

Cherokee County Child Abuse Protocol

2012 Revision

Cherokee County Child Abuse Protocol (2012 Revision)

Introduction

O.C.G.A. § 19-15-2. Each county shall be required to establish a child abuse protocol.

This document is a protocol for the investigation and treatment of child abuse in Cherokee County. This protocol is a reflection of a commitment by the many agencies, offices, and individuals involved to address the needs of children in this community. The goal is to have an agreement between the agencies on how to proceed with the investigation of these cases.

The protocol gives guidelines for cooperation and procedures. However, it is understood that for each agency involved (whether it is a state or local agency) their own policies must take precedent over the protocol. Further, it is understood that the rules, operating procedures and orders of the local court take precedent over others.

The following entities have agreed upon procedures, which are intended to allow all involved to respond effectively, and with compassion to cases of alleged child abuse:

Cherokee County Superior Court
Cherokee County State Court
Cherokee County Juvenile Court
Cherokee County District Attorney
Cherokee County Solicitor General
Cherokee Sheriff's Office
Cherokee County Magistrate's Office
Cherokee County School District
Cherokee County Coroner's Office
Cherokee County Department Of Family And Children Services
Cherokee County Health Department
Highland Rivers Mental Health Department
Cherokee County Probation Office
Georgia Probation Management
Cherokee County Fire And Emergency Services
Department Of Juvenile Justice
City Of Ball Ground Police Department
City Of Canton Police Department
City Of Holly Springs Police Department
City Of Woodstock Police Department
Cherokee Child Advocacy Council
Court Appointed Special Advocates
Northside Hospital Cherokee
Cherokee Multi-Agency Narcotics Squad
City of Nelson Police Department
Cherokee County School District Police Department

If you have further concerns or unanswered questions or feel a need to deviate from the protocol please contact the Chairperson of the Child Abuse Protocol Committee. Chairperson information can be obtained from the Chief Superior Court Judge.

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PREFACE

Mission

The mission of the Child Abuse Protocol as set out in O.C.G.A. § 19-15-2(e) – (k) is the following:

1. To write, review and establish the protocol document, outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged child abuse, including child sexual abuse and exploitation, and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child. (e), (k)
2. To outline procedures to be used when child abuse occurs in a household where there is violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. (e)
3. To specify circumstances in under which law enforcement officers will and will not be required to accompany child abuse investigators from the county department of family and children services when these investigators investigate reports of child abuse. (h)
4. To establish joint work efforts between the law enforcement and child abuse investigative agencies in child abuse investigations. (h)
5. To describe measures which can be taken within the county to prevent child abuse. (h)
6. To issue a report no later than July 1st of each year evaluating the extent to which child abuse investigations in the past 12 months have complied with the child abuse protocol, recommend measures to improve compliance, and describe which measures taken within the county to prevent child abuse have been successful. (i)
7. To meet at least semi-annually to review and update the protocol. (g)
8. To ensure each committee member receives appropriate training within 12 months of appointment to the committee. (j)

The Purpose of the Protocol

The purpose of this protocol is to ensure coordination and cooperation between all agencies handling such cases, to minimize the stress created for the allegedly abused child by the legal and investigatory process, and to ensure that more effective treatment is provided for the perpetrator, the family and the child, including counseling.

Membership

The current Protocol Committee consists of representatives of the following agencies whose membership is required by O.C.G.A. § 19-15-2:

- a. The office of the sheriff;
- b. The county department of family and children's services;
- c. The office of the district attorney;
- d. The juvenile court;
- e. The magistrate court;
- f. The county board of education;
- g. The country mental health organization;
- h. The office of the chief of police of the county police department;
- i. The office of the chief of police of the largest municipality in the county;
- j. The country board of health, which shall designate a physician;
- k. The office of the coroner or country medical examiner.

In addition, the law requires that the committee shall have a member who represents a local citizen or advocacy group, which focuses on child abuse awareness and prevention.

The membership of the Cherokee County Child Abuse Protocol Committee satisfies these statutory requirements and includes other members selected by the Protocol Committee for their expertise in related fields of medicine, advocacy and management.

Preamble

The purpose of the Child Abuse Protocol is to protect children who have been, or are alleged to have been abused by insuring that the needs of the child are given priority over system or agency needs. As such, the recommendations of the Child Abuse Protocol are not intended to preclude agencies polices and procedures. While the failure to follow protocol indicates an action that potentially may cause harm to a child, such a failure does not necessitate the conclusion that the actions are somehow legally flawed.

Confidentiality

The meetings and proceedings of a committee or subcommittee of the Child Abuse Protocol in the exercise of its duties shall be closed to the public and shall not be subject to open meetings.

Records and other documents, which are made public records pursuant to any other provisions of law, shall remain public records notwithstanding their being obtained, considered, or both, by a committee, a subcommittee, or the panel.

Members of the Child Abuse Protocol Committee shall not disclose what transpires at any meeting nor disclose any information the disclosure of which is prohibited by O.C.G.A. 19-15-6, expect to carryout out the purposes of this chapter.

A person who presents information to the Child Abuse Protocol Committee who is a member of any such body shall not be questioned in any civil or criminal proceeding regarding such presentation or regarding opinions formed by or confidential information obtained by such person as a result of serving as a member of any such body. However, such a person shall not be prohibited from testifying regarding information obtained independently of the committee or subcommittee. In any proceeding in which testimony of such a member is offered, the court shall first determine the source of such witness's knowledge.

Except as otherwise provided, information acquired by and records of the Child Abuse Protocol Committee shall be confidential, shall not be disclosed, and shall not be subject to Article 4 of Chapter 18

of title 50 of the official code relating to open records, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

Pursuant to law, a member of the Child Abuse Protocol Committee shall not be civilly or criminally liable for any disclosure of information made by such member as authorized by this section.

Notwithstanding any other provision of law, information acquired by and documents, records, and reports of the child abuse protocol committees and subcommittees applicable to a child who at the time of his or her death was in the custody of a state department or agency or foster parent shall not be confidential and shall be subject to Article 4 of Chapter 18 of title 50, relating to open records.

While it is understood that Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) providers make reports of abuse and may have records that are appropriate to share with other care providers, there is a limit to what MHDDAD should appropriately share. Additionally, when MHDDAD information is shared, it should be protected from further disclosure except as authorized by law.

The Cherokee County Child Abuse Protocol is not a confidential record of the Committee or its subcommittees and as such shall be considered public record. Copies of the Child Abuse Protocol may be distributed by the Protocol Committee upon payment of the costs of said copy or copies as provided by the Open Records Act.

REPORTING PROCEDURES

O.C.G.A. § 19-7-5 states "An oral report shall be made as soon as possible by telephone or otherwise and followed by a report in writing, if requested, to a child welfare agency providing protective services, as designated by the Department of Human Resources, or in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such a report is true, or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney."

In Cherokee County, reports of child abuse shall be sent to the Cherokee County Department of Family and Children's Services by means of the following:

During Normal Office Hours (8:00 am to 5:00 pm Monday – Friday) referrals will be accepted by phone, fax, or email. Please note that when sending referrals by email it is necessary to use the referral form which can be obtained by request from the email address provided below.

Phone: 770-947-7552

Fax: 770-489-3187 or 404-591-6063

Email: cdward@dhr.state.ga.us or aswheeler1@dhr.state.ga.us

After Hours 1-855-GA CHILD (422-4453)

Call 911 Dispatch and ask for the DFCS on-call personnel.
Please refer to Appendix A for further information regarding the legal requirement to report abuse as well as definitions as defined by O.C.G.A. § 19-7-5.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) REPORTING: PLEASE SEE THE SECTION ON THIS TOPIC FOR A MORE DETAILED CONTACT PROCEDURE

**DEPARTMENT OF FAMILY & CHILDREN'S SERVICES (DFCS)
REPORTING PROCEDURE**

*P.O. Box 826
105 Lamar Haley Parkway
Canton, Georgia 30114
770-720-3610
After Hours: 1-855-GA CHILD*

1. Reports assigned for investigation will only have a response time of either immediate or 24 hours. The seriousness of the allegations in the report and the urgency of the safety needs of the child determine response times. In emergency and non-emergency cases in which law enforcement has already responded and talked to the parties and has determined that the child does not need to be immediately removed, the DFCS response time will be considered met by the law enforcement response.
2. Reports assigned as Family Support cases will have a response time of 5 days. Upon receipt, the case manager will immediately contact the family to schedule a home visit with all household members, within 5 days, to assess the situation and determine from what services the family could benefit.
3. If at any time the DFCS investigator discovers the child is in immediate danger or there is evidence that a criminal act may have occurred or there is an allegation of child abuse [OCGA § 19-7-5(e)], the investigator will immediately call the Law Enforcement agency having jurisdiction and request assistance.
4. **Protective Custody (OCGA § 15-11-45):** Should the DFCS investigator and supervisor determine that the child(ren) must be removed from the home in order to meet the safety needs of the child, this should be accomplished in the following manner:
 - a. DFCS is to call the appropriate Law Enforcement agency to come to the scene to make a determination as to removal of the child.
 - b. If a determination is made to take the child(ren) into custody, the Law Enforcement Officer will take child(ren) into custody and immediately call the Juvenile In-Take Officer.
 - c. If the Juvenile In-Take Officer approves the removal, the Law Enforcement Officer will turn the child(ren) over to the DFCS case manager on the scene.
 - d. If there is a disagreement over whether to take child into custody, the Juvenile In-Take Officer should be called.
 - e. The Law Enforcement Officer and the DFCS representative on scene need to discuss the placement options to ensure the safety of the child.
5. All incidents of child death, serious injury of children with open social service cases, and any other alleged incident of abuse or neglect in foster homes will be reported to the DFCS State Social Service Section. In potentially high profile cases, the local DFCS may refer the matter to the DFCS Social Services Section to avoid any appearance of a conflict of interest.
6. Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

See also the following reporting procedures: Medical Personnel p. 11; Mental Health p. 19; Cherokee County School District p. 16, Special Response Situations Section; Treatment Section;

**LAW ENFORCEMENT
REPORTING PROCEDURE**

I. Introduction/Protective Custody (OCGA § 15-11-45)

Law Enforcement Officers will take immediate and decisive steps to protect children who appear to be the victim of physical abuse, physical neglect, sexual abuse and exploitation or emotional maltreatment.

When Law Enforcement Officers have reasonable grounds to believe that a child is suffering from illness or injury, or is in immediate danger from his/her surroundings and that child's removal is necessary for the safety of the child, the officer will:

1. Immediately place the child into protective custody;
2. Immediately contact the In-Take Officer with Juvenile Court and then contact DFCS. Law Enforcement and DFCS should be in communication during the process of removal; especially regarding placement options to ensure the safety of the child(ren).
3. The In-Take Officer will decide whether to place child into custody and communicate that decision with Law Enforcement.
4. If removal is approved, Law Enforcement will turn custody of the child(ren) over to the DFCS case manager responsible for placement of child(ren).
5. Law Enforcement will complete an incident report, if possible before the 72 hour hearing, and forward it to DFCS; else be subject to subpoena for the 72-hour hearing.

II. Procedure

A. Law Enforcement and Child Abuse Referrals

1. Law Enforcement will be familiar with the "Child Abuse Protocol" and make every attempt to follow the protocol to the best of their department's ability.
2. Determine if the allegation of sexual abuse, physical abuse, emotional abuse or neglect is founded by probable cause, and if the crime occurred in the jurisdiction of the agency.
3. Child abuse cases will be handled in a priority manner depending on the severity of the abuse being referred.
4. If contacted by DFCS and advised there is evidence that a criminal act may or has occurred, and the child is in immediate danger, Law Enforcement will take immediate response.
5. Law Enforcement will initiate an investigation within 24 hours for children who are at imminent risk and within five days on all other referrals. Imminent risk may include but is not inclusive of:
 - a. Visible injuries such as severe bruising, burns, broken bones;

- b. Credible information or circumstances that lead an investigator to a reasonable belief that future harm may occur to the child;
 - c. Credible information or circumstances that lead an investigator to believe that evidence of a crime needs to be documented and or preserved.
6. Law Enforcement should endeavor to have at least one officer with advanced training in the area of child abuse investigation. This officer should be used as a reference source for all the officers in the agency, and should assist with the more severe cases of child abuse, which are reported to their agency, if necessary.
 7. Whenever an allegation is received by Law Enforcement that a crime has been committed against a child, a criminal incident report will be generated. Law Enforcement will ensure that a referral has been filed with DFCS.
 8. If the abuse occurred in the child's home or in a caretaker situation, then DFCS will be notified immediately.
 9. Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE**.

B. Law Enforcement agrees to work jointly with DFCS in the following situations:

1. Any form of sexual abuse by a parent or caregiver involving a child.
2. Any form of physical assault by a parent, stepparent or other caretaker, which causes bruises.
3. Any child under the age of three with any signs of abuse.
4. Any head trauma, laceration, fracture, broken bone, or burn on any child where physical abuse is suspected.
5. Any severe neglect case where DFCS requests assistance.
6. Any case of physical abuse where there have been previously confirmed reports by DFCS.
7. Any abuse referral diagnosed by a physician.
8. Any form of Munchausen's Syndrome by Proxy/ Pediatric Condition Falsification and Factitious Disorder by Proxy.
9. Any case involving the suspicious death of a child
10. The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury.

It is important to note that although Law Enforcement agrees to work jointly with DFCS on the above mentioned incidents, the critical role for each agency is to have the ability to differentiate unintentional, circumstantial, or isolated incidents of maltreatment from deliberate, cruel or repeated maltreatment which may or may not involve Law Enforcement being actively involved.

C. Law Enforcement Staffing Referrals with DFCS

1. Law Enforcement receives referrals daily from DFCS either by phone, personal pickup, or by facsimile. When disseminating referrals, a reasonable effort will be made by DFCS to determine the jurisdiction of the alleged incident.
2. Law Enforcement will make contact with DFCS Child Protective Unit weekly to staff referrals, unless more pressing case obligations arise that would take priority.
3. Law Enforcement will check their local files and criminal histories of suspects whenever possible prior to making a decision on the disposition of a referral.
4. Law Enforcement will notify DFCS if their records contain a past history of child abuse, domestic violence or physical assaults, and a joint decision should be made on how Law Enforcement will assist.
5. Law Enforcement will make inquiry of the DFCS investigator assigned to the referral of what action was taken by their Department.
6. Law Enforcement, DFCS investigator and supervisors will determine at that time if further Law Enforcement assistance is necessary.

*See also the following reporting procedures: Medical Personnel p. 11; Fire and Emergency Services p. 14.
See Commercial Sexual Exploitation of Children (CSEC); Child Fatality Protocol for reporting child deaths*

MEDICAL PERSONNEL REPORTING PROCEDURE

Medical personnel should respond to suspected abuse and neglect cases as outlined below. Medical personnel will release all medical documents pertaining to the abuse when presented with a release signed by the parent or guardian, or when presented with a legally issued search warrant or subpoena issued by law enforcement or the prosecutor's office. Please refer to Appendix C for further information regarding the legal requirement for a physician to take emergency custody of a child.

I. Sexual Abuse

A. Recent Sexual Contact (within 72 hours)

1. Acute medical problems are identified and managed.
2. If child presents to the Emergency Room, a medical screening is completed to identify possible sexual contact (information is taken only as necessary for medical treatment).
3. Notify DFCS and Law Enforcement.
4. A formal forensic evaluation will be conducted at appropriate location. For children 12 years of age and younger the sexual assault examination should be conducted at Children's Healthcare of Atlanta; for children 13 to 17 years of age the examination can be conducted by a SANE nurse according to the sexual assault protocol.
5. Testing and treatment for sexually transmitted diseases and pregnancy is done as deemed necessary.
6. Follow-up appointment is made per DFCS or patient, and information from the Emergency Room or Child Advocacy Center / designated equipped location's record is made available to follow-up physician.
7. Written report is sent to DFCS and Law Enforcement with expert medical opinion clearly stated. Forensic interviews to occur at the medical opinion clearly stated. Forensic interviews to occur at the Child Advocacy Center or designated equipped location (for children 3 to 17 years) according to Protocol guidelines.

B. Sexual Abuse at remote time (> 72 hours)

1. Medical interview is done to confirm sexual contact (detailed questioning to be reserved for investigative interview).
2. Acute medical problems are evaluated and treated.
3. Notify DFCS.
4. Referral for medical evaluation, preferably at Children's Healthcare of Atlanta's Child Protection Center, is made per DFCS.
5. Copy of Emergency Room evaluation is sent to follow-up physician.

C. Medical condition suspicious for sexual abuse (bleeding or infection)

1. Thorough physical and laboratory examination of the patient is done (Sexual Assault Kit is done as deemed necessary).
2. Injuries and/or illnesses are treated.
3. Notify DFCS.
4. Copy of Emergency Room evaluation is sent to follow-up physician.
5. Written report is sent to DFCS, expert medical opinion clearly stated on report.

II. Physical Abuse

In physical abuse cases, the child should be examined and treated at Children's Healthcare of Atlanta as they have a Child Protective Services division that specializes in child abuse cases. Local emergency room doctors can provide initial treatment in emergency situations when it is in the best interest of the child, however, when the child is stable, he/she should be transported to Children's Healthcare of Atlanta.

If a parent refuses to give consent, then OCGA § 15-11-15 will allow a Georgia licensed physician to take temporary protective custody of the child without a court order and without the consent of a parent, guardian, or custodian. Please see Appendix C for the legal requirements and procedure.

A. Under the age of 2 years

1. A thorough history of the injury is taken separately from each person with the child.
2. If the history of abusive treatment or the injury does not match the history, the diagnosis of suspected child abuse is made and DFCS is notified.
3. Written documentation of injuries is done.
4. Photography is done.
5. X-Ray (skeletal survey) and any other necessary imaging scans are done and laboratory tests are ordered as indicated.
6. Medical care is given as necessary.
7. Copy of emergency record is sent to the follow up physician.
8. Primary Care Physician or Pediatrician on call is consulted. If available, a child abuse expert pediatrician is preferred. . If no such expert at the facility, the child should be referred to Children's Healthcare of Atlanta's Child Protection Center.
9. Written report is sent to DFCS, expert medical opinion clearly stated on report.
10. Examination of siblings is arranged by DFCS.

B. Over the age of 2 years

1. History of the injury is taken separately from the child and each person who is with the child.
2. If the history of abusive treatment or the injury does not match the history, the diagnosis of suspected child abuse is made and DFCS is notified.
3. Written documentation of injuries is done.
4. Primary Care Physician or the Pediatrician on call is consulted if deemed necessary. If available, a child abuse expert pediatrician is preferred. If no such expert at the facility, the child should be referred to Children's Healthcare of Atlanta's Child Protection Center.
5. Photography is done. (*Photography is necessary. Equipment should be purchased by the team*)
6. X-Ray (skeletal survey) and any other necessary imaging scans are done and laboratory tests are ordered as indicated.
7. Medical care is given as necessary.
8. Copy of emergency record is sent to the receiving facility.
9. Written report is sent to DFCS, expert medical opinion clearly stated on report.
10. Examination of siblings is arranged by DFCS.

Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

Cherokee County Child Abuse Protocol

III. Neglect

A. Failure to thrive

1. Complete history and physical is done.
2. Review of old medical records is done.
3. Notify DFCS.
4. If there is no consistent medical care provider, then a follow-up appointment is made by DFCS.
5. Follow-up physician does examination of siblings.
6. Short and long-term treatment plan is developed.

B. Other Neglect issues and older children

1. Complete medical history and physical is done.
2. Review of old medical records is done.
3. Notify DFCS.
4. Medical follow-up is arranged by DFCS.

C. Munchausen by Proxy (MSBP)/Pediatric Condition Falsification (PCF)

1. PCF/MSBP is a medical diagnosis and can only be made by a licensed physician.
2. Intake reports made to any agency will be referred to the Multi Disciplinary Team for multidisciplinary intervention in coordination with medical personnel. A pediatric expert in PCF/MSBP should be consulted.
3. DFCS, medical personnel, and the MDT will consider whether notification of the parents poses a danger to the child. In general, routine notification of the parent that an investigation is in process is dangerous to the child until such time as the case is decided.
4. A plan of action for each agency represented will be coordinated through MDT. A plan of action may include the following tasks:
 - a. Review of all child's available medical records
 - b. Obtain verification of as many items as possible (records of drugs purchased, blood levels on child)
 - c. Seek report of child's condition when parent is absent
 - d. If appropriate, video monitoring in hospital with plan in place to intervene if child is found to be in danger from perpetrator's actions
 - e. A plan of action may include the following tasks:
 - i. Follow-up protection plan by DFCS
 - ii. Law Enforcement and legal actions as dictated by evidence

**CHEROKEE COUNTY FIRE and EMERGENCY SERVICES
REPORTING PROCEDURE**

*150 Chattin Drive
Canton, Georgia 30115
678-493-4026*

As the Emergency Medical provider for Cherokee County, the Fire and Emergency Services will focus on providing emergency medical care to the child upon our arrival. During this process indications of child abuse or neglect will be documented. An oral report will be given to Law Enforcement if they are on the scene or to the physician upon arrival at the receiving medical facility as to what indicators were present and warrant further review.

If, after examination of the child on the scene for emergency medical treatment, it is determined that treatment is necessary, Emergency Medical Personnel will initiate a standard of care that is medically necessary to stabilize the child and prepare the child for transport to a medical facility. **If during the assessment of the child any indicators of abuse should arise the Medical Personnel will immediately notify Law Enforcement having jurisdiction and the on shift Medical Commander for the Fire and Emergency Services. If it is determined that the child does warrant transport to a medical facility and the legal guardian refuses to allow transport or treatment, the Emergency Medical Personnel will ask for Law Enforcement intervention.**

Upon completion of the call, a Patient Care Report and if necessary a written supplemental report will be completed. These reports will include initial findings, treatment given and any information needed to substantiate as to why abuse was suspected. These reports will be available upon request to appropriate authorities within the HIPPA guidelines.

Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

**COUNTY PUBLIC HEALTH
REPORTING PROCEDURE**

*Georgia Department of Public Health
1219 Univeter Road
Canton, Georgia 30115*

If information exists to cause a staff member to reasonably believe that a child is a victim of abuse or neglect:

1. The Staff member shall make a report of abuse to DFCS.
2. The incident as reported or observed shall be documented in the child's medical record.
3. The child's attending physician shall be notified and advised of the incident.
4. The report to protective services shall contain the following information: child's name, address, age, race, parent's names, care provider, children involved, as appropriate, and nature of the allegation.
5. A copy of the written report shall be maintained in the child's record.
6. The child's right to confidentiality should be respected. Information regarding diagnosis, current condition, and prognosis should be shared only as necessary in response to pertinent questions posed by protective services personnel. No release of information is required to make this report.
7. The staff member should not verbally disclose to the parents/guardians or legal custodians of the child that a report is being made to protective service until the safety of the child has been established.
8. When a report is made, a therapeutic approach shall always be utilized, presenting protective services as "help" for families, not a punishment.
9. Reports of suspected abuse and/or neglect made to appropriate protective services or police agencies in good faith render the reporter immune from civil or criminal liability.
10. An incident report should be completed by a public health staff member for each suspected/actual incident of abuse.
11. Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

**CHEROKEE COUNTY SCHOOL DISTRICT
Child Abuse Protocol
REPORTING PROCEDURE**

I. Introduction

To ensure compliance with Georgia Law, O.C.G.A. § 19-7-5 and the *Cherokee County Child Abuse Protocol*, the following reporting guidelines will be observed by all Cherokee County School District employees relative to reporting suspected child abuse.

II. Identification

A. What is reported?

1. Any physical injury inflicted upon a child by a parent or caretaker by other than accidental means; acknowledging physical forms of discipline may be used by parents, but without physical injury to the child.
2. Physical neglect or exploitation of a child by a parent or caretaker. This included, but may not be limited to the lack of proper amount of food, clothing, medical care, guidance, supervision, and other general care.
3. Sexual abuse of a child. This includes, but may not be limited to employing, using, persuading, inducing, enticing or coercing any minor, who is not a person's spouse, to engage in any act which involves: sexual intercourse, including genital-genital, oral-genital, anal-genital or oral-anal whether between person of the same or opposite sex; bestiality; masturbation; lewd exhibition of the genitals or pubic area of any person; flagellation or torture by or upon a person who is nude; condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude; physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts; defecation or urination for the purpose of sexual stimulation; or penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.
4. Sexual exploitation of a child. This includes, but may not be limited to conduct by a parent or caretaker who allows, permits, encourages, or requires that a child engage in prostitution or sexually explicit conduct for the purposes of producing any visual or print medium.
5. Emotional/Verbal abuse of a child.
6. Report of a parent or caretaker who knows that their child is being "sexually harassed", and who refuses to take action to protect the child from further harassment.

III. Reporting Guidelines

A. Employee Reporting:

Any School District employee or district-allied volunteer having reasonable cause to believe that a child under the age of eighteen years has been abused, neglected or exploited will report their beliefs to the Principal/designee of the school that the child attends. No School District employee or district-allied volunteer will contact a parent/guardian regarding the reporting of their student in child abuse/neglect referrals.

B. Initiating a Referral:

The Principal/designee will complete the following within the statutorily mandated time frame:

1. Notify the Department of Family and Children Services (DFCS) by facsimile at (404) 591-6063. The reporter will include their name and contact information on the referral report..
2. The Principal/designee will contact the CCSD School Police office by phone at (770) 704-4346 to notify them a referral has been made. They will fax the "Suspected Child Abuse Report Form" to the CCSD School Police department at (770) 479-2867..

3. The Department of Family and Children's Services will call the school reporter to confirm the receipt of the referral. If additional information is required, the DFCS representative will ask to speak with the reporter. If the reporter is unavailable, the DFCS representative will leave a message requesting an immediate call back so that the referral can progress. If DFCS is unsuccessful in contacting the reporter and receiving a timely call back, they should contact Ron Dunnivant in the Office of School Operations for assistance..
4. For "after-hour"/weekend/holiday referrals, the State of Georgia has initiated a centralized reporting call number – all such referrals need to be initiated by phone contact – 1-855 GA CHILD. The statewide contact taking this call will then contact the local agency's on-call person for a call back to the school reporter.

Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

**Note: A report of child abuse or information relating to child abuse and contained in a report, when provided to a law enforcement agency, shall not be subject to public inspection under Georgia Open Records Act even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless specific mandates of Georgia Law, O.C.G.A. 19-7-5 can be established.*

**DEPARTMENT OF JUVENILE JUSTICE
REPORTING PROCEDURE**

*130 East Main Street, Suite 203
Canton, Georgia 30114
(770) 720-3556*

When any employee believes or becomes aware of any suspected neglect, physical, emotional or sexual abuse of a child under the age of eighteen (18), that employee shall immediately report such neglect or abuse to the Cherokee County DFCS. Such reporting will be done on Child Abuse Reporting Form and then documented in the Department of Juvenile Justice's Juvenile Tracking System. If youth is on probation or committed to the Department of Juvenile Justice, then a Special Incident Report will be completed and forwarded to the Juvenile Program Manager for review. The Juvenile Program Manager will forward a copy of the Special Incident Report to the Department of Family and Children's Service. When making a child abuse referral to DFCS, the following should be included:

1. the name and addresses of the child and the parent/guardian, if known
2. the child's date of birth
3. the nature and extent of the suspected abuse/neglect
4. any other information that the employee believes would be helpful

Should DFCS be closed for the day, then that employee shall inform dispatch to contact the on-call DFCS worker so that information can be provided to DFCS regarding such referrals.

Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

See the Treatment Section

**OFFICE OF THE DISTRICT ATTORNEY
OFFICE OF THE SOLICITOR GENERAL
REPORTING PROCEDURE**

*90 North Street
Canton, Georgia 30114
770-479-1488*

In all cases involving offenses of child abuse or neglect, the Assistant District Attorney or Solicitor handling the case should contact DFCS to inquire whether or not a referral has been made. If no referral was previously made by another agency, then the prosecutor is to provide all pertinent information to DFCS so they can open an investigation.

In any other cases, when information comes to the attention of a prosecutor that a child is being abused or neglected, the prosecutor should make a referral to DFCS.

In cases involving drug offenses, a referral should be made by the prosecutor to DFCS if the child was present during any drug activity.

Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

**MENTAL HEALTH SERVICES
REPORTING PROCEDURE**

*Highland Rivers
191 Lamar Haley Parkway
Canton, Georgia 30114
770-704-1600*

If a child discloses sexual abuse or physical abuse during psychotherapy or counseling, the mental health provider should NOT attempt a forensic interview. The provider should not attempt to question the child in detail about the alleged abuse or attempt to use anatomically correct dolls for investigative purposes. Instead, a referral to DFCS or Law Enforcement should be made immediately. The mental health provider should attempt to reassure the child and prepare him/her for a possible forensic interview by a third party.

Any staff who receives information concerning child abuse or neglect is to report as follows:

1. Therapists should report directly to the Department of Family and Children Services (DFCS) and notify their supervisor
2. Clerical staff or other support staff should report the incident or information directly to supervisory staff
3. Reports are to be made by phone with a written follow-up if requested by DFCS

The report should be made immediately. An immediate response from DFCS is required prior to the child's departure if danger of further abuse and neglect is suspected.

Information necessary for agency's investigation of the abuse or neglect is to be shared.

When a child discloses abuse by a parent or guardian who resides in the home, the offending caregiver should not be notified and the child should not be allowed to return home to that caregiver.

If a caregiver fails to follow the mental health treatment recommendations for the child, and the mental health provider feels that the failure to provide the treatment puts the child at risk, then the mental health provider should make a referral to DFCS.

Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

Canton Probation Office (Felony)

130 East Main Street
Suite G101
Canton, GA 30114
(770) 479-2602

Georgia Probation Management (Misdemeanor)

154 North Street
Canton, GA 30114
(770) 720-2818

REPORTING PROCEDURE

When an employee believes or becomes aware of any suspected neglect, physical, emotional or sexual abuse of a child under the age of eighteen (18), that employee shall immediately report such neglect or abuse to the Cherokee County DFCS.

The report shall contain the following (if known):

1. the names and addresses of the child and the parent/guardian;
2. the nature and extent of the suspected abuse/neglect;
3. any other information that the employee believes would be helpful.

If the parent/guardian is on active probation, the suspected abuse/neglect and subsequent report to DFCS should be documented in the field notes and maintained as confidential information. The report should not be filed while in the presence of the suspected abuser.

It should be known that reports of suspected abuse and/or neglect made to appropriate protective services or police agencies in good faith render the reporter immune from civil or criminal liability.

Should DFCS be closed for the day, that employee shall call 911 Dispatch and ask for the on-call DFCS worker rather than wait for the next working day.

Opportunities for Reporting Child Abuse

1. Receiving telephone calls from neighbors, family members and friends of probationers who report possible incidents of child abuse.
2. Field visits to probationer's homes. When a probation officer makes a home visit, he/she may observe possible incidents of child abuse.
3. Conducting searches at probationer's homes. Whether this search is conducted by a probation officer and/or adjoining Law Enforcement agency, child abuse may be detected. This abuse might be in the form of physical abuse or neglect (home conditions, poor environmental conditions, lack of food and lack of proper supervision).
4. If a probationer brings a child to the office when he/she reports, it is possible to observe forms of physical abuse or neglect. The abuse or neglect can be detected in the presence of bruises, injuries or lack of proper nutrition which might bring concern regarding the welfare of that child.

Cases involving human trafficking/commercial exploitation of children (CSEC) should be reported following the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

See the Treatment Section

INVESTIGATIVE PROCEDURES

DEPARTMENT OF FAMILY & CHILDREN'S SERVICES

P.O. Box 826
105 Lamar Haley Parkway
Canton, Georgia 30114
770-720-3610

A. Investigation of Accepted Reports:

1. Reports of physical abuse and sexual abuse are reported by telephone by case manager to Law Enforcement. A joint decision is made as to Law Enforcement's involvement in the initial contact. If Law Enforcement does not participate in the initial contact, DFCS notifies Law Enforcement if their assistance is needed based on additional information received after contact.
2. Representatives from Law Enforcement will meet with DFCS to discuss/review cases assigned for DFCS investigation as needed.
3. Severe physical and all sexual abuse will be referred to the Child Advocacy Center or other designated location. **In situations where there is the potential for medical evidence to exist or when it is in the child's best interest, there should be a joint decision by law enforcement and DFCS to seek a medical examination.** There will be a joint decision by DFCS/Law Enforcement about a preliminary interview based on the validity of the report and actual disclosure by the child.
4. In other cases of reports of physical abuse, DFCS will make the initial contact. Law Enforcement will be contacted immediately if marks/bruises are severe. In cases where medical treatment is needed or the cause of injury cannot be determined, a medical opinion will be sought.
5. Law Enforcement will be contacted if needed for securing parental cooperation, access to child or protection of the child.

B. Interviewing Children at School:

1. When planning to interview the child at school, the DFCS case manager may contact the school counselor prior to being on site for the interview. The counselor will be responsible for arranging the interview. If prior contact has not been made, case manager will contact counselor or administrator upon arrival at school to arrange interview.
2. DFCS case manager will notify parents/caregivers as soon as possible of the interview.
3. If the child discloses that the abuse is by a parent/caregiver, then steps need to be taken to protect the child and the disclosure. A child should not be returned home to an offending parent/caregiver after the offender has been notified of the disclosure.

C. Investigative Reports:

1. In cases of serious injury by a caregiver or sexual abuse by a caregiver, DFCS will ask the SAAG to file for non-reunification.
2. In reports where maltreatment has been indicated and the risk to the child is low, moderate or high, the CPS case manager may develop a safety plan to reduce the risk to the child in the least restrictive way possible. The plan must be agreed to and signed

by the caretaker. If caretaker does not agree, Law Enforcement should be requested for protection. (Law Enforcement protective custody will be requested in cases of imminent danger. If no imminent danger, a petition for deprivation may be filed with Juvenile Court.)

3. Cases determined to be low-risk will be closed and case manager will refer the family to community resources.
4. Cases determined to be moderate to high risk where a safety plan is signed and agreed to by caregiver, will be opened for services. DFCS will provide on-going child protective services. If caretaker later refuses to follow plan and risk to child increases, Law Enforcement and/or Juvenile Court assistance may be sought.
5. In all cases of sexual abuse with non-believing and/or non-cooperating non-offending caregiver, DFCS will immediately seek a suitable safety resource for the child. If there is no suitable safety resource found then DFCS will seek an emergency order or file a petition in Juvenile Court for protection/cooperation and/or custody.
6. When the case has been accepted by the DFCS State Social Service Section, protocol for DFCS will be followed.

For cases involving human trafficking/commercial exploitation of children (CSEC) please consult the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

**LAW ENFORCEMENT
INVESTIGATIVE PROCEDURES**

A. Basic Procedures for Law Enforcement Investigation of Child Abuse.

1. Law Enforcement should meet with complainant for nature of allegation.
2. Give immediate consideration to the child's safety and arrange for medical attention if needed.
3. Determine if the allegation of sexual abuse, physical abuse or neglect is founded by probable cause.
4. If the offense occurred outside of the responding officer's jurisdiction, advise complainant and assist with filing a report with the appropriate Law Enforcement agency.
5. Gather information for the incident report from complainant and any other witnesses with information.
6. If the responding officer has to interview the victim, officer should ask only basic non-detailed questions. A more detailed interview will be deferred to the investigator or trained forensic child interviewer (open-ended questions—who, what, when, where, and how).
7. Responding officer should then contact his/her supervisor so that they can notify an investigator.
8. When circumstances justify, Law Enforcement should take a child into protective custody, call Juvenile In-Take Officer, and then notify and assist DFCS.
9. Responding officer will complete the initial report.
10. If abuse has been within the past 72 hours of the report, then an investigator should respond to obtain evidence at the scene or medical facility. Observe, record, photograph, document and report events at the scene. A medical examination should be scheduled for abuse occurring within the past 72 hours. A referral should be made for a medical examination if the abuse occurred over 72 hours ago. If there is reason to believe evidence may still exist after 72 hours, then a medical examination should be scheduled.
11. Obtain physical evidence from medical personnel if situation requires medical examination.
12. Consult with and document information gathered from hospital or school professionals at the scene (i.e., pediatrician, emergency room doctor, counselor, administrator, teacher, etc.).
13. Consult with other involved agencies and interview witnesses and parents of victim.
14. Obtain statements from victim by audio and/or video recordings through trained interviewer.
15. Arrange analysis and evaluation of evidence and review results with involved agencies.
16. Interview suspect when identified. Interview should be video and/or audio recorded.
17. Obtain and execute any applicable search warrants for evidence to include known samples from victim, corroborating evidence from scene or other location.
18. Obtain arrest warrants, apprehend suspect and conduct additional interviews or interrogation within the issued rights of suspect.
19. Arresting officer should take out special conditions of bond to include a no contact with the victim provision, a no contact with any children under the age of 18 years condition, and any other conditions as may be appropriate. Be sure to communicate this information to DFCS.

20. Compile case file for prosecution, criminal history check, etc.
21. Consult with District Attorney's Office for prosecution purposes. For example, for the identification and gathering of evidence that would be persuasive as evidence at trial that may be lost if not gathered during the initial investigation.
22. Participate in subsequent judicial proceedings.

B. Law Enforcement Procedure for Joint Investigations

Joint investigation and cooperation between Law Enforcement and DFCS is vital to the goal of protecting the victim and preparing a solid court case. It is important to recognize that each report of child abuse brings with it its own set of circumstances, therefore making each report unique in some way. Law Enforcement will refer to their own set of policies, consult with other agency policies and the law when presented with these obstacles. Initial Response

- In cases where Law Enforcement receives the report of abuse, they will report the referral to DFCS.
- An initial screening of the referral should be conducted.
- Contact should be made with the reporter whenever possible to assess the accuracy of the referral, safety of the child and other issues that may influence the interview.
- Law Enforcement will check their records for previous records or histories with the family.
- Law Enforcement and DFCS will meet and discuss the case and decide how to proceed with the investigation.
- Law Enforcement or DFCS will schedule and interview at the Child Advocacy Center or designated equipped location within 24 hours.
- If the interview does not take place within 24 hours, Law Enforcement will assist DFCS with protection of the victim if necessary.

For cases involving human trafficking/commercial exploitation of children (CSEC) please consult the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

SEXUAL AND PHYSICAL ABUSE FORENSIC INTERVIEW PROCEDURE

*Anna Crawford Children's Advocacy Center
319 Lamar Haley Parkway
Canton, Georgia 30114
770-345-8100*

*Children's Healthcare of Atlanta
Child Protection Center
1001 Johnson Ferry Road NE
MOB, Suite 500
Atlanta, Georgia 30342
404-256-5252*

A. Joint Investigation

DFCS and Law Enforcement have committed to the joint investigation of child abuse cases, and to the coordination of the investigation of child physical and sexual abuse, and other cases deemed necessary through the Child Advocacy Center or the designated location. Children who are alleged victims of sexual abuse or physical abuse will receive multidisciplinary response coordinated through the Child Advocacy Center or the designated location. Joint investigation shall include cross-reporting of allegations, collaborative interviewing, and interdisciplinary case review.

B. Forensic Interview Procedures

Forensic interviewing of alleged victims of child abuse is an extremely specialized skill, which requires research-informed knowledge and specialized training in specific areas. Some of these areas include:

- children's memory and suggestibility
- children as witnesses
- interviewing techniques and process of inquiry
- process of disclosure
- dynamics of child sexual abuse
- child development
- use of anatomical dolls and diagrams
- characteristics of abuse and neglect
- exploration of alternative hypotheses
- criminal codes
- effect of childhood trauma and stress
- recantation
- developmental, cognitive and physical issues associated with children with special needs
- dynamics associated with commercially sexually exploited children and teens

The competence and objectivity of interviewers and the quality of the interview itself are frequently the focus of abuse investigations. Trained interviewers should be utilized to conduct forensic sexual and physical abuse interviews of children. Interviewers should be trained in a nationally recognized forensic interview protocol such as Finding Words/ChildFirst, CornerHouse, or the National Children's Advocacy Center Forensic Interview model. Contact the CAC for information regarding forensic interview training opportunities.

C. Child Advocacy Center (C.A.C)

Interviews of children alleged to be victims of child sexual and physical abuse should be conducted at the Child Advocacy Center. Forensic interviewing is a practice continually enhanced by emerging research. Personnel from Law Enforcement and DFCS should make every effort to follow C.A.C. procedures and to coordinate their investigation efforts in a manner which increases the efficiency of the investigation while minimizing addition trauma to the child.

1. Services

All services by the Children's Advocacy Center are provided only upon referral from DFCS, Law Enforcement, and/or the prosecutor's office.

The Anna Crawford Children's Advocacy Center provides the following services:

- Video and/or audio recorded forensic interviews
- Coordination of multidisciplinary team (MDT) staffing
- Court testimony
- Court Preparation
- Forensic evaluations
- Individual therapy
- Group therapy
- Assessment and referrals
- Resource library materials
- Parent education/support groups
- Darkness to Light Sexual Abuse Prevention Workshops
- Lectures, workshops, and other educational presentations

All of the above services are offered in English, Spanish, and Portuguese, at no charge.

Children's Healthcare of Atlanta's Child Protection Center provides the following additional services:

- Photo documentation of physical abuse
- Physical/sexual medical examinations by qualified personnel on a referral basis

2. Making Referrals

- a. Children who have made a disclosure regarding sexual or physical abuse, or have medical evidence of abuse, or who exhibit behaviors suggestive of abuse should be referred for a joint forensic investigation of the abuse by DFCS, Law Enforcement (LE), or the prosecutor's office.
- b. Children 3 or under who are insufficiently verbal for an interview but who present with medical evidence or sexualized behaviors should be referred by LE and/or DFCS for interdisciplinary review by contacting the Child Advocacy Center.
- c. Video recorded forensic interviews of children 3 – 17 should be conducted at the Child Advocacy Center, and shall be scheduled at the request of DFCS, Law Enforcement, or prosecutor's office personnel only.
- d. Children 14 – 17 may be interviewed by a trained interviewer at an agency location if circumstances require immediate response; however, these cases should be referred to the Child Advocacy Center for interdisciplinary case coordination the following business day and for a more extensive interview and follow-up services, if necessary.

- e. Intake reports should be made to the Child Advocacy Center staff who will schedule an interview time. To ensure that all relevant information is obtained in the initial interview, all team members involved in the investigation should be present.

3. Forensic Interviews

Video/audio documentation of forensic interviews with child victims and/or child witnesses of abuse or homicide are available upon referral from appropriate agencies, including DFCS, Law Enforcement, and the prosecutor's office..

- a. When recording, etc. is appropriate, the interview will be conducted at C.A.C by a qualified forensic interviewer.
- b. Only investigative team members assigned to the case will have access to observe the interview from a separate viewing room.
- c. Once video recording has begun, recording should not be discontinued until the interview is completed.
- d. Interviews are digitally recorded with equipment provided by the Child Advocacy Center. Upon completion of the interview, CAC staff will provide the assigned Law Enforcement investigator with an original, authenticated disc containing the interview to be placed into evidence. The original digital recording of the interview will remain on a secure server at the CAC. In the event Law Enforcement is not involved, the video will remain on the secure server at the CAC. DFCS, Guardian ad Litem and CASA staff may review forensic interview recordings at the CAC as needed. However, prosecutors can request a copy of the interview for their files by calling CAC directly.

4. Extended Forensic Interviews/Evaluations

Referrals may be made for children ages 3 to 17 when one or more of the following condition present and when participation in the evaluation will not compromise the best interests of the child:

- a. The child did not disclose abuse to investigators but there are other such indicators strongly suggesting victimization, such as sexualized behaviors, medical evidence, statements of other children and/or witnesses, pornography, access by known offender, etc.
- b. The child did not disclose abuse to investigators but allegedly disclosed to some other person.
- c. Prosecution and/or child protective decisions cannot be made based on initial forensic interview results.

5. Multidisciplinary Meetings (MDT)

The Children's Advocacy Center will coordinate multidisciplinary team (MDT) meetings for the primary purpose of facilitating communication between agencies involved in the investigation and prosecution of allegations of child abuse as well as those agencies responsible for protecting child victims. MDT staffing will provide agency members with a forum to discuss complex cases with other professionals, and as a result, will enhance both the decision-making and intervention process. MDT meetings will take place a minimum of one time per month.

- a. Requests for cases to be staffed by MDT are accepted from any MDT member and/or appropriate agencies. Appropriate referral sources include, but are not limited to, DFCS, Board of Education, Law Enforcement, the prosecutor's office, the Department of Juvenile Justice, CASA and medical and mental health personnel.
- b. MDT members may request to staff any case they believe can benefit from the collaborative input of the team. Requests can include cases involving children who were not seen for services at the C.A.C.
- c. MDT meetings will be held at a location decided by the protocol members, and an agenda identifying cases to be staffed at each meeting will be provided by the CAC at least 48 hours prior to the scheduled meeting time.
- d. Because the purpose of the MDT staffing is to facilitate the sharing of information between agencies, all individuals from DFCS, Law Enforcement, prosecution, medical, and mental health that are involved with a case being staffed should be present.

All agencies will cooperate fully in sharing information with each other concerning the abuse allegation, the child, and any other persons involved in the incident in order to fulfill their respective duties. Team members agree to maintain the confidentiality of information shared within the meeting, and not to divulge case-related information to anyone not directly involved in the investigation, prosecution, case management or treatment of the child. The agencies will assist each other in making the child available for interviewing if necessary to fulfill their duties and will inform each other immediately upon learning of a change of location, address, or phone number of the child.

For cases involving human trafficking/commercial exploitation of children (CSEC) please consult the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

**CHEROKEE COUNTY SCHOOL DISTRICT
Child Abuse Protocol**

Investigation Protocol

A. Timing:

DFCS is responsible for accepting every report of physical and sexual abuse, neglect, or exploitation. Cases involving imminent danger will be responded to within 24 hours of the initial referral. Family Support cases will be responded to within 5 days.

B. Interviews w/Children at School:

Child abuse-related interviews by DFCS, District Attorney's office, and/or law enforcement may be conducted at the school during school hours. In such cases, school staff should assist these agencies by providing a private setting conducive to interviewing children. No School District employee or school-allied volunteer will contact a parent/guardian regarding the interview of their student in child abuse/neglect referrals.

Because the school is acting in loco parentis for children in their care, the following will be in protocol for these investigators:

- Investigators should be prepared to sign-in, show proper identification, and the appropriate agency-driven authorization/case number prior to accessing a student for an interview; and,
- A school representative may be present during interviews by caseworkers and/or law enforcement officials at the child's request, or based on the age/maturity level of the child-

A child will not be detained beyond normal school hours nor will the child be transported by the DFCS caseworker without the permission of the parent or legal guardian or an appropriate court authorization. If a child is removed from school by a DFCS caseworker or law enforcement officer, the child's parent or legal guardian will be notified by either DFCS or law enforcement. If the child's parent/legal guardian contacts the school, that person will be referred to DFCS or the appropriate law enforcement agency.

C. Follow-Up:

If the school is part of the on-going treatment plan for the child, DFCS will keep the school informed about the subsequent findings and plans for the child and family. The goal is to share information and it will be the responsibility of DFCS to attempt to include the school as part of their treatment plan through case documentation.

For cases involving human trafficking/commercial exploitation of children (CSEC) please consult the protocol set out under the section **COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE.**

SPECIAL RESPONSE SITUATIONS

RESPONSE IN DOMESTIC VIOLENCE SITUATIONS

1. DFCS should be notified in all situations of domestic violence where children live in the home or where children are present.
 - a. A determination must be made if the child is safe to remain in the home or remain with the current caregivers.
 - b. If the parent(s) or custodial caregiver are not capable of or available to care for the child, DFCS should be notified immediately.
 - c. DFCS should be notified and consulted before a child is placed with a non-custodial caregiver because a determination has to be made that the placement is safe.
 - d. If no capable parent or caregiver is identified, the child should be placed into protective custody.
2. The responding officer should ensure the child(ren) is not being abused.
3. At the discretion of LEO, EMS may be called to the scene if there is any belief the child may be injured despite the fact that visible injuries are not noted.
4. The LEO taking the arrest warrant is to include special conditions of bond prohibiting the offender's contact with the victim and any children of the victim, or with any children that were present. If the victim is a child, there should be a condition prohibiting contact with any child under the age of 18 years.

RESPONSE WHEN JUVENILE OFFENDER AND JUVENILE VICTIM RESIDE IN SAME RESIDENCE

Cases involving physical or sexual abuse between juveniles residing in the same residence pose a particular challenge. The goal of the protocol is to ensure the victim is safe and free from intimidation by establishing a process to quickly separate the offender and victim, to investigate whether the offender is also a victim, to provide services for both juvenile victims and juvenile offenders and their families, and to establish a process for early intervention. This protocol is not separate from the child abuse protocol and does not change how cases are reported or investigated.

Reporting

For complaints received by non-law enforcement agencies, the agency needs to notify DFCS AND LEO immediately. It is important to notify law enforcement in addition to DFCS because DFCS will, by policy, screen out sibling on sibling abuse when there is no allegation of parental/caregiver misconduct. When a case is screened out, a notification will go to LEO but that notification is not immediate and may take several days. It is exactly this delay that we seek to avoid.

Investigation and Removal of Offender Prior to Arrest

Upon receipt by law enforcement of a complaint of abuse by one juvenile upon another juvenile living in the same residence, law enforcement should take immediate steps to ensure the victim and other juveniles in the residence are separated from the juvenile offender. The goal is to keep the non-offending children safe and to protect them from abuse, intimidation and harassment. The best scenario is to remove the offender and allow the victim to remain in the residence, however, the circumstances may not make that possible or appropriate. The following are the potential removal scenarios and expected protocol.

1. Caregiver Cooperation in Separating Juveniles Prior to Arrest

If the parents/caregivers are willing to cooperate and separate the children, gather information as to how the children will be separated and where the children will be located. Law enforcement needs to determine that the present caregivers and any potential caregivers are appropriate guardians and do not have a history of child abuse or abusive behaviors. Therefore, LEO should contact DFCS and have DFCS run a check through their system of the current caregivers and any individuals with whom the caregivers may place the offender. LEO should run a criminal history check on the same individuals. If there is anything in the history that causes concern that the current caregivers or an identified potential caregiver is not an appropriate guardian, the child should not be placed with that individual.

If this is occurring after hours, do not call the DFCS Regional In-Take Office. Instead you should call 911 Dispatch and ask them to contact the DFCS on-call worker as they will be able to provide immediate assistance.

If the parents/custodial caregivers have a history of child abuse or any sexual abuse, then a determination needs to be made by the responding agencies if any children are safe to remain in their custody.

2. Caregivers Uncooperative/Unsupportive of Victim

If the caregivers/parents are uncooperative and do not wish to separate the children, or if the parents/caregivers are not supportive of the victim/disbelieving of the victim's allegations, then take protective custody of the victim and other non-offending children in the home. And at any time during the process, if there is evidence that the caregivers/parents are not supportive of the victim, steps should be taken to remove the victim from the home.

Before leaving the offending juvenile with the parents/caregivers, ensure that juvenile is safe to remain in the home by running a criminal history check and by contacting DFCS to run a check of their system.

If this is occurring after hours, do not call the DFCS Regional In-Take Office. Instead you should call 911 Dispatch and ask them to contact the DFCS on-call worker as they will be able to provide immediate assistance.

If the parents/custodial caregivers have a history of child abuse or any sexual abuse, then a determination needs to be made by the responding agencies if any children are safe to remain in their custody.

3. Caregivers Lack Resources to Comply.

If the parents/caregivers are unable to find another location for the offender, contact DFCS and make a neglect referral. The offender can be taken into protective custody on the basis of neglect. If the juvenile offender is arrested as a juvenile, DJJ will be responsible for placement, otherwise DFCS will. Removal of victim should be the last option, but necessary if only way available to protect the child.

Removal of Offender by Arrest/Special Conditions of Bond or Release

An arrest will temporarily remove the offender from the victim and other juveniles in the home. Special conditions of bond or release should always be requested. Such special conditions of bond should include a provision for no direct or indirect contact with the victim; no unsupervised contact with any child under the age of 18 years; a condition to submit to a psycho-sexual evaluation within 14 days of release, sign all necessary releases for DFCS and the prosecutor's office to communicate with the evaluator; and no access to the internet or possess any devices capable of accessing the internet. If an offender is 17 years of age or younger, and is released from custody pending resolution of the case, and the caregiver is unable to find a placement for the offender or is unwilling to find a placement for the offender, a neglect referral shall be made to DFCS by whatever agency is aware of the situation. And the steps outlined above should be followed.

Early Intervention for Students Exhibiting Inappropriate Sexual Behavior at School

Any agency having information that a child is exhibiting inappropriate sexual behavior at school should report the incident to DFCS. The school should address the issue with the parents of the offender. It is recommended that school counselors become involved to access the situation.

Determination of Whether the Juvenile Offender is also a Victim

Steps should be made to determine whether or not the juvenile offender is also a victim of abuse. If there is an allegation of abuse or facts suggesting abuse, the offender could be interviewed at the Child Advocacy Center, unless other facts make it inappropriate. If the offender is under the age of 10 years, it might be appropriate to have the forensic interview conducted at the CAC. The decision to interview an offending child at the CAC should be made in conjunction with CAC staff. If an offender is interviewed at the CAC, that child must be supervised at all times. If a forensic interview at the CAC is not appropriate, then a forensic interview should be obtain via a psycho-sexual evaluation.

Disposition

Prior to disposition of a juvenile offender's case, the juvenile should have a psycho-sexual evaluation. That evaluation should be used when considering the disposition and treatment options.

Reintegration

Any reintegration of the juvenile offender and juvenile victim in the same living environment should be guided by the counselors treating each child.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) RESPONSE

The Committee recognizes that the commercial sexual exploitation of children (CSEC) presents unique challenges. The children are not only victims of sexual but often physical abuse. The nature of CSE and its related criminal enterprises can place the child in the role as an offender. These children are first and foremost victims and should be treated as such by our agencies. Child victims of CSEC require special attention and protection, therefore our protocol needs to be a system of rapid referrals to adequately address the needs of the child. In order to have an effective response, every attempt should be made to streamline the process by having a designated point person in each organization that is the “go-to” person for CSEC issues.

1. Each agency head should be familiar with the CSEC protocol.
2. When any agency suspects a child to be the victim of CSEC, or when a CSEC child is taken into custody, the following agencies should be notified **IMMEDIATELY**, and such notification should include the head of the agency:
 - a. The reporting agency’s head
 - b. Law enforcement agency with jurisdiction
 - c. The Office of the District Attorney
 - d. DFCS. In most situations the CSEC child will be away from their home county/state and returning the child to their home might not be safe, or such determination may not be able to be made immediately. If the child is located in Cherokee County, our DFCS office will be involved even if the child is not a resident of our county.
 - e. **Georgia CARE Connection at 678-300-3838**
3. Physical examinations should be done at the Children’s Healthcare of Atlanta’s Stephanie V. Blank’s Center for Safe and Healthy Children.
4. A forensic interview should be done by a trained professional at either the Anna Crawford Child Advocacy Center or the CHOA Center for Safe and Healthy Children. All agencies involved should be in the decision-making process on where to conduct the forensic interview.

JUDICAL PROCEDURES

JUVENILE COURT PROCEEDINGS

I. Intake Decisions applicable to Juvenile Court Staff:

1. Make certain that seven days a week, twenty-four hours a day, including holidays and weekends, an individual will be authorized to provide child pickups.
2. When making intake decisions, staff shall give verbal authorization for placement in shelter care.
3. Three factors shall be considered in the authorization decision-making process:
 - a. there should be sufficient information to believe that the child is in immediate danger and removal from the home is necessary to protect the child;
 - b. a review of the resources available which could prevent shelter care; and
 - c. placement should be in the least restrictive, most family-like setting consistent with the best interest and needs of the child.
4. Upon the In-Take Officer's authorizing shelter care, the Juvenile Court judge shall enter a shelter care order and the order shall be faxed to DFCS on the next business day.
5. If the In-Take Officer is called by Law Enforcement and informed of possible abuse, the Law Enforcement Officer shall be advised to contact the DFCS worker who is on call.

II. Court Operations and Scheduling:

1. Scheduling of Cases: Every effort should be made to schedule cases involving child abuse as soon as possible and must be set within the time limitations set by law.
2. Operations: Whenever it appears that DFCS should be involved in any hearing before the Court, the clerk or the Court shall call in advance if at all possible and request the presence of a DFCS worker.
3. If possible, a Guardian ad Litem shall be appointed for every child abuse case. Such appointment should occur as early in the proceeding as possible.
4. A detention hearing will be held within 72 hours to determine whether continued shelter care is required.
5. Detention hearings are normally scheduled at the time DFCS is given emergency custody, to be heard in 72 hours of a child's removal and placement in emergency foster care.
6. SAAG's will be involved in all judicial proceedings.
7. The adjudicatory hearing will be set no later than ten days after the filing of the petition or 30 days if the child is not detained.
8. DFCS will be responsible for preparing and presenting the evidence necessary to prove deprivation exists.
9. DFCS will take action required to have hearing scheduled.

10. When appropriate, the court will issue a protective order to restrain a person from having contact with a child if that contact may be detrimental to the child.
11. If it is the recommendation of the DFCS case manager that the child remain in foster care pending formal adjudication, and the court rules in the favor of this, the Special Assistant Attorney General (SAAG) representing DFCS will ensure that a proper petition is filled by DFCS.
12. In preparation for court, caseworkers should contact the SAAG representing DFCS prior to the stated hearing.
13. A child may not be placed with the parent/custodian from he/she was removed without permission from the court.

III. Continuance

1. In abuse cases the court should be reluctant to grant continuances, and should only do so, in its discretion, for providential, good or legal cause.
2. Any continuance granted should be for the shortest period of time possible so that the case can reach an early resolution.
3. Continuances should always be granted when in the best interest of the child.

COURT APPOINTED SPECIAL ADVOCATE (CASA)

I. CASA Responsibilities:

CASA for Children, Inc. is an independent non-profit corporation. It provides services to Cherokee County Juvenile Court at the request of and in the discretion of the Juvenile Court Judges.

CASA for Children, Inc. provides screened, trained and supervised volunteers to advocate for the best interest of children involved in Juvenile Court Deprivation proceedings. The Judge appoints a CASA. A CASA is an officer of the Court. The role of the CASA is to provide the Court with independent and objective information regarding the status of the children involved in deprivation cases. CASA for Children, Inc. has its own professional coordinator. CASA for Children, Inc. handles neglect, sexual and physical abuse cases only.

II. Pre-dispositional Responsibilities:

1. The purpose and focus of CASA assessment is to enable the CASA to inform the Court of the child's emotional status regarding participation in court proceedings and placement considerations.
2. The CASA volunteer shall not interview the child concerning facts relating to allegations of abuse.
3. The CAS shall not conduct in-depth investigation of allegations of abuse.
4. Any information concerning such issues obtained in the CASA assessment shall be turned over to the DFCS and the assigned Attorney Guardian Ad Litem and the parents' attorney.
5. The CASA's responsibilities are to make recommendations to the Court regarding adjudicatory or dispositional decisions that are within the Court's purview.

III. Post-dispositional Responsibilities:

1. Advocate and keep focus on the child and the sense of urgency.
2. Participate in case plan and interagency meetings.
3. Monitor Court Orders; participate in reviews and all court hearings.
4. Maintain contact with all parties involved in the case.
5. Facilitate access to resources as related to court-ordered plan.
6. Request court reviews if pertinent information must be shared. Negotiate, facilitate, and advocate for the best interest of the child.

IV. Confidentiality

1. A CASA maintains strict confidentiality of all information related to a case.
2. When appointed by court order, the CASA has the responsibility to interview all persons having knowledge of the child's situation and to review documents and reports relating to the child and family.
3. The reproduction and distribution of confidential and personal information related to any child and family should be limited.
4. Documents and reports contained in the records of an agency or institution should be reviewed by appointment in the office of the agency.
5. Documents or reports required as evidence during the adjudicatory hearing would require a subpoena if not already being submitted by the petitioner or another party to the case.
6. All information and records acquired or reviewed by a CASA can be disclosed only to the court or upon order to a party to the case.

MAGISTRATE COURT PROCEDURES

This court shall be involved primarily in child abuse through the issuance of criminal warrant, against perpetrators, the holding of probable cause hearings, and setting bond and/or conditions of bail.

1. Setting of bonds in child abuse cases shall be the responsibility of the Magistrate or Superior Court Judge as provided by law.
2. It is unnecessary for a child abuse victim to appear at probable cause hearings. Evidence of such abuse at a preliminary or bond hearing shall be by alternate means, which are consistent with the Uniform Magistrate Court Rules.
3. As a consideration of bail, the magistrate should consider all the circumstances of the case paying particular attention to the safety of the child, including separating the abuser and child.
4. The Magistrate Judge setting bond at the 72 Hour Hearing should impose certain restrictive conditions of bail other than a mere monetary bond, including but not limited to an order to have no contact with the child victim and his/her immediate family or any other child under the age of 18 years while out on bond and prior to finalization of the case.

STATE COURT PROCEDURES

In State Court during the trial of criminal charges against a defendant in a child abuse case, the judge has particular responsibilities to ensure a fair and judicious process for all parties including the victim.

1. Judges should ensure that the child is protected during the trial by conducting proceedings in a manner both protective of the child and absent of perpetrator intimidation, consistent with the defendant's Constitutional rights.
2. Care should be given to resolve these cases within a reasonable time after indictment.

The primary concern of this protocol as it pertains to proceedings in the State Court relates to the role of the victim and the family in the prosecution of the perpetrator.

1. All cases are assigned to an Assistant Solicitor to determine whether sufficient evidence exists to indicate the alleged perpetrator.
2. The Victim Assistance coordinator will notify DFCS and/or the non-abusing caregiver of services available to the child, of any hearings, etc. set throughout the criminal justice process.
3. Cases with sufficient evidence should be accused. A trial or guilty plea should conclude the case.

At a trial, if the verbal testimony of the child is to be required, a private room should be made available to the child to prevent contact with the perpetrator prior to the child's testimony.

SUPERIOR COURT PROCEDURES

In Superior court during the trial of criminal charges against a defendant in a child abuse case, the judge has particular responsibilities to ensure a fair and judicious process for all parties including the victim.

1. Judges should ensure that the child is protected during the trial by conducting proceedings in a manner both protective of the child and absent of perpetrator intimidation, consistent with the defendant's Constitutional rights.
2. Care should be given to resolve these cases within a reasonable time after indictment.

The primary concern of this protocol as it pertains to proceedings in the Superior Court relates to the role of the victim and the family in the prosecution of the perpetrator.

4. All cases are assigned to an Assistant District Attorney to determine whether sufficient evidence exists to indicate the alleged perpetrator.
5. The Victim Assistance coordinator will notify DFCS and/or the non-abusing caregiver of services available to the child, of any hearings, etc. set throughout the criminal justice process.
6. Cases with sufficient evidence should be presented to a Grand Jury unless the alleged perpetrator pleads guilty prior to the Grand jury proceedings. If indicted, a trial or guilty plea should conclude the case.

At a trial, if the verbal testimony of the child is to be required, a private room should be made available to the child to prevent contact with the perpetrator prior to the child's testimony.

VICTIM PROTECTION

Magistrate, State, and Superior Courts

1. Setting of bonds in child abuse cases shall be the responsibility of the Magistrate, State or Superior Court Judge as provided by law.
2. As a consideration of bail, the Magistrate, State or Superior Court should consider all the circumstances of the case paying particular attention to the safety of the child.
3. The judge hearing the bond motion or the Magistrate judge setting bond at the 72 Hour Hearing should impose certain restrictive conditions of bail other than a mere monetary bond, including but not limited to an order to have no contact with the child victim or any other child while out on bond and prior to finalization of the case.

Juvenile Court

Post-Adjudicatory Hearing Protective Orders:

The Juvenile Court may enter a protective order pursuant to O.C.G.A. § 15-11-57 and the order, among other possibilities, may do the following:

- Restrain or otherwise control the conduct of any person in relationship to the child.
- Require appropriate persons to refrain from or take actions, including staying away from the home of the child or participating in counseling or treatment.

The Juvenile Court should consider such an order if the child abuse case has been or is about to be disposed of, and after the person against whom the protective order is sought has had due process, notice and opportunity to be heard.

If the protective order is not considered at the Disposition Hearing, where appropriate, DFCS, through its counsel, should apply for a protective order. DFCS Counsel should request a hearing within ten days after the filing of the application for a protective order.

TREATMENT

TREATMENT FORMAT FOR CHILD ABUSE CASES

- A. For sexual and physical abuse cases staffed by the MDT, the MDT will assist the primary-involved agency (Anna Crawford Child Advocacy Center, DFCS, victim witness coordinator) to determine if there is a need of referral for treatment for the victim, or a child with sexual behavioral problems, further screening or an extended evaluation. The MDT will identify the primary-involved agency, which will make appropriate referrals for services and assure follow-up of these services. If an extended evaluation is indicated, the evaluation will be arranged by the appropriate agency identified by the MDT.
- B. If a treatment referral is indicated, the primary-involved agency will provide the family with a list of local mental health providers known to have experience and expertise with child sexual and/or physical abuse. The Child Advocacy Center or designated location's staff will provide additional assistance in selecting a provider based on the needs of the child, the financial resources of the family, and the availability of the provider.
- C. The primary-involved agency will facilitate the acquisition of pertinent information regarding the case for the mental health provider treating the child. If, after beginning treatment, the family refuses further treatment or becomes uncooperative, or the mental health provider thinks that this lack of cooperation is endangering the child, a referral to DFCS will be made as with any case involving mandatory reporting.
- D. Referrals for perpetrator treatment will be coordinated by Adult Probation (Canton Probation and Georgia Probation Management) and parole for Superior Court and State Courtcases, and the Department of Juvenile Justice for Juvenile Court cases.

Reporting Child Abuse when a Child Discloses During Therapy

If a child discloses sexual abuse or severe physical abuse during psychotherapy or counseling, the mental health provider should NOT attempt a forensic interview. The provider should not attempt to question the child in detail about the alleged abuse or attempt to use anatomically correct dolls for investigative purposes. Instead, a referral to DFCS and Law Enforcement should be made immediately. The mental health provider should attempt to reassure the child and inform the child of the possibility of a forensic interview by a third party.

TRAINING

All mandated members agree to participate in on-going training related to the identification and intervention of child abuse. Such training equips members with skills needed to appropriately respond to child abuse allegations and determine needed prevention efforts. Some considerations would include the following indicators and risk factors of Abuse/Neglect:

Neglect and Maltreatment

A. Child

1. Physical indicators:

- a) Chronic hunger or tiredness
- b) Chronic health problems (i.e., skin, respiratory, digestive)
- c) Medical problems left unattended
- d) Inadequate hygiene (i.e., dirty and unwashed)
- e) Developmentally delayed (i.e., speech disorder, failure to thrive)
- f) Has been abandoned
- g) Without adult supervision for extended periods of time

2. Behavioral indicators:

- a) Begging or stealing food
- b) Chronic fatigue (i.e., falling asleep in school, dull/apathetic appearance, listlessness)
- c) Poor school attendance or chronic lateness
- d) Coming to school early and leaving late
- e) Functions below grade aptitude level in school
- f) Delinquent/antisocial/destructive behavior (i.e., vandalism, inappropriate affection seeking, sucking/biting/rocking)
- g) Use of drugs/alcohol

B. Parent/Caregiver

1. Behavioral Risk Factors

- a) Apathetic
- b) Craving excitement/change
- c) Desire to be rid of the demands of the child (i.e., isolates child for long periods of time, not listening or talking to child, leave child alone or unattended)
- d) Lack of interest in child's activities (i.e., fails to provide supervision and guidance, severely criticizes child, name calling, scaring, lack of affection)
- e) Lack of cooperation with agency

2. Environmental Risk Factors

- a) Lack of parenting skills
- b) Financial pressures
- c) Marital problems
- d) Inconsistent employment
- e) Mental health problems
- f) Drug/alcohol abuse
- g) Long term illness
- h) Chaotic family life
- i) Neglected as a child
- j) Poverty (i.e., low income, poor housing, isolation, large family)

Physical Abuse

Physical abuse may be suspected in the injuries listed below are not associated with accidental injuries or if the explanation does not fit the pattern of the injury.

A. Child

1. Physical indicators:

- a) Bruises (i.e., occurring in unusual patterns; occurring on posterior side of body; occurring in clusters; occurring on an infant, especially on the face; in various stages of healing)
- b) Burns (i.e., immersion burns, cigarette-type burns, restraint burns, appliance related burns, etc.)
- c) Unexpected missing or loosened teeth
- d) Unexplained lacerations and abrasions
- e) Inflicted marks (i.e., human bite marks, choke marks)
- f) Skeletal injuries
- g) Head injuries (i.e., absence of hair, nasal or jaw fractures, sub-dural hematomas, other more serious injuries)
- h) Internal injuries

2. Behavioral indicators:

- a) Wary of adults
- b) Extreme behaviors (i.e., aggressive or withdrawn, frightened of sudden movements, apprehensive when other children cry)
- c) Reports injuries by parents (i.e., frightened by parents, afraid to go home)
- d) Wear long sleeves or other concealing clothing
- e) Child's explanation of injury is inconsistent with nature of injury
- f) Aggressive behavior toward children/animals
- g) Indiscriminately seeks affection

B. Parent/Caretaker

1. Behavioral Risk Factors

- a) Unrealistic expectations of child
- b) Uses discipline which is inappropriate or extreme for child's age or behavior
- c) Discipline is often cruel
- d) Failed appointments (i.e., lack of cooperation with agency regarding child's health/injuries, reluctant to share information about child)
- e) Discourages social contacts
- f) Uses different medical facilities (i.e., refuses consent for medical exam/diagnostic testing)
- g) Fails to obtain medical care for child
- h) Believes in/defends corporal punishment
- i) Religious practices that pose the risk of child abuse
- j) Parent cannot be located
- k) Parent conceals child's injuries
- l) Parent confines child for extended periods of time

2. Environmental Risk Factors

- a) Parental history of child abuse
- b) Lack of parenting skills
- c) Marital problems
- d) Mental/physical illness
- e) Drug/alcohol problems
- f) Social isolation
- g) Financial pressures
- h) Unemployment
- i) Inadequate housing
- j) Target child in home (i.e., physically or emotionally handicapped, developmental disabled, unwanted)

Pediatric Condition Falsification (Munchausen syndrome by proxy)

Pediatric Condition Falsification is a form of medical abuse initiated by a caregiver. It consists of chronic false reporting of symptoms and/or inducement of illness. The child is then unnecessarily exposed to medical interventions. The primary reason for this falsification of signs or symptoms in the child/victim by the perpetrator is called Factitious Disorder by Proxy. This is a psychiatric concept in which the adults seek attention at another's expense, and have the ability not only to lie but to imposture. An older term, Munchausen syndrome by proxy, refers to Pediatric Condition Falsification in which Factitious Disorder by Proxy is also present. In some instances, the non-perpetrating spouse or others help maintain the deceptive process by their failure to believe the doctors, blindly support the perpetrator, and/or at times actively collude with the deception.

A. Child – presentations

1. Physical condition

- a) Perpetrator directly inducing conditions (examples—vomiting or diarrhea induced by drug administrations, causing apnea by occluding the airway)
- b) Perpetrator deceptively reports signs and symptoms thereby misrepresenting the victim as ill (example—reporting seizure activity, symptoms reported by child appears healthy—such as high fevers).
- c) Perpetrator presents false evidence of illness (examples—blood placed in victims bodily fluids)

2. Psychological condition

- a) Perpetrator reports false psychological symptoms (examples—excessive anxiety, school refusal, stress reactions, schizophrenia)

3. Sexual Abuse

- a) Perpetrator repeatedly requests evaluation for false allegations of sexual abuse. This is Pediatric Condition Falsification although there is some dispute whether all cases are also Factitious Disorder by Proxy.

B. Parent/Caretaker – characteristics

1. Goal is to gain attention for themselves
2. Masquerade as the “good mother”
3. Occasionally use the child to gain material goods

C. Colluding family members – possibilities

1. Passive spouse
2. Abusive spouse
3. Help maintain deception by defending the perpetrator

D. Others

1. Doctors may be found who are more easily fooled and help to continue the deception
2. “Doctor shopping” may occur to hide the deceptions (e.g. obtaining multiple medications) or to avoid a doctor getting wise to the situation
3. Lawyers and judges may have problems recognizing this form of abuse as serious and propose plans that do not adequately protect the child's physical and emotional health

E. Outcomes

1. Up to 10% death rate in the literature – may be 2-5% in actuality
2. Apparently all children will be emotionally damaged if return home to the perpetrator
3. No plan for perpetrator seems to work

Sexual Abuse

A. Child

1. Physical indicators:

- a) Difficulty in walking or sitting
- b) Complaints of pain or discomfort in genital area
- c) Torn/stained/bloody underclothing
- d) Usual or offensive odors
- e) Poor sphincter control in previously toilet trained child
- f) Self-Mutilation, disfigurement
- g) Medical indicators (i.e., bruises/bleeding/laceration in genitalia or anus; genital or rectal pain, itching, or swelling; venereal disease; discharge; pregnancy; extreme passivity in a pelvic exam)

2. Behavioral Indicators

- a) Sophisticated or unusual sexual knowledge and/or behavior (i.e., preoccupation with sexual organs of self/parent/other children, seductive behavior, sexual promiscuity, excessive masturbatory behavior, poor physical boundaries, perpetration to other children)
- b) Wearing many layers of clothing, regardless of weather
- c) Reluctance to go to a particular place or to be with a particular person
- d) Withdrawal/fantasy
- e) Infantile behavior
- f) Overly affectionate/indiscriminately seeks affection

B. Parent/Caretaker

1. Risk Factors

- a) Marked role reversal between mother and child
- b) Extreme over protectiveness of the child
- c) Isolation of child from peer contact and community systems
- d) Domineering/rigid disciplinarian
- e) History sexual abuse for either parent
- f) Extreme reaction to sex education or prevention education in the schools
- g) Physical and/or psychological unavailability of mother
- h) Marital dysfunction
- i) Presence of unrelated male in home

Commercial Sexual Exploitation of Children (CSEC) Indicators and Risk Factors

Underage victims of sex trafficking are not readily apparent. Research by Stop it Now! Georgia pointed out that 88% of children who are sexually abused never disclose their abuse while they're still children. (Hidden in Plain View)

- a) Unexplained absences from school
- b) Disengagement from education
- c) Signs of current physical abuse and/or sexually transmitted diseases
- d) Withdrawal or lack of interest in previous activities
- e) History of emotional, sexual, or other physical abuse
- f) Presence of older boyfriend/older male who is not a boyfriend
- g) Presence of tattoos 'marking her' as personal property
- h) Access to material things that they can't afford to purchase on their own (jewelry, new clothes, shoes, technology)
- i) Recurring STDs and other sexual health issues
- j) Changes in temperament/mood
- k) Drug and Alcohol Use
- l) Going out late and staying gone for days at a time; History of running away or current status as a runaway
- m) Displaying sexualized behavior

- n) Gang involvement
- o) Participation in chat rooms, instant messaging sites or social networking sites such as BackPage.com, CraigsList.com, Tagged.com, Facebook.com, etc.
- p) According to the FBI, children who spend several hours online, particularly "latch-key" kids with little to no adult supervision, are at risk of being contacted by a sexual predator that might seek to exploit them either through pornographic images or physical encounters via e-mail, chatrooms, message boards, and other forums for online communication.

Emotional/Verbal Abuse

A. Child

1. Physical indicators:

- a) Regressive habits, such as rocking, thumb sucking in an older child
- b) Poor peer relations
- c) Daytime anxiety and unrealistic fears
- d) Behavioral extremes: either aggressive/antisocial or passive/withdrawn
- e) Problems sleeping at night, may fall asleep during day
- f) Speech disorders
- g) Learning difficulties
- h) Displays low self-confidence/self-esteem
- i) Sadomasochistic behavior (displays cruelty towards other children or animals, or seems to derive satisfaction from being mistreated)
- j) Lack of concern for personal safety, oblivious to hazards and risks

B. Parent/Caretaker

1. Behavioral Risk Factors

- a) Unrealistic expectation of child
- b) Uses extreme discipline, overacts when child misbehaves or does not meet parents expectations
- c) Consistently displays ridicule and shame towards child
- d) Does not reward, praise or acknowledge child's positive qualities or achievements
- e) Blames and punishes child for things over which the child has no control
- f) May use bizarre and inappropriate forms of punishment, such as isolating a child in a closet or humiliating a child in public
- g) Threatens the child with abandonment or placement in an institution

2. Environmental Risk Factors

- a) Parents were victims of some form of child abuse: physical, sexual, emotional
- b) Marital problems
- c) Isolated, no support system
- d) Low self-esteem
- e) Drug/alcohol problems
- f) Does not understand normal developmental stages of children
- g) Mentally/physically ill
- h) Financial/employment problems
- i) Child unwanted
- j) Family violence

All training designated to help professionals deal appropriately with children who have suffered abuse should include information found below. Professionals working with children are often unsure of the appropriate response to children who have been abused. Try to normalize the situation by acknowledging it as you would divorce, death, or other traumatic crisis in a child's life. Try not to dwell on the abuse or ignore inappropriate behavior. Your role is to help build the child's self-esteem and sense of safety and security. Some suggestions are:

- A. Maintain contact with the child's caseworker, therapist, and non-offending parent when appropriate.
- B. Be aware of such events as foster care placement and juvenile/criminal court proceeding.
- C. Be sensitive to touching the sexually abuse child without asking permission.
- D. Do not tolerate inappropriate sexual or violent behavior. Reassure the child that he/she is OK, but that the behavior is unacceptable.
- E. If the child wants to talk more about the abuse, find a private place to listen, validate feelings, and continue to be supportive.
- F. Respective the family's feelings and need for privacy. Do not discuss the abuse with persons involved.
- G. Abused children especially need to hear self-esteem messages such as: "You are healthy", "You have every right to be here", "You have every right to be safe" or "You are brace for telling."
- H. Recognize your need for support in dealing with your own feelings of pain, fear, anger, and powerlessness.

PREVENTION

The goals of prevention in the Child Abuse Protocol include the tracking of statistical information relating to child abuse cases, the utilizations of data to determine needed community prevention and treatment services, and a description of methods that have been implemented to prevent child abuse.

Prevention and treatment services listed below promote the general welfare of children and families, provide prevention activities to children, families and the community and provide prevention of the recurrence of abuse and neglect.

{Delete or add as recourses are available}

Cherokee County has:

- an umbrella agency which plans, coordinates, and evaluates needed children and family programs and services – **CHEROKEE FOCUS**
- parent education programs, parent support groups, in-home parent education – **ANNA CRAWFORD CENTER** (programs in Spanish, Portuguese, and in English)
- after-school and summer programming – **YMCA, BOYS AND GIRLS CLUB**
- a shelter for battered women – **CHEROKEE FAMILY VIOLENCE CENTER**
- an alternative learning school – **CROSSROADS HIGH SCHOOL**
- community awareness information and events program – **SAFE KIDS CHEROKEE COUNTY**
- a rape prevention education & crisis line – **YWCA OF NORTHWEST GEORGIA HOTLINE NUMBER 770-427-3390**
- a child-friendly interview room – **ANNA CRAWFORD CENTER**
- parenting support assigned by CPS through DFCS – **ANNA CRAWFORD CENTER**
- **sexual abuse awareness through the Darkness to Light training – ANNA CRAWFORD CENTER**

ENSURING COMPLIANCE

In order to ensure compliance, the child abuse protocol committee should:

- Meet quarterly to determine if the protocol is being followed.
- Conduct an annual review of all sections of the protocol and should amend or revise as necessary.

Each individual committee member should work to resolve conflicts/issues with the protocol according to the procedure below:

- If any member's agency experiences an issue with the operation of the protocol, that member needs to initiate contact with any other agencies involved with the issue and work to resolve the matter. The resolution of the matter should be forwarded as soon as possible to the Chairperson for tracking purposes and inclusion in the next quarterly meeting.

Participation

The following is a list of actions that will be initiated if a member of the Child Abuse Protocol Committee is routinely absent from meetings.

- The Chair or designee of the committee will contact the member directly via telephone, mail or in person and notify the member his/her responsibility to attend the meetings. For those members mandated in O.C.G.A § 19-5-2 (c)(1), the chair will remind them that the law mandates him/her to attend the meetings.
- Follow-up with a letter to the member referencing Step #1, and copy it to his/her supervisor within the agency.
- Contact the members' supervisor and follow-up with a letter. Copy and send this letter to the member.
- Continue to follow the chain of command within the agency and appeal to the state, director/co-director and /or division director of the agency,
- Submit copies, from chair of committee, of all correspondence to Georgia Child Fatality Review Panel, and a motion will be filed by the panel with the superior court judge to hold this person in contempt of court pursuant to O.C.G.A. § 19-5-3 (3).

Annual Report

1. The Annual report should evaluate the following:
 - the extent to which child abuse investigations within the county have complied with the protocol
 - recommendations to improve compliance
 - measures taken within the county to prevent child abuse that have been successful
2. The Annual report will be provided to the following:
 - the county governing authority
 - the fall term Grand Jury of the judicial circuit
 - the chief superior court judge
 - the Georgia Child Fatality Review Panel
3. The Annual Report is due by **July 1st** of each year.

APPENDIX A LEGAL REQUIREMENT TO REPORT CHILD ABUSE

A. The purpose of this Code section is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, to protect and enhance the welfare of these children, and to preserve family life wherever possible. This Code section shall be liberally constructed so as to carry out the purposes thereof.

B. O.C.G.A § 19-15-1 Definitions

As used in this chapter, the term:

(1) "Abused" means subjected to child abuse.

(2) "Child" means any person under 18 years of age.

(3) "Child abuse" means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof;

(C) Sexual abuse of a child; or

(D) Sexual exploitation of a child.

(4) "Child protection professional" means any person who is employed by the state or a political subdivision of the state as a law enforcement officer, school teacher, school administrator, or school counselor or who is employed to render services to children by the Department of Public Health, the Department of Behavioral Health and Developmental Disabilities, or the Department of Human Services or any county board of health, community service board, or county department of family and children services.

(5) "Eligible deaths" means deaths meeting the criteria for review by a county child fatality review committee including deaths resulting from Sudden Infant Death Syndrome, unintentional injuries, intentional injuries, medical conditions when unexpected or when unattended by a physician, or any manner that is suspicious or unusual.

(6) "Investigation" in the context of child death includes all of the following:

(A) A post-mortem examination which may be limited to an external examination or may include an autopsy;

(B) An inquiry by law enforcement agencies having jurisdiction into the circumstances of the death, including a scene investigation and interview with the child's parents, guardian, or caretaker and the person who reported the child's death;

(C) A review of information regarding the child and family from relevant agencies, professionals, and providers of medical care.

(7) "Panel" means the Georgia Child Fatality Review Panel established pursuant to Code Section 19-15-4. The panel oversees the local child fatality review process and reports to the Governor on the incidence of child deaths with recommendations for prevention.

(8) "Protocol committee" means a multidisciplinary, multiagency child abuse protocol committee established for a county pursuant to Code Section 19-15-2. The protocol committee is charged with developing local protocols to investigate and prosecute alleged cases of child abuse.

(9) "Report" means a standardized form designated by the panel which is required for collecting data on child fatalities reviewed by local child fatality review committees.

(10) "Review committee" means a multidisciplinary, multiagency child fatality review committee established for a county or circuit pursuant to Code Section 19-15-3. The review committee is charged with reviewing all eligible child deaths to determine manner and cause of death and if the death was preventable.

(11) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;

(H) Defecation or urination for the purpose of sexual stimulation; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

"Sexual abuse" shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than three years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

(12) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires that child to engage in:

(A) Prostitution, as defined in Code Section 16-6-9; or

(B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

§ 19-15-2. Child abuse protocol committees; adoption of written child abuse protocol

(a) Each county shall be required to establish a child abuse protocol as provided in this Code section.

(b) The chief superior court judge of the circuit in which the county is located shall establish a child abuse protocol committee as provided in subsection (c) of this Code section and shall appoint an interim chairperson who shall preside over the first meeting and the chief superior court judge shall appoint persons to fill any vacancies on the committee. Thus established, the committee shall thereafter elect a chairperson from its membership.

(c) (1) Each of the following agencies of the county shall designate a representative to serve on the committee:

- (A) The office of the sheriff;
- (B) The county department of family and children services;
- (C) The office of the district attorney;
- (D) The juvenile court;
- (E) The magistrate court;
- (F) The county board of education;
- (G) The county mental health organization;
- (H) The office of the chief of police of a county in counties which have a county police department;
- (I) The office of the chief of police of the largest municipality in the county;
- (J) The county board of health, which shall designate a physician to serve on the committee; and
- (K) The office of the coroner or county medical examiner.

(2) In addition to the representatives serving on the committee as provided for in paragraph (1) of this subsection, the chief superior court judge shall designate a representative from a local citizen or advocacy group which focuses on child abuse awareness and prevention.

(3) If any designated agency fails to carry out its duties relating to participation on the committee, the chief superior court judge of the circuit may issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.

(d) Each protocol committee shall elect or appoint a chairperson who shall be responsible for ensuring that written protocol procedures are followed by all agencies. That person can be independent of agencies listed in paragraph (1) of subsection (c) of this Code section. The child abuse protocol committee thus established may appoint such additional members as necessary and proper to accomplish the purposes of the protocol committee.

(e) The protocol committee shall adopt a written child abuse protocol which shall be filed with the Division of Family and Children Services of the Department of Human Services and the Georgia Child Fatality Review Panel, a copy of which shall be furnished to each agency in the county handling the cases of abused children. The protocol shall be a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged child abuse and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child. The protocol shall also outline procedures to be used when child abuse occurs in a household where there is violence between

past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. The protocol adopted shall not be inconsistent with the policies and procedures of the Division of Family and Children Services of the Department of Human Services.

(f) The purpose of the protocol shall be to ensure coordination and cooperation between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, to minimize the stress created for the allegedly abused child by the legal and investigatory process, and to ensure that more effective treatment is provided for the perpetrator, the family, and the child, including counseling.

(g) Upon completion of the writing of the child abuse protocol, the protocol committee shall continue in existence and shall meet at least semiannually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating same.

(h) Each protocol committee shall adopt or amend its written child abuse protocol no later than July 1, 2001, to specify the circumstances under which law enforcement officers will and will not be required to accompany child abuse investigators from the county department of family and children services when these investigators investigate reports of child abuse. In determining when law enforcement officers shall and shall not accompany child abuse investigators, the protocol committee shall consider the need to protect the alleged victim and the need to preserve the confidentiality of the report. Each protocol committee shall establish joint work efforts between the law enforcement and child abuse investigative agencies in child abuse investigations. The adoption or amendment of the protocol shall also describe measures which can be taken within the county to prevent child abuse and shall be filed with and furnished to the same entities with or to which an original protocol is required to be filed or furnished. The protocol will be further amended to specify procedures to be adopted by the protocol committee to ensure that written protocol procedures are followed.

(i) The protocol committee shall issue a report no later than the first day of July in 2001 and no later than the first day of July each year thereafter. That report shall evaluate the extent to which child abuse investigations during the 12 months prior to the report have complied with the child abuse protocols of the protocol committee, recommend measures to improve compliance, and describe which measures taken within the county to prevent child abuse have been successful. The report shall be transmitted to the county governing authority, the fall term grand jury of the judicial circuit, the Georgia Child Fatality Review Panel, and the chief superior court judge.

(j) By July 1, 2001, members of each protocol committee shall receive appropriate training. As new members are appointed, they will also receive training within 12 months after their appointment. The Office of the Child Advocate for the Protection of Children shall provide such training.

(k) The protocol committee shall adopt a written sexual abuse and exploitation protocol which shall be filed with the Division of Family and Children Services of the Department of Human Services and the Office of the Child Advocate for the Protection of Children, a copy of which shall be furnished to each agency in the county handling the cases of sexually abused or exploited children. The protocol shall be a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged child sexual abuse and exploitation and the procedures to be followed concerning the obtainment of and payment for sexual assault examinations. Each protocol committee shall adopt or amend its written sexual abuse and exploitation protocol no later than December 31, 2004. The protocol may incorporate existing sexual abuse and exploitation protocols used within the county. The protocol adopted shall be consistent with the policies and procedures of the Division of Family and Children Services of the Department of Human Services. A failure by an agency to follow the protocol shall not constitute an affirmative or other defense to prosecution of a sexual abuse or exploitation offense, nor shall a failure by an agency to follow the protocol give rise to a civil cause of action.

APPENDIX B

CHILD FATALITY REVIEW (CFR)

The unexpected death of a child creates a crisis for the family, friends, and community. In an attempt to reduce such tragedies, the Georgia Legislature mandated that each county establish a Child Fatality Review committee to review any sudden or unexplained death of a child under the age of 18. The Child Abuse Protocol committee will cooperate and work with the Child Fatality Review committee in investigations of all reviewable deaths.

O.C.G.A. § 19-15-3

(a)(1) Each county shall establish a local multidisciplinary, multi-agency child fatality review committee as provided in this Code section. The chief superior court judge of the circuit in which the county is located shall establish a child fatality review committee composed of, but no limited to, the following members:

- (A) The county medical examiner or coroner;
- (B) The district attorney of his or her designee;
- (C) A county department of family and children services representative;
- (D) A local Law Enforcement representative;
- (F) A juvenile court representative;
- (G) A county board of health representative;
- (H) A county mental health representative.

(2) The district attorney or his or her designee shall serve as the chairperson to preside over all meetings.

(b) Review committee members shall recommend whether to establish a review committee for the county alone or establish a review committee with and for the counties within the judicial circuit.

(c) The chief superior court judge shall appoint persons to fill any vacancies on the review committee should the membership fail to do so.

(d) If any designated agency fails to carry out its duties relating to participation on the local review committee, the chief superior court judge of the circuit or any superior court judge who is a member of the Georgia Fatality Review Panel shall issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.

(e) Deaths eligible for review by local review committees are all deaths of children birth through 17 as a result of:

- (1) Sudden Infant Death Syndrome;
- (2) Any unexpected or unexplained conditions;
- (3) Unintentional injuries;
- (4) Intentional injuries;
- (5) Sudden death when the child is in apparent good health;
- (6) Any manner that is suspicious or unusual;
- (7) Medical conditions when unattended by a physician. For the purpose of this paragraph, no person shall be deemed to have died unattended when the death occurred while the person was a patient of hospice licensed under Article 9 of Chapter 7 of Title 31; or
- (8) Serving as a inmate of a state hospital or state, county, or city penal institution.

(f) It shall be the duty of any Law Enforcement officer, medical personnel, or other person having knowledge of the death of a child to immediately notify the coroner or medical examiner of the county wherein the body is found or death occurs.

(g) If the death of a child occurs outside the child's county of residence, it shall be the duty of the medical examiner or coroner in the county where the child died to notify the medical examiner or coroner in the county of the child's residence.

(h) When a county medical examiner or coroner receives a report regarding the death of any child he or she shall within 48 hours of the death notify the chairperson of the child fatality review committee of the county or circuit in which such a child resided at the time of death.

(i) The coroner or county medical examiner shall review the findings regarding the cause and manner of death for each child death report received and respond as follows:

- (1) If the death does not meet the criteria for review pursuant to subsection (e) of this Code section, the corner or county medical examiner shall sign the form designated by the panel stating that the death does not meet the criteria for review. He or she shall forward the form and findings, within seven days of the

child's death, to the chairperson of the child fatality review committee in the county or circuit of the child's residence; or

(2) If the death does meet the criteria for review pursuant to subsection (e) of this Code section, the coroner or county medical examiner shall complete and sign the form designated by the panel stating that the death meets the criteria for review. He or she shall forward the form and findings, within seven days of the child's death, to the chairperson of the child fatality review committee in the county or circuit of the child's residence.

(j) When the chairperson of the local child fatality review committee receives a report for the coroner or medical examiner regarding the death of a child, that chairperson shall review the report and findings regarding the cause and manner of the child's death and respond as follows:

(1) If the report indicates the child's death does not meet criteria for review and the chairperson agrees with this decision, the chairperson shall sign the form designated by the panel stating that the death does not meet the criteria for review. He or she shall forward the form and findings to the panel within seven days of receipt;

(2) If the report indicates the child's death does not meet the criteria for review and the chairperson disagrees with this decision, the chairperson shall follow the procedures for deaths to be reviewed pursuant to subsection (k) of this Code section;

(3) If the report indicates the child's death meets the criteria for review and the chairperson disagrees with this decision, the chairperson shall sign the form designated by the panel stating that the death does not meet criteria for review. The chairperson shall also attach an explanation for this decision; or

(4) If the report indicates the child's death meets the criteria for review and the chairperson agrees with this decision, the chairperson shall follow the procedures for deaths to be reviewed pursuant to subsection (k) of this Code section.

(k) When a child death meets the criteria for review, the chairperson shall convene the review committee within 30 days after receipt for the report for a meeting to review and investigate the cause and circumstances of the death.

Review committee members shall provide information as specified below, except where otherwise protected by statute:

(1) The providers of medical care and the medical examiner or coroner shall provide pertinent health and medical information regarding the child whose death is being reviewed by the local review committee;

(2) State, county, or local government agencies shall provide all of the following data on forms designated by the panel for reporting child fatalities:

(A) Birth information for children who died as less than one year of age including confidential information collected for medical and health use;

(B) Death information for children who have not reached their eighteenth birthday;

(C) Law Enforcement investigative data, medical examiner or coroner investigative data and parole and probation information and records;

(D) Medical care, including dental, mental, and prenatal health care; and

(E) Pertinent information from any social services agency that provided services to the child or family; and

(3) The review committee may obtain from any superior court judge of the county or circuit for which the review committee was created a subpoena to compel the production of documents or attendance of witnesses when that judge has made a finding that such documents or attendance of witnesses are necessary for the review committee review. However, this Code section shall not modify or impair the privileged communications as provided by law except as otherwise provided in Code Section 19-7-5.

(l) The review committee shall complete its review and prepare a report of the child death within 20 days, weekend and holidays excluded, following the first report.

The review committee report shall:

(1) State the circumstances leading up to death and cause of death;

(2) Detail any agency involvement prior to death, including the beginning and ending dates and kinds of services delivered, the reasons for initial agency activity, and the reasons for any termination of agency activities;

(3) State whether any agency services had been delivered to the family or child prior to the circumstances leading to the child's death;

(4) State whether court intervention had ever been sought;

- (5) State whether there have been any acts or reports of violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household;
- (6) Conclude whether services or agency activities delivered prior to death were appropriate and whether the child death could have been prevented;
- (7) Make recommendation for possible prevention of future deaths of similar incidents for children who are at risk for such deaths; and
- (8) Include other findings as requested by the Georgia Child Fatality Review Panel.
- (m) The review committee shall transmit a copy of its report within 15 days of completion to the panel.
- (n) The review committee shall transmit a copy of its report within 15 days following its completion to the district attorney of the county or circuit for which the review committee was created if the report concluded that the child named therein died as a result of:
 - (1) Sudden Infant Death Syndrome when no autopsy was performed to confirm the diagnosis;
 - (2) Accidental death when it appears that the death could have been prevented through intervention or supervision;
 - (3) Any sexually transmitted disease;
 - (4) Medical causes which could have been prevented through intervention by an agency or by seeking medical treatment;
 - (5) Suicide of a child in custody or known to the Department of Human Resources or when the finding of suicide is suspicious;
 - (6) Suspected or confirmed child abuse;
 - (7) Trauma to the head or body; or
 - (8) Homicide.
- (o) Each local review committee shall issue an annual report no later than the first day of July in 2001 and in each year thereafter. The report shall:
 - (1) Specify the numbers of reports received by that review committee from a county medical examiner or coroner pursuant to subsection (h) of this Code section for the preceding calendar year;
 - (2) Specify the number of reports of child fatality reviews prepared by the review committee during such period;
 - (3) Be published at least once annually in the legal organ of the county or counties for which the review committee was established with the expense of such publication paid each by such county; and
 - (4) Be transmitted, no later than the fifteenth day of July in 2001 and in each year thereafter, to the Georgia Child Fatality Review Panel and the Judiciary Committees of House of Representatives and Senate.

CHEROKEE COUNTY CHILD FATALITY REVIEW PROTOCOL

I. ORGANIZATION

A. Structure

The Child Fatality Committee (CFR) previously established by law for each of the State's 159 counties has the responsibility for conducting fatality reviews.

B. Membership

Committee statutorily mandated members include:

- CORONER
- DISTRICT ATTORNEY
- DEPARTMENT OF FAMILY AND CHILDREN SERVICES
- JUVENILE COURT
- PUBLIC HEALTH
- COUNTY MENTAL HEALTH
- LAW ENFORCEMENT

II. MEMBERSHIP DUTIES

A. Chairman's Role

1. Accept report and notification from the Coroner's Office about the death of a child.
2. Accept verbal report from Law Enforcement at the time of incident and refer for autopsy.
3. Make a determination from the available resources, and according to the committee's criteria, of the cases to be reviewed by the committee.
4. Distribute the list of cases to be reviewed to 'the Committee' members.
5. Arrange to have the necessary information from investigative reports, medical records, autopsy reports or other items made available to committee members.
6. Schedule and notify the members of an upcoming review meeting.
7. Serve as a liaison with each local agency, with other Child Abuse Protocol Committees and the State Fatality Review Panel.

8. Chair the meeting of the committee.
9. Ensure that all State Fatality Review Panel reporting and data collection requirements are met including reports being forwarded the District Attorney and the State Fatality Review Panel.
10. Oversee overall adherence to the committee review process.

B. Law Enforcement

1. Report death, at time of discovery of incident, to DFCS, and the Office of the District Attorney Chief Investigator, the Child Fatality Chairperson, or the District Attorney, no matter the time of discovery of incident.
2. Provide primary case management of investigation where there is a question of possible criminal action.
3. Coordinate with DFACS, Health, or other professionals involved in case management.
4. Provide committee with materials from investigation or criminal record search; with information and statements, scene photographs, physical evidence, measurements, suspect information, etc.
5. Liaison with other law enforcement local and at the state level.
6. Use the SUIDI death investigation form and the re-enactment doll for sleep-related infant deaths.

C. Medical Examiner/Coroner

1. Report death, at time of discovery of incident, to the Office of the District Attorney Chief Investigator, the Child Fatality Chairperson, or the District Attorney, no matter the time of discovery of incident
2. Keep records on all deaths of children under their jurisdiction.
3. Provide forensic information including autopsy reports and reports of their investigation.
4. Provide interpretation for the committee of the cause and manner of death.
5. Coordinate with law enforcement and other agencies involved with death.
6. Provide the committee with a list of relevant cases in a timely manner. Upon receipt of an autopsy on a child under the age of 17 years, the Coroner shall immediately send a copy of the autopsy to the chairperson of the committee by registered mail.
7. Liaison with counterparts locally and at the state level.

D. Courts

1. Liaison with the committee.
2. Assist in legal issues.

E. Department of Family and Children Services

1. Provide investigation and intervention as necessary.
2. Provide records and information of previous and present actions involving the child or family.
3. Assist law enforcement in its investigation for possible criminal action.
4. Interview sibling and others as indicated for protection of sibling and others as indicated for protection for surviving siblings.
5. Provide follow up and support for surviving family members in abusive high-risk families with surviving children.
6. Liaison with counterparts locally, in other counties and at the state level.

F. Physician/Public Health

1. Assist in interpretation of medical findings.
2. Provide information on normal health and on child development.
3. Assist in locating previous medical records.
4. Liaison to the medical community.
5. Provide a copy of the death certificate to the committee.

G. Mental Health

1. Assist with intervention for surviving family members.
2. Assist with development of prevention programs.
3. Liaison with the mental health community for resources including those affecting family violence and substance abuse.
4. Provide an understanding for the committee of the intense personal emotions associated with child death.

H. Education

- 1. Provide input about significant school records on deceased or siblings.
- 2. Liaison with school personnel or resources for the family.
- 3. Liaison with school personnel about their concerns about childhood death.

I. Citizen Advocate

- 1. Serve as a liaison with community groups.
- 2. Assist with location of resources for prevention and intervention.
- 3. Reduce "turf" issues by acting as an impartial participant representing the child, rather than anyone government agency responsible for "handling the case".

J. Others

- 1. Regular members to be added may include pathologist, probation, parole, domestic violence, preschool, military, researcher.
- 2. Occasional members may include professionals and others that have a primary role with a given case, such as local law enforcement not on the committee but managing the case.

III. ACTIVATING THE REVIEW PROCESS

Coroner

- 1. The Coroner shall notify the Chairperson of the death as soon as possible after he becomes aware of the situation.
- 2. The Coroner shall forthwith without delay submit a copy of an Autopsy within 48 hours of receiving said autopsy to the Chairperson of the Child Fatality Review Committee.
- 3. Committee members must be notified of specific case identifiers by the medical examiner/Coroner including name, address, date of birth, etc., so that they can look for previous records.

Law Enforcement

Law Enforcement will contact the Office of the District Attorney's Chief Investigator, the Child Fatality Chairperson, or the District Attorney, no matter the time of discovery of incident.

IV. THE FIRST 72 HOURS: INITIATING THE INVESTIGATION

- A. Within 72 hours of notification of a child death, the CFR Chairperson will e-mail to all committee members all information obtained as of that time as to the specifics of the child's death.
- B. The committee members will use the information contained in the report to determine if their agency has had any prior contact with the child and/or the child's family.

V. THE FIRST 30 DAYS

- A. The CFR Committee will meet within 30 days of notification of the child's death.
- B. Agencies that discover records on the case should notify the Chairperson as soon as possible.

VI. THE SECOND 30 DAY PERIOD: CONDUCTING AND COMPLETING THE INVESTIGATION

- A. The CFR's review is to be completed within 30 working days following receipt of all information including the autopsy reported if one is performed.
- B. The Child Fatality Review Committee's investigation must address:
 - 1. The circumstances leading up to and case of death;
 - 2. Details of previous agency involvement including dates and reasons for service;
 - 3. Agency service prior to circumstances leading to death;
 - 4. Whether intervention had been sought;
 - 5. Conclusion of whether services prior to death were adequate;
 - 6. Whether death could have been prevented; and,
 - 7. Recommendations for prevention of future similar deaths.

VI. THE THIRD 15-DAY PERIOD: TRANSMITTING THE REPORT

- A. Following the completion of its investigation, the Child Fatality Review Committee will, within 15 days, transmit its report to DHR for the State Fatality Review Panel.
- B. Under the following circumstances, a copy of the report will be sent within 15 days to the District Attorney having jurisdiction:
 - 1. SIDS with no autopsy;
 - 2. Accidental death that could have been prevented in intervention or supervision;
 - 3. Sexually transmitted disease (or other evidence of sexual abuse by genital injury or history);
 - 4. Medical causes that could have been prevented through intervention by agency or by seeking medical treatment,
 - 6. Suicide of a child in custody known to DHR or suspicious;
 - 7. Suspected or confirmed abuse;
 - 8. Trauma to the head or body (by possible assault) and;
 - 9. Homicide.
- C. The report will include minority opinions of disagreement.

VII. REVIEW PROCESS

- A. Chairperson will send case names and other identifiers to appropriate committee members.
- B. Agencies will collect their own records, if any; and share significant case information with committee or case manager as soon as possible.
- D. Committee will meet to review collective findings.
- E. Formal case presentations may be made by representatives of different disciplines using a format consistent with their own professional training and experience.
- F. Committee will discuss each question required by law.

- G. Team will arrive at an agreement and, when necessary, provide space for minority opinion.
- H. Panel report will be submitted.
- I. If additional investigation is requested by the group, then a report will be written and sent to appropriate parties.

VIII. DISAGREEMENTS

- A. Disagreements about membership or reports should be resolved by the committee.
- B. Disputes may be referred to the Judge having the jurisdiction for the Committee or to the State Agencies receiving reports 'or the State Team.

IX. LOCAL REPORT FORMS

- A. The form shall include space for all of the questions noted above.
- B. The DFCS child death form shall be added, when available to the case file of the Committee.
- C. Records for the committee shall be stored in such a way to maintain the integrity of the case file.
- D. Larger counties may need to computerize their record systems.

X. RELATIONSHIP TO STATE

- A. The Chair of the committee shall serve as a State contact for the committee with expectations made by the Committee.
- B. Agencies shall still contact their own State counterpart Agency.
- C. The State will have responsibility to let the local Committee know about disagreements or problems with the cases reported.

Y. CHILDREN EXPRESSING SUICIDAL THOUGHTS AND ACTS

When any agency receives a report that a child 17 year of age or younger has expressed suicidal thoughts or threats, then that agency should sent a copy of the report to the School District to the attention of a School Social Worker.

APPENDIX C

EMERGENCY CUSTODY BY A PHYSICIAN (OCGA § 15-11-15)

Procedures

The desired procedure whenever abuse is suspected is to notify DFCS or Law Enforcement of the suspected abuse as outlined in the proceeding sections, however, in some circumstances events may be moving too fast to contact DFCS or Law Enforcement in order to protect a child who is being treated from "imminent danger". In those situations, Georgia law allows a treating physician to take or retain temporary protective custody, without a court order and without the consent of a parent, guardian, or custodian.

The elements necessary for emergency custody to be taken by the physician are set out in OCGA §15-11-15:

- The person taking custody must a physician licensed to practice medicine in the State of Georgia;
- The physician must have **reasonable cause** to believe that the child is in a circumstance or condition that presents an imminent danger to the child's life or health as a result of suspected **abuse or neglect**; AND
- There is **not sufficient time** for a court order to be obtained for temporary custody of the child before the child may be removed from the presence of the physician.

Abuse - The key is that abuse or neglect is present. There should be a strong belief by the physician that abuse is present and/or will occur. Whereas child abuse reporting to DFCS and law enforcement requires only a reasonable suspicion, taking emergency custody of a child should be based on a stronger belief by the physician.

Imminent danger- Some sort of emergency should exist, for example:

- The abusing parents are attempting to remove the child against medical advise, or
- Law Enforcement refuses to assume custody and a court order is necessary but cannot be obtained timely.
- **No time** for usual procedures to be followed before the child is removed. Events are moving too fast to contact anyone.

After determination is made by the physician to take emergency custody, the physician should:

- Ensure that there is sufficient security to avoid danger to staff.
- Tell any persons with the child that you have assumed custody of the child pursuant to law; and take reasonable and diligent efforts to inform parents, guardian or custodian of the child of the child's whereabouts.
- **Call DFCS** as soon as possible to inform them you have taken temporary protective custody and make a report of abuse as outlined in this protocol (OCGA § 19-7-5).
- Not later than 24 hours notify
 - **Juvenile Court Intake officer** (911 will assist in such notification.) and inform them that you have taken temporary custody due to an imminent danger to the child's life or limb due to abuse or neglect. The officer will make a determination as to whether the child may remain in protective custody.
 - **Law enforcement** so they can take the child into custody after Juvenile Court Intake Officer authorization of the removal.
- **Document** thoroughly what has been done and why.
- If the intake officer determines that the child should not be detained, the child should be released immediately to the child's parents, guardian or custodian.
- If detention of the child is authorized, the physician should admit the child if medically necessary; if not medically necessary DFCS shall pick up the child within 6 hours.
- Be prepared to go to court and testify within 72 hours-the physician will be notified of the hearing time and day.

- The physician is given the obligation under the law to file the appropriate Deprivation Petition in the Juvenile Court within five days of the detention hearing. The physician should determine from DFCS if they intend to file a petition first and in they indicate that they will the physician obligation will be obviated. However, the physician should know that should this petition not be filed the child must be released at the end of the five days to the parent.

Physician Liability

Any hospital or physician acting in good faith and in accordance with accepted medical practice in the treatment of the child shall have immunity form any liability, civil or criminal, that might be incurred or imposed as a result of taking or failing to take any action authorized herein.

APPENDIX D

INVESTIGATIONS INVOLVING SUBSTANCE ABUSING MOTHERS AND NEWBORN INFANTS

When a mother and newborn infant test positive for illegal drugs or controlled substances, the hospital will contact DFCS the same day that the positive screen is discovered. DFCS will contact law enforcement the same day. If law enforcement desires to seek charges, they will need to obtain a search warrant immediately for the mother's and baby's blood and/or urine.

X. SIGNATURE PAGE

Please print then sign your name to indicate your agencies participation in the protocol.

Frank Wallace
District Attorney

John King 6/17/2013
Chief Superior Court Judge

CO [Signature] 6/19/13
Chief State Court Judge *08-08-2012*

[Signature] 6/12/13
Chief Magistrate Court Judge

[Signature] Mandy Foster / juv. Ct
Chief Juvenile Court Judge

Benny W. Hinton / Jessica Moss
Solicitor General

Dawnce V. White
Sheriff **CHIEF DEPUTY**

[Signature]
School District

Thomas Pugh Jr.
Coroner

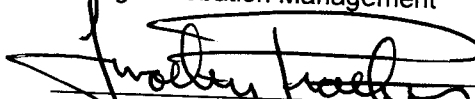
Dana K. Liber
Department of Family and Children Services

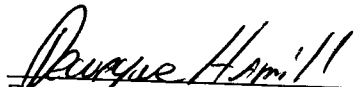
Teresa M. Brown County Nurse Inspector
Health Department

Jennifer Warden
Highland Rivers Mental Health

[Signature]
Canton Probation



Georgia Probation Management

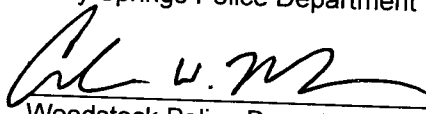

Fire and Emergency Services

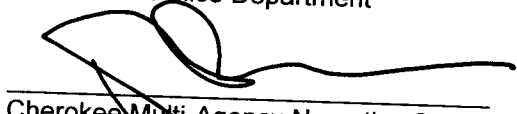

Department of Juvenile Justice

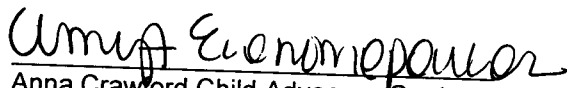

Ball Ground Police Department *st.*

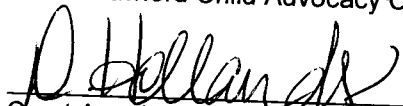

Canton Police Department

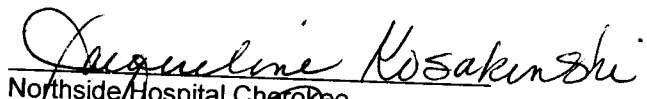

Holly Springs Police Department

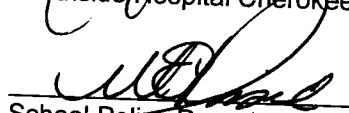

Woodstock Police Department


Cherokee Multi-Agency Narcotics Squad

 8-8-12
Anna Crawford Child Advocacy Center


Court Appointed Special Advocates


Northside Hospital Cherokee


School Police Department

Nelson Police Department