Cherokee County Protocol 2018

Protocol for the Multidisciplinary Investigation & Prosecution of Alleged Cases of Child Emotional, Physical and Sexual Abuse & Sexual Exploitation

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1. The "Protocol"

1.1 What Is A Protocol For The Investigation And Prosecution Of Alleged Cases Of Child Abuse ("Protocol")?

The protocol is 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. O.C.G.A. §19-15-2 (e).

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. O.C.G.A. 19-15-2 (f).

1.2 What Is A Sexual Abuse And Sexual Exploitation Protocol?

The sexual abuse and sexual exploitation protocol is a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged **sexual abuse and sexual exploitation** and the procedures to be followed concerning the obtainment of and payment for sexual assault examinations. O.C.G.A. §19-15-2 (k).

This Protocol serves as both the Child Abuse and the Sexual Abuse & Sexual Exploitation Protocol described in both 1.1 and 1.2 above.

2. The Protocol Committee

2.1 Establishing the Child Abuse Protocol Committee - O.C.G.A. 19-15-2(a)

The chief superior court judge of the circuit in which the county is located shall establish a protocol committee as provided in subsection (c) of O.C.G.A. 19-15-2 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 protocol committee. Thus established, the protocol committee shall thereafter elect a chairperson from its membership. The protocol committee shall be charged with developing local protocols for the investigation and prosecution of alleged cases of child abuse.

2.2 Responsibility of the Protocol Committee

The protocol committee *shall*:

1) be charged with developing local protocols for the investigation and prosecution of alleged cases of child abuse [O.C.G.A. 19-15-2 (b)];

2) adopt a written protocol and a written sexual abuse and sexual exploitation protocol;

3) meet at least twice annually for the purpose of evaluating the effectiveness of the protocol and modifying and updating the same [O.C.G.A. §19-15-2 (g)];

4) have new member training within 12 months of their appointment by the OCA; and

5) prepare an Annual Report due the first day of July each year [O.C.G.A. §19-15-2 (i)].

The report shall evaluate (1) the extent to which investigations of child abuse during the 12 months prior to the report have complied with the protocols of the protocol committee, (2) recommend measures to improve compliance, and (3) 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 Panel (f/k/a the Georgia Child Fatality Review Panel), and the chief superior court judge. Although not mandated, the Office of the Child Advocate requests the report be filed with their office as well. (*See*, Sample Annual Report in Appendix)

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.

2.3 Mission

The mission of the Protocol Committee is to *ensure coordination and cooperation* of the various agencies, organizations and individuals, as they work with cases of abuse in the course of their duties:

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 and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child;

2. To coordinate the efforts of all agencies that investigate, review, treat and manage cases of alleged child abuse;

3. To facilitate and support agencies, organizations and individuals whose efforts are directed toward abuse prevention.

2.4 Membership – O.C.G.A. 19-15-2 (c)(1)

Each of the following individuals, agencies, and entities listed in a)- k) below shall designate a representative to serve on the protocol committee. This means, for example, that the "sheriff" and "district attorney" are not themselves required to serve on the protocol committee but can instead assign a representative from their respective offices to be a member on the protocol committee. Preferably the representative assigned will be one who is working with or involved in child abuse and exploitation cases.

The current Protocol Committee consists of *representatives* designated from:

a) The sheriff;

b) The county department of family and children's services;

c) The district attorney for the judicial circuit;

d) The juvenile court judge;

e) The chief magistrate;

f) The county board of education;

g) The county mental health organization;

h) The chief of police of a county in counties which have a county police department;

i) The chief of police of the largest municipality in the county;

j) The county public health department, which shall designate a physician to serve on the protocol committee; and

k) The coroner or county medical examiner.

In addition, the law requires that the chief superior court judge designate a representative from a local citizen or advocacy group which focuses on child abuse awareness and prevention.

Such members may include, for example:
-Children's Advocacy Center (CAC) with appropriate jurisdiction;
-Medical Provider, preferably with child maltreatment expertise,
-Court Appointed Special Advocate (CASA)

The CAC, medical provider and CASA are not mandated by the Georgia Code but are crucial to the effectiveness of the protocol committee.

Other members can also be an integral part of the protocol committee including City Police departments located within the county.

Lastly, in order to better address the complex issue of commercial sexual exploitation of children (CSEC), the Protocol Committee can include the CSEC MDT currently headed by members of CHOA (Children's Healthcare of Atlanta) as well as GA Cares as Protocol members whom shall be governed by the guidelines set forth within the Cherokee County protocol.

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.

The law also requires each committee to elect or appoint a chairperson responsible for ensuring that written protocol procedures are followed by all agencies.

2.5 Access to Records and Confidentiality

The Protocol Committee shall have reasonable access to records concerning reports of child abuse. [O.C.G.A. §49-5-41 (a)(8) & (c)(5)]

Use of information and records of protocol committees (O.C.G.A. 19-15-6)

Members of a protocol committee shall not disclose what transpires at the meetings nor disclose any information.

A person who presents information to a protocol committee or 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. This subsection shall not be construed to prohibit any person from testifying regarding information obtained independently of a protocol committee. In any proceeding in which testimony of such a member is offered the court shall first determine the source of such witness's knowledge.

Information acquired by and records of a protocol committee shall be confidential, shall not be disclosed, and shall not be subject to the Open Records Act, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

Records and other documents which are made public records by other law(s) shall remain public records notwithstanding their being obtained, considered, or both, by a protocol committee. Additionally, notwithstanding any other provisions of law, information acquired by and documents, records, and reports of the child abuse protocol committees *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.

A member of a protocol committee shall not be civilly or criminally liable for any disclosure of information made by such member as authorized by this Code section.

Meetings and proceedings of committees or subcommittees O.C.G.A. 19-15-5(a)

A protocol committee in the exercise of its duties shall be closed to the public and shall not be subject to Chapter 14 of Title 50, relating to open meetings.

NOTE: The Protocol Committee is different from the Review Committee (f/k/a Georgia Child Fatality Review Committee). The Review committee reviews any sudden or unexplained death of a child under the age of 18, not Child Abuse, Sexual Abuse or Sexual Exploitation. *See* Appendix H for the Statute governing the Review Committee.

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).

3 Reporting Procedures

The purpose of the mandated reporter law 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.

3.1 Mandated Reporters - O.C.G.A. §19-7-5 (c) (1)

The following persons having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made as provided by law:

- Physicians licensed to practice medicine, physician assistants, interns, or residents;
- Hospital or medical personnel;
- Dentists;
- Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
- Podiatrists;
- Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;
- Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
- School teachers;
- School administrators;
- School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
- Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;
- Child-counseling personnel;
- Child service organization personnel;
- Law enforcement personnel; or
- Reproductive health care facility or pregnancy resource center personnel and volunteers.

If a person is required to report child abuse because that person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made. An employee or volunteer who makes a report to the designated person pursuant to this paragraph shall be deemed to have fully complied with the law. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, modification, or make other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

3.2 Other Reporters [O.C.G.A. § 19-7-5(d)]

Any other person, other than those specified, who has reasonable cause to believe that a child is abused may report or cause reports to be made.

3.3 Definitions [O.C.G.A. § 19-7-5(b)]

(1) "Abortion" shall have the same meaning as set forth in Code Section 15-11-681.

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

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

(4) "Child abuse" means:

- Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
- Neglect or exploitation of a child by a parent or caretaker thereof;
- Endangering a child;
- Sexual abuse of a child; or
- Sexual exploitation of a child.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an "abused" child.

(5) "Child service organization personnel" means persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.

(6) "Clergy" means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide religious organization.

(6.1) "Endangering a child" means:

(A) Any act described by subsection (d) of Code Section 16-5-70;

(B) Any act described by Code Section 16-5-73;

(C) Any act described by subsection (l) of Code Section 40-6-391; or

(D) Prenatal abuse, as such term is defined in Code Section 15-11-2.

(7) "Pregnancy resource center" means an organization or facility that:

(A) Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;
(B) Does not provide or refer for abortions;
(C) Does not provide or refer for FDA approved contraceptive drugs or devices; and
(D) Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.

(8) "Reproductive health care facility" means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.

(9) "School" means any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.

(10) "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.
(J) Any act described by subsection (c) of Code Section 16-5-46.

Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

(11) "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.

3.4 Procedure for Reporting Child Abuse [O.C.G.A. § 19-7-5(e)]

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:

Phone: 1-855-GACHILD/1-855-422-4453 (24 hrs/7 days)
Fax: 229-317-9663
Email: cpsintake@dhs.ga.gov

For a situation where a response is needed immediately as law enforcement or others are currently with the child and urgency is needed, to include child death and serious injuries, contact:

Brooke Ford, Director - (404) 576-5107
Jessica Edwards, Social Services Administrator – (678) 296-5058; or
Melissa Hill, Social Services Administrator – (706) 455-3633

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

3.5 Cherokee County Department of Family and Children's Services

105 Lamar Haley Parkway, Canton, Georgia 30114

1. Reports are assigned a response time of Immediate, 24 hours or 72 hours. The seriousness of the allegations in the report and the urgency of the safety needs of the child determine response times.

2. If at any time the DFCS investigator discovers the child is in imminent danger of abuse or neglect if he/she remains in the home, there is evidence that a criminal act may have occurred, **or** there is an allegation of child abuse [OCGA § 19-7-5(b)(4)], the investigator will immediately call the Law Enforcement agency having jurisdiction and request assistance.

3. **Protective Custody (OCGA § 15-11-133):** 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 by following OCGA § 15-11-133 which is written in its entirety in the Appendix on page 63.

   - DFCS is permitted to remove children from the home by an order of the court.
   - The facts supporting the issue of an order may be relayed orally, including telephonically, to the judge or a designated juvenile court intake officer, and the order directing that a child be taken into custody may be issued orally or electronically. **(OCGA § 15-11-132)**

4. All incidents of child death, serious injury of children and any other alleged incident of abuse or neglect of children in foster care will be referred to the DFCS special investigation unit (as it is formed) , worked by county level staff as appropriate, or referred to another county to avoid any appearance of a conflict of interest..

5. 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.**

3.6 Cherokee County Law Enforcement

1. Law Enforcement will:
   - Initiate an investigation within 24 hours of notification of referral for children who are at imminent risk and within five days of notification on all other referrals.
   - 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.
   - Handle child abuse cases in a priority manner depending on the severity of the abuse being referred.
   - Be familiar with the "Protocol" and make every attempt to follow the protocol.
   - Have at least one officer with advanced training in the area of child abuse investigation. This officer should be used as a resource for all the officers in the agency and should assist with the more severe cases of child abuse reported to their agency, if necessary.
   - Ensure that an interview is to be conducted by a trained interviewer preferably at the local Child Advocacy Center.
   - File a report with DFCS when a referral of child abuse is received from any source other than DFCS.
   - Notify DFCS immediately if the abuse occurred in the child's home or in a caretaker situation.
     **In cases of child-on-child abuse, DFCS should be notified.
   - Law enforcement agrees to work jointly with DFCS in situations including but not limited to cases listed in Section 3.5 above and upon request by DFCS.

2. Law Enforcement Staffing Referrals with DFCS
   - Law Enforcement receives referrals daily from DFCS by email. When disseminating referrals, a reasonable effort will be made by DFCS to determine the jurisdiction of the alleged incident.
   - Law Enforcement will make contact with DFCS Child Protective Unit weekly to staff referrals, unless more pressing case obligations arise that would take priority.
   - 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.
   - 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.
   - Law Enforcement will make inquiry of the DFCS investigator assigned to the referral of what action was taken by their Department.
   - Law Enforcement, DFCS investigator and supervisors will determine at that time if further Law Enforcement assistance is necessary.

3.7 Medical Personnel

Medical personnel should respond to suspected abuse and neglect cases as outlined for each type of cases in Appendix 8-G(1). It should be emphasized that according to O.C.G.A. § 19-7-5(e), an oral report should be made to DFCS within 24 hours; however, a timely referral is critical in a multidisciplinary approach and immediate reporting to DFCS is desirable. Reports are taken 24 hours a day, 7 days a week by calling 1-855-GACHILD / 1-855-422-4453

A. Procedures for Emergency Custody by a Physician

The desired procedure whenever abuse is suspected is to notify DFCS by calling 1-855-GACHILD / 1-855-422-4453 or reporting the suspected abuse to law enforcement; however, in some circumstances events may evolve too quickly for a physician to pause to contact DFCS or law enforcement in order to protect a child who is at risk of "imminent danger."

The *elements* necessary for emergency custody to be taken by the physician are:

A physician has *reasonable cause* to believe that such child:

- is in a circumstance or condition that presents an imminent danger to such child's life or health as a result of suspected abuse or neglect; **or**
- has been abused or neglected and there is not sufficient time for a court order to be obtained for temporary custody of such child before such child may be removed from the presence of the physician.

Please refer to Appendix 8-G(2) for full statute regarding the legal requirements for a physician to take emergency custody of a child under O.C.G.A. §15-11-131.

B. 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 from any liability, civil or criminal, that might be incurred or imposed as a result of taking or failing to take any action authorized herein.

3.8 Cherokee County Public Health

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

1. The staff member shall immediately orally notify DFCS of suspected cases of abuse, pursuant to O.C.G.A. § 19-7-5(e). In no case shall the report be made more than 24 hours from the time staff member has reason to believe the child has been abused.
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. See Appendix 8-K for optional form to assist in the written reporting process.
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 services 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 a "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.

3.9 Cherokee County School District

1. 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.

2. Identification

   A. What is reported?
      i. 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.

      ii. Physical neglect or exploitation of a child by a parent or caretaker. This includes, but may not be limited to the lack of proper amount of food, clothing, medical care, guidance, supervision, and other general care.

      iii. 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.

      iv. 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.

      v. Emotional/Verbal abuse of a child.

      vi. 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.

3. 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:

      Notify the Department of Family and Children Services (DFCS) via two options:

      1. **E-mail the CPS Intake Form/referral to cpsintake@dhs.ga.gov. The school reporter will receive an auto-reply confirming receipt.**

      2. **Fax the CPS Intake Form/referral to 229-317-9663. Once the report is opened by a designated Intake Case Manager, the school reporter will receive an e-mail confirming receipt if he/she has provided an e-mail address.**

Note: Option Two will be utilized in "non-emergency" situations.

i. 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 (1-855-422-4453). The statewide contact taking this call will then contact the local agency's on-call person for a call back to the school reporter.

ii. 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.

iii. 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 Dunnavant in the Office of School Operations for assistance.

C. Reporting Abuse Occurring in the School Setting

So as to ensure compliance with State Law and School Board Policy, the following procedures are designed to supplement the foregoing protocols. All subsequent procedures are designed to address allegations of child abuse occurring in the school setting:

1. The School District will make available the child abuse reporting information/referral forms to students, parents and the community via the CCSD website, annual CCSD Student/Parent Handbook and school-site postings.

2. In addition to the timely reporting of the suspected child abuse through aforementioned procedures, the reporting school's Principal will also immediately notify the Office of School Operations at (770) 704-4269 and CCSD School Police at (770) 704-4346 when an alleged case involves a School District employee (because of the need to introduce the School District's Initial Allegation of Employee Misconduct procedures). Upon the Principal's subsequent submission of CCSD's Initial Allegation of Employee Misconduct forms, CCSD School Police will seek authorization from the Superintendent to initiate an investigation/inquiry in accordance with School District protocols.

3. In suspected child abuse cases involving allegations of abuse in the school setting, the Principal will also complete the following actions to protect both the alleged victim and the alleged offender during the course of the investigation/inquiry:

   a. Notify the alleged victim's parents/guardians of the allegation and reporting.
   b. Notify the alleged offender/employee of the allegation and reporting; and, further instruct that employee to have no discussion with the alleged victim in regard to the report.
   c. Instruct any potential witness to the allegation that their cooperation with the investigation in required.
   d. Work in conjunction with the Office of Personnel Management to determine if, on their face, the allegations contained with the report warrant removal of the alleged offender from contact with the alleged victim and/or contact with students.

**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.*

3.10 Cherokee County Department of Juvenile Justice

220 Brown Industrial Parkway, Suite 100, Canton, GA 30114
(770) 720-3556 phone; (678) 717-6639 fax

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 DFCS. The report shall contain the following:

- the names and addresses of the child and the parent/guardian, if known,
- the child's date of birth,
- the nature and extent of the suspected abuse/neglect and
- any other information that the employee believes would be helpful

The State intake line (1-855-GACHILD) is available 24 hours a day, 7 days a week to accept referrals.

3.11 Cherokee County Mental Health Services

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

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 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 reassure the child and prepare him/her for a possible forensic interview by a third party.

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

1. Therapists should report directly to the State Intake line (855-GACHILD) and notify their supervisor.
2. Clerical staff or other support staff should report the incident or information directly to supervisory staff, to be reported to DFCS within 24 hours.
3. Reports are to be made by phone with a written follow-up if requested by DFCS.

(See Appendix 8-K for optional form to assist in this process.)

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.

3.12 Cherokee County Probation Services

Canton Probation (Felony), P.O. Box 4485, Canton, Ga. 30114; *478-733-5209*
Georgia Probation Management (Misdemeanor), 154 North Street, Canton, GA 30114; (770) 720-2818

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 DFCS in accordance with the information in Section 3.4.

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.

3.13 Cherokee County Prosecution Offices

Office of the District Attorney, 90 North Street, Suite 390, Canton, Georgia 30114; 648-493-6300
Office of the Solicitor-General, 100 North Street, Canton, Georgia 30114; 678-493-6360

In all cases involving offenses of child abuse or neglect, the prosecutor 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 make a referral according to the procedure set out in section 3.4.

In any other case, 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.**

3.14 Cherokee County Fire and Emergency Services

150 Chattin Drive, Canton, Georgia 30115, 678-493-4000

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.**

4. Investigative and Assessment Procedures

4.1 By Department of Family and Children's Services

105 Lamar Haley Parkway, Canton, Georgia 30114

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 after 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.

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.**

4.2 By Law Enforcement

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 a child is in imminent danger of abuse or neglect if he or she remains in the home, Law Enforcement should take a child into protective custody, call DFCS and then call the Juvenile Court In-Take Officer (404-539-8981). [This is **NOT DJJ** In-Take; Do not call DJJ]. **(OCGA § 15-11-133; See Appendix H, p. 63).** If the child is not in imminent danger then only DFCS needs to be notified.
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 or Solicitor'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

1. In cases where Law Enforcement receives the report of abuse, they will report the referral to DFCS.
2. An initial screening of the referral should be conducted.
3. 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.
4. Law Enforcement will check their records for previous records or histories with the family.
5. Law Enforcement and DFCS will meet and discuss the case and decide how to proceed with the investigation.
6. Law Enforcement or DFCS will schedule and interview at the Child Advocacy Center or designated equipped location within 24 hours.
7. If the interview does not take place within 24 hours, Law Enforcement will assist DFCS with protection of the victim if necessary.

4.3 Forensic Interview Procedures

A forensic interview is a research-based process conducted by a trained interviewer at a Children's Advocacy Center or other location that has trained forensic interviewers. The forensic interview is developmentally, culturally and linguistically appropriate and allows for the child's narrative recall of events. The goal of the forensic interview is to obtain a statement from the child, in a sensitive and unbiased manner that will support accurate and fair decision making in the criminal justice and child protection systems. The forensic interview is conducted in a legally defensible and non-leading manner and is video recorded.

A. The Child Advocacy Center

Anna Crawford Child Advocacy Center, 9870 Hwy. 92, Ste. 200, Woodstock, Ga. 30188; 678-504-6388

The Child Advocacy Center is an integral part of the Joint Investigation between DFCS and law enforcement. When an interview of a child is required at any time during the investigation, it must be done through a Child Advocacy Center or other location that has trained forensic interviewers.

In general, children most appropriate for a forensic interview include children for whom there are concerns regarding the following:

Physical abuse with injuries, severe negligence, emotional abuse, sexual abuse, sexual exploitation and/or abduction or witness to any type of violence including but not limited to domestic violence, rapes and murders.

Children who have made a disclosure regarding the above types of abuse, or who 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 and law enforcement (LE).

Forensic interviewing is a practice continually enhanced by emerging research. Personnel from law enforcement and DFCS should make every effort to follow CAC procedures and to coordinate their investigative efforts in a manner which increases the efficiency of the investigation while minimizing additional trauma to the child.

Alleged victims of sexual abuse or severe physical abuse will also receive multidisciplinary response coordinated through the Children's Advocacy Center, DFCS or other designated entity.
(*See*, Multi-Disciplinary Team (MDT) under Section B-11 below.)

B. The Forensic Interview

1. Required Training

This interview is performed by someone <u>trained</u> in forensic interviewing through specialized training programs such as Child First (formerly known as Finding Words). Child First is an intensive five day course in which students learn the necessary skills to conduct an investigative, forensic interview of a suspected victim of child abuse. Additional nationally recognized forensic interview training courses include programs such as the National Children's Advocacy Center (NCAC), Tom Lyon's Ten Step Model, Corner House, the National Institute of Child Health Development (NICHD) and the American Professional Society of Abuse of Children (APSAC).

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
- child development
- use of anatomical dolls
- characteristics of abuse and neglect
- false allegations
- criminal codes
- effect of childhood trauma and stress
- recantation

The competence and objectivity of interviewers and the quality of the interview itself are frequently the focus of abuse investigations. Because most perpetrators deny the abuse and most acts of maltreatment are not witnessed, the alleged victim's statement is critical evidence in child abuse cases. Yet developmental issues, such as children's varying abilities to recall events and use language, as well as the trauma they may have experienced, complicate efforts to obtain information about the abuse. Forensic interviewers are trained to have knowledge of these dynamics and of techniques that aim to maximize the competency of children.

Trained forensic interviewers should be utilized to conduct forensic sexual abuse interviews of children. (*Opportunities for training are available. Please contact the Anna Crawford Children's Center (ChildFirst Georgia), the Office of Child Advocate or the Children's Advocacy Centers of Georgia for training information)*

The reported child victim and his or her legal guardian should be made aware that even though the forensic interview has been, or will be, conducted and recorded, this process may not take the place of the child having to testify if the case goes to trial.

2. Referrals to the Child Advocacy Center

Children for whom there are concerns or who have made a disclosure regarding physical abuse with injuries; severe negligence; emotional abuse; sexual abuse; sexual exploitation and/or abduction; witness to any type of violence including but not limited to domestic violence, rapes and murders; have medical evidence of abuse; or exhibit behaviors suggestive of abuse should be referred for a joint forensic investigation of the abuse by DFCS and law enforcement (LE).

a. Children 3 or under or 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 multidisciplinary review by contacting the Children's Advocacy Center.

b. Video recorded sexual abuse forensic interviews of children 3-17 should be conducted at the Anna Crawford Children's Center or another Children's Advocacy Center, and will be scheduled at the request of DFCS, law enforcement, district attorney's office or the Court only. The Anna Crawford Children's Center is also available to interview children who are 18, if the individual is still in high school.

c. The Anna Crawford Children's Center is also available to interview young adults where there is an investigation regarding historical allegations of abuse or possible witness to a crime. While developmental factors may not play a role in their current communication skills, young adults disclosing historical incidents of abuse would be required to recount memories that were coded with the language/verbal skills that they had at the time of the reported incident(s). Therefore, specialized knowledge regarding child development issues is in order when attempting to gain information under these circumstances.

d. The Anna Crawford Children's Center is also available to interview reported victims/witnesses who fall outside of the age ranges described above, based on special circumstances that may include adults with special needs who may have experienced abuse or exploitation.

e. While it is preferable for reported child victims to be interviewed at the Anna Crawford Children's Center, if circumstances require immediate response, children 14-17 may be interviewed by a trained interviewer at an agency location. However, these cases should be referred to the Children's Advocacy Center for interdisciplinary case coordination and follow-up victim services the following business day.

f. Intake reports should be made to the Children's 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.

g. ACCC does not interview perpetrators. However, children under 16 who are sexually acting out with other children may be interviewed for assessment of possible victimization. Children over 16, or those who display coercive or predatory type sexualized behaviors, will be referred to another agency for a psychosexual evaluation. In cases involving children with sexual behavior problems, the referring agency should alert the ACCC staff to this matter when scheduling the interview so that additional precautions can be taken to ensure the safety of all children.

h. Referrals can be made by DFCS, law enforcement, the District Attorney's office, Solicitor's Office, the Juvenile &/or Superior Court, Department of Juvenile Justice and Adult Protective Services. An interview time will be scheduled. Although both DFCS and law enforcement should be present to ensure all relevant information is obtained, a representative of the referring agency must attend.

3. Viewing of Forensic Interviews

a. To ensure that all relevant information is obtained, it is preferred that all team members involved in the initial investigation be present and observe the forensic interview. However, a minimum of one representative from law enforcement, child protective services or the prosecuting attorney's office must be present in order for the interview to take place. In the event an investigative team member is unable to attend the interview, he/she will have access to the digitally recorded interview and written intake packet. Additionally, any involved team member unable to attend the interviews is responsible for communicating with the other team members if further information or clarification is required. This coordinated approach seeks to reduce the number of interviews conducted with the child, reduce the possible trauma to the child, and maximize the efficiency and effectiveness of the investigative process.

b. Forensic interviews may be observed by members of the multidisciplinary team which may include representatives from child protective services, law enforcement, the Solicitor's Office, the District Attorney's Office, the Anna Crawford Children's Center, and CHOA medical professionals.

c. Forensic interview recording shall be made available for viewing, at the Anna Crawford Children's Center, only to multidisciplinary team members and to those officials appointed by the courts who provide a valid court order (i.e. Guardian Ad Litems, Court Appointed Special Advocates, etc.)

d. Non-offending caregivers may accompany the child to the Center, but are not allowed to be present with the child during the interview nor are they allowed to observe the interview.

e. Known alleged offenders should not transport clients to the interview and are not allowed on the premises of the ACCC.

4. Documentation of Forensic Interviews

a. All forensic interviews are to be digitally recorded with video equipment provided by the Anna Crawford Children's Center.

b. The assigned caseworker and law enforcement investigator assigned to the case will have access to observe the interview from a separate viewing room.

c. Once recording has begun, it should not be discontinued until the interview is completed.

d. Upon completion of the interview, ACCC staff will provide the assigned law enforcement investigator with an original authenticated disc containing the interview to be placed into evidence. If requested, ACCC will provide an authenticated disc containing the interview to the prosecuting attorney's office. ACCC staff will not release the forensic interview to any other party unless legally compelled.

5. Confidentiality

The CAC which is certified and which is operated for the purpose of investigation of known or suspected child abuse and treatment of a child or a family which is the subject of a report of abuse, shall have access to all records and information relevant to the child's case with few exceptions provided, however, that any child advocacy center which is granted access to records concerning reports of child abuse shall be subject to the confidentiality provisions of subsection (b) of Code Section 49-5-40 and shall be subject to the penalties imposed by Code Section 49-5-44 for authorizing or permitting unauthorized access to or use of such records. **O.C.G.A. §49-5-41 (a)(8)**

6. CAC Access to Child Abuse Records

The CAC which is certified and which is operated for the purpose of investigation of known or suspected child abuse and treatment of a child or a family which is the subject of a report of abuse, shall have access to all records and information relevant to the child's case with few exceptions provided, however, that any child advocacy center which is granted access to records concerning reports of child abuse shall be subject to the confidentiality provisions of O.C.G.A. §49-5-40 (b) and shall be subject to the penalties imposed by O.C.G.A. §49-5-44 for authorizing or permitting unauthorized access to or use of such records.

7. CAC Release of Records including the Recorded Forensic Interview

Recorded Forensic Interviews will only be released to DFCS, law enforcement, prosecution and a court appointed Guardian Ad Litem or CASA pursuant to O.C.G.A. 49-5-41(c) (5) or upon Court Order obtained through a subpoena filed contemporaneously with a motion seeking such records and requesting an in camera inspection of records under O.C.G.A. §49-5-41 (11) and such Order is accompanied with a Protective Order under O.C.G.A. §49-5-41 (g)(3). (*See*, Appendix)

Every attempt will be made to notify MDT investigators of a request for the recorded forensic interview and the DA's or Solicitor's Office if a case is under indictment.

8. Payment of Forensic Interviews ("FI") - O.C.G.A. § 17-15-16

A portion of the forensic interview used for the identification of the interviewee's needs may be paid for by the Georgia Crime Victims Compensation Program (CVCP) for crimes occurring in Georgia on or after July 1, 2014. CVCP can pay up to $200.00 per victim, per victimization (when funding is available) if a completed application is submitted to the CVCP and certain provisions are met including but not limited to:

a. The FI is for a person who is less than 18 years of age or a developmentally disabled adult.

b. The FI is conducted in the context of a multidisciplinary and diagnostic team, or in a specialized setting such as a Child Advocacy Center.

c. The results of the FI are for the identification of the interviewee's needs, including social services, personal advocacy, case management, substance abuse treatment, and mental health services. A copy of the referral information must be submitted with the Application for Payment on either the agency's form(s) or on the CJCC Forensic Interview Referral Document (FIRD). If using an agency form(s), all information requested on the FIRD must be provided.

d. The interviewer has specialized training to conduct FIs appropriate to the developmental age and abilities of children, or the developmental, cognitive, and physical or communication disabilities presented by adults.

e. The interviewer submits a copy of their license or training certificate with the initial Application for Payment.

Taken from the CJCC website. See cjcc.ga.gov website for further requirements, the FI Application for Payment and the FI Referral Document.

9. Forensic Interviews and Special Populations

a. Sexually Exploited Children

- Although normally best practice suggests that children should have a forensic interview as soon as possible, interviews with children who have been sexually exploited may require an interval of time to assess their readiness to be interviewed.
- More than one forensic interview may be required due to dynamics related to exploitation.
- Sexually exploited children are often pimped/trafficked. Pimps/traffickers may teach victims to be distrustful of health/social service providers, police, and government officials.
- Victims of exploitation may believe that revealing what has happened to them will result in arrest and detention for prostitution, particularly if interviews are conducted in an interrogative tone.
- Further, many children have a "love" relationship with their exploiter and may fear that the state may incarcerate their "boyfriends" if they are truthful.
- An additional complication is that sexual exploitation victims are frequently brought into the system as suspects or arrestees and some interviews initially take the tone of interrogation. This may make children reluctant to believe the state is trying to help them.
- Effective information gathering requires that service providers and interviewers work to empower the child and help him/her understand their "victimization." Trust should be established over time, and the formal forensic interview needs to occur after this trust has been established.
- The Georgia Cares (formerly Georgia Care Connection), as statewide system of care for victims of sexual exploitation, can help to connect you with victim advocates, family advocates, and specialized services providers who can assist in preparing the child for a forensic interview.

- Format and dynamics of this type of interview are different than traditional sexual abuse cases, because:
- Victim most likely has lengthy history of abuse/neglect and may feel the abuse that they have "chosen" by running to the streets or finding a pimp is preferable to the abuse they suffered at home. As a result, they often refuse to identify themselves as victims;
- Victims have a strong distrust of authority;
- Victims may fear for the safety of their families or others due to threats made by a pimp; and
- Adolescents often reject any outreach that is perceived as condescending
- Child protection is paramount throughout the investigation.

b. Children with Special Needs

If a forensic interview is needed for a child with a cognitive or physical disability or other special need(s), the protocol should be modified to accommodate the needs of the individual child. Children with learning disabilities should also be accommodated to maximize their ability to communicate effectively.

- All agencies involved in the investigation are required to adhere to federal regulations, specifically, Titles II and III of the Americans with Disabilities Act and the Rehabilitation Act. These requirements include accommodations for communication and requirements for accessibility for services.
- Regarding communication, the federal regulations require "State and local government programs must ensure effective communication with individuals with disabilities by providing appropriate auxiliary devices." The basic core of the forensic interview is communication and it is likely these individuals already have communication devices they use on a daily basis. The requirements include to "furnish auxiliary aids when necessary to ensure effective communication, unless undue burden or fundamental alteration would result."
- There should also be non- discrimination on the basis of a disability by public accommodations.

The American Professional Society on the Abuse of Children (APSAC) recommends practice guidelines for interviewing special needs children which include making appropriate accommodations, making medical consults if needed, and assessing developmental delay through consultations. APSAC also views the adaptive equipment involved in the communication with the alleged child victim as an extension of the child's body.

The National Victim Advocacy Agency, co-sponsored with the United States Department of Justice, has also advised accommodations of special needs children. They recommend agencies should develop and implement specific protocols on disclosure, confidentiality, and safety for crime victims with disabilities, particularly where there is potential for retaliation by the caregiver.

10. Extended/Multiple Forensic Interview Sessions

The Anna Crawford Children's Center recognizes that the number of forensic interviews should be governed by the number necessary to elicit information needed to make child protective and investigative decisions. Regardless of the number of sessions, all forensic interviews should abide by the following best practices:

- Purposeful in nature (a valid reason can be articulated for conducting more than one interview)
- Forensically sound
- Non-duplicative
- Neutral and objective
- Child-friendly
- Child- focused
- Developmentally appropriate
- Culturally competent

At times the investigative team may determine that multiple forensic interviews are warranted. Potential reasons to conduct more than one session may include, but are not limited to, the following:

- Decision-making regarding the protection of the child cannot be made based upon information obtained during the initial interview.
- When an interview could not be completed in one session due to the child's level of engagement/participation, developmental/cognitive abilities, social/emotional/physical functioning, or another reason when information could not be fully or effectively gathered in the single session.
- The child may need additional time due to victimization type (CSEC victims, long-term victims, polyvictims).
- The child disclosed additional information, or indicated the reason he/she could not tell, or due to changes in the situation/circumstances, or external evident or corroboration emerges.
- The child did not disclose abuse during the initial forensic interview but there are concerning factors of possible victimization such as sexualized behaviors, medical findings, statements of other children and/or witnesses, pornography, or access by a known offender.
- The child did not disclose abuse during the initial forensic interview but allegedly disclosed to some other person.
- The child was unable to complete the forensic interview in one session and needs additional time.
- The child disclosed additional information following the initial forensic interview. While disclosure is a process and it is common for children to reveal additional information over time, the disclosure of significant details may warrant an additional interview to allow for investigative or protective decision-making.

Under some circumstances, multiple forensic sessions may also be planned from the beginning and carried out over 2-6 sessions (typically as dictated by the needs of the child) to address and fit a particular child's needs such as age, developmental disabilities or other special needs, ability to communicate, being multi-lingual and/or requiring an interpreter, multiple allegations/offenders and/or types of abuse, and for those who have been severely traumatized.

- Following the conducting of an initial forensic interview, the investigating agencies (i.e. law enforcement, CPS, and/or prosecution) will refer an alleged child abuse victim for additional forensic interview sessions when deemed necessary, based on the previously mentioned reasons. Additional forensic interview sessions will be scheduled at the request of child protective services, law enforcement, and the prosecuting attorney's office only.
- Additional forensic interview sessions may be conducted by the same forensic interviewer who conducted the initial interview or may also be conducted by a different forensic interviewer, depending on the circumstances and needs of the child. All additional forensic interview sessions should be conducted in a legally defensible manner that will facilitate protective, therapeutic, and investigative decision-making.
- Non- offending caregivers may accompany the child to the Child Advocacy Center, but are not allowed to be present or observe additional forensic interview sessions.
- While additional forensic interviews are being scheduled and conducted, it is preferable that the child have no contact with alleged offender(s), if identified at the time
- All involved investigators will provide the forensic interviewer with case information including the nature and circumstances of the allegations, and any possible alternative explanations for the allegations
- During the period of time that additional forensic interviews are being conducted with the child, any new information disclosed during the process pertaining to the abuse allegations should be immediately relayed to the involved investigative team members for follow up.

11. Multi-Disciplinary Team (MDT)

Upon completion of the forensic interview process, the multidisciplinary team makes recommendations regarding the child's need for medical and mental health treatment.

a. What is a Multi-Disciplinary Team

A MDT is a group of professionals representing various disciplines who work collaboratively to promote a thorough understanding of case issues and assure the most effective system response possible. The purpose of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. *(Putting Standards into Practice National Children's Alliance)*

The MDT consists of law enforcement officers, child protective service investigators, prosecutors, mental health and medical professionals, and others who provide a coordinated response designed to increase the effectiveness of investigations while reducing the stress and risk of secondary traumatization to children. *(Children's Advocacy Centers: One Model, Many Programs APSAC Advisor; Volume 16, Number 2; Summer 2003 Wendy Walsh, Lisa Jones, and Theodore Cross, Crimes Against Children Research Center, University of New Hampshire)*

-Children's Advocacy Center for Georgia, Handbook for Multidisciplinary Review Team Facilitators

b. Coordination of MDT Meetings

The Anna Crawford Children's 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 maltreatment 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 processes.

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 CAC as long as there is an active investigation.

Requests for cases to be staffed by the 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, District Attorney's office, the Child Advocacy Center, the Department of Juvenile Justice, and medical and mental health personnel.

MDT meetings will be held at the Anna Crawford Children's Center, and agenda identifying cases to be staffed at each meeting will be provided to all involved agencies at least 48 hours prior to the regularly scheduled meeting time (at least monthly).

A special reconvening of the MDT may be called by the prosecuting attorney's office representative if circumstances change prior to indictment.

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. 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.

12. The Establishment of Children's Healthcare of Atlanta Stephanie V. Blank Center for Safe and Healthy Children Commercial Sexual Exploitation of Children Multi-Disciplinary Team as a Subcommittee of Cherokee County Multi-Disciplinary Team

In order to better address the complex issue of Commercial Sexual Exploitation of Children and to set apart this form of exploitation from other equally heinous forms of child abuse/exploitation, the Cherokee County Child Abuse Protocol hereby incorporates and grants concurrent authority to address cases of commercial sexual exploitation of children to the Multi-Disciplinary Team headed by members of Children's Healthcare of Atlanta.

In addition to the Cherokee County Multi-Disciplinary Team as a whole, the CSEC MDT may also address any and all case of suspected commercial sexual exploitation within Cherokee County. The Subcommittee shall further ensure coordination and cooperation between all agencies. The ultimate goal of the inclusion of this Subcommittee is to provide a specific and more focused response to this category of case in order to better address the unique needs of the victims and to closely monitor the progress of each individual victim as services are provided to them.

The CSEC MDT Subcommittee shall be governed by the guidelines set forth within the Cherokee County Child Abuse Protocol.

4.4 Obtainment of a Forensic Medical Exam/Sexual Assault

A. Examination

The Forensic Medical Examination ("FME") performed on sexually abused children is an important part of the legal process.

The exam will most likely begin with the examiner obtaining a complete and thorough medical history from the victim. The medical forensic exam also involves a head to toe physical examination, which includes the genital area. This may also include:

- Collection of blood, urine, hair and other body secretion samples.
- Photo documentation.
- Collection of the victim's clothing, especially undergarments.
- Collection of any possible physical evidence that may have transferred onto the victim.

***LAW ENFORCEMENT will need to tell the examiner what evidence to collect based upon the facts of the case.**

B. Purpose

There are three purposes of forensic medical exams:

1. Identify medical evidence to prosecute the offenders (Britton, 1998; Kerns et al., 1994);
2. Screen for injuries and medical conditions and initiate medical treatment, and;
3. Answer questions and reassure victims and parents about the child's physical well-being (Britton, 1998; Hanson et al., 2001).

Even in the absence of medical evidence, exams can support prosecution because it preempts defense claims that evidence collection is insufficient without an exam (see American Prosecutors Research Institute, 2004). Also, when the alleged perpetrator is guilty and medical evidence is lacking, the exam can engage a doctor or nurse in the case who can provide expert testimony to explain this lack of evidence to judges and juries.

C. Timing of the examination

Forensic medical examinations are usually recommended as soon as possible after the assault but within 72 hours (Hibbard,1998; Jenny, 2000) because passage of time and the healing process can obscure medical evidence (trace evidence and physical injury) and decrease the effectiveness of prophylactic medications. **However, the 72-hour rule is not a cut off time as new research shows that forensic exam evidence can be collected up to 120 hours after the incident.** The child should have prompt evaluation if he/she has symptoms/signs of injury, infection or another active medical condition.

D. Identification and documentation of injuries and interpretation of physical findings should include

1. a written description of the exam findings (including the type, appearance, and location of injury and any indication of tenderness or induration), AND;
2. forensic imaging of the anogenital exam OR a diagram of the findings on an appropriate anatomic drawing.

E. Evidence Collection

Sexual assault evidence kits are recommended when the assault involved the possible exchange of bodily fluids or trace evidence and occurred within the past 72 hours (in some cases collection may be helpful up to 120 hours after the event).

Law Enforcement should:

- Collect and preserve evidence for analysis by the crime laboratory.
- Collect and preserve toxicology samples in suspected alcohol- or drug -facilitated sexual assault cases.
- Maintain and document the chain of custody for evidence.
- Maintain the integrity of the evidence to ensure that optimal lab results are obtained.
- Send any evidence requiring testing to the appropriate testing lab.

The contents of the evidence collection kit may include:

- Instructions
- Bags and sheets for evidence collection
- Swabs
- Comb
- Envelopes
- Blood collection devices
- Documentation forms

Once the examination is completed and all specimens are collected, they are carefully packaged and stored to assure that they are not contaminated. They are maintained under chain of custody until further action is taken. **Chain of custody is critical to the admissibility of evidence at trial.**

F. Other Components of the Medical Evaluation

1. Review limits of confidentiality and obtain assent for each component of the evaluation from the child, if feasible.
2. Test for STIs and HIV infection and provide prophylaxis and/or treatment as indicated by Centers for Disease Control guidelines.
3. Assess pregnancy risk and discuss treatment options with the patient.
4. Provide appropriate referrals for medical and behavioral health follow up.
5. Recognize evidence-based conclusions and limitations in the analysis of findings.
6. Complete standard forms for documenting the medical forensic results of the exam.
7. Discuss evidentiary findings with investigators and prosecutors as requested.
8. Testify in court if needed

G. Who can conduct the Forensic Medical Exam

While the physician, nurse practitioner or physician assistant providing care for the child can conduct the medical evaluation, it is preferable for the evaluation to be performed by a provider with expertise in child maltreatment. Experts include child abuse physicians, or other physicians, nurse practitioners or physician assistants with specialized training and experience in child abuse and neglect, or sexual assault nurse examiners (SANE). Medical professionals are encouraged to seek help from experts when possible by referring the patient for specialized care, by requesting telephone consultation, and/or by obtaining a second opinion review of exam photographs. Second opinion is especially critical if the inexperienced provider reports positive findings on exam. For names of local experts, providers should contact the nearest child advocacy center or call the Children's Advocacy Centers of Georgia (770) 319-6888.

1. Sexual Assault Nurse Examiner (SANE)

A Sexual Assault Nurse Examiner (SANE) is a qualification for forensic nurses who have received special training to conduct sexual assault evidentiary exams for victims. Specialized training in providing forensic-medical assessments and care to pediatric victims of sexual assault is conducted at Georgia Public Safety Training Center (GPSTC) in Forsyth, GA.

2. **Children's Healthcare of Atlanta - Pediatric Telemedicine**
The expertise of Children's pediatric specialists is now available to patients and healthcare providers through telemedicine. Telemedicine offers patients and providers remote consultations, evaluations and training using live video.

The telemedicine program:

- Offers live-consultation and assistance with medical exams for suspected victims of abuse. Expert physicians from the Stephanie V. Blank Center for Safe and Healthy Children (CSHC) work with the medical provider at the presenting site (child advocacy center, emergency department, clinic or office) to speak with the family and child, conduct the exam, interpret findings, recommend STI testing and treatment, and make referrals. The expert then writes a report summarizing the evaluation and is available for expert testimony.
- A clinical provider may call the Children's Telemedicine office at **404-785-1111** to obtain a telemedicine appointment for their patient.
- Offers second opinion consultations for medical providers who have already conducted an exam. The physicians from CSHC meet with the provider via videoconferencing to discuss the case and review exam photographs. The expert writes a report summarizing the exam findings and interpretation, and is available for court testimony as needed.
- To schedule a second opinion consultation the medical provider calls the CSHC at 404-785-3820 and asks for the physician-on-call.
- Offers monthly or bimonthly peer review sessions for medical providers to review interesting cases, discuss new research and ask questions. Continuing education credits are offered; sessions are free.

4.5 Payment for Sexual Assault Examinations

When a forensic medical examination is conducted, the cost of such forensic medical examination shall be paid for by the Georgia Crime Victim's Emergency fund in an amount not to exceed $1,000.00. The fund shall be responsible for payment of such cost notwithstanding whether the person receiving such forensic medical examination has health insurance or any other source of health care coverage. **(O.C.G.A. §17-15-15)**

The Georgia Crime Victims Compensation Program should be billed directly for all expenses relating to a forensic medical examination [i.e. lab work, emergency room fees, physician's fees, SANE nurse fees, and all clinical fees associated with the exam, sexually transmitted infections (STIs), etc.] ***

A forensic medical examination is defined as an examination provided to a person pursuant to 16-6-1(c)* (rape) and 16-6-2(c)* (sodomy & aggravated sodomy) by trained medical personnel in order to gather evidence. ** Such examination shall include but not be limited to:

- An examination for physical trauma
- A determination of the nature and extent of the physical trauma;
- A patient interview;
- Collection and evaluation of the evidence collected and;
- Any additional testing deemed necessary by the examiner in order to collect evidence and provide treatment. **[O.C.G.A. 17-15-2 (6)]**

*16-6-1 (c) Rape & 16-6-2(c) Sodomy; aggravated sodomy; medical expenses : When evidence relating to an allegation of rape, sodomy or aggravated sodomy is collected in the course of a medical examination of the person who is the victim of the alleged crime, the Georgia Crime Victims Emergency Fund, as provided for in Chapter 15 of Title 17, shall be financially responsible for the cost of the medical examination to the extent that expense is incurred for the limited purpose of collecting evidence.

**In instances where DFCS or law enforcement requests a Forensic Medical Examination for allegations of child sexual assault/molestation, and there is limited collection and evaluation of evidence (e.g. no rape kit used),official documentation is required from law enforcement requesting the exam. DFCS or the investigative agency must submit to the provider or CVCP a completed Forensic Medical Examination DFCS or Law Enforcement Verification Form. *(Criminal Justice Coordinating Council (CJCC) website)*

*** **See the cjcc.ga.gov website or call 404-657-2222 or (800) 547-0060 for the Application for Payment and Fee Scheduled**

4.6 School District 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.

4.7 Special Response Situations

A. Child Death or Near-Death Investigations

1. The investigation of child deaths or near-death investigations should include law enforcement, DFCS, and the District Attorney's Office. The agency first notified of the death or near-death incident should ***immediately*** contact the other agencies. Notification to DFCS should be made ***first*** to local DFCS staff (Director or Social Services Administrators) as outlined in **Section 3.4** and then a referral can be filed with 855-GACHILD. Notification to the District Attorney's Office should be to the District Attorney, Chief Assistant District Attorney, Chief Investigator, or Child Fatality Review Chair (contact information provided in Appendix I).

B. 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 determination must be made if the child is safe to remain in the home or remain with the current caregivers.
   - If the parent(s) or custodial caregiver(s) are not capable of, or available to care for the child, DFCS should be notified immediately.
   - 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.
   - 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.
5. Responding officer should ensure that all witnesses and children are listed in the incident report.

6. If an arrest is made, a referral needs to be sent to DFCS by using the 855-GACHILD number.
7. If suspect has absconded, notify DFCS.
8. If either caregiver who is a victim of domestic violence fails to protect the children from the offender, then steps should be taken to determine if the children need to be placed outside the home.

C. Juvenile Offender and Victim Residing 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.

1. 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 may, 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.

2. 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.

a. 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, call CICC and ask that they contact the DFCS after- hours on call case manager.

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.

b. 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.

c. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. Reintegration

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

D. Commercial Sexual Exploitation of Children

1. County-Wide Procedures

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.

a. Each agency head should be familiar with the CSEC protocol.

b. 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:
   - The reporting agency's head
   - Law enforcement agency with jurisdiction
   - The Office of the District Attorney
   - 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.
   - Georgia CARES at 404-602-0068

c. Physical examinations should be done at the Children's Healthcare of Atlanta's Stephanie V. Blank's Center for Safe and Healthy Children.

d. 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.

2. The Establishment of Children's Healthcare of Atlanta Stephanie V. Blank Center for Safe and Healthy Children Commercial Sexual Exploitation of Children Multi-Disciplinary Team as a Subcommittee of Cherokee County Multi-Disciplinary Team

In order to better address the complex issue of Commercial Sexual Exploitation of Children and to set apart this form of exploitation from other equally heinous forms of child abuse/exploitation, the Cherokee County Child Abuse Protocol hereby incorporates and grants concurrent authority to address cases of commercial sexual exploitation of children to the Multi-Disciplinary Team headed by members of Children's Healthcare of Atlanta.

In addition to the Cherokee County Multi-Disciplinary Team as a whole, the CSEC MDT may also address any and all cases of suspected commercial sexual exploitation within Cherokee County. The Subcommittee shall further ensure coordination and cooperation between all agencies. The ultimate goal of the inclusion of this Subcommittee is to provide a specific and more focused response to this category of case in order to better address the unique needs of the victims and to closely monitor the progress of each individual victim as services are provided to them.

The CSEC MDT Subcommittee shall be governed by the guidelines set forth within the Cherokee County Child Abuse Protocol.

3. DFCS Procedure and State Model

Investigations of Commercially Sexually Exploited Children
In order to set the Commercial Sexual Exploitation of Children (hereinafter referred to as CSEC)/ Domestic Minor Sex Trafficking (hereinafter referred to as DMST) apart from other forms of child abuse/exploitation, and in order to have clarity with regard to the range of incidents or situations to which DFCS policy is applicable, commercial sexual exploitation is defined as follows:

> *Sexual abuse/prostitution of a child by an adult or older juvenile involving payment in cash, food, shelter or other forms of value to the child or a third person; involving treatment of the child as a sexual and commercial object in activities such as prostitution, adult entertainment, pornography, and other forms of transactional sex where a child engages in sexual activities.*

1. **Initial Assessment**

It is very important that an initial assessment carefully consider whether a possible victim of commercial sexual exploitation should be taken into care or placed back in the home.

It is very common for the child victim of commercial sexual exploitation to have run away from home on multiple occasions prior to being discovered as a victim. It logically follows that the child may be running away from mental, physical, and/or sexual abuse at home. It is critical to assess whether the parents and/or guardians were involved in any way in the commercial sexual exploitation of the child.

If not, the situation may include a parent who has done everything they know how to in order to protect the child. However, the child may also continue to runaway in order to be with his or her "pimp/trafficker" that has a stronger influence over than the child than the parent.

All case managers should investigate the circumstances of the commercial sexual exploitation of the child and the child's mental state carefully during the assessment phase of the case and well before making reunification plans with the parents and/or guardians.

Once there is sufficient information gained that the parents are **not** part of any sexual exploitation of the child, the case manager should then work closely with the parent and/or guardians in providing the appropriate CSEC/DMST, specific resources to the child and family throughout the case.

However, a request by Law Enforcement for the Division to not make contact with the parents for the safety of the child should be respected. Revealing confidential Law Enforcement investigatory information to possible suspects could easily place the Child that has been recovered or other children that have yet to be recovered in danger. The Juvenile Court should be fully advised of this request when applying for a Shelter Care Order.

(CPS staff/case managers should familiarize themselves the Indicators/Risk Factors found in Appendix 8-C & Common CSEC/DMST Street Terminology found in Appendix 8-D)

2. **Required Steps and Time Frames**

Upon receipt of a report of suspected maltreatment involving a case where the child may be a victim of commercial sexual exploitation, CPS staff will immediately:

a. Assess the safety of the child taking into account the physical and/or psychological indications that a child may be a victim of commercial sexual exploitation. (See Appendix 8-C Indicators)

b. Notify Georgia Cares
It is recommended that a referral to Georgia Cares be made. Collaboration between the Division of Children and Family Services and Georgia Cares can help to properly address the needs of and coordinate services to children who are victims of commercial sexual exploitation.

A referral to Georgia Cares will result in a trained person conducting a face to face meeting to ask additional screening questions of the child in a non-judgmental way. A CSEC/DMST Service Coordinator who coordinates services for the Child will be assigned. Referrals to Georgia Cares is recommended when there is a child in DFCS custody who has been arrested for prostitution.

(The Georgia Cares Referral Form can be found in Appendix 8-M)

Georgia Cares Contact Information

The Georgia Cares website, 24 hour telephone contact number, and contact persons are as follows:

Phone: 404–602–0068
Fax to: 404-371-1030
Website: www.gacares.org
Email to: referrals@gacares.org
Administrative inquiries to admin@gacares.org

3. **Medical Attention**

The child should be brought to the local Emergency Room for medical evaluations for the health of the child. If the child is recovered within the Metro-Atlanta area, the Child should always be taken to the Children's Healthcare of Atlanta's Emergency Department.

(*See* Section 4.4 for more information on Obtainment of a Forensic Medical Exam/Sexual Assault Exam)

4. **Forensic Interview**
If the child is cooperative, attempt to coordinate a forensic interview of the child by a trained forensic interviewer as soon as practical. Staff must coordinate a CSEC/DMST specific forensic interview through local resources headed by the local Children's Advocacy Center if one is in your area.

The child should not be subjected to multiple interviews with different parties whenever feasible as this will increase the trauma.

If the child is denying victimization, and/or is not cooperative, it may be better to delay the forensic interview until some trust has been established with the child.
(*See*, Section 4.3 Forensic Interview Procedures)

5. **Local Law Enforcement**
If the initial referral does not come from law enforcement, DFCS should always contact law enforcement within 24 hours and provide them with all information gathered from both intake and the initial investigation.

6. **Georgia Bureau of Investigation, Child Exploitation and Computer Crimes Unit**
All case managers are to contact the GBI Child Exploitation and Computer Crimes Unit within 24 hours when a child is suspected of being a victim of commercial sexual exploitation, or discovered in the course of involvement with DFCS.

The Georgia Bureau of Investigation has established the Child Exploitation and Computer Crimes Unit to specifically target Commercial Sexual Exploitation. Accordingly, case workers should contact a GBI Special Agent who can advise the caseworker on where to fax or email any materials of a written nature that the caseworker may supply.

During regular business workdays please call 404-270-8870 and ask for the Child Exploitation and Computer Crimes Unit Agent on call.

On nights, weekends, and holidays call the GBI communications center at 404-244-2600 or 1-800-282-8746 and ask for the Child Exploitation and Computer Crimes Agent that is on call.

7. **Other**
   a. **Intake Photos**
   Whenever a child CSEC/DMST victim is recovered, the likelihood that the child may runaway is very high.

   When the CSEC/DMST victim comes into care it is very important to take a series of digital photos that will be useful in assisting Law Enforcement and the National Center for Missing and Exploited Children in locating the child. The digital photos should then be uploaded into SHINES.

   b. **Family Support**
   Whatever the stage of the child's DFCS case, it is absolutely essential that education about CSEC/DMST be provided to caregivers and foster parents. [NOTE: if the parents/caregivers of the child are involved in the exploitation, then this section is not applicable.] CSEC/DMST presents with many issues that caregivers must be made aware of to assist them in caring for the child.

   While remaining in compliance with HIPPA, all pertinent information should be shared with the caregivers/foster parents. Family support can be coordinated through Georgia Cares and the DFCS System of Care Wellbeing Specialist.

   Adapted from the Georgia DFCS- CSEC/DMST Draft Protocol.

5. Treatment / Counseling

5.1 Treatment for Child Abuse Cases

A. For sexual and physical abuse cases staffed by the MDT, the MDT will assist to determine if there is a need of referral for treatment. If a treatment referral is indicated, the Child Advocacy Center or other trained child therapist provides therapy and counseling services. Many CACs utilize Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is widely regarded as the most effective treatment with sexually abused and traumatized children. This therapy emphasizes the importance of parent involvement– during the course of therapy, therapists meet with the parent alone, the child alone, and also meet with the parent and child together. Therapy specifically helps children (and parents) to:

- Learn about trauma and child sexual abuse as well as healthy sexuality
- Develop effective coping and body safety skills
- Overcome problematic thoughts, feelings, and behaviors
- Therapeutically process traumatic memories

In addition to TF-CBT, some Child Advocacy Centers have therapists who have been specially trained in Play Therapy, a model of treatment and treatment techniques that emphasize utilization of the child's natural world—play—to facilitate healing. These techniques are often essential to treatment of abused children. Play therapists can use art, games, puppets, etc. as well as words to enable a child to communicate about, and heal from, their abuse experiences.

B. If there is not a local CAC, 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 primary-involved agency 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. It is recommended that the provider be a certified clinician trained and experienced in the treatment of child sexual abuse and trauma. For sexual exploitation cases, Georgia Cares should be contacted to assist in identification of appropriate service resources.

C. The referring 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 suspects that this lack of cooperation is endangering the child, a referral to DFCS will be made as with any case involving mandatory reporting.

D. When a state licensed clinician is not available, regional referrals should be provided.

E. Referrals for perpetrator treatment by state licensed clinicians will be coordinated by Adult Probation and Parole for Superior and State Court cases, and the Department of Juvenile Justice for Juvenile Court cases.

5.2 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.

6 Judicial Procedures

6.1 Juvenile Court Dependency Proceedings

The Juvenile Court's *purpose* in Dependency Proceedings is to:

1. To assist and protect children whose physical or mental health and welfare is substantially at risk of harm from abuse, neglect, or exploitation and who may be further threatened by the conduct of others by providing for the resolution of dependency proceedings in juvenile court;
2. To ensure that dependency proceedings are conducted expeditiously to avoid delays in permanency plans for children;
3. To provide the greatest protection as promptly as possible for children; and
4. To ensure that the health, safety, and best interests of a child be the paramount concern in all dependency proceedings. (O.C.G.A. §15-11-100)

A. A "dependent child" is a child who:

1. Has been abused or neglected and is in need of the protection of the court:
2. Has been placed for care or adoption in violation of law; or
3. Is without his or her parent, guardian, or legal custodian. [O.C.G.A. §15-11-2 (22)]

B. Dependency Proceedings Time Frames - O.C.G.A. §15-11-102 (b)

A preliminary protective hearing shall be held promptly and no later than 72 hours after a child is placed in foster care, provided that, if the 72 hour time frame expires on a weekend or legal holiday, such hearing shall be held on the next day which is not a weekend or legal holiday. **O.C.G.A. § 15-11-102 (a)**

If a child was not taken into protective custody or is released from foster care at a preliminary protective hearing, the following time frames apply:

1. A petition for dependency shall be filed within 30 days of the child's preliminary protective hearing;
2. Summons shall be served at least 72 hours before the dependency adjudication hearing;
3. The dependency adjudication hearing shall be held no later than 60 days after the filing of a petition for dependency; and
4. If the child's dispositional hearing is not held in conjunction with the dependency adjudication hearing, it shall be held and completed within 30 days after the conclusion of the dependency adjudication hearing.

If a child is not released from foster care at the preliminary protective hearing, the following time frames apply:

1. A petition for dependency shall be filed within 5 days of the preliminary protective hearing;
2. Summons shall be served at least 72 hours before the dependency adjudication hearing;
3. The dependency adjudication hearing shall be held no later than 10 days after the filing of a petition for dependency;
4. If a dispositional hearing is not held in conjunction with the dependency adjudication hearing, it shall be held and completed within 30 days after the conclusion of the dependency adjudication hearing.

Except as provided in subsection (a) of Code Section 15-11-203, reasonable efforts shall be made to preserve or reunify families. (O.C.G.A. §15-11-202)

C. Findings for Removal §15-11-134

- Continuation in home contrary to welfare;
- Return to home contrary to welfare of the child;
- Reasonable efforts to avoid removal.

D. Placement 15-11-135

Child taken into custody not placed in foster care prior to hearing unless:

- Foster care is required to protect child
- Child has no person able to supervise and care for child
- Court order for foster care
- **No use of detention facilities** for placement absent a delinquent act or adjudication that meets requirements for detention

E. Reasonable Efforts - O.C.G.A. §15-11-202

Reasonable efforts shall be made to preserve and reunify families:

- Prior to removal except as provided in 15-11-103;
- To eliminate the need for removal and to make it possible for child to return home safely at earliest possible time
- With paramount concern being child's safety and health;
- Through appropriate services to child and family
- At every stage of the proceedings

Factors for Reasonable Efforts:

- Were the services offered relevant to safety and protection of child?
- Were services adequate to meet the needs of the child and family?
- Were the services culturally and linguistically appropriate?
- Were the services available and accessible?
- Were the services consistent and timely?
- Were the services realistic under the circumstances?

When Reasonable Efforts not required O.C.G.A. §15-11-203

- Not required where child subjected to aggravated circumstances
- Conviction for murder of another child of such parent
- Conviction of voluntary manslaughter of another child of such parent;
- Conviction for aiding, abetting, etc. to commit murder or involuntary manslaughter of child of such parent;
- Convicted of felony assault with serious bodily injury to child or another child of said parent;
- Convicted of rape, sodomy, aggravated sodomy, child molestation, aggravated child molestation, incest, sexual battery, aggravated sexual battery or child or another child of the parent;
- Registered as sex offender and preservation of parent-child relationship in not in child's best interests
- Rights to a sibling were involuntarily terminated and circumstances leading to termination have not resolved.

F. Attorney Representation at the Dependency Hearing - O.C.G.A. §15-11-103

In Juvenile Court dependency proceedings, a child has a right to an attorney at all stages of the proceeding and the court shall appoint an attorney for the alleged dependent child. The appointment shall be made as soon as practicable to ensure adequate representation of such child and, in any event, before the first court hearing that may substantially affect the interests of such child.

6.2 Protective Orders- O.C.G.A. §15-11-29

The Juvenile Court may enter a protective order restraining or otherwise controlling the conduct of a person and the order may require any such person:

1. To stay away from a person's home or a child;
2. To permit a parent to visit his or her child at stated periods;
3. To abstain from offensive conduct against a child, his or her parent, or any person to whom custody of such child is awarded;
4. To give proper attention to the care of his or her home;
5. To cooperate in good faith with an agency to which custody of a child is entrusted by the court or with an agency or association to which a child is referred by the court;
6. To refrain from acts of commission or omission that tend to make a home not a proper place for a child;
7. To ensure that a child attends school pursuant to any valid law relating to compulsory attendance;
8. To participate with a child in any counseling or treatment deemed necessary after consideration of employment and other family needs; and
9. To enter into and complete successfully a substance abuse program approved by the court.

(b) After notice and opportunity for hearing afforded to a person subject to a protective order, a protective order may be modified or extended for a further specified period, or both, or may be terminated if the court finds that the best interests of the child and the public will be served thereby.

(c) Protective orders may be enforced by citation to show cause for contempt of court by reason of any violation thereof and, where protection of the welfare of a child so requires, by the issuance of a warrant to take the alleged violator into custody and bring him or her before the court.

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.

6.3 Guardian Ad Litem and the Court Appointed Special Advocate (CASA)

In addition to the Attorney who represents the alleged dependent child as noted above, the Court shall also appoint a Guardian Ad Litem ("GAL") The child's attorney may serve as GAL unless or until a conflict of interest arises. The court shall appoint a CASA volunteer to serve as GAL whenever possible, and a CASA may be appointed in addition to an attorney serving as the child's Guardian *ad Litem.* **O.C.G.A.§15-11-104.**

A CASA is a community volunteer who has been screened and trained regarding dependency, child development, and juvenile court procedures and has been appointed as a guardian *ad Litem* by the court. The juvenile court judge has the authority to appoint a CASA volunteer at the earliest stage possible of Juvenile Court dependency proceedings to advocate for the best interests of abused and neglected children. In addition to the court's own motion, a request for CASA appointment can be made to the judge by the GAL attorney, child's attorney, Citizen Review Panel member, DFCS case manager, SAAG, and any other interested party.

The locally-operated affiliate CASA program is Cherokee County CASA and is organized under the auspices of Cherokee County County. The Cherokee County CASA Program operates with the approval of the Juvenile Court of Cherokee County County/Circuit. Cherokee County CASA is responsible for screening, training, and supervising local CASA volunteers. Cherokee County CASA has a paid staff person(s) that supervise(s) the daily operations and volunteer supervision.

A. Role of Guardian ad Litem/CASA volunteer

The role of a CASA in juvenile court dependency proceedings shall be to advocate for the best interests of the child. (O.C.G.A. §15-11-106)

Pursuant to O.C.G.A. §15-11-105, in determining a child's best interests, a CASA as Guardian ad Litem shall consider and evaluate all of the factors affecting the best interests of a child in the context of a child's age and developmental needs.

Such factors shall include:

(1) The physical safety and welfare of such child, including food, shelter, health, and clothing;

(2) The mental and physical health of all individuals involved;

(3) Evidence of domestic violence in any current, past, or considered home for such child;

(4) Such child's background and ties, including familial, cultural, and religious;

(5) Such child's sense of attachments, including his or her sense of security and familiarity and continuity of affection for the child;

(6) The least disruptive placement alternative for such child;

(7) The child's wishes and long-term goals;

(8) The child's community ties, including church, school, and friends;

(9) The child's need for permanence, including his or her need for stability and continuity of relationships with a parent, siblings, and other relatives;

(10) The uniqueness of every family and child;

(11) The risks attendant to entering and being in substitute care;

(12) The preferences of the persons available to care for such child; and

(13) Any other factors considered by the guardian ad litem to be relevant and proper to his or her determination.

B. Responsibilities of guardian ad Litem/CASA volunteer - O.C.G.A. §15-11-105(c)

Unless a child's circumstances render the following duties and responsibilities unreasonable, a CASA appointed as a guardian ad litem shall at a minimum:

(1) Maintain regular and sufficient in-person contact with the child and, in a manner appropriate to his or her developmental level, meet with and interview such child prior to custody hearings, adjudication hearings, disposition hearings, judicial reviews, and any other hearings scheduled in accordance with the provisions of this chapter;

(2) In a manner appropriate to such child's developmental level, ascertain such child's needs, circumstances, and views;

(3) Conduct an independent assessment to determine the facts and circumstances surrounding the case;

(4) Consult with the child's attorney, if appointed separately, regarding the issues in the proceeding;

(5) Communicate with health care, mental health care, and other professionals involved with such child's case;

(6) Review case study and educational, medical, psychological, and other relevant reports relating to such child and the respondents;

(7) Review all court related documents;

(8) Attend all court hearings and other proceedings to advocate for such child's best interests;

(9) Advocate for timely court hearings to obtain permanency for such child;

(10) Protect the cultural needs of such child;

(11) Contact the child prior to any proposed change in such child's placement;

(12) Contact the child after changes in such child's placement;

(13) Request a judicial citizen review panel or judicial review of the case;

(14) Attend citizen panel review hearings concerning such child and if unable to attend the hearings, forward to the panel a letter setting forth such child's status during the period since the last citizen panel review and include an assessment of the DFCS permanency and treatment plans;

(15) Provide written reports to the court and the parties on the child's best interests, including, but not limited to, recommendations regarding placement of such child, updates on such child's adjustment to placement, DFCS's and respondent's compliance with prior court orders and treatment plans, such child's degree of participation during visitations, and any other recommendations based on the best interests of the child;

(16) When appropriate, encourage settlement and the use of any alternative forms of dispute resolution and participate in such processes to the extent permitted; and

(17) Monitor compliance with the case plan and all court orders.

As a lay guardian *ad Litem*, a CASA volunteer shall not engage in activities which could reasonably be construed as the practice of law;

Any information obtained in the CASA volunteer's assessment concerning unknown or unreported abuse shall be reported to the local DFCS office.

C. Confidentiality – OCGA 15-11-105 (e)(f)(g)

Upon presentation of an appointment order as guardian ad litem, a CASA shall have access to all records and information relevant to a child's case to which he or she is appointed when such records and information are not otherwise protected from disclosure.

GAL/CASA may <u>not</u> have access to any records or information that:

- Identifies a reporter of child abuse and/or any other person whose life or safety is likely to be endangered if their identity was not protected;
- Involves the disposition or treatment of a delinquent child within the Department of Juvenile Justice; and
- Concerns an investigation by the Office of the Child Advocate.

All records and information acquired, reviewed or produced by a CASA volunteer during the course of his or her appointment shall be deemed confidential and shall not be disclosed except as ordered by the court.

Except as provided by 49-5-41, any GAL/CASA volunteer who discloses confidential information obtained during the course of his or her appointment shall be guilty of a misdemeanor.

6.4 Magistrate Court

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

- When an individual seeks to secure a warrant for any type of child abuse, the magistrate shall inquire as to the whereabouts of the child and ensure his/her safety is protected.
- The magistrate shall then notify the appropriate police agency for investigation and further proceedings.
- Setting of bonds in child abuse cases shall be the responsibility of the Magistrate or Superior Court Judge as provided by law.

- 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.
- In considering bond, the Magistrate should consider all the circumstances of the case paying particular attention to the safety of the child.
- In considering bond, the Magistrate should pay particular attention to the safety of the child, preferably prohibiting contact between the child and the accused.
- In setting further bond conditions, the Magistrate should consider precluding contact between the accused and all children under the age of sixteen in sex abuse cases and under eighteen in physical abuse cases; for the protection of both the accused and the protected classes of children alike.
- Bond conditions imposed should be made known to DFCS and the Juvenile Court.

6.5 State Court

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.

- 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.
- **Care should be given to resolve these cases within a reasonable time after an accusation is filed.**

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.

- All cases are assigned to an Assistant Solicitor to determine whether sufficient evidence exists to accuse the alleged perpetrator.
- 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.
- 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.

6.6 Superior Court

- The Superior court may also issue warrants and sets bonds in certain child abuse cases.
- As a consideration of bond/bail, the Superior Court Judge considers all the circumstances of the case paying particular attention to the safety of the child.
- The Judge hearing the bond motion should impose certain restrictive conditions of bond including, but not limited to, an order to have no contact with the alleged child victim or any other child prior to finalization of the case.
- All such conditions of bond should be communicated to DFCS and the Juvenile Court.

The Superior Court handles the trial of criminal charges against a defendant in child abuse case. Outlined below are concerns requiring paramount consideration:

- 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.
- Judges should ensure that these cases are given first priority on the trial calendar behind demand for trial and incarcerated defendants.

- Continuances should generally not be given except on legal grounds and the case should be rescheduled as promptly as possible. Every effort should be made to complete the trial as soon as possible. Every effort should be made to accommodate the witnesses contributing their time.
- Sentencing should reflect the need to protect the victim from the perpetrator and be consistent with the family case plan enacted in Juvenile Court. To this end, communication with the Juvenile Court should be maintained prior to sentencing to ensure a consistent approach in handling the family situation.

7 **Prosecution**

The District Attorney is the chief prosecuting officer for the State of Georgia.
The District Attorney represents the State of Georgia in the trial and appeal of criminal cases in the Superior Court and delinquency cases in the juvenile courts. Each District Attorney is an elected constitutional officer, who is part of the judicial branch of Georgia state government. The District Attorney is elected in a *Judicial Circuit* which can have only one or as many as eight counties. Cherokee County is the sole county comprising the Blue Ridge Judicial Circuit.

Cherokee County also has a **Solicitor-General** who is an elected *county* officer who represents the state of Georgia in the trial and appeal of *misdemeanor* criminal cases in State Court.

The difference between a felony and misdemeanor is the amount of time a sentence can carry. A misdemeanor can carry a sentence of up to only 12 months whereas a felony charge carries a sentence of greater than 12 months.

The *charging document* for a felony is called an Indictment. Felony *indictments* will also include any misdemeanor charges with it. The charging document for misdemeanor only crimes is called an *accusation*. Both are filed with the Clerk's office and are public record.

Both the District Attorney and the Solicitor-General have a full-time staff of assistant prosecutors, investigators, victim assistance and administrative personnel who assist in carrying out the duties of the office.

The Criminal Code of Georgia defines what constitutes each crime. Various criminal statutes have been enacted when a child is the victim of emotional, physical and sexual abuse. Each element *of each crime must be proved beyond a reasonable doubt at trial.* (See Criminal Statutes Involving Children *below*)

The District Attorney's Office and the Solicitor-General's Office works with law enforcement, DFCS, CACs, therapists, physicians and everyone else who was involved in the investigation of the case in preparing for trial. Good investigation as outlined in the preceding section(s) is critical for effective prosecution.
Some critical evidence includes but is not limited to:

- Witness contact information

- Witness interviews and statements

- Photographs of the scene and/or victim

- A forensic interview of a child*;

- A forensic medical exam of a child*;

- Child's medical records from birth to determine if injury is congenital or if there is a differential diagnosis.

*When children are involved, the forensic interview and/or forensic evaluation is critical in obtaining non-suggestive, non-leading and non-coercive interviews. The forensic medical examination can be critical in obtaining evidence relating to the crime. Both are extremely important and used during the trial of the case.

7.1 Child Assistance During Trial

The District Attorney's Office and the Solicitor-General's Office provide great care to children who are victims of crime and involved in the prosecution of a case. Both offices have a Victim Witness Program that provides services, support and information regarding the court process to the victim and the non-offending caregiver.

At trial, if the verbal testimony of the child is to be required, all efforts are made available to the child, including but not limited to providing a separate room to prevent contact with the perpetrator prior to the child's testimony.

Planned disposition of the case, whether by trial or plea negotiations is discussed with the victim's guardian and/or the victim prior to disposition. The input of the victim and/or the guardian is noted in the file and taken into consideration during the decision-making process.

8 Appendix

Appendix A - Prevention

Child abuse prevention rests on the principle that all children should have safe, stable, nurturing relationships and environments. Child abuse and neglect is not caused by a single factor, but by multiple factors related to the individual, family, community, and greater society. Effective prevention involves strategies targeted to supporting families within their communities.

Child maltreatment is a devastating social problem affecting millions of children and families each year in the United States. The effects of maltreatment in the social, cognitive and emotional development of children can be far reaching and, in many cases, irreparable. Children may suffer from serious physical injuries, neurological damage, cognitive deficits, and problems with social relationships, behavior problems, aggression, depression, and increased risk for substance abuse, poor school performance, and juvenile delinquency or adult crime.

It is important for professionals engaged in any practice involving children to understand the types of abuse and to be able to recognize the physical and behavioral indicators of abuse. It is also at least equally, if not more, important to understand that every individual plays a role in preventing maltreatment.

Mandated reporters play a critical role in recognizing when to help parents and children reach out for assistance and support before child abuse occurs.

Child abuse is not inevitable; it is preventable.

Cherokee County has:

- an umbrella agency which plans, coordinates, and evaluates needed children and family programs and services
  Cherokee Focus, 100 Hickory Circle, Holly Springs, GA 30115, 770-345-5483
  Georgia Hope, PO Box 863, Dalton, GA 30722, 706-279-0405
  LIPT
  GA Crisis Access Line: 1-800-715-4225
- parent education programs, parent support groups, in-home parent education
  Anna Crawford Center (programs in Spanish, Portuguese, and in English)
  9870 Highway 92 Ste 200, Woodstock, GA 30188; 770-345-8100
- after-school and summer programming
  YMCA, 151 Waleska Street, Canton, GA 30114, 770-345-9622
  Boys and Girls Club, 1082 Univeter Road, Canton, GA 30115, 770-720-7712
- a shelter for battered women
  Cherokee Family Violence Center
  24/7 Crisis Hotline: 770-479-1703
  En Español: 770-479-7050
- an alternative learning school
  Ace Academy, 8871 Knox Bridge Highway, Canton, GA 30114, 770-345-2005
  Polaris Evening Academy, 2010 Towne Lake Hills South Drive, Woodstock, GA 30189, 770-721-3100
- community awareness information and events program
  Safe Kids Cherokee County, 1130 Bluffs Parkway, Canton, GA 30114, 770-720-7808
- 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
- Period of Purple Crying – abusive head trauma prevention program
  Anna Crawford Center
  Focus Counseling. 9876 Main Street, Suite 100, Woodstock, GA 30188, 770-516-1050
- sexual abuse awareness through the Darkness to Light training
  Anna Crawford Center

All mandated reporters should be trained in recognizing, reporting, and preventing maltreatment.

REPORT CHILD ABUSE AND NEGLECT TO DFCS AT 1-855-GACHILD / 1-855-422-4453. Reports are taken 24 hours a day, 7 days a week.

1. Risk factors for maltreatment

If potential risk factors for maltreatment are known, supports and services to mitigate those risks can be offered.

FAMILY	COMMUNITY
Parental or caregiver immaturity - Very Young or inexperienced parents may not understand a child's behaviors and needs and may not know what to expect at each stage of child development.	Drug endangered environment or neighborhood.
Unrealistic expectations of a child's development.	Inadequate housing
Social isolation - a lack of family or friends to help with the demands of parenting.	Underemployment & Unemployment
Frequent crises - stress related to finances, employment, relationships, etc.	Lack of access to medical care
Drug or alcohol problems	Residential turnover
Mental illness	Violent community
Poor family boundaries - failure to protect a child from harm which includes access to the home by many outsiders, lack of supervision, etc.	Promotion of violence
Dangerous home environments including exposure to drugs, weapons and dangerous objects or animals	Economic factors
Parents who were victims of maltreatment and have not learned additional coping skills	Lack of supportive resources
	Lack of social connections

2. Protective factors for maltreatment

Everyone is exposed to risk at some point. Because risk cannot be entirely eliminated, it is important to build up protective factors, those strengths that can be built upon to increase family's safety and well-being.

Family	Service Provider	Community
Develops close bonding with a child	Expresses positive expectations	Leaders prioritize community health, safety & quality of life for families
Those who are nurturing & protective	Encourages pro-social development	Engage supportive neighbors
Value & encourage education	Provides opportunities for	Develop neighborhood
	leadership & participation	watch groups, mentoring groups
Manage stress	Staff view themselves as caring	Ensure safe neighborhoods
People		free from violence
Makes spending time with their	Support families when they	Provide supportive social &
children a priority	recognize signs of stress or	health networks
Need		
Seeks professional help when	Have family friendly	
needed	information available which	
includes information on child		
development, bonding,		
Parenting		
Have appropriate community		
resource referrals available		

Appendix B – Possible Indicators of Abuse and Neglect

It is recommended that all mandated reporters and protocol committee members should receive training in recognition, reporting and prevention of child abuse. The lists that follow below are meant to simply outline some factors, dynamics and symptoms that may be indicative of abuse and to serve as reminders for trained professionals. This list is in no way exhaustive and all child abuse professionals and mandated reporters should seek appropriate training. Free and reduced rate training is available in Georgia through a variety of providers.

For more information about training contact: Office of the Child Advocate, 404-656-4200

1. Neglect and Maltreatment

A. Child

1. Physical findings that may be associated with abuse:
   - Chronic hunger or tiredness
   - Chronic health problems (i.e., skin, respiratory, digestive)
   - Medical problems left unattended
   - Inadequate hygiene (i.e., dirty and unwashed)
   - Developmentally delayed (i.e., speech disorder, failure to thrive)
   - Has been abandoned
   - Without adult supervision for extended periods of time

2. Behavioral findings that may be associated with abuse:
   - Begging or stealing food
   - Chronic fatigue (i.e., falling asleep in school, dull/apathetic appearance, listlessness)
   - Poor school attendance or chronic lateness
   - Coming to school early and leaving late
   - Functions below grade/aptitude level in school
   - Delinquent/antisocial/destructive behavior (i.e., vandalism, inappropriate affection seeking, sucking/biting/rocking)
   - Use of drugs/alcohol

B. Parent/Caretaker

1. Behavioral findings that may be associated with abuse:
   - Apathetic
   - Craving for excitement/change
   - 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, leaves child alone or unattended)
   - Lack of interest in child's activities (i.e., fails to provide supervision and guidance, severely criticizes child, name-calling, scaring, lack of affection)
   - Lack of cooperation with agency

2. Environmental findings that may be associated with abuse:
   - Lack of parenting skills
   - Financial pressures
   - Marital problems
   - Inconsistent employment
   - Mental health problems
   - Drug/alcohol abuse
   - Long term illness
   - Chaotic family life
   - Neglected as a child
   - Poverty (i.e., low income, poor housing, isolation, large family)

2. Physical Abuse

Physical abuse may be suspected if 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 findings that may be associated with abuse:
   - 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)
   - Burns (i.e., immersion burns, cigarette-type burns, restraint burns, appliance related burns etc.)Unexpected missing or loosened teeth
   - Unexplained lacerations and abrasions
   - Inflicted marks (i.e., human bite marks, choke marks)
   - Skeletal injuries
   - Head injuries (i.e., absence of hair, nasal or jaw fractures, sub-dural hematomas, other more serious injuries)
   - Internal injuries

2. Behavioral findings that may be associated with abuse:
   - Wary of adults
   - Extreme behaviors (i.e., aggressive or withdrawn, frightened of sudden movements, apprehensive when other children cry)
   - Reports injuries by parents (i.e., frightened of parents, afraid to go home)
   - Wear long sleeves or other concealing clothing
   - Explanation of injury is inconsistent with nature of injury
   - Aggressive behavior to other children/animals
   - Indiscriminately seeks affection

B. Parent/Caretaker

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

2. Environmental findings that may be associated with abuse:
   - Parental history of child abuse
   - Lack of parenting skills
   - Marital problems
   - Mental/physical illness
   - Drug/alcohol problems
   - Social isolation
   - Financial pressures
   - Unemployment
   - Inadequate housing
   - Target child in home (i.e., physically or emotionally handicapped, developmentally disabled, unwanted)

3. 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 Fictitious 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 findings that may be associated with abuse:**
   - Perpetrator directly inducing conditions (examples—vomiting or diarrhea induced by drug administration, causing apnea by occluding the airway)
   - Perpetrator deceptively reports signs and symptoms thereby misrepresenting the victim as ill (examples—reporting seizure activity, symptoms, but child appears healthy—such as high fevers).
   - Presents false evidence of illness (examples— blood placed in victim's bodily fluids)

2. **Parent/Caretaker – characteristics**
   - Psychological findings that may be associated with abuse:
     - Perpetrator reports false psychological symptoms (examples—excessive anxiety, school refusal, stress reactions, schizophrenia)
   - Sexual Abuse
     - 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.
   - Goal is to gain attention for self
   - Masquerading as the "good mother"
   - Occasionally uses the child to gain material goods

B. Colluding family members – possibilities

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

C. 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.

4. Emotional/ Verbal Abuse

A. Child

1. Physical findings which may be associated with abuse:
   - Regressive habits, such as rocking, or thumb sucking in an older child
   - Poor peer relations
   - Daytime anxiety and unrealistic fears
   - Behavioral extremes: either aggressive/antisocial or passive/withdrawn
   - Problems sleeping at night, may fall asleep during day
   - Speech disorders
   - Learning difficulties
   - Displays low self-confidence/self-esteem
   - Sadomasochistic behavior (displays cruelty towards other children or animals, or seems to derive satisfaction from being mistreated)
   - Lack of concern for personal safety, oblivious to hazards and risks

B. Parent/Caretaker

1. Behavioral findings which may be associated with abuse:
   - Unrealistic expectations of child
   - Uses extreme discipline, overreacts when child misbehaves or does not meet parents' expectations
   - Consistently ridicules and shames child
   - Does not reward, praise or acknowledge child's positive qualities or achievements
   - Blames and punishes child for things over which the child has no control
   - May use bizarre and inappropriate forms of punishment, such as isolating a child in a closet or humiliating a child in public
   - Threatens the child with abandonment or placement in an institution

2. Environmental Risk Factors

- Parents were victims of some form of child abuse: physical, sexual, emotional
- Marital problems
- Isolated, no support system
- Low self-esteem
- Drug/alcohol problems
- Does not understand normal developmental stages of children
- Mentally/physically ill
- Financial/employment problems
- Child unwanted
- Family Violence

All training designed 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 crises 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:

- Maintain contact with the child's caseworker, therapist, and non-offending parent when appropriate.
- Be aware of such events as foster care placement and juvenile/criminal court proceedings.
- Be sensitive about touching the sexually abused child without asking permission.
- Do not tolerate inappropriate sexual or violent behavior. Reassure the child that he/she is OK, but that the behavior is unacceptable.
- If the child wants to talk more about the abuse, find a private place to listen, validate feelings, and continue to be supportive.
- Respect the family's feelings and need for privacy. Do not discuss the abuse with persons not involved.
- 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 brave for telling."
- Recognize your need for support in dealing with your own feelings of pain, fear, anger, and powerlessness.

Suggested additional areas of training:

- Bullying
- Internet safety
- Child development
- Child-on-child abuse
- Domestic violence and children who witness it

5. Sexual Abuse

A. Child

1. Physical findings which may be associated with abuse:
   - Difficulty in walking or sitting
   - Complaints of pain or discomfort in genital area
   - Torn/stained/bloody underclothing
   - Unusual or offensive odors
   - Poor sphincter control in previously toilet trained child
   - Self-Mutilation, disfigurement
   - 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 findings which may be associated with abuse:
    - 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)
    - Wearing many layers of clothing, regardless of weather
    - Reluctance to go to a particular place or to be with a particular person
    - Recurrent nightmares or disturbed sleep patterns and fear of dark
    - Withdrawal/fantasy
    - Infantile behavior
    - Overly affectionate/indiscriminately seeks affection

B. Parent/Caretaker

- Marked role reversal between mother and child
- Extreme over-protectiveness of the child
- Isolation of child from peer contact and community systems
- Domineering/rigiddisciplinarian
- History of sexual abuse for either parent
- Extreme reaction to sex education or prevention education in the schools
- Physical and/or psychological unavailability of mother
- Marital dysfunction
- Presence of unrelated male in the home

Appendix C - Indicators / Risk Factors of Victims of Commercial Sexual Exploitation

- Child has runaway from home and/or guardian three or more times within the last twelve months
- Inappropriate dress, including oversized clothing or overtly sexy clothing
- Poor personal hygiene
- Unexplained bruises or injuries
- Cigarette burns
- Child is in possession of large amounts of money
- Child is in possession of more than one cell phone
- Child is in possession of hotel keys
- Presence of "gifts" the origin of which is unknown
- Rumors among students regarding sexual activity, which victim may not necessarily deny
- Diagnosed with sexually transmitted disease (s)
- Older "boyfriend" close to 5 years older than the child or male friend or relative (who may or may not seem controlling)
- In the juvenile court system, probably on repeated status offenses particularly running away or truancy, shoplifting, or criminal trespass, giving false name or age to police
- New pattern of failing grades and/or school suspensions
- Not enrolled in school
- Fake identification and/or fake city issued permit to be an escort or dance in a strip club under another name or incorrect age.
- Substance abuse
- Gang clothing or other gang symbols
- Tattoo of someone's name or nickname, particularly on the back of the neck, or new tattoos in general
- Has a history of recruiting others into prostitution
- Arrest(s) of the child is in or around an area known for prostitution, such as an adult entertainment venue, strip club, massage parlor, X-rated video shop and/or hotel

Behavioral Indicators Associated with Victims of Commercial Sexual Exploitation:

- Exhibits over-sexualized demeanor/behavior
- Angry, aggressive, clinically depressed, suicidal and/or tearful
- Fearful, anxious, depressed, submissive, tense, nervous
- Withdrawn, uncommunicative, and/or isolated from family
- Little to no eye contact
- Truancy and/or chronic absenteeism
- Sleeping in class
- Not eating

Family Indicators Associated with Victims of Commercial Sexual Exploitations:

- Runaway child
- Lack of adult supervision/support
- Sexual or physical abuse at home, by family member or friend
- History with DFCS
- Parental substance abuse
- Parental history of prostitution arrests
- Domestic violence
- Living, hanging out in geographic areas known to be a gathering place for prostitution

Appendix D - Common Commercial Sexual Exploitation Street Terminology

Exploiters and their victims communicate about CSEC (what is also known as "The Life") using slang. Knowing these terms ensures that you are able to follow what your victim or witness is telling you, and can also help you build credibility with victims by reassuring them that you know something about their world. Some of this language is harsh and crude. It is reproduced here to build your effectiveness, not to condone its use.
(These terms provide insight into the criminal subculture that all victims of CSEC)

- Automatic: When a pimp is out of town in another city, or incarcerated and a prostitute is working while he is gone. The Child also saves money gained for the pimp while he is away.
- Bag up: To be caught/arrested by the police.
- Bare Back: Sexual intercourse without the use of a condom.
- Bend: A prostitute.
- Berry: A police car.
- Bitch: The most common term used by pimps when referring to a prostitute.
- Bottom bitch: The prostitute who has been with a certain pimp the longest period of time. She is typically the recruiter for the pimp, and is usually the most trusted.
- Branded: A tattoo on a victim indicating ownership by a trafficker/pimp.
- Break a bitch: Phrase used to define the actual act of a pimp taking money from a prostitute.
- Break yourself: What a pimp tells a prostitute when he wants her to make money.
- Broke luck: Phrase referring to when a prostitute makes money. If a prostitute has turned a trick for money she is said to have "broke luck" for that day.
- Buster: A person who tries to act like a pimp, but is not really a pimp.
- Cat eye: To stare at a woman or man with sexual intention.
- Caught a case: When a prostitute or pimp has been arrested and charged with a crime.
- Choose: A prostitute having to pick a new pimp. This can be done either voluntarily or by looking another pimp in the eyes. In the latter case, she has "chosen" that new pimp even if she didn't want to.
- Circuit: All of the tracks in the country. When a prostitute works the circuit, her pimp takes her from city to city, or track to track. The female will work a certain track until she stops making money or the police begin paying too much attention to that prostitute.
- Daddy: The name that most pimps are called by their prostitutes.
- Date: Can be used to describe the act of prostitution or the client itself. Example: when a prostitute is with a client, she is said to be "with a date," "on a date," or "turning a date." The time and place where a prostituted child is scheduled to meet a buyer, known as a "john."
- Family or Folks: A group of victims under the control of a single trafficker/pimp. The term is an attempt to recreate the family environment.
- John: A slang term for a buyer who pays for the services of a prostitute. A client of prostitution.
- Lot Lizard: Derogatory term for prostituted children at truck stops.
- Mack: An "upper level" pimp. Will supposedly take money from any female, not just a prostitute. This information is according to Macks arrested thus far. It is also an acronym for "Man Acquiring Cash through Knowledge"
- Mark: A client of prostitution / buyer of sex with the child.
- Out-a-pocket: When a prostitute has a pimp and looks at another pimp. That prostitute is now subject to the "choosing" rules. See: Choose
- Outlaw: A prostitute without a pimp.
- Party: The act of prostitution. Example: A prostitute may ask a client if he wants to "party."
- Peel a trick: Phrase to describe the act when a prostitute steals something from her client.
- Pimp: A person who persuades, compels, or entices a male or female child to become a prostitute or continue to commit acts of prostitution. The pimp takes all of the money from the prostitutes under his or her control and usually has no legitimate source of income. Pimp is also an acronym for "Provided Income from Managing Prostitutes." He or she manages prostitutes, scheduling their "dates" and profits from their earnings. The relationship between pimps and prostitutes is often psychologically and physically abusive. Prostituted individuals are sometimes kidnapped off the street by pimps at a young age or lured through the Internet. Pimps are often involved in other illegal industries and activities such as drug dealing.
- Pimp Circle: Describes a situation where pimps circle around a victim for purposes of intimidating and disciplining the victim, using verbal and physical threats/action.
- Pimp party: When several pimps "unite" to abuse a prostitute for either being disrespectful, trying to leave the "game" or reporting a pimp to the police. It usually consists of several pimps "gang-raping" the victim, beating, urinating and/or defecating on the victim, and other forms of abuse.
- Quota: The amount of money a victim must give to their trafficker/pimp each night. If a quota is not met, the victim may be made to work until it is, or may be beaten or otherwisedisciplined.
- Reckless eye balling: When a prostitute is looking at another pimp or suspected pimp.
- Rick: A client of prostitution / buyer of sex with child.

- Seasoning: The process of breaking a victim's spirit and gaining control over him or her, using rapes, beatings, manipulation and intimidation.
- Serve: The procedure by which the newly "chosen" pimp "serves notice" to the old pimp. This is done when the "chosen" pimp takes his "new" prostitute's money (earned from the previous night) and gives it to the old pimp or will simply "serve" the old pimp verbally, without a money exchange.
- Square: A person not involved in the game of "pimpin" and prostitution. Someone who leads a normal life.
- Stable: The amount of prostitutes working for a particular pimp. Example: if a pimp has six girls working for him, he has a stable of six.
- Staying in pocket: A slang term for the practice of forbidding prostituted youth from observing street or establishment names or general surroundings during "dates" in order to keep them isolated and under control.
- Streets: Areas that prostitutes offer their trade and sellers know where buyers are shopping for their "dates". Work on the streets is easier and unlike entertainment/escort service or hotel work.
- The Life: Prostitution.
- Track: A certain area of a street in any given city where prostitution can be found.
- Trade Up/Trade Down: The act of buying or selling a person for a pimp's stable.
- Trap: Money/cash earned by a prostitute.
- Trick roller: A prostitute who steals, either through using deception or drugs, property from clients after he/she befriends and either offers to, or performs sex on, the client. Most trick roll victims are drugged to the point of unconsciousness, thereby giving the prostitute several hours to flee before the victim awakes.
- Turn-out: A brand new prostitute newly recruited into "The Life". One who has just turned from a normal girl to a prostitute.
- Wife-in-law: The name each prostitute in a pimp's "stable" call each other. A prostitute can only be a wife-in-law to another prostitute if they have the same pimp. In some "stables," wife-in-laws are not allowed to communicate with each other. Many pimps will enforce
- this rule to keep the prostitutes from unifying against him and to keep them from knowing how he treats others.

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Appendix E - Family Violence

Laws have been enacted to protect children living in homes with family violence. (See, Cruelty to Children in the third degree as outlined below)

Children who live with domestic violence face numerous risks, such as the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these can lead to negative outcomes for children and clearly have an impact on them. Research studies consistently have found the presence of three categories of childhood problems associated with exposure to domestic violence:

- **Behavioral, social, and emotional problems**—higher levels of aggression, anger, hostility, oppositional behavior, and disobedience; fear, anxiety, withdrawal, and depression; poor peer, sibling, and social relationships; low self-esteem.
- **Cognitive and attitudinal problems**—lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem-solving skills, acceptance of violent behaviors and attitudes, belief in rigid gender stereotypes and male privilege.
- **Long-term problems**—higher levels of adult depression and trauma symptoms, increased tolerance for and use of violence in adult relationships.

"Family violence" under O.C.A.G. §19-13-1:
means the occurrence of one or more of the following acts 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:

(1) Any felony; or

(2) Commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.

The term "family violence" shall not be deemed to include reasonable discipline administered by a parent to a child in the form of corporal punishment, restraint, or detention.

Appendix F- Criminal Statutes Involving Children

Crimes against or involving children include but are not limited to:
-Cruelty to Children (O.C.G.A. 16-5-70);
-Second Degree Murder. (O.C.G.A. 16-5-1(d))
-Statutory rape (O.C.G.A. 16-6-3);
-Child Molestation and Aggravated child molestation (O.C.G.A. 16-6-4);
-Enticing a child for indecent purposes (O.C.G.A.. 16-6-5);
-Sexual assault by persons with supervisory or disciplinary authority; sexual assault by practitioner of psychotherapy against patient; consent not a defense (O.C.G.A. 16-6-5.1);
-Sexual battery (O.C.G.A. 16-6-22.1);
-Aggravated sexual battery (O.C.G.A. 16-6-22.2);
-Sexual exploitation of children (O.C.G.A. 16-12-100)
-Electronically furnishing obscene material to minors (O.C.G.A. 16-12-100.1)
-Computer or electronic pornography and child exploitation prevention (O.C.G.A. 16-12-100.2)
-Obscene telephone contact; conviction; penalties (O.C.G.A. 16-12-100.3)

Laws that apply to Sexual Exploitation:
-Trafficking of persons for labor or sexual servitude (O.C.G.A. 16-5-46)
-Keeping a place of prostitution (O.C.G.A. 16-6-10)
-Pimping (O.C.G.A. 16-6-11)
-Pandering (O.C.G.A. 16-6-12)
-Penalties for violating 16-6-9 through 16-6-12 (O.C.G.A. 16-6-13)
-Proceeds from pimping, forfeiture and distribution (O.C.G.A. 16-6-13.3)
-Pandering by compulsion (O.C.G.A. 16-6-14)
-Solicitation of sodomy (O.C.G.A. 16-6-15)
-Kidnapping (O.C.G.A. 16-5-40)
-Battery (O.C.G.A. 16-5-23.1)
-Child Molestation (O.C.G.A. 16-6-4)
-Enticing a child for indecent purposes (O.C.G.A. 16-6-5)
-Aggravated assault with intent to commit rape (O.C.G.A. 16-5-21)
-Serious violent sex crimes (O.C.G.A. 16-6-1, 2, 22.2)
-False imprisonment (O.C.G.A. 16-6-41)
-Document fraud/forgery (O.C.G.A. 16-9-4 & 16-9-5)
-Extortion (O.C.G.A. 16-8-16)

Element of a Crime
The prosecution must prove each *element* of the crime beyond a reasonable doubt at trial . As noted below, all crimes specify an **age of the victim** which is either under 16 or 18 years old. The **age of the defendant** may be critical for crimes that have misdemeanor provisions distinguishing whether the crime is treated as a felony or misdemeanor offence effecting sentencing and punishment. Thus, the first two pieces of critical information obtained during the investigation is the victim *and* perpetrator's age.

Knowing the elements of a crime during an investigation will lead to better evidence gathering and successful prosecutions.

§ 16-5-70 Cruelty to children:

First degree
- A parent, guardian, or other person supervising the welfare of or having immediate charge or custody
- of a child under the age of 18
- *willfully deprives* the child of necessary sustenance to the extent that the child's health or well-being is jeopardized.
  OR
- *maliciously causes*
- a child under the age of 18
- cruel or excessive
- physical or mental pain

Second degree

- a person with *criminal negligence* causes
- a child under the age of 18
- cruel or excessive physical or mental pain.

Third degree:

- Such person, who is the primary aggressor,
- intentionally allows
- a child under the age of 18
- to witness the commission of a forcible felony, battery* or family violence battery*;

OR

- has knowledge
- that a child under the age of 18
- is present and sees or hears the act,
- commits a forcible felony, battery, or family violence battery.

*O.C.G.A. 16-5-23.1, A person commits the offense of battery when he or she intentionally causes substantial physical harm or visible bodily harm to another. The term "visible bodily harm" means bodily harm capable of being perceived by a person other than the victim and may include, but is not limited to, substantially blackened eyes, substantially swollen lips or other facial or body parts, or substantial bruises to body parts.

If the offense of battery is committed 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, then such offense shall constitute the offense of family violence battery.

In no event shall this subsection be applicable to reasonable corporal punishment administered by parent to child.

§16-5-1(d). Second Degree Murder
A person commits the offense of murder in the second degree when, in the commission of cruelty to children in the second degree, he or she causes the death of another human being irrespective of malice.

§ 16-6-3. Statutory rape
(a) A person engages in sexual intercourse
1. with any person under the age of 16 years
2. not his or her spouse,
(no conviction shall be had for this offense on the unsupported testimony of the victim)

Misdemeanor provision: If the victim is at least 14 but less than 16 years of age and the person convicted of statutory rape is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor.

§ 16-6-4. Child molestation
(a) A person
1. Does any immoral or indecent act
2. to or in the presence of or with any child
3. under the age of 16 years
4. with the intent to arouse or satisfy the sexual desires
5. of either the child or the person;

OR
(b) A person
1. By means of an electronic device,
2. transmits images of a person
3. engaging in, inducing, or otherwise participating in
4. any immoral or indecent act
5. to a child under the age of 16 years
6. with the intent to arouse or satisfy the sexual desires
7. of either the child or the person.

Misdemeanor provision: If the victim is at least 14 but less than 16 years of age and the person convicted of child molestation is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

§ 16-6-4. Aggravated child molestation
(A) An act of child molestation
1. *physically injures* the child or *involves an act of sodomy.*

Misdemeanor provision: (A) The victim is at least 13 but less than 16 years of age; (B) The person convicted of aggravated child molestation is 18 years of age or younger and is no more than four years older than the victim; and (C) The basis of the charge of aggravated child molestation involves an act of sodomy.

16-6-5. Enticing a child for indecent purposes
(a) A person
1. solicits, entices, or takes
2. any child under the age of 16 years
3. to any place whatsoever for the purpose of child molestation or indecent acts.

Misdemeanor provision: If the victim is at least 14 but less than 16 years of age and the person convicted of enticing a child for indecent purposes is 18 years of age or younger and is no more than four years older than the victim.

16-6-5.1. Sexual assault by persons with supervisory or disciplinary authority or by a practitioner of psychotherapy against patient.

(a) Definitions:
(1) "Actor" means a person accused of sexual assault.

(2) "Intimate parts" means the genital area, groin, inner thighs, buttocks, or breasts of a person.

(3) "Psychotherapy" means the professional treatment or counseling of a mental or emotional illness, symptom, or condition.

(4) "Sexual contact" means any contact between the actor and a person not married to the actor involving the intimate parts of either person for the purpose of sexual gratification of the actor.

(5) "School" means any educational program or institution instructing children at any level, pre-kindergarten through twelfth grade, or the equivalent thereof if grade divisions are not used.

(b) A person who has supervisory or disciplinary authority over another individual commits sexual assault when that person:

Is a teacher, principal, assistant principal, or other administrator of any school and
1. engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is enrolled at the same school;

provided, however, that such contact shall not be prohibited when the actor is married to such other individual;

Is an employee or agent of any community supervision office, county juvenile probation office, Department of Juvenile Justice juvenile probation officer, or probation office
1. engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is a probationer or parolee under the supervision of the same probation or parole office;

Is an employee or agent of a law enforcement agency and
1. engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is being detained by or is in the custody of any law enforcement agency;

Is an employee or agent of a hospital and
1. engages in sexual contact with such other individual
2. who the actor knew or should have known
3. is a patient or is being detained in the same hospital; or

Is an employee or agent of a correctional facility, juvenile detention facility, facility providing services to a person with a disability, as such term is defined in Code Section 37-1-1,
OR
a facility providing child welfare and youth services, as such term is defined in Code Section 49-5-3, 1. who engages in sexual contact with such other individual who the actor knew or should have known is in the custody of such facility.

(c) A person who is an actual or purported practitioner of psychotherapy commits sexual assault when he or she
1. engages in sexual contact with another individual
2. who the actor knew or should have known
3. is the subject of the actor's actual or purported treatment or counseling
or
the actor uses the treatment or counseling relationship
4.to facilitate sexual contact between the actor and such individual.

(d) A person who is an employee, agent, or volunteer at any facility licensed or required to be licensed under Code Section 31-7-3, 31-7-12, or 31-7-12.2
or
who is required to be licensed pursuant to Code Section 31-7-151 or 31-7-173
commits sexual assault when
1. he or she engages in sexual contact with another individual who
2. the actor knew or should have known
3. had been admitted to or is receiving services from such facility or the actor.

(e) Consent of the victim shall not be a defense under this Cod Section.

16-6-22.1. Sexual battery
(A) a person
1. *intentionally* makes physical contact
2. with the intimate parts* of the body of another person
3. without the consent of that person.

* "intimate parts" means the primary genital area, anus, groin, inner thighs, or buttocks of a male or female and the breasts of a female.

16-6-22.2. Aggravated sexual battery
(A) a person
1. intentionally penetrates
2. with a foreign object*
3. the sexual organ or anus of another person
3. without the consent of that person.

*"foreign object" means any article or instrument other than the sexual organ of a person.

16-12-100. Sexual exploitation of children
(a) Definitions:

(1) "Minor" means any person under the age of 18 years.

(2) "Performance" means any play, dance, or exhibit to be shown to or viewed by an audience.

(3) "Producing" means producing, directing, manufacturing, issuing, or publishing.

(4) "Sexually explicit conduct" means actual or simulated:
(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 unclothed genitals, pubic area, or buttocks or with a female's nude breasts;
(H) Defecation or urination for the purpose of sexual stimulation of the viewer; or
(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

(5) "Visual medium" means any film, photograph, negative, slide, magazine, or other visual medium.

(b) (1) **It is unlawful for any person knowingly**
-to employ, use, persuade, induce, entice, or coerce any minor
-to engage in or assist any other person to engage in
-any sexually explicit conduct
-for the purpose of producing any visual medium depicting such conduct.

(2) **It is unlawful for any parent, legal guardian, or person**
-having custody or control of a minor
-knowingly to permit the minor
-to engage in or to assist any other person to engage in
-sexually explicit conduct
-for the purpose of producing any visual medium depicting such conduct.

(3) **It is unlawful for any person *knowingly***
-to employ, use, persuade, induce, entice, or coerce any minor
-to engage in or assist any other person to engage in
-any sexually explicit conduct
-for the purpose of any performance.

(4) **It is unlawful for any parent, legal guardian, or person**
-having custody or control of a minor
-knowingly to permit the minor to engage in or to assist any other person to engage in
-sexually explicit conduct
-for the purpose of any performance.

(5) **It is unlawful for any person *knowingly***
-to create, reproduce, publish, promote, sell, distribute, give, exhibit, or possess
-with intent to sell or distribute any visual medium
-which depicts a minor or a portion of a minor's body
-engaged in any sexually explicit conduct.

(6) **It is unlawful for any person *knowingly***
-to advertise, sell, purchase, barter, or exchange any medium
-which provides information as to where any visual medium
-which depicts a minor or a portion of a minor's body
-engaged in any sexually explicit conduct
-can be found or purchased.

(7) **It is unlawful for any person *knowingly***
-to bring or cause to be brought into this state
-any material which depicts a minor or a portion of a minor's body
-engaged in any sexually explicit conduct.

(8) **It is unlawful for any person *knowingly* to**
-possess or control any material which depicts a minor or a portion of a minor's body
-engaged in any sexually explicit conduct.

Reporting violation
(c) A person who,
1. in the course of processing or producing visual or printed matter either privately or commercially,
2. has *reasonable cause* to believe that the visual or printed matter submitted for processing or producing
3. depicts a minor engaged in sexually explicit conduct
4. shall *immediately* report such incident, or cause a report to be made, to the Georgia Bureau of Investigation or the law enforcement agency for the county in which such matter is submitted.

16-12-100.1. Electronically furnishing obscene material to minors
(a) Definitions:

(1) "Bulletin board system" means a computer data and file service that is accessed wirelessly or by physical connection to store and transmit information.

(2) "CD-ROM" means a compact disc with read only memory which has the capacity to store audio, video, and written materials and is used by computers to reveal the above-said material.

(3) "Electronically furnishes" means:

(A) To make available by electronic storage device, including floppy disks and other magnetic storage devices, or by CD-ROM; or

(B) To make available by allowing access to information stored in a computer, including making material available by operating a computer bulletin board system.

(4) "Harmful to minors" means that quality of description or representation, in whatever form, of nudity, sexual conduct, sexual excitement, or sadomasochistic abuse, when it:

(A) Taken as a whole, predominantly appeals to the prurient, shameful, or morbid interest of minors;
(B) Is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable material for minors; and
(C) Is, when taken as a whole, lacking in serious literary, artistic, political, or scientific value for minors.

(5) "Minor" means an unmarried person younger than 18 years of age.

(6) "Sadomasochistic abuse" means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound, or otherwise physically restrained on the part of one so clothed.

(7) "Sexual conduct" means human masturbation, sexual intercourse, or any touching of the genitals, pubic areas, or buttocks of the human male or female or the breasts of the female, whether alone or between members of the same or opposite sex or between humans and animals in an act of apparent sexual stimulation or gratification.

(8) "Sexual excitement" means the condition of human male or female genitals or the breasts of the female when in a state of sexual stimulation.

(b) A person commits the crime of electronically furnishing obscene materials to minors if:

(1) Knowing or having good reason to know the character of the material furnished, the person electronically furnishes to an individual whom the person knows or should have known is a minor:

(A) Any picture, photograph, drawing, or similar visual representation or image of a person or portion of a human body which depicts sexually explicit nudity, sexual conduct, or sadomasochistic abuse and which is harmful to minors; or

(B) Any written or aural matter that contains material of the nature described in subparagraph (A) of this paragraph or contains explicit verbal descriptions or narrative accounts of sexual conduct, sexual excitement, or sadomasochistic abuse;

(2) The offensive portions of the material electronically furnished to the minor are not merely an incidental part of an otherwise nonoffending whole;

(3) The material furnished to the minor, taken as a whole, lacks serious literary, artistic, political, or scientific value; and

(4) The material furnished to the minor, taken as a whole, is harmful to minors in that it appeals to and incites prurient interest.

(c) Except as provided in subsection (d) of this Code section, any person who violates this Code section shall be guilty of a misdemeanor of a high and aggravated nature.

(d) Any person who violates this Code section shall be guilty of a misdemeanor if:

(1) At the time of the offense, the minor receiving the obscene materials was at least 14 years of age;

(2) The receipt of the materials was with the permission of the minor; and

(3) The defendant was 18 years of age or younger.

16-12-100.2. Computer or electronic pornography and child exploitation prevention
(a) This Code section shall be known and may be cited as the "Computer or Electronic Pornography and Child Exploitation Prevention Act of 2007."

(b) Definitions:

(1) "**Child**" means any person under the age of 16 years.

(2) "**Electronic device**" means any device used for the purpose of communicating with a child for sexual purposes or any device used to visually depict a child engaged in sexually explicit conduct, store any image or audio of a child engaged in sexually explicit conduct, or transmit any audio or visual image of a child for sexual purposes. Such term may include, but shall not be limited to, a computer, cellular phone, thumb drive, video game system, or any other electronic device that can be used in furtherance of exploiting a child for sexual purposes;

(3) "**Identifiable child**" means a person:

(A) Who was a child at the time the visual depiction was created, adapted, or modified or whose image as a child was used in creating, adapting, or modifying the visual depiction; and

(B) Who is recognizable as an actual person by the person's face, likeness, or other distinguishing characteristic, such as a unique birthmark or other recognizable feature or by electronic or scientific means as may be available.

The term shall not be construed to require proof of the actual identity of the child.

(4) "**Sadomasochistic abuse**" has the same meaning as provided in Code Section 16-12-100.1.

(5) "**Sexual conduct**" has the same meaning as provided in Code Section 16-12-100.1.

(6) "**Sexual excitement**" has the same meaning as provided in Code Section 16-12-100.1.

(7) "**Sexually explicit nudity**" has the same meaning as provided in Code Section 16-12-102.

(8) "**Visual depiction**" means any image and includes undeveloped film and video tape and data stored on computer disk or by electronic means which is capable of conversion into a visual image or which has been created, adapted, or modified to show an identifiable child engaged in sexually explicit conduct.

(c) (1) A person commits the offense of computer or electronic pornography if such person *intentionally or willfully*:

A. Compiles, enters into, or transmits by computer or other electronic device;
B. Makes, prints, publishes, or reproduces by other computer or other electronic device;
C. Causes or allows to be entered into or transmitted by computer or other electronic device; or
D. Buys, sells, receives, exchanges, or disseminates
E. any notice, statement, or advertisement,
or
any child's name, telephone number, place of residence, physical characteristics
or
other descriptive or identifying information
G. for the purpose of offering or soliciting
H. sexual conduct of or with an identifiable child or the visual depiction of such conduct.

Misdemeanor Provision:
(A) At the time of the offense, any identifiable child visually depicted was at least 14 years of age when the visual depiction was created;
(B) The visual depiction was created with the permission of such child;
(C) The defendant possessed the visual depiction with the permission of such child; and
(D) The defendant was 18 years of age or younger at the time of the offense and:
(i) The defendant did not distribute the visual depiction to another person; or
(ii) In the court's discretion, and when the prosecuting attorney and the defendant have agreed, if the defendant's violation involved the distribution of such visual depiction to another person but such distribution was not for the purpose of:
(I) Harassing, intimidating, or embarrassing the minor depicted; or
(II) For any commercial purpose.

(4) The prohibition contained in paragraph (1) of this subsection shall not apply to any person who creates or possesses a visual depiction of only himself or herself.

(d) (1) It shall be unlawful for any person intentionally or willfully to utilize a computer wireless service or Internet service, including, but not limited to, a local bulletin board service, Internet chat room, e-mail, instant messaging service, or other electronic device,
-to seduce, solicit, lure, or entice, or attempt to seduce, solicit, lure, or entice a child,
-another person believed by such person to be
-a child, any person having custody or control of a child, or another person believed by such person to have custody or control of a child
-to commit any illegal act by, with, or against a child as described in Code Section 16-6-2, relating to the offense of sodomy or aggravated sodomy; Code Section 16-6-4, relating to the offense of child molestation or aggravated child molestation; Code Section 16-6-5, relating to the offense of enticing a child for indecent purposes; or Code Section 16-6-8, relating to the offense of public indecency
or
-to engage in any conduct that by its nature is an unlawful sexual offense against a child.

(2) Misdemeanor provision: if at the time of the offense the victim was at least 14 years of age and the defendant was 18 years of age or younger, then the defendant shall be guilty of a misdemeanor.

(e) (1) **A person commits the offense of obscene Internet contact with a child** if
-he or she has contact with someone he or she knows to be a child or with someone he or she believes to be a child
-via a computer wireless service or Internet service, including, but not limited to, a local bulletin board service, Internet chat room, e-mail, or instant messaging service, and
-the contact involves any matter containing explicit verbal descriptions or narrative accounts of sexually explicit nudity, sexual conduct, sexual excitement, or sadomasochistic abuse
-that is intended to arouse or satisfy the sexual desire of either the child or the person,

provided that no conviction shall be had for a violation of this subsection on the unsupported testimony of a child.

(2) Any person who violates paragraph (1) of this subsection shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than one nor more than ten years or by a fine of not more than $10,000.00; provided, however, that if at the time of the offense the victim was at least 14 years of age and the defendant was 18 years of age or younger, then the defendant shall be guilty of a misdemeanor.

(f) (1) **It shall be unlawful for any owner or operator of a computer on-line service, Internet service, local bulletin board service, or other electronic device**
-that is in the business of providing a service that may be used to sexually exploit a child
-to intentionally or willfully
-to permit a subscriber to utilize the service to commit a violation of this Code section,
-knowing that such person intended to utilize such service to violate this Code section.

No owner or operator of a public computer on-line service, Internet service, local bulletin board service, or other electronic device that is in the business of providing a service that may be used to sexually exploit a child shall be held liable on account of any action taken in good faith in providing the aforementioned services.

16-12-100.3. Obscene telephone contact; conviction
(a) Definitions:
"sexual conduct," "sexual excitement," and "sadomasochistic abuse" have the same meanings as provided for those terms in Code Section 16-12-100.1, relating to electronically furnishing obscene materials to minors; the term "sexually explicit nudity" has the same meaning as provided for that term in Code Section 16-12-102, relating to distributing harmful materials to minors; and the term "child" means a person under 14 years of age.

(b) A person 17 years of age or over commits the offense of obscene telephone contact with a child if 1. that person has telephone contact with an individual whom that person
2.knows or should have known is a child, and
3. that contact involves any aural matter containing explicit verbal descriptions or narrative accounts of sexually explicit nudity, sexual conduct, sexual excitement, or sadomasochistic abuse
4. which is intended to arouse or satisfy the sexual desire of either the child or the person,

provided that no conviction shall be had for this offense on the unsupported testimony of the victim.

Appendix G- Medical Personnel

G1: Medical Personnel Response

1) Sexual Abuse:

A. Recent Sexual Contact (within 72 hours)

- Identify and manage acute medical problems.
- If child presents to the Emergency Room, obtain a medical history to identify possible sexual contact. (Information is taken only as necessary for medical treatment.)
- Notify DFCS and law enforcement.
- Arrange for a formal specialized medical evaluation to be conducted at an appropriate location.
- Conduct testing and treatment for sexually transmitted diseases and pregnancy as necessary.
- Make a referral for a Mental Health assessment and evaluation if needed.
- Facilitate the scheduling of a follow-up appointment by DFCS or the patient; the information shall be forwarded to the primary care physician.
- Send a written report is to DFCS and law enforcement with expert medical opinion clearly stated. **Forensic interviews should occur at the Children's Advocacy Center or designated equipped location (for children 17 years or younger) according to Protocol guidelines.**

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

- Complete medical interview to confirm sexual contact (detailed questioning to be reserved for investigative interview).
- Evaluate and treat acute medical problems.
- Make a mental health referral if appropriate.
- Notify DFCS and law enforcement.
- Support the making of a referral for medical evaluation by DFCS.
- Send a copy of Emergency Room evaluation to follow-up physician.

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

- Conduct thorough physical and laboratory examination of the patient. (Sexual assault kit is utilized as deemed necessary.)
- Treat any injuries and/or illnesses.
- Notify DFCS and law enforcement.
- Refer the child to abuse specialist for a specialized medical evaluation as necessary.
- Send a copy of Emergency Room Report to follow-up physician.
- Send written report to DFCS, with expert medical opinion clearly stated on report.

D. Sexual exploitation suspected

- Notify security if the child has been brought in by someone who appears to be his or her pimp/trafficker.
- Identify and manage acute medical problems .
- Conduct thorough physical and laboratory examination of the child , including drug testing or sexual assault kit, as appropriate.
- Send copy of emergency record to follow-up physician.
- Notify DFCS and law enforcement.

2) Physical Abuse

Take a thorough history of the injury separately from each person with the child.

- If the history is of abusive treatment or the injury does not match the history, make a diagnosis of suspected child abuse is made and notify DFCS and law enforcement.
- Fully document injuries in writing.
- Take photos of injuries. (*Photography is essential. Equipment should be purchased by the team.)*
- Obtain imaging studies (for example, complete skeletal survey, head and/or abdominal CT) and lab studies as appropriate.
- Provide any necessary medical care.
- Send copy of emergency record to the follow-up physician.
- Consult Primary Care Physician or the Pediatrician on call. If available, a child abuse expert pediatrician is preferred
- Send written report to DFCS, with expert medical opinion clearly stated on the report.
- Support DFCS' efforts to arrange for examination of siblings.

3) Neglect:

A. Failure to thrive

- Take complete history and conduct full physical examination.
- Review all available medical records.
- Notify DFCS.
- Facilitate DFCS' efforts to schedule a follow-up appointment if there is no consistent medical care provider.
- Support arrangements made for examination of siblings by follow-up physician.
- Develop short and long-term treatment plan.

B. Other Neglect issues

- Take complete medical history and conduct full physical examination.
- Review all available medical records.
- Notify DFCS.
- Support DFCS' efforts to arrange medical follow-up.
- For cases of severe neglect, consider referral to child abuse specialist for complete review (to include medical review, scene photos, DFCS and Law enforcement records).

4) Munchausen by Proxy (MSBP) / Pediatric Condition Falsification (PCF)

- PCF /MSBP are medical diagnoses and can only be made by a licensed physician.
- 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.
- 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.
- A plan of action for each agency represented will be coordinated through the MDT. A plan of action may include the following tasks:
  - Review all of child's available medical records
  - Obtain verification of as many items as possible (records of drugs purchased, blood levels on child)
  - Seek report of child's condition when parent is absent
  - If appropriate, video monitoring in hospital with plan in place to intervene if child is found to be in danger from perpetrator's actions
  - A plan of action may include the following task: Follow-up protection plan by DFCS and Law Enforcement and legal actions as dictated by evidence

G2 - Emergency Custody by a Physician

15-11-131. Temporary protective custody of child by physician without court order and without parental consent; immunity

(a) Notwithstanding Code Section 15-11-133, a physician licensed to practice medicine in this state who is treating a child may take or retain temporary protective custody of such child, without a court order and without the consent of his or her parent, guardian, or legal custodian, provided that:

(1) A physician has reasonable cause to believe that such child is in a circumstance or condition that presents an imminent danger to such child's life or health as a result of suspected abuse or neglect; or

(2) There is reasonable cause to believe that such child has been abused or neglected and there is not sufficient time for a court order to be obtained for temporary custody of such child before such child may be removed from the presence of the physician.

(b) A physician holding a child in temporary protective custody shall:

(1) Make reasonable and diligent efforts to inform the child's parents, guardian, or legal custodian of the whereabouts of such child;

(2) As soon as possible, make a report of the suspected abuse or neglect which caused him or her to take temporary custody of the child and inform DFCS that such child has been held in temporary custody; and

(3) Not later than 24 hours after such child is held in temporary custody:

(A) Contact a juvenile court intake officer, and inform such intake officer that such child is in imminent danger to his or her life or health as a result of suspected abuse or neglect; or

(B) Contact a law enforcement officer who shall take such child and promptly bring such child before a juvenile court intake officer.

(c) A child who meets the requirements for inpatient admission shall be retained in a hospital or institution until such time as such child is medically ready for discharge. Upon notification by the hospital or institution to DFCS that a child who is not eligible for inpatient admission or who is medically ready for discharge has been taken into custody by a physician and such child has been placed in DFCS custody, DFCS shall take physical custody of such child within six hours of being notified.

(d) If a juvenile court intake officer determines that a child is to be placed in foster care and the court orders that such child be placed in DFCS custody, then:

(1) If such child remains in the physical care of the physician, DFCS shall take physical possession of such child within six hours of being notified by the physician, unless such child meets the criteria for admission to a hospital or other medical institution or facility; or

(2) If such child has been brought before the court by a law enforcement officer, DFCS shall promptly take physical possession of such child.

(e) If a juvenile court intake officer determines that a child should not be placed in foster care, such child shall be released.

(f) If a child is placed in foster care, then the court shall notify such child's parents, guardian, or legal custodian, the physician, and DFCS of the preliminary protective hearing which is to be held within 72 hours.

(g) If after the preliminary protective hearing a child is not released, DFCS shall file a petition alleging dependency in accordance with this article, provided that there is a continued belief that such child's life or health is in danger as a result of suspected abuse or neglect.

(h) Any hospital or physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Code section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of taking or failing to take any action pursuant to this Code section. This Code section shall not be construed as imposing any additional duty not already otherwise imposed by law.

Appendix H: Protective Custody; Removal of a Child from the Home by DFCS & Law Enforcement

15-11-133. Removal of child from the home; protective custody

(a) A child may be removed from his or her home, without the consent of his or her parents, guardian, or legal custodian:

(1) Pursuant to an order of the court under this article; or

(2) By a law enforcement officer or duly authorized officer of the court if a child is in imminent danger of abuse or neglect if he or she remains in the home.

(b) Upon removing a child from his or her home, a law enforcement officer or duly authorized officer of the court shall:

(1) Immediately deliver such child to a medical facility if such child is believed to suffer from a serious physical condition or illness which requires prompt treatment, and, upon delivery, **shall promptly contact DFCS;**

(2) Bring such child immediately before the juvenile court or promptly contact a juvenile court intake officer; and

(3) Promptly give notice to the court and such child's parents, guardian, or legal custodian that such child is in protective custody, together with a statement of the reasons for taking such child into protective custody.

(c) The removal of a child from his or her home by a law enforcement officer shall not be deemed an arrest.

(d) A law enforcement officer removing a child from his or her home has all the privileges and immunities of a law enforcement officer making an arrest.

(e) A law enforcement officer shall promptly contact a juvenile court intake officer for issuance of a court order once such officer has taken a child into protective custody and delivered such child to a medical facility.

(f) A juvenile court intake officer shall immediately determine if a child should be released, remain in protective custody, or be brought before the court upon being contacted by a law enforcement officer, duly authorized officer of the court, or DFCS that a child has been taken into protective custody.

Appendix I-A: Cherokee County Child Fatality Review Protocol

A. ORGANIZATION

1. 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.

2. Membership

Committee statutorily mandated members include:

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

B. MEMBERSHIP DUTIES

1. Chairman's Role

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

2. Law Enforcement

- 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.
- Provide primary case management of investigation where there is a question of possible criminal action.
- Coordinate with DFACS, Health, or other professionals involved in case management.
- Provide committee with materials from investigation or criminal record search; with information and statements, scene photographs, physical evidence, measurements, suspect information, etc.
- Liaison with other law enforcement local and at the state level.

- Use the SUIDI death investigation form and the re-enactment doll for sleep-related infant deaths. See Appendix for copy of the SUIDI form.

3. Medical Examiner/Coroner

- 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
- Keep records on all deaths of children under their jurisdiction.
- Provide forensic information including autopsy reports and reports of their investigation.
- Provide interpretation for the committee of the cause and manner of death.
- Coordinate with law enforcement and other agencies involved with death.
- 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.
- Liaison with counterparts locally and at the state level.

4. Courts
   - Liaison with the committee.
   - Assist in legal issues.

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

6. Physician/Public Health
   - Assist in interpretation of medical findings.
   - Provide information on normal health and on child development.
   - Assist in locating previous medical records.
   - Liaison to the medical community.
   - Provide a copy of the death certificate to the committee.

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

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

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

10. Others
   - Regular members to be added may include pathologist, probation, parole, domestic violence, preschool, military, researcher.
   - 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.

C. 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 pervious 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.

D. THE FIRST 72 HOURS: INITIATING THE INVESTIGATION

- 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.
- 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.

E. THE FIRST 30 DAYS

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

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

1. 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.
2. The Child Fatality Review Committee's investigation must address:
    - The circumstances leading up to and case of death;
    - Details of previous agency involvement including dates and reasons for service;
    - Agency service prior to circumstances leading to death;
    - Whether intervention had been sought;
    - Conclusion of whether services prior to death were adequate;
    - Whether death could have been prevented; and,
    - Recommendations for prevention of future similar deaths.

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

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

H. REVIEW PROCESS

1. Chairperson will send case names and other identifiers to appropriate committee members.
2. Agencies will collect their own records, if any; and share significant case information with committee or case manager as soon as possible.
3. Committee will meet to review collective findings.
4. Formal case presentations may be made by representatives of different disciplines using a format consistent with their own professional training and experience.
5. Committee will discuss each question required by law.
6. Team will arrive at an agreement and, when necessary, provide space for minority opinion.
7. Panel report will be submitted.
8. If additional investigation is requested by the group, then a report will be written and sent to appropriate parties.

I. DISAGREEMENTS

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

J. LOCAL REPORT FORMS

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

K. RELATIONSHIP TO STATE

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

L. 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.

I-B - Georgia Child Fatality Review Committee; Statute

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 Protocol committee will cooperate and work with the Review committee in investigations of all reviewable deaths.

19-15-3. County multiagency child fatality review committee; chairperson; eligible deaths for review; notification to coroner; reporting to chairperson; committee review

(a)(1) Each county shall establish a local review committee as provided in this Code section.

The review committee shall be charged with reviewing all deaths as set forth in subsection (e) of this Code section to determine manner and cause of death and if the death was preventable. The chief superior court judge of the circuit in which the county is located shall establish a review committee composed of, but not limited to, the following members:

(A) The county medical examiner or coroner;
(B) The district attorney or his or her designee;
(C) A county department of family and children services representative;
(D) A local law enforcement representative;
(E) The sheriff or county police chief or his or her designee;
(F) A juvenile court representative;
(G) A county public health department representative; and
(H) A county mental health representative.

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

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

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

(c) If any designated agency fails to carry out its duties relating to participation on the review committee, the chief superior court judge of the circuit or any superior court judge who is a member of the 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.

(d) Deaths eligible for review by review committees are all deaths of children ages 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;

(e) 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 a hospice licensed under Article 9 of Chapter 7 of Title 31;

(f) Serving as an inmate of a state hospital or a state, county, or city penal institution; or

(g) Child abuse.

(h) 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.

(i) 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. It shall be the duty of such medical examiner or coroner to provide the protocol committee of the county of such child's residence with copies of all information and reports required by subsections (i) and (j) of this Code section.

(k) 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 review committee for the county or circuit in which such 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 coroner 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 review committee for the county or circuit of the child's residence; or

(2) If the death meets 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 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 review committee for the county or circuit of the child's residence.

(j) When the chairperson of a review committee receives a report from the coroner or medical examiner regarding the death of a child, such 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 the 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 the 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's death meets the criteria for review, the chairperson shall convene the review committee within 30 days after receipt of the report for a meeting to review and investigate the cause and circumstances of the death. Review committee members shall provide information as specified in this subsection, except where otherwise protected by law:

(1) The providers of medical care and the medical examiner or coroner shall provide pertinent health and medical information regarding a child whose death is being reviewed by the 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 at 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 witnesses are necessary for the review committee's review. Service of, objection to, and enforcement of subpoenas authorized by this Code section shall be governed by the procedures set forth in Chapter 13 of Title 24. 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.

(4) Disclosure of protected health information pursuant to this subsection shall be considered to be for a law enforcement purpose, and the review committee shall be considered to be a law enforcement official within the meaning of the rules and regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996. Disclosure of confidential or privileged matter to the review committee pursuant to this Code section shall not serve to destroy or in any way abridge the confidential or privileged character thereof, except for the purpose for which such disclosure is made.

(l) The review committee shall complete its review and prepare a report of the child's death within 20 days, weekends and holidays excluded, following the first meeting held after receipt of the county medical examiner or coroner's report. The review committee's 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's death could have been prevented;

(7) Make recommendations 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 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 Services 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 review committee shall issue an annual report no later than the first day of July each year. The report shall:

(1) Specify the numbers of reports received by such 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 each year to the Panel.

Appendix I-C
Child Death and Near Death Contact List for Law Enforcement, DFCS, and District Attorney

In situations involving a child fatality or near death incident, law enforcement should contact both DFCS and the office of the District Attorney by using the numbers below:

DFCS:

Brooke Ford, Director - (404) 576-5107
Jessica Edwards, Social Services Administrator – (678) 296-5058; or
Melissa Hill, Social Services Administrator – (706) 455-3633

Office of the District Attorney:

Shannon Wallace, District Attorney – (770) 335-4871
Rachelle Carnesale, Chief Assistant District Attorney – (770) 490-2112
Dwight Kelley, Chief Investigator – (770) 235-7648
Ashley Snow, Deputy Chief ADA and Fatality Chair – (770) 547-6601

Appendix I-D
Sudden Unexplained Infant Death Investigation Form (SUIDI) (see following pages)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Reproductive Health
Maternal and Infant Health Branch
Atlanta, Georgia 30333

CDC

Sudden Unexplained Infant Death Investigation

SUIDI Reporting Form

INVESTIGATION DATA

Infant's Last Name	Infant's First Name	Middle Name	Case Number

Sex: ☐ Male ☐ Female Date of Birth: _____ Age: _____ SS#: _____

Race: ☐ White ☐ Black/African Am. ☐ Asian/Paci¿c Isl. ☐ Am. Indian/Alaskan Native ☐ Hispanic/Latino ☐ Other _____

Infant's Primary Residence:

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Incident Address: _____ City: _____ County: _____ State: _____ Zip: _____

Contact information for Witness:

Relationship to deceased: ☐ Birth Mother ☐ Birth Father ☐ Grandmother ☐ Grandfather

☐ Adoptive or Foster Parent ☐ Physician ☐ Health Records ☐ Other Describe: _____

Last: _____ First: _____ M.: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

WITNESS INTERVIEW

1 **Are you the usual caregiver?** ☐ No ☐ Yes

2 **Tell me what happened:**

3 **Did you notice anything unusual or different about the infant in the last 24 hrs?**

☐ No ☐ Yes Specify: _____

4 **Did the infant experience any falls or injury within the last 72 hrs?**

☐ No ☐ Yes Specify: _____

5 **When was the infant LAST PLACED?**

Date: _____ Military Time: _____ Location (room): _____

6 **When was the infant LAST KNOWN ALIVE(LKA)?**

Date: _____ Military Time: _____ Location (room): _____

7 **When was the infant FOUND?**

Date: _____ Military Time: _____ Location (room): _____

8 **Explain how you knew the infant was still alive.**

9 **Where was the infant - (P)laced, (L)ast known alive, (F)ound** (write **P**, **L**, or **F** in front of appropriate response)**?**

☐ Bassinet	☐ Bedside co-sleeper	☐ Car seat	☐ Chair
☐ Cradle	☐ Crib	☐ Floor	☐ In a person's arms
☐ Mattress/box spring	☐ Mattress on Àoor	☐ Playpen	☐ Portable crib
☐ Sofa/couch	☐ Stroller/carriage	☐ Swing	☐ Waterbed
☐ Other - describe:			

WITNESS INTERVIEW (cont.)

10 **In what position was the infant LAST PLACED?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ____

11 **In what position was the infant LKA?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ____

12 **In what position was the infant FOUND?** ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position? ____

13 **Face position when LAST PLACED?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

14 **Neck position when LAST PLACED?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

15 **Face position when LKA?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

16 **Neck position when LKA?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

17 **Face position when FOUND?** ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

18 **Neck position when FOUND?** ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

19 **What was the infant wearing?** *(ex. t-shirt, disposable diaper)* ____

20 **Was the infant tightly wrapped or swaddled?** ☐ No ☐ Yes - describe: ____

21 **Please indicate the types and numbers of layers of bedding both over and under infant (not including wrapping blanket):**

Bedding UNDER Infant	None	Number	Bedding OVER Infant	None	Number
Receiving blankets			Receiving blankets		
Infant/child blankets			Infant/child blankets		
Infant/child comforters (thick)			Infant/child comforters (thick)		
Adult comforters/duvets			Adult comforters/duvets		
Adult blankets			Adult blankets		
Sheets			Sheets		
Sheepskin			Pillows		
Pillows			Other, specify:		
Rubber or plastic sheet					
Other, specify:					

22 **Which of the following devices were operating in the infant's room?**
☐ None ☐ Apnea monitor ☐ Humidi¿er ☐ Vaporizer ☐ Air puri¿er ☐ Other - ____

23 What **was the temperature in the infant's room?** ☐ Hot ☐ Cold ☐ Normal ☐ Other - ____

24 Which **of the following items were near the infant's face, nose, or mouth?**
☐ Bumper pads ☐ Infant pillows ☐ Positional supports ☐ Stuffed animals ☐ Toys ☐ Other - ____

25 **Which of the following items were within the infant's reach?**
☐ Blankets ☐ Toys ☐ Pillows ☐ Paci¿er ☐ Nothing ☐ Other - ____

26 **Was anyone sleeping with the infant?** ☐ No ☐ Yes

Name of individual sleeping with infant	Age	Height	Weight	Location in relation to infant	Impairment (intoxication, tired)

27 **Was there evidence of wedging?** ☐ No ☐ Yes - Describe: ____

28 **When the infant was found, was s/he:** ☐ Breathing ☐ Not Breathing
If not breathing, did you witness the infant stop breathing? ☐ No ☐ Yes

WITNESS INTERVIEW (cont.)

29 **What had led you to check on the infant?**

30 **Describe the infant's appearance when found.**

Appearance	Unknown	No	Yes	Describe and specify location
a) Discoloration around face/nose/mouth				
b) Secretions (foam, froth)				
c) Skin discoloration (livor mortis)				
d) Pressure marks (pale areas, blanching)				
e) Rash or petechiae (small, red blood spots on skin, membranes, or eyes)				
f) Marks on body (scratches or bruises)				
g) Other				

31 **What did the infant feel like when found?** *(Check all that apply.)*

☐ Sweaty ☐ Warm to touch ☐ Cool to touch ☐ Limp, flexible ☐ Rigid, stiff ☐ Unknown

☐ Other - specify:

32 **Did anyone else other than EMS try to resuscitate the infant?** ☐ No ☐ Yes

Who? Date: Military time: :

33 **Please describe what was done as part of resuscitation:**

34 **Has the parent/caregiver ever had a child die suddenly and unexpectedly?** ☐ No ☐ Yes

Explain:

INFANT MEDICAL HISTORY

1 **Source of medical information:** ☐ Doctor ☐ Other healthcare provider ☐ Medical record ☐ Family

☐ Mother/primary caregiver ☐ Other:

2 **In the 72 hours prior to death, did the infant have:**

Condition	Unknown	No	Yes	Condition	Unknown	No	Yes
a) Fever				h) Apnea (stopped breathing)			
b) Diarrhea				i) Decrease in appetite			
c) Excessive sweating				j) Cyanosis (turned blue/gray)			
d) Stool changes				k) Vomiting			
e) Lethargy or sleeping more than usual				l) Seizures or convulsions			
f) Difficulty breathing				m) Choking			
g) Fussiness or excessive crying				n) Other, specify:			

3 **In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?**

☐ No ☐ Yes - describe:

4 **In the 72 hours prior to the infants death, was the infant given any vaccinations or medications?** ☐ No ☐ Yes

(Please include any home remedies, herbal medications, prescription medicines, over-the-counter medications.)

Name of vaccination or medication	Dose last given	Date given Month	Day	Year	Approx. time (Military Time)	Reasons given/comments:
1.						
2.						
3.						
4.						

5 **At any time in the infant's life, did s/he have a history of?**

Medical history	Unknown	No	Yes	Describe
a) Allergies *(food, medication, or other)*				
b) Abnormal growth or weight gain/loss				
c) Apnea *(stopped breathing)*				
d) Cyanosis *(turned blue/gray)*				
e) Seizures or convulsions				
f) Cardiac (*heart*) abnormalities				

6 **Did the infant have any birth defects(s)?** ☐ No ☐ Yes

Describe:

7 **Describe the two most recent times that the infant was seen by a physician or healthcare provider:**
(Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)

	First most recent visit	Second most recent visit
a) Date		
b) Reason for visit		
c) Action taken		
d) Physician's name		
e) Hospital/clinic		
f) Address		
g) City		
h) State, ZIP		
i) Phone number		

8 **Birth hospital name:** Discharge date:

Street address:

City: State: Zip:

9 **What was the infant's length at birth?** inches or centimeters

10 **What was the infant's weight at birth?** pounds ounces or grams

11 **Compared to the delivery date, was the infant born on time, early, or late?**

☐ On time ☐ Early - how many weeks? ☐ Late - how many weeks?

12 **Was the infant a singleton, twin, triplet, or higher gestation?**

☐ Singleton ☐ Twin ☐ Triplet ☐ Quadrupelet or higher gestation

13 **Were there any complications during delivery or at birth?** *(emergency c-section, child needed oxygen)* ☐ Yes ☐ No

Describe:

14 **Are there any alerts to the pathologist?** *(previous infant deaths in family, newborn screen results)* ☐ Yes ☐ No

Specify:

INFANT DIETARY HISTORY

1 **On what day and at what approximate time was the infant last fed?**

Date: Military Time: :

2 **What is the name of the person who last fed the infant?**

3 **What is his/her relationship to the infant?**

4 **What foods and liquids was the infant fed in the last 24 hours** (include last fed)**?**

Food	Unknown	No	Yes	Quantity (ounces)	Specify: (type and brand)
a) Breastmilk (one/both sides, length of time)					
b) Formula (brand, water source - ex. Similac, tap water)					
c) Cow's milk					
d) Water (brand, bottled, tap, well)					
e) Other liquids (teas, juices)					
f) Solids					
g) Other					

5 **Was a new food introduced in the 24 hours prior to his/her death?** ☐ No ☐ Yes

If yes, describe *(ex. content, amount, change in formula, introduction of solids)*

6 **Was the infant last placed to sleep with a bottle?** ☐ Yes ☐ No - if no, skip to question **9** below

7 **Was the bottle propped?** (i.e., object used to hold bottle while infant feeds) ☐ No ☐ Yes

If yes, what object was used to prop the bottle?

8 **What was the quantity of liquid (in ounces) in the bottle?**

9 **Did the death occur during?** ☐ Breastfeeding ☐ Bottle-feeding ☐ Eating solid foods ☐ Not during feeding

10 **Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet** been identified? *(ex. exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with positional supports or wedges)*

☐ No ☐ Yes

If yes, - describe:

PREGNANCY HISTORY

1 **Information about the infant's birth mother:**

First name: Last name:

Middle name: Maiden name:

Birth date: SS#:

Street address: City: State: Zip:

How long has the birth mother been at this address? Years: Months:

Previous Address:

2 **At how many weeks or months did the birth mother begin prenatal care?** ☐ No prenatal care ☐ Unknown

Weeks: Months:

3 **Where did the birth mother receive prenatal care?** *(Please specify physician or other healthcare provider name and* addresses.)

Physician/ Provider: Hospital/clinic: Phone:

Street address: City: State: Zip:

PREGNANCY HISTORY (cont.)

4 During her pregnancy with the infant, did the mother have any complications? ☐ No ☐ Yes
(ex. high blood pressure, bleeding, gestational diabetes)

Specify:

5 **Was the birth mother injured during her pregnancy with the infant?** *(ex. auto accident, falls)* ☐ No ☐ Yes

Specify:

6 **During her pregnancy, did she use any of the following?**

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

7 **Currently, does any caregiver use any of the following?**

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

INCIDENT SCENE INVESTIGATION

1 **Where did the incident or death occur?**

2 **Was this the primary residence?** ☐ No ☐ Yes

3 **Is the site of the incident or death scene a daycare or other childcare setting?** ☐ Yes ☐ No - If no, skip to question 8

4 **How many children (under age 18) were under the care of the provider at the time of the incident or death?**

5 **How many adults (age 18 and over) were supervising the child(ren)?**

6 **What is the license number and licensing agency for the daycare?**

License number: Agency:

7 **How long has the daycare been open for business?**

8 **How many people live at the site of the incident or death scene?**

Number of adults (18 years or older): Number of children (under 18 years old):

9 **Which of the following heating or cooling sources were being used?** *(Check all that apply)*

☐ Central air ☐ Gas furnace or boiler ☐ Wood burning ¿replace ☐ Open window(s)
☐ A/C window unit ☐ Electric furnace or boiler ☐ Coal burning furnace ☐ Wood burning stove
☐ Ceiling fan ☐ Electric space heater ☐ Kerosene space heater ☐ Floor/table fan
☐ Electric baseboard heat ☐ Electric (radiant) ceiling heat ☐ Window fan ☐ Unknown
☐ Other - specify:

10 **Indicate the temperature of the room where the infant was found unresponsive:**

☐ Thermostat setting ☐ Thermostat reading ☐ Actual room temp. ☐ Outside temp.

11 **What was the source of drinking water at the site of the incident or death scene?** *(Check all that apply.)*

☐ Public/municipal water ☐ Bottled water ☐ Well ☐ Unknown ☐ Other - Specify:

12 **The site of the incident or death scene has:** *(check all that apply)*

☐ Insects ☐ Mold growth ☐ Smoky smell *(like cigarettes)*
☐ Pets ☐ Dampness ☐ Presence of alcohol containers
☐ Peeling paint ☐ Visible standing water ☐ Presence of drug paraphenalia
☐ Rodents or vermin ☐ Odors or fumes - Describe:
☐ Other - specify:

13 **Describe the general appearance of incident scene:** *(ex. cleanliness, hazards, overcrowding, etc.)*

Specify:

INVESTIGATION SUMMARY

1 **Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have** impacted the infant that have not yet been identi¿ed?

2 **Arrival times** Military time

Law enforcement at scene:	:
DSI at scene:	:
Infant at hospital:	:

Investigator's Notes

1 **Indicate the task(s) performed**

- ☐ Additional scene(s)? (forms attached)
- ☐ Materials collected/evidence logged
- ☐ Notify next of kin or verify noti¿cation
- ☐ Doll reenactment/scene re-creation
- ☐ Referral for counseling
- ☐ 911 tape
- ☐ Photos or video taken and noted
- ☐ EMS run sheet/report

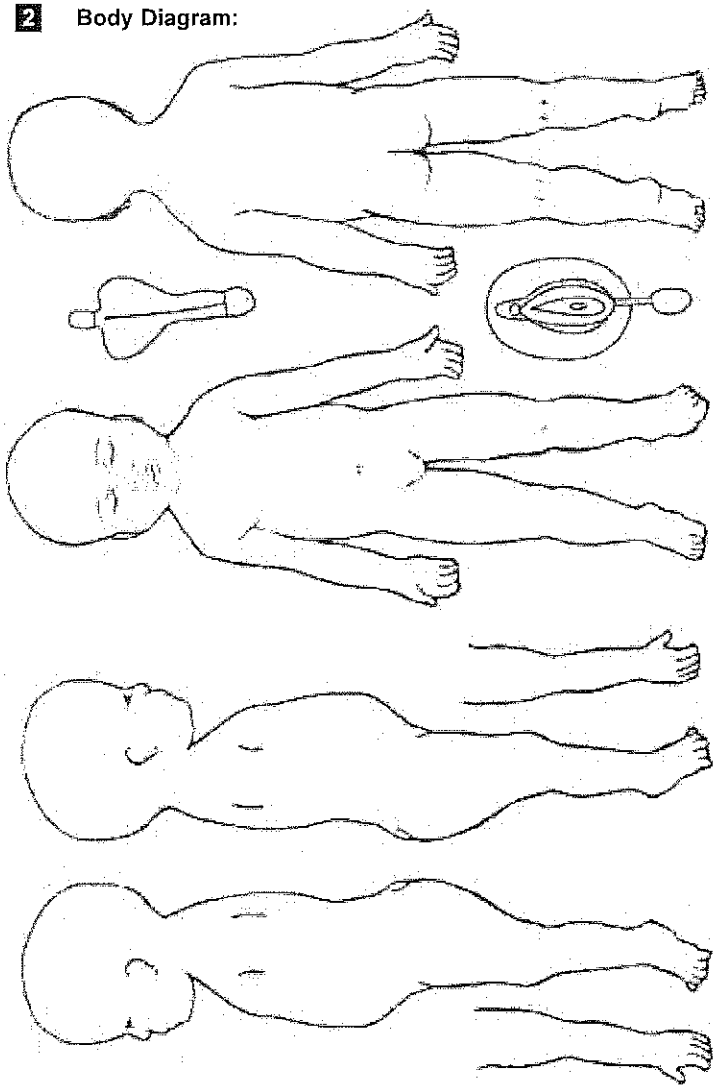
2 **If more than one person was interviewed, does the information differ?** ☐ No ☐ Yes

If yes, detail any differences, inconsistencies of relevant information: *(ex. placed on sofa, last known alive on chair.)*

INVESTIGATION DIAGRAMS

1 **Scene Diagram:**

2 **Body Diagram:**



SUMMARY FOR PATHOLOGIST

Case Information

1 **Investigator information** Name: Agency: Phone:

	Date	Military time
Investigated:		:
Pronounced dead:		:

2 **Infant's information:** Last: First: M: Case #:

Sex: Male Female Date of Birth: Age:

Race: White Black/African Am. Asian/Paci¿c Islander

Am. Indian/Alaskan Native Hispanic/Latino Other:

Sleeping Environment

1 **Indicate whether preliminary investigation suggests any of the following:**

Infant History

Yes	No	
		Asphyxia *(ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)*
		Sharing of sleep surface with adults, children, or pets
		Change in sleep condition *(ex. unaccustomed stomach sleep position, location, or sleep surface)*
		Hyperthermia/Hypothermia *(ex. excessive wrapping, blankets, clothing, or hot or cold environments)*
		Environmental hazards *(ex. carbon monoxide, noxious gases, chemicals, drugs, devices)*
		Unsafe sleep condition *(ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding)*
		Diet (*e.g., solids introduced, etc.*)
		Recent hospitalization
		Previous medical diagnosis
		History of acute life-threatening events (ex. apnea, seizures, dif¿culty breathing)
		History of medical care without diagnosis
		Recent fall or other injury
		History of religious, cultural, or ethnic remedies
		Cause of death due to natural causes other than SIDS *(ex. birth defects, complications of preterm birth)*

Family Info

		Prior sibling deaths
		Previous encounters with police or social service agencies
		Request for tissue or organ donation
		Objection to autopsy

Exam

		Pre-terminal resuscitative treatment
		Death due to trauma (injury), poisoning, or intoxication

Investigator Insight

		Suspicious circumstances
		Other alerts for pathologist's attention

Any "Yes" answers above should be explained in detail (description of circumstances):

Pathologist

2 **Pathologist information** Name:

Agency: Phone: Fax:

Appendix J – Sample Protocol Committee Annual Report

PROTOCOL COMMITTEE - ANNUAL REPORT

County: **Judicial Circuit:**

Date of Submission:

Pursuant OCGA § 19-15-2(i) the protocol committee shall issue an annual report no later than the first day of July.

The report shall include the following:

1. **Evaluate the extent to which the child abuse investigations during the 12 months prior to the report have complied with the child abuse protocol:**

2. **Recommend measure to improve compliance:**

3. **Describe which measures taken within the county to prevent child abuse have been successful:**

Activities/Concerns:

_____
Chair - Printed Name and Title
Address
Phone
Email

The report shall be submitted to the:
1. County governing authority
2. Fall term grand jury of the judicial circuit
3. Office of Child Advocate, 7 Martin Luther King, Jr. Drive, Suite 347, Atlanta, GA 30334
4. Chief superior court judge

Appendix K - Sample Template for Filing a Written Report of Suspected Child Abuse

{Provide County DFCS contact information}

SUBJECTS OF REPORT

List all children in household, adults responsible and alleged subjects. Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birthday or Age Mo/Day/ Yr	Race Code	Ethnicity (Ck Only If Hispanic/Latino)	Relation Code	Role Code	Lang. Code
1.							☐			
2.							☐			
3.							☐			
4.							☐			
5.							☐			
6.							☐			
7.							☐			

☐ MORE

List Addresses and Telephone Numbers (Using Line Numbers From Above)	(Area Code) Telephone No.

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "**ALL**".

_____ DOA/Fatality	_____ Child's Drug/Alcohol Use	_____ Swelling/Dislocation/Sprains
_____ Fractures	_____ Poisoning/Noxious Substances	_____ Educational Neglect
_____ Internal Injuries (e.g., Subdural Hematoma)	_____ Choking/Twisting/Shaking	_____ Emotional Neglect
_____ Lacerations/Bruises/Welts	_____ Lack of Medical Care	_____ Inadequate Food/Clothing/Shelter
_____ Burns/Scalding	_____ Malnutrition/Failure to Thrive	_____ Lack of Supervision
_____ Excessive Corporal Punishment	_____ Sexual Abuse	_____ Abandonment
_____ Inappropriate Isolation/Restraint (Institutional Abuse Only)	_____ Inadequate Guardianship	_____ Parent's Drug/Alcohol Misuse
_____ Inappropriate Custodial Conduct (Institutional Abuse Only)	_____ Other (specify) _____	

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)
MO
DAY
YR

Time : ☐ AM ☐ PM

☐ **Additional sheet attached with more explanation.** | **The Mandated Reporter Requests Finding of Investigation** ☐ YES ☐ NO

CONFIDENTIAL		**SOURCE(S) OF REPORT**	***CONFIDENTIAL***
NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

RELATIONSHIP

____Med. Exam/Coroner ____Physician ____Hosp. Staff ____Law Enforcement ____Neighbor ____Relative ____Instit. Staff
____Social Services ____Public Health ____Mental Health ____School Staff ____Other (Specify)

For Use By Physicians Only	Medical Diagnosis on Child	Signature of Physician who examined/treated child X	(Area Code) Telephone No.
	Hospitalization Required: ☐ None	☐ Under 1 week ☐ 1-2 weeks ☐ Over 2 weeks	

Actions Taken Or About To Be Taken	☐ Medical Exam	☐ X-Ray	☐ Removal/Keeping	☐ Not. Med Exam/Coroner
	☐ Photographs	☐ Hospitalization	☐ Returning Home	☐ Notified DA

Signature of Person Making This Report: X	Title	Date Submitted Mo. Day Yr.

Appendix L - Sample Report of Alleged Child Abuse in the Educational Setting

Cherokee County Schools

Name: _____ Title: _____

School: _____

Child's Name: _____ Age:_____ Grade: _____

Teacher/HR Teacher: _____

Child's Parent or Guardian: _____

Address & Phone: _____

Nature of Allegation: _____

Allegation made Against: _____

Allegation Made By (name & title) _____

Contact Information: _____

Reporter's Name: _____

If reporter other than alleged victim, did reporter witness the incident? Yes No

Witnesses to Incident: _____

_____

_____

_____

Details of Allegation: _____

_____

_____

_____

_____

_____

Actions Taken: _____

_____

Report made by: (/s, date) /s (Reporting Official)

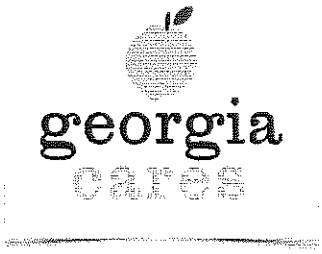
_____ _____

Reporting Official ***Received By***

_____ _____

Date ***Date***

Appendix M - CSEC Referral Form for Georgia Cares



Georgia Cares Referral Form
Division of Family and Children Services
Fax to: 404-371-1030 or
Email to: referrals@georgiacareconnection.com

Client's Information

Youth Name: Social Security Number:

Date of Birth: Gender:

Is client pregnant? ☐ Yes ☐ No Is client actively parenting? ☐ Yes ☐ No

Ethnicity: Language Spoken: Does youth have a disability?

Who has custody of youth? ☐ Parents ☐ Father ☐ Mother ☐ DFCS ☐ DJJ ☐ Other:

If in the custody of DFCS or DJJ, when did custody begin?

Client's Address

Legal address: County:

Is this youth's current address? ☐ Yes ☐ No Is this a safe location? ☐ Yes ☐ No

Current address (if different): County:

Is this a safe location? ☐ Yes ☐ No

Contact:

Name of legal guardian: Phone number:
If youth does not reside with legal guardian, provide the phone number for current placement:
Medicaid /CMO ID: Insurance:

Please check all that applies:

☐ DJJ Committed ☐Criminal Trespassing ☐Custody of Law Enforcement (Detained by Law Enforcement) ☐DFCS Involvement (Foster Care) ☐DFCS Involvement (Home) ☐Firearm/Weapon Use ☐Frequent Runner (Running 3 or more times in the past 6 months) ☐Gang Involvement ☐ Giving False Name ☐Homeless ☐Loitering for Solicitation ☐On Probation (DJJ or Court) ☐ Police Report ☐Runaway/Unruly Petition ☐Sexual Abuse ☐ Sexual Exploitation ☐Shoplifting ☐Substance Abuse ☐Truancy/Suspension ☐Violation of Probation

DFCS Referral Information

Name of Referral Source:
Job Title:
County:
Phone Number:
Email Address:
Case Supervisor Name and Number:
Name of Case Worker (If different from referral source):
Contact information of Case Worker:

DFCS Information

Is this youth in DFCS custody? ☐ Yes ☐ No
What is the status of the case?☐ Investigative ☐Family Support ☐Placement
What is the overall placement history?

Date of upcoming Family Team Meeting (if applicable):
Date of the next court hearing:
What is the purpose of this court hearing?

List the services that are currently in place:

Describe reason for referral to Georgia Cares:

Please attach the following documents:
☐ Release of Information (Required)
☐ Psychological Evaluation
☐ Other applicable documents

Appendix N - Resources

State and national resources listed below promote the general welfare of children and families. If you are not sure who to call, try 1-800-Georgia (1-800-436-7442), a toll-free service for citizens who are seeking state services but don't know who to call. *(Governor's Office for Children and Families website)*

National Resources

American Academy of Pediatrics
Phone: 847/434-4000
Website: www.aap.org

American Humane Association
Phone: 303-792-9900
Website: www.americanhumane.org

American Professional Society
on the Abuse of Children (APSAC)
Phone: 405-271-8202
Website: www.apsac.org

Child Welfare Information Gateway
Phone: 800-394-3366
Website: www.childwelfare.gov

Children's Defense Fund (CDF)
Phone: 202-678-8787
Website: www.childrensdefense.org

National Ctr for Missing & Exploited Children
Phone: 1-800-THE-LOST
Website: www.missingkids.com

The National Ctr on Shaken Baby Syndrome
Phone: 801-627-3399
Website: www.dontshake.com

National Children's Advocacy Center
Phone: 800-747-8122
Website: www.nationalcac.org

National Children's Alliance
Phone: 800-239-9950
Website: www.nationalchildrensalliance.org

State Resources

Children's Advocacy Centers of Georgia
Phone: 770-319-6888
www.cacga.org

Prevent Child Abuse Georgia
Phone: 404-870-6580 in Atlanta
1-800-CHILDREN
www.pcageorgia.org
Email: centralized intake@pcageorgia.org

Georgia Commission on Family Violence
1-800-33-HAVEN voice/TTY- 24 hours a day

Children's Healthcare of Atlanta
404-785-1111 or 1-800-785-CHOA
www.choa.org/childprotection

Governor's Office for Children and Families
(404) 656-5600
http://children.georgia.gov/

Administrative Office of the Courts of Georgia
Commission on Family Violence (GCFV)
Justice for Children (J4C)
Michelle Barclay, 404-657-9219, 404-656-5171
http://www.georgiacourts.org/

Georgia Network to End Sexual Assault
(404) 815-5261
info@gnesa.org

Criminal Justice Coordinating Council
404-657-2222 or 800-547-0060
cjcc.ga.gov

The Barton Center
404.727.6664;
www.bartoncenter.net

Georgia Court Appointed Special Advocates
404-874-2888 www.gacasa.org

1) Additional State Resources for CSEC Victims

Georgia Cares Contact Information
Phone: 404-602-0068 (24 hours)
Fax to: 404-371-1030
Website: www.gacares.org
Email to: referrals@georgiacareconnection.com

Georgia Bureau of Investigation, Child Exploitation and Computer Crimes Unit
During regular business workdays please call 404-270-8555 and ask for the Child Exploitation and Computer Crimes Unit Agent on call.

On nights, weekends, and holidays call the GBI communications center at 1-800-282-8746 and ask for the Child Exploitation and Computer Crimes Agent that is on call.

Appendix O - SIGNATURE PAGE for CHILD ABUSE PROTOCOL

By signing this child abuse protocol, you are ensuring that as the agency head, and/or designated representative on the committee, you will be responsible for the distribution and training of this protocol to all pertinent staff. After signing this page, please return it to Ashley Snow, Office of the District Attorney, 90 North Street, Suite 390, Canton, Georgia 30114.

_____

Agency

_____

Agency Head

_____

Agency Representative

Signing agencies are:

District Attorney
Chief Superior Court Judge
Chief State Court Judge
Chief Magistrate Court Judge
Chief Juvenile Court Judge
Solicitor General
Sheriff
School District
Coroner
Department of Family and Children Services
Health Department
Highland Rivers Mental Health
Canton Department of Community Supervision
Georgia Probation Management
Fire and Emergency Services
Department of Juvenile Justice
Ball Ground Police Department
Canton Police Department
Holly Springs Police Department
Woodstock Police Department
Cherokee Multi-Agency Narcotics Squad
Anna Crawford Child Advocacy Center
Court Appointed Special Advocates
Northside Hospital Cherokee
School Police Department
Nelson Police Department