Mentally incapable, incapacitated, disabled or helpless
 - + related by the 4th degree
 - (or) in a position of authority

3rd degree (15 years)

1. 13 to 16 (no additional factors)
2. Force or coercion (no personal injury)
3. Mentally incapable, incapacitated or helpless
4. Related by blood or affinity to the 3rd degree

See MCL 750.520 B & C

CRIMINAL SEXUAL CONDUCT

sexual contact

2nd degree (15 years)

1. Under 13 years
2. 13 to 16
 - + member of the same household
 - (or) relation
 - (or) position of authority
3. Felony
4. Aided or abetted
 - + mentally incapable incapacitated or helpless
 - (or) force or coercion
5. Armed with a weapon
6. Personal injury
 - + force or coercion
 - (or) mentally incapable incapacitated or helpless
7. Mentally incapable, incapacitated, disabled or helpless
 - + related by the 4th degree
 - (or) in a position of authority
 - (or) injury

4th degree (2 years)

1. 13 to 16
 - + 5 years or more older than the victim
2. Force or coercion
 - (no personal injury)
 - (excludes concealment or surprise)
3. Mentally incapable, incapacitated or helpless
4. Related by blood or affinity to the 3rd degree
5. Defendant was an employee or volunteer with the Department of Corrections (DOC), County or juvenile facility while the victim was under the jurisdiction of D.O.C., prisoner or probationer

See MCL 750.520

COMMON REACTIONS IN CHILDREN

1. FEAR
2. REGRESSION
3. SEXUAL ACTING OUT
4. INAPPROPRIATE MASTERBATION
5. FEAR IF CERTIAN ROOMS
6. FEAR OF CERTIAN PEOPLE (MALE VS FEMALE)
7. NIGHTMARES
8. SELF MUTILATION
9. SEVERE AGITATION OR WITHDRAWAL WITHOUT REASON (FIRE STARTING)
10. SELF BLAME OR GUILT
11. INCREASED DISCLOSURE WITH TIME



EARLY ON

development is predictable

By 3 months of age, a child should:



Raise head slightly



Follow person with eyes



Smile



Vocalizes



Move arms and legs

By 6 months of age, a child should:



Roll over



Have good head control



Reach and obtain objects



Laugh out loud



Turn head to sound

By 9 months of age, a child should:



Sit



Transfer object from hand to hand



Say mama, baba, and dada



Respond to name



Bear weight on feet

By 12 months of age, a child should:



Pull self to stand



Crawl



Pick up small item with thumb and forefinger



Say 1-3 words



Follow simple directions

By 18 months of age, a child should:



Walk well



Stack objects



Imitate words



Scribble with crayon



Feed self finger foods

By 24 months of age, a child should:



Point to familiar objects



Turn pages in book



Use single words



Drink from cup



Walk up stairs

By 2-1/2 years, a child should:



Use two word combinations



Follow two step commands



Use 50 different words



Do simple dressing



Kick a ball

By 3 years, a child should:



Use three word combinations



Speak clearly



Know 1-3 body parts



Stack four blocks



Feed self

If you know a child whose development is delayed - call 1-800-EARLY-ON or your EARLY ON representative at the Ottawa County Health Department at (616) 393-5753.

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report required in the above Sec. 3. (1) Act. No. 238, P.A. of 1975, as amended and mailed to the local county Family Independence Agency. Referring person is to fill out as completely as possible items 1-20. Only medical personnel may complete items 21-29.

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.
 3. Father's name — Enter father's name (or father substitute) and other available information.
 4. Mother's name — Enter mother's name (or mother substitute) and other available information.
 5. Name of alleged perpetrator of abuse or neglect — Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
 6. Relationship to child(ren) — Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuses, i.e. parent, grandparent, babysitter.
 7. Child(ren's) address — Enter the address of the child(ren).
 8. City — Self explanatory
 9. County — Self explanatory
 10. Phone — Enter phone number of the household where child(ren) resides.
 11. Person(s) child(ren) living with when abuse/neglect occurred - Enter name(s).
 12. Address where abuse / neglect occurred — Self explanatory.
 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 referral — Check appropriate box noting professional group or appropriate category
Note: If abuse or neglect is suspected in a hospital, check hospital.
- FIA Facility** — Refers to any group home, shelter home, halfway house or institution operated by the Family Independence Agency.
- DCH Facility** — Refers to any institution or facility operated by the Department of Community Health.
15. Referring person's name — Enter your name if you are referring or reporting this matter.
 16. Name of referring organization — Enter the name of the agency or organization, if appropriate.
 17. Address — Self explanatory
 18. City — Self explanatory
 19. State — Self explanatory
 20. Phone Number — Self explanatory

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Family Independence Agency

INSTRUCTIONS:

REFERRING PERSON: Complete items 1-20. Send PART 1 to local County Family Independence Agency where the child is found. Retain PART 2 for your records. See additional instructions on back.

1. Date

2. List of Child(ren) Suspected of being Abused or Neglected (List additional children on back of Part 1)

NAME

BIRTH DATE

SOCIAL SECURITY #

SEX

RACE

3. Father's Name

4. Mother's Name

5. Name of Alleged Perpetrator of Abuse or Neglect

6. Relationship to Child(ren)

7. Child(ren)'s Address (No. & Street)

8. City

9. County

10. Phone No.

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 Referral (Check appropriate box)

☐ PHYSICIAN

☐ MEDICAL EXAMINER (Coroner)

☐ DENTIST/DENTAL HYGIENIST

☐ NURSE

☐ EMERGENCY MEDICAL SERVICES PERSONNEL

☐ AUDIOLOGIST

☐ *SOCIAL WORKER

☐ SCHOOL ADMINISTRATOR

☐ SCHOOL COUNSELOR

☐ PSYCHOLOGIST

☐ PROFESSIONAL COUNSELOR

☐ TEACHER

☐ LAW ENFORCEMENT OFFICER

☐ CHILD CARE PROVIDER

☐ HOSPITAL

☐ MARRIAGE/FAMILY THERAPIST

☐ FIA FACILITY

☐ DCH FACILITY

☐ OTHER (Specify below)

15. Referring Person's Name

16. Name of Referring Organization (school, hospital, etc.)

17. Address (No. & Street)

18. City

19. State

20. Phone No.

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

21. Summary Report and Conclusions of Physical Examination

22. Laboratory Report

23. X-Ray

24. Other (specify)

25. History or Physical Signs of Previous Abuse / Neglect

☐ YES

☐ NO

26. Prior Hospitalization or Medical Examination for this Child

DATES

PLACES

27. Physician's Signature

28. Date

29. Hospital (if applicable)

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, 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 an FIA Office in your county.

AUTHORITY: P.A. 238 OF 1975.
COMPLETION: Mandatory.
PENALTY: None.

*INCLUDES CERTIFIED SOCIAL WORKER, SOCIAL WORKER, SOCIAL WORK TECHNICIAN