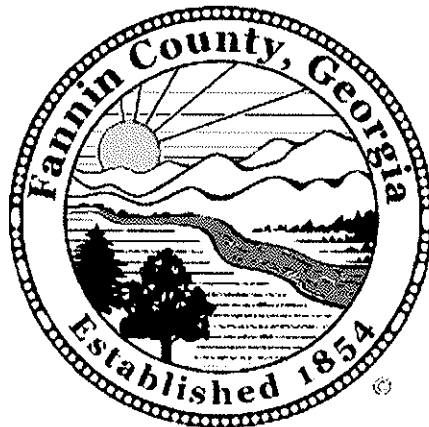


CHILD ABUSE PROTOCOL



FANNIN COUNTY, GEORGIA
CHILD ABUSE PROTOCOL COMMITTEE

Revision Approved
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PREFACE

PREFACE

Statement of Purpose

Responding to the needs and rights of the abused child is a challenge to the legal, social services, and mental health communities. The primary goal of all professional intervention should be to protect the child from recurrence of the abuse. In order to insure the protection of children, both within and outside the family, it is critical that those charged with the investigation, protection, prosecution, and treatment of those cases develop a strategy for effective and modify that strategy as needed.

It is essential that communities develop an effective and unified approach. Effective intervention requires a commitment from many disciplines: law enforcement, courts, public and mental health, education and social services, to work cooperatively to address the rights and needs of society, the perpetrator, and the victim.

In preparing this protocol, it is acknowledged that child abuse exists and that the experience of such abuse to a child can result in a negative impact on the child, and ultimately, on society if left to continue. Child maltreatment involves many disciplines and no one profession can or should address the problem alone. Responding to the needs and rights of the abused child is a profound challenge to the legal, law enforcement, social services, mental health, medical, and educational communities.

Furthermore, as set forth in O.C.G.A. Section 19-15-1, we are obligated by law to develop a protocol to address the problem of child abuse. During the 1993 legislation year, revisions were made as follows: Section 19-15-2 Subsection (h) requires that protocols address the following: (1) specify when law enforcement will and will not accompany child protection services staff, (2) establish joint work efforts between law enforcement and child protection services, (3) describe measures to prevent child abuse, (4) describe measures to insure written procedures are followed by all local agencies. This protocol is provided as required and also acknowledges that annual reports are to be submitted by the first of July each year, and will annually evaluate compliance with protocols, recommend ways to improve compliance, and describe successful prevention measures. These reports are required by law to be submitted to the State of Georgia Office of the Child Advocate, to the county government, and to the fall term grand juries.

Membership

The membership of the Fannin County Child Abuse Protocol Committee has taken extensive time and energy to provide the revised Fannin County Child Abuse Protocol as presented in this document as it exists today. It is of great concern to this Protocol Committee that crimes committed against children are taken very seriously and that all services that can be provided to those victims are made available. The efforts of this Protocol Committee has not only provided a more useful document, but has also strengthened the collaborative relationships during this revision process. Today, the very process by which cases of abuse are reported, investigated, prosecuted and managed has become more efficient within our circuit.

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

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

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

The membership of the Fannin 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 (members include representatives from: the Appalachian Children's Center, the Director of Victim Services for the Office of the District Attorney, and pediatricians, and the County Health Department).

Mission

The Fannin County Protocol Committee has these missions:

- a. 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.
- b. To coordinate the efforts of all agencies which investigate, treat and manage cases of child abuse and neglect.
- c. To facilitate and support agencies whose efforts are directed at child abuse prevention.

To accomplish these missions, the Protocol Committee meets regularly to ensure coordination and cooperation of the various agencies as they deal with cases of abuse in the course of their duties. The effectiveness of the Protocol itself is monitored and revised as necessary and goals are established on a yearly basis.

PRESENTATION

It is with great pride, and with much work, that the members of the Fannin County Child Abuse Protocol Committee provides this revised Protocol not only to the required agencies and the collaborative members, but ultimately to the citizens of Fannin County to assist our community in addressing abuse against its most innocent and most vulnerable citizens...its children.

_____

Chairman

Fannin County Child Abuse Protocol Committee

FANNIN COUNTY CHILD ABUSE PROTOCOL

Preamble

The purpose of the Child Abuse Protocol is to protect children who have been or are alleged to have been abused by insuring, as much as possible, that the physical and emotional needs of the child are given priority over system or agency needs. As such, the policies set in the Child Abuse Protocol are **not** intended to exclude investigation, treatment, placement or other actions taken by agencies, **nor** set forth certain investigative procedures for the police or prosecutors. While the failure to follow protocol indicates an action that potentially may cause harm to a child, such a failure does not necessitate the conclusion that the actions are somehow legally flawed.

Confidentiality

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

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

Members of the Child Abuse Committee shall not disclose what transpires at any meeting nor disclose any information the disclosure of which is prohibited by this Code section, except to carry out the purposes of this chapter.

A person who presents information to the Child Abuse Protocol Committee or any Subcommittee 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. However, such a person shall not be prohibited from testifying regarding information obtained independently of the committee or subcommittee. In any proceeding in which testimony of such a member is offered, the court shall first determine the source of such witness's knowledge.

Except as otherwise provided, information acquired by and records of the Child Abuse Protocol Committee shall be confidential, shall not be disclosed, and shall not be subject to Article 4 of Chapter 18 of Title 50, relating to open records, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

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

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

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

REPORTING PROCEDURES

PROCEDURE FOR REPORTING CHILD ABUSE

Official Code of the State of Georgia § 19-7-5. Reporting of child abuse; when mandated or authorized; content of report; to whom made; immunity from liability; report based upon privileged communication; penalty for failure to report

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

(b) As used in this Code section, the term:

(1) "Abortion" shall have the same meaning as set forth in Code Section 15-11-111.

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

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

(4) "Child abuse" means:

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

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

(C) Sexual abuse of a child; or

(D) Sexual exploitation of a child.

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.

- (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.

"Sexual abuse" shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five 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.

(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 in this Code section:

(A) Physicians licensed to practice medicine, interns, or residents;

(B) Hospital or medical personnel;

(C) Dentists;

(D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;

(E) Podiatrists;

(F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 24 of Title 43;

(G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;

(H) School teachers;

(I) School administrators;

(J) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;

(K) Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;

(L) Child-counseling personnel;

(M) Child service organization personnel; or

(N) Law enforcement personnel.

(O) Reproductive healthcare facility or pregnancy resource center personnel or volunteers.

(2) If a person is required to report abuse pursuant to this subsection because that person attends to a child pursuant to such person's duties as a member of the staff of 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 in accordance with this Code section. A staff member who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. 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.

(d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that a child is abused may report or cause reports to be made as provided in this Code section.

(e) An oral report shall be made immediately, but in no case later than 24 hours from the time there is reasonable cause to believe a child has been abused, 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 Services, 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 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. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital staff, physicians, law enforcement personnel, school officials, or staff of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photograph shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

(f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

(g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law.

(h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.

(i) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:

(1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or

(2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County.

The superior court to which an application is made shall not grant the application unless:

(A) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;

(B) The applicant carries the burden of showing the legitimacy of the research project; and

(C) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

LOCAL RULE CONCERNING THE MAKING OF REFERRALS

As a local protocol rule, it has been determined that in any instance where it is referenced throughout this protocol document that requirements for referral to the Department of Family & Children's Services shall also require a referral be made simultaneously to the law enforcement agency serving the jurisdiction.

Please refer to Appendix A for further information regarding the legal requirement to report abuse as well as definitions as defined by OCGA 19-7-5

DEPARTMENT OF FAMILY & CHILDREN'S SERVICES
990 East Main Street, Suite 10
Blue Ridge, GA 30513

(706) 632-2296

Hours of Operation: 8 a.m. – 5 p.m.; M-F

Emergency # for after hours, weekends or holidays: 1-855-422-4453

Receipt of Reports:

DFCS is responsible for receiving reports of physical and sexual abuse, neglect or exploitation made under Section 19-7-5 of the Georgia Code.

- Protective Intake case manager receives the report during regular operating hours. Law enforcement (911) will refer all child abuse reports to the DFCS After-Hours Intake Center (1-855-422-4453), which will receive the reports, assign the reports according to policy, and contact the local on-call worker if an emergency response is required.
 - *** In the event of an immediate emergency where law enforcement needs the immediate assistance of DFCS, DFCS will provide 911 with contact information for the DFCS On-Call Supervisor and Director. Once the immediate emergency is resolved, law enforcement is responsible for placing the actual report with the DFCS After-Hours Intake Center...Supervisor or designee determines if report meets criteria for CPS Investigation and assigns response time.
- Copies of all reports, including those not investigated, are sent to law enforcement of appropriate jurisdiction each day by electronic means. Also, copies of all substantiated investigative reports should be sent to the District Attorney's Office when available.

LAW ENFORCEMENT

Fannin County Sheriff's Office
645 West 1st Street
Blue Ridge, GA 30513
(706) 632-2044

Blue Ridge Police Dept.
301 Church Street
Blue Ridge, GA 30513
(706) 632-3451

McCaysville Police Dept.
163 Blue Ridge Drive
McCaysville, GA 30555
(706) 492-4636

A. Law Enforcement and Child Abuse Referrals

1. Determine if the allegation of sexual abuse, physical abuse or neglect is founded by probable cause, and if the crime occurred in the jurisdiction of the agency.
2. Child abuse cases will be handled in a priority manner depending on the severity of the abuse being referred.
3. Law enforcement will initiate an investigation within 24 hours for children who are at imminent risk and within five days on all other referrals.
4. Law enforcement will be familiar with the "Child Abuse Protocol" and make every attempt to follow the protocol to the best of their department's ability.
5. Law enforcement will have at least one officer with advanced training in the area of child abuse investigation. This officer should be used as a reference source for all the officers in the agency, and should assist with the more severe cases of child abuse which are reported to their agency, if necessary.
6. When law enforcement receives a referral of child abuse from any source other than DFCS, a report will be filed with that police agency. Law enforcement will also notify DFCS.
7. If the abuse occurred in the child's home or in a caretaker situation, then DFCS will be notified immediately.

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

1. Any form of sexual abuse involving a child under the age of eighteen (18).
2. Any form of physical assault by a parent, stepparent or other caretaker which causes bruises around the head, abdomen, or kidney area.
3. Any infant under the age of one year with any sign of physical assault including bruises.
4. Any fracture, broken bone, or burn on any child where physical abuse is suspected.
5. Any severe neglect case where DFCS requests assistance.
6. Any case where a family refuses to allow a DFCS worker to see the victim child in any abuse or neglect referral.
7. The presence of any serious injury on a child for which the explanation offered is inadequate to explain the injury.
8. Any case of physical abuse where there have been previous confirmed reports by DFCS.
9. Any abuse referral diagnosed by a physician. Any form of Munchausen by Proxy including Pediatric Condition Falsification and Factitious Disorder by Proxy.
10. Any case involving the suspicious death of a child.

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

C. Law Enforcement Staffing Referrals with DFCS

1. Law enforcement receives referrals daily from DFCS either by phone or electronic means.
2. Law enforcement will send referral form on child/children with appropriate information to the Appalachian Children's Center upon receiving referral from DFCS.
3. Law enforcement will meet with DFCS Child Protective Unit as needed to staff referrals in conjunction with the Appalachian Children's Center, unless more pressing case obligations arise that would take priority.
4. 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.
5. 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.
6. Law enforcement will make inquiry of the DFCS investigator assigned to the referral of what action was taken by their Department. Law enforcement and the DFCS investigator and supervisors will determine at that time if law enforcement assistance is necessary.

MEDICAL PERSONNEL

Medical personnel should respond to suspected abuse and neglect cases as follows:

A. Sexual Abuse:

1. Recent Sexual Contact (*within 72 hours*)
 - Acute medical problems are identified and managed.
 - If child presents to Emergency Department, a medical screening is completed to identify possible sexual contact (information is taken only as necessary for medical treatment).
 - Notify DFCS and the appropriate law enforcement agency. Law Enforcement coordinate medical exam is indicated.
 - A formal forensic evaluation (Rape Kit if indicated) will be conducted at appropriate facility.
 - Treatment for sexually transmitted diseases and pregnancy is done as deemed necessary.
 - Follow-up appointment is made per DFCS or patient, and information from Emergency Department is made available to follow-up physician.
 - Written report is sent to DFCS and police with expert medical opinion clearly stated
 - Safe disposition is made by DFCS.
 - Forensic interviews to occur at Appalachian Children's Center according to Protocol guidelines.
2. Sexual Abuse at remote time (*> 72 hours*).
 - Medical interview is done to confirm sexual contact (detailed questioning to be reserved for investigative interview, see Appendix E).
 - Acute medical problems are evaluated and treated.
 - Notify DFCS and the appropriate law enforcement agency.
 - Copy of Emergency Room evaluation is sent to follow-up physician.
 - Safe disposition is made by DFCS.
3. Medical condition suspicious for sexual abuse (*bleeding or infection*).
 - Thorough physical and laboratory examination of the patient is done (Rape Kit is done as deemed necessary)
 - Injuries and/or illness is treated.
 - Notify DFCS and the appropriate law enforcement agency.
 - Copy of Emergency Room Report is sent to follow-up physician
 - Written report is sent to DFCS, expert medical opinion clearly stated on report
 - Safe disposition is made by DFCS.

B. Physical Abuse:

1. Under the Age of 2 years
 - A thorough history of the injury is taken separately from each person with the child.
 - If the history does not match the injury, a diagnosis of suspected child abuse is made and notification is made to DFCS and the appropriate law enforcement agency.
 - Written documentation of injuries is done.
 - Photography is done.
 - X-ray (skeletal survey) is done and laboratory tests are ordered as indicated.
 - Primary Care Physician (or covering physician) if established or Pediatrician on call (if unattached) is consulted.

- Written report is sent to DFCS, with expert medical opinion clearly stated on report.
 - Safe disposition is made by DFCS.
 - Examination of siblings is arranged by DFCS.
2. Over the age of 2 years
- History of the injury is taken separately from the child and each person who is with the child.
 - If the history is of abusive treatment or the injury does not match the history, the diagnosis of suspected child abuse is made and notification is made to DFCS and the appropriate law enforcement agency.
 - Written documentation of injuries is done.
 - Primary Care Physician (or covering physician) or if unassigned, the Pediatrician on call, is consulted if deemed necessary.
 - Photography is done and x-rays are done as medically indicated.
 - Medical care given as necessary.
 - Copy of emergency record is sent to the follow up physician.
 - Written report is sent to DFCS, with expert medical opinion clearly stated.
 - Safe disposition is made by DFCS.
 - Examination of siblings is arranged by DFCS.
- C. Neglect:
1. Failure to thrive (less than 2 years of age)
- Complete history and physical is done
 - Review of old medical records is done.
 - Notify DFCS and the appropriate law enforcement agency
 - If no Primary Care Physician evaluating, then a follow-up appointment is made per DFCS.
 - Examination of siblings is done by follow-up physician.
 - Short and long term treatment plan is made.
2. Other Neglect issues and older children
- Complete medical history and physical is done.
 - Review of old medical records is done.
 - Notify DFCS and the appropriate law enforcement agency
 - Medical follow-up is arranged per DFCS.
3. Munchausen by Proxy
- Intake reports made to any agency will be referred to MDT for multidisciplinary intervention.
 - A plan of action for each agency represented will be coordinated through MDT. A plan of action may include the following tasks:
 - Review all available records (all child's old 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

- Video monitoring in hospital with plan in place to intervene if child is found to be in danger from perpetrator's actions if available.
- Follow-up protection and law enforcement and legal actions as soon as case is confirmed.

AMENDMENT TO FANNIN COUNTY CHILD ABUSE PROTOCOL

EMERGENCY CUSTODY OF A CHILD BY PHYSICIAN

A. Emergency Custody Procedures by Physician.

1. **The desired procedure** whenever abuse is suspected is to notify DFCS and Law Enforcement of the suspected abuse as outlined in the proceeding sections, however,
 - a. In some circumstances events may be moving too fast to contact DFCS and Law Enforcement in order to protect a child who is being treated from “imminent danger”
 - b. The elements necessary for emergency custody to be taken by the physician are:
 - **Abuse** is present. There should be a strong belief by the physician that abuse is present and/or will occur. Whereas child abuse reporting requires only a reasonable suspicion, taking emergency custody of a child should be based on a stronger belief by the physician.
 - **Imminent danger.** Some sort of emergency should exist, for example:
 - The abusing parents are attempting to remove the child against medical advice, or
 - Law enforcement refuses to assume custody and a court order is necessary but cannot be obtained timely.
 - **No time** for usual procedures to be followed before the child is removed. Events are moving too fast to contact anyone.
2. **Procedures** after a determination is made by the physician to take emergency custody, the physician should:
 - ☒ Ensure that there is sufficient security to avoid danger to staff.
 - ☒ Tell any persons with the child that you have assumed custody of the child pursuant to law; and take reasonable and diligent efforts to inform the parents, guardian or custodian of the child of the child’s whereabouts.
 - ☒ Orally notify DFCS immediately and thereafter report in writing if requested.
 - ☒ Not later than 24 hours notify the Juvenile Court Judge or Intake Officer (911 will assist in such notification.) who will determine, based on your information, whether the child shall be detained. Alternatively the physician may contact a law enforcement officer who shall take the child into custody and promptly bring the child before a juvenile court judge or intake officer.
 - ☒ Document thoroughly what has been done and why.
 - ☒ If the intake officer determines that the child should not be detained, the child should be released immediately to the child’s parents, guardian or custodian.
 - ☒ If detention of the child is authorized the physician should admit the child if medically necessary; if not medically necessary DFCS shall pick up the child within 6 hours.

- ⌞ Be prepared to go to court and testify within 72 hours – the physician will be notified of the hearing time and day.
- ⌞ The physician is given the obligation under the law to file the appropriate Deprivation Petition in the Juvenile Court within five days of the detention hearing. *The physician should determine from DFCS if they intend to file a petition first and if they indicate that they will the physician obligation will be obviated. However, the physician should know that should this Petition not be filed the child must be released at the end of the five days to the parent.¹*

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.

¹ Local protocol rule – not statutory.

FANNIN COUNTY SCHOOLS CHILD ABUSE/NEGLECT REPORTING

Fannin County Schools
2290 East First Street
Blue Ridge, GA 30513
706-632-3771

All employees of the Board of Education who have reason or cause to believe that a child is being or has been abused must acknowledge and report that abuse immediately through the following steps:

CHILD ABUSE REPORT PROCEDURE FLOWCHART

1. Teacher reports to counselor or school administrator.
2. Child Abuse/Neglect Mandated Reporter Form is filled out and signed by counselor and school system staff member making the referral.
3. School system employee documents on their planner or in the file the date, time and location of their report (it is suggested that this document be retained at least three years).
4. Counselor or School Administrator makes the report to DFACS and then tells their Administrator. Reporting counselor or school administrator will document contact on reporter log.
5. If it is a criminal incident, Administrator will report to school SRO, as well as to the County Office.
6. Counselor follows up on mandated reporter letter from DFACS. The counselor will file the letter with the report in their office, then notes the date received on the reporter log.
7. On the last day of the month, a copy of the reporter log is sent to Student Services Director to inform the superintendent of all reports. A copy of these logs will be on file in the Superintendent's Office.

The supervisor, to whom child abuse is reported, shall under no circumstances shall exercise any control, restraint, modify or make changes to the information provided in the report.

Any and all investigations into suspected child abuse shall be conducted by the Fannin County Sheriff's Office. Employees shall not conduct any interviews or investigations into allegations of child abuse, including but not limited to discussions with victims, perpetrators, or witnesses.

Employees shall perform the initial inquiry required to determine if child abuse is suspected; once a suspicion of child abuse has been established by the employee, any and all inquiry, questioning, or investigation into those suspicions by said employee shall cease and the report described above shall be made without delay.

OTHER MANDATED REPORTERS

A. Reporting Child Abuse

A report shall be made the Department of Family and Children Services (DFCS) and to the appropriate law enforcement agency as soon as possible. If the report is an oral report made to DFCS or law enforcement, it shall be followed by a report in writing as soon as practicable.

Reports shall contain the names and addresses of the child and the child's parents or caretakers, if known; the child's age; the nature and extent of suspected abuse/neglect; and any other information that the reporting person believes might be helpful.

- The mandated reporter is not recognized as a skilled interviewer authorized to investigate and interview the child in the nature and circumstances of the abuse. Therefore, questioning should be limited to only enough information to allow the officer to make an appropriate referral. An extensive investigation as to whether abuse has occurred is to be left to protective services of DFCS or the investigators of the law enforcement agency involved.

INVESTIGATIVE PROCEDURES

DEPARTMENT OF FAMILY & CHILDREN'S SERVICES
990 East Main Street
Blue Ridge, GA 30513

(706) 632-3521

Hours of Operation: 8 a.m. – 5 p.m.; M-F

Emergency # for after hours, weekends or holidays: 1-855-422-4453

A. Investigation of Accepted Reports:

- Reports of severe physical abuse and sexual abuse are reported via telephone by case manager to the appropriate law enforcement agency. 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 case manager notifies the officer if their assistance is needed based on additional information received after contact.
- Representatives from City and County law enforcements meet as needed with CPS case managers to discuss/review all reports.
- Severe physical, severe emotional, and all sexual abuse will be referred to Appalachian Children's Center by the investigating agency. The DFCS case manager should follow up as soon as practical with a faxed referral to the appropriate law enforcement agency. There will be a joint decision by DFCS/Law Enforcement about a preliminary interview based on the validity of the reporter and actual disclosure by the child. The Appalachian Children's Center's protocol will be followed.
- In other cases of reports of physical abuse with alleged marks or bruises, law enforcement will make the initial contact. DFACS will be contacted immediately if marks/bruises are severe. In cases where medical treatment is indicated or the cause of inquiry cannot be determined, a medical opinion will be sought.
- Reports of physical abuse, with no allegations of current marks or bruises, neglect and emotional abuse will be made to law enforcement in the above-mentioned manner unless assistance is needed in securing parental cooperation, access to child or protection of child.

B. Interviewing Children at School:

- If it is necessary to interview children at school, DFCS case manager will contact the school prior to being on site for the interview. The school will be responsible for arranging the interview time and private place.
- DFCS case manager will notify non-offending parents as soon as possible of the interview.

C. Confirmed Reports:

- In reports where maltreatment has been confirmed and the risk to the child is moderate or high, the CPS case manager will design 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 or Juvenile Court assistance will be requested for protection. *(Law enforcement, protective custody or Juvenile Court Emergency Order will be requested in cases of imminent danger. If no imminent danger, a petition for deprivation will be filed with Juvenile Court.)*

- Confirmed cases determined to be low-risk will be closed and case manager will refer the family to community resources.
- Confirmed 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 will be sought.
- In all cases of sexual abuse with non-believing and/or non-cooperating non-offending parents, DFCS will file a petition in Juvenile Court for protection/cooperation and/or custody.
- When the case has been accepted by the DFCS/SIU, protocol for DFCS will be followed.

LAW ENFORCEMENT

Fannin County Sheriff's Office
645 West 1st Street
Blue Ridge, GA 30513
(706) 632-2044

Blue Ridge Police Dept.
301 Church Street
Blue Ridge, GA 30513
(706) 632-3451

McCaysville Police Dept.
163 Blue Ridge Drive
McCaysville, GA 30555
(770) 492-4636

- A. Basic Procedure for Patrol Officer Responding to Child Physical, Emotional, and Sexual Abuse Calls:
1. Officer should make contact with complainant for nature of allegation.
 2. Officer should gather jurisdictional information from the complainant (where the incident occurred).
 3. If the offense occurred out of the jurisdiction of the responding officer, advise communication personnel so that the appropriate law enforcement agency can respond.
 4. Officer should gather information for the incident report from complainant.
 5. If an officer has to interview the victim he should ask only basic non-detailed questions. A more detailed interview will be deferred to the investigator (open ended questions—who, what, when, where and why).
 6. Officers should then contact his/her supervisor so that they can notify an investigator.
 7. Officer will complete the initial incident report.
- B. Basic Police Investigation of Child Physical and Emotional Abuse
1. Determine if the allegation of sexual abuse, physical abuse or neglect is founded by probable cause, and if the crime occurred in the jurisdiction of the agency.
 2. Give immediate consideration of the child's safety and arrange for medical attention if needed.
 3. Assist DFCS or other agency needing an officer to take a child into protective custody.
 4. Respond to and obtain evidence at the scene or medical facility. Observe, record, and report events at the scene.
 5. Obtain physical evidence (*i.e., photographs, semen, pubic hair, etc.*) with the assistance of medical personnel.
 6. Develop information sources and consult with other agencies at the scene (*i.e., pediatrician, emergency room doctor, counselor, etc.*).
 7. Consult and interview victim, witnesses and parents of victim.
 8. Obtain statements from victim by audio and/or video recordings whenever possible.
 9. Arrange analysis and evaluation of evidence and review results with personnel.

10. Interview suspect when identified. *(may be vice versa with number 11)*
11. Obtain warrants and apprehend suspect for offense. *(may be vice versa with no. 10).*
12. Compile case file for prosecution, criminal history check, etc.
13. Consult with District Attorney's office for prosecution.
14. Severe physical, severe emotional, and all sexual abuse will be referred to Appalachian Children's Center by the investigating agency. The DFCS case manager should follow up as soon as practical with a faxed referral to the appropriate law enforcement agency. There will be a joint decision by DFCS/Law Enforcement about a preliminary interview based on the validity of the reporter and actual disclosure by the child. The Appalachian Children's Center's protocol will be followed.
15. Participate in subsequent judicial proceedings.

C. Law Enforcement Procedure for Investigating Sexual Abuse

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.

1. Initial Response

- a. In cases where law enforcement receives the report of abuse, they will report the referral to DFCS.
- b. An initial screening of the referral should be conducted.
- c. 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.
- d. Law enforcement will check their records for previous records or histories with the family.
- e. Law enforcement and the DFCS investigator will meet and discuss the case and decide how to proceed with the investigation.
- f. The Law Enforcement and DFCS investigators may in his or her discretion as threshold questions of the victim as necessary to make initial determination as to:
 - a. General nature of the alleged abuse
 - b. Identity of the alleged perpetrator
 - c. Potential existence of physical evidence
 - d. Identify the jurisdiction in which the alleged abuse took place.
 - e. If the information is readily available from a reliable third party, the investigator should avoid conducting an interview of the child.
 - f. Law enforcement will schedule an interview at Appalachian Children's Center within 24 hours. *(The Appalachian Children's Center's protocol will be followed, see Appendix E.)*

SEXUAL ABUSE FORENSIC INTERVIEW PROCEDURE

Appalachian Children's Center, Inc.
P.O. Box 1373
Ellijay, GA 30540
(706) 273-2225
Hours of Operation: 9:00 a.m. – 5 p.m.; M-F

A. Joint Investigation

DFCS and law enforcement have committed to the joint investigation of child abuse cases, and to the coordination of the investigation of child sexual abuse, severe physical abuse cases, severe emotional abuse cases and Munchausen by Proxy through the Appalachian Children's Center (see Interagency Agreement, Appendix E). Children under the age of 18 who are alleged victims of sexual abuse, severe physical abuse, or severe emotional abuse will receive multidisciplinary response coordinated through the Appalachian Children's Center. Joint investigation shall include cross-reporting of allegations, collaborative interviewing, and interdisciplinary case review (see Appendices D & E).

B. Forensic Interview Procedures

Forensic interviewing of alleged victims of child abuse is an extremely specialized skill which requires research-informed knowledge and 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.

C. Role of the Appalachian Children's Center

Interviews of children alleged to be victims of child sexual abuse should be conducted at the Appalachian Children's Center. Sexual abuse forensic interviewing is a practice continually informed by emerging research. The Appalachian Children's Center's protocols for pre-interview, interview, and post-interview procedures will be appended to the Child Abuse Protocol and reviewed annually for approval and a determination that the process is protective of the child. Personnel from law enforcement and the Department of Family and Children Services should make every effort to follow these procedures and to coordinate their investigative efforts in a manner which increases the efficiency of the investigation while minimizing additional trauma to the child.

1. Making Referrals

Children who have made a disclosure regarding sexual abuse, or have medical evidence of abuse, or who exhibit behaviors suggestive of abuse (Appendix B) should be referred for a joint forensic investigation of the abuse by DFCS and law enforcement (LE).

- a. Children ages 3 or under who are insufficiently verbal for an interview but who present with medical evidence or sexualized behaviors should be referred by LE and/or DFCS for interdisciplinary review by contacting Appalachian Children's Center.
- b. Videotaped sexual abuse forensic interviews of children 3-17 should be conducted at the Appalachian Children's Center, and will be scheduled at the request of DFCS or LE personnel only.
- c. Children 14-17 may be interviewed by a trained interviewer at an agency location if circumstances require immediate response; however, these cases should be referred to the Appalachian Children's Center for interdisciplinary case coordination the following business day.
- d. Intake reports should be made to the Appalachian Children's 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.

2. Forensic Interview Procedures

Sexual abuse forensic interviewing is a practice continually informed by emerging research. The Appalachian Children's Center's protocols for pre-interview, interview, and post-interview procedures will be appended to the Child Abuse Protocol and reviewed annually for approval and a determination that the process is protective of the child.

3. Forensic Evaluation Procedures

Children referred for a forensic interview who do not disclose abuse may be referred for an extended forensic evaluation for the following reasons.

- a. the child did not disclose abuse to investigators but allegedly disclosed to another person, OR
- b. medical evidence is strongly consistent with abuse, OR
- c. the child exhibits behaviors strongly suggestive of abuse (Appendix B), OR
- d. decision-making regarding protection of the child cannot be made based upon initial interview results.

This fact-finding evaluation will be conducted by an individual with a graduate level mental health degree in a recognized discipline (e.g. psychiatry, psychology, social work, child development) or be supervised by a professional with a graduate degree. This evaluation will follow the protocol identified by the National Children's Advocacy Center, and will be conducted in a legally defensible manner which will facilitate protective, therapeutic, and prosecutorial decision-making.

JUDICIAL PROCEDURES

PROCEDURES IN JUVENILE COURT

A. DFCS Responsibilities

1. All sexual abuse cases meeting the following criteria should be filed with the Juvenile court. "Filed" means that DFCS shall file a complaint and Petition in the Juvenile Court.

Criteria: The investigation by the abuse investigator reveals that there is substantial credible evidence that child sexual abuse has occurred and is a continued risk to the child. To make such a determination, the investigation should reveal two factors:

a) Allegations:

- (1) the victim alleges sexual conduct corroborated by one or more prior reports to others or corroborated by the age of the child correlated with the details given;
- (2) the victim alleges sexual abuse which is corroborated by anogenital examination;
- (3) the victim alleges recent sexual abuse corroborated by forensic examination and/or anogenital examination;
- (4) the victim denies sexual abuse and a forensic and anogenital examination confirms abuse.

b) And Either

- (1) conduct by the child's parent or caretaker which allows, permits, encourages, or requires the child to engage in any sexual activity, or
- (2) the parents are unwilling to participate in a treatment plan to ameliorate a neglectful or abusive situation, and as a result, the child remains at serious risk of maltreatment or emotional harm, or
- (3) the alleged offender has or may have any uncontrolled access to the child. Such an offender includes an arrested offender who may make bond, or
- (4) non-offending parent or caretaker is protective and/or cooperative but non-believing.

2. All physical abuse cases with the following criteria should be filed with the Juvenile Court. "Filed" means that DFCS shall file a complaint and Petition in the Juvenile Court.

Criteria: The investigation by the abuse investigator reveals that there is substantial credible evidence that child physical abuse has occurred and there is a continued risk to the child. To make such a determination, the investigation should reveal two factors.

a) Allegations:

- (1) the presence of injury for which the explanation offered is inadequate to explain the injury;
 - (2) allegations by the child corroborated by prior reports to others or by other evidence;
 - (3) abuse diagnosed by physician;
 - b) and either:
 - (1) reasonable efforts have been made to ameliorate an abuse situation so that the child can remain at home, but these efforts have failed and the child remains at risk; or
 - (2) the parents are unwilling to participate in a treatment plan to ameliorate an abusive situation, and as a result, the child remains at serious risk of maltreatment or emotional harm; or
 - (3) non-offending parent or caretaker is protective and/or cooperative but non-believing.
3. All neglect cases will be filed with the Juvenile Court in accordance with the criteria set forth in the Child Protective Services Policy and Procedures and applicable state laws.
4. In preparation for court, caseworkers should contact the Special Assistant Attorney General representing DFCS. Preparation should include providing the Special Assistant Attorney General with the results of the investigation, a risk factor assessment of the case, placement alternatives, documentation of prior abuse, and all other materials necessary for presentation of the case to the Court. The caseworker should bring all relevant case file material to Court.
5. In order to insure service of subpoenas, DFCS shall provide Juvenile Court with a complete list of witnesses to be subpoenaed at least 72 hours prior to hearing.
6. DFCS shall abide by the jurisdictional time limits as to filing and notify the Special Assistant Attorney General of the details of the offense by the morning of the next working day, if the children are detained or in immediate danger.

B. Deprivation Proceedings

When deprivation proceedings are filed, including abuse cases, the Juvenile Court should do the following:

1. Comply with the jurisdictional time limits mandated by law.
2. When a child is alleged to be deprived and is taken into custody, an informal Detention Hearing (Instant) must be held no later than 72 hours after the child is placed in shelter care to determine whether continued shelter care is required. If the 72-hour time period expires on a Saturday, Sunday, or legal holiday, the hearing must be held on the next day which is not a Saturday, Sunday, or legal

holiday.

3. If the child is not released to the parent or custodian at the Detention Hearing, and the Court finds that continued shelter is required, a petition should be made and presented to the Court within five days of the detention certification.
4. The Adjudicatory Hearing must be set not later than ten days after the petition is certified if continued shelter care is ordered at the Detention Hearing.

C. Continuance

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

D. Protective Orders

The Juvenile Court Code allows for the filing of a motion for protective order under State law. This order may do the following:

1. Restrain or otherwise control the conduct of any person in relationship to the child.
2. Require any such person to do anything from staying away from the home of the child to participating with the child in counseling or treatment.
3. 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.
4. If the protective order is not considered at the Disposition Hearing, it should be the policy of DFCS, where appropriate and through its counsel, to file such an order.
5. The Department's counsel should request a hearing within ten days after the filing of the application for a protective order.

TREATMENT

TREATMENT FORMAT FOR CHILD ABUSE CASES

- A. For sexual abuse, severe physical abuse, and severe emotional abuse cases staffed by the Multidisciplinary Team (MDT) please see Appendix D for more information. The MDT will determine if there is a need for referral for treatment, further screening or an extended evaluation; and, identify the primary involved agency who will make appropriate referrals for services and assure follow-up of these services. If an extended evaluation is indicated, these will be coordinated through the Appalachian Children's Center.
- B. If a treatment referral is indicated the Appalachian Children's Center's staff will provide additional assistance in selecting a provider based on the needs of the child, the financial resources of the family, and the availability of the provider. If the child is in crisis and no provider is immediately available, Appalachian Children's Center will continue to provide unlimited free crisis counseling sessions.
- 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 thinks that this lack of cooperation is endangering the child, a referral to DFCS will be made as with any case involving mandatory reporting.
- A. Treatment services for alleged perpetrators are lacking in our community. However, treatment referrals are available to regional service providers (i.e. Medlin Clinic, Highland Rivers Behavioral Health Services). These referrals will be coordinated by Adult Probation and Parole for Superior Court cases, and by the Department of Juvenile Justice for Juvenile Court cases.

REPORTING CHILD SEXUAL ABUSE WHEN A CHILD DISCLOSES DURING THERAPY

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

APPENDIX A

Legal Requirements to Report Abuse and Definitions

LEGAL REQUIREMENTS TO REPORT CHILD ABUSE AND DEFINITIONS

- A. The purpose of this Code section is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, to protect and enhance the welfare of these children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.
- B. 19-15-1 Definitions (as defined by OCGA 19-7-5).
1. "Abortion" shall have the same meaning as set forth in Code Section 15-11-111.
 2. "Abused" means subjected to child abuse.
 3. "Child" means any person under 18 years of age.
 4. "Child Abuse" means:
 - a) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;
 - b) Neglect or exploitation of a child by a parent or caretaker thereof;
 - c) Sexual abuse of a child; or
 - d) Sexual exploitation of a child.

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.
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, public area, or buttocks or with a female's clothed or unclothed breasts;
 - h) Defecation or urination for the purpose of sexual stimulation; or
 - i) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

"Sexual abuse" shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors (not having reached legal age) or between a minor and an adult who is not more than five 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 a child's parent or caretaker 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.

- 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 in this Code section:
- a) Physicians licensed to practice medicine, interns, or residents;
 - b) Hospital or medical personnel;
 - c) Dentists;
 - d) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
 - e) Podiatrists;
 - f) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 24 of Title 43;
 - g) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
 - h) Schoolteachers;
 - i) School administrators;
 - j) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
 - k) Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;
 - l) Child-counseling personnel;
 - m) Child service organization personnel;
 - n) Law enforcement personnel; or
 - o) Reproductive healthcare facility or pregnancy resource center personnel and volunteers.
2. If a person is required to report abuse pursuant to this subsection because that person attends to a child pursuant to such person's duties as a member of the staff of 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 in accordance with this Code section. A staff member who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection.
- D. Any other person, other than one specified in section "C" of this Code section, who has reasonable cause to believe that a child is abused may report or cause reports to be made as provided in this Code section.
- E. 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 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. Such reports shall contain the names and addresses of the child and the child's parents or caretakers,

if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital staff, physicians, law enforcement personnel, school officials, or staff of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian; provided, however, that any photograph taken pursuant to this Code section shall, if reasonably possible, be taken in a manner which shall not reveal the identity of the subject. Such photograph shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

- F. Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability is provided in this subsection.
- G. Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report child abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.
- H. Any person or official required by subsection "C" of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.
- I. A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:

1. There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or
2. The Superior Court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the Superior Court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The Superior Court to which an application is made shall not grant the application unless:
 - a) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought.
 - b) The applicant carries the burden of showing the legitimacy of the research project; and
 - c) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

Pursuant to Senate Bill 60 which revised the Child Abuse Protocol Statute in 2001, all mandated reporters are additionally required to report all domestic violence incidents involving, or in the presence of, children, consistent with existing Fannin County Child Abuse Protocol guidelines.

This revision reflects the changes required by HB1176 of the 2012 Session of the General Assembly. Those changes are referenced herein and are annotated as follows: Th 2012 Amendment, effective July 1, 2012, in subsection (b), added present paragraph (b)(1), redesignated former paragraphs (b)(1) through (b)(3) as present paragraphs (b)(2) through (b)(4), respectively, inserted "that" in present subparagraph (b)(4)(A), added paragraphs (b)(5) through (b)(9), redesignated former paragraphs (b)(3.1) and (b)(4) as present paragraphs (b)(10) and (b)(11), respectively; added "or nurse's aides" at the end in subparagraph (c)(1)(F); deleted "or" at the end of subparagraph (c)(1)(M), substituted "; or"

for a period at the end of subparagraph (c)(1)(N), and added subparagraph (c)(1)(O); in paragraph (c)(2), in the first sentence, inserted "child", and substituted "an employee of or volunteer at" for "a member of the staff of", and substituted "An employee or volunteer" for "A staff member" at the beginning of the second sentence; in subsection (e), twice substituted "employees or volunteers" for "staff", and substituted "photographs" for "photograph" at the beginning of the fifth sentence; at the end of subsection (g), inserted the proviso at the end of the first sentence, and added the last sentence.

APPENDIX B

Indicators and Risk Factors of Abuse/Neglect
(Taken from Child Abuse Reporting Guide)

NEGLECT AND MALTREATMENT

A. Child

1. Physical indicators:

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

2. Behavioral indicators:

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

B. Parent/Caretaker

1. Risk Factors

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

2. Risk Factors

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

PHYSICAL ABUSE

A. Child

1. Physical indicators:

- a) Bruises (i.e., occurring in unusual patterns; occurring on posterior side of body; occurring in clusters; occurring on an infant, especially on the face; in various stages of healing)
- b) Burns (i.e., immersion burns [sock-like, glove-like, or on the buttocks or genitalia], cigarette-type burns on palms of hands soles of feet, genitals; rope burns, from confinement; dry burns, such as caused by an iron).
- c) Missing or loosened teeth
- d) Lacerations and abrasions, unexplained (i.e., on an infant's face, on external genitals, human bite marks, choke marks on neck and/or wrists).
- e) Skeletal injuries
- f) Head injuries (i.e., absence of hair, nasal or jaw fractures, sub-dural hematomas, other more serious injuries)
- g) Internal injuries

2. Behavioral indicators:

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

***Suspect physical abuse if the above injuries are not associated with accidental injuries or if parental explanation does not fit pattern of the injury.*

B. Parent/Caretaker

1. Risk Factors

- a) Unrealistic expectations of child
- b) Uses discipline which is inappropriate or extreme for child's age or behavior
- c) Discipline is often cruel
- d) Failed appointments (i.e., lack of cooperation with agency regarding child's health/injuries, reluctant to share information about child)
- e) Discourages social contacts
- f) Uses different medical facilities (i.e., refuses consent for medical exam/diagnostic testing)

- g) Fails to obtain medical care for child
 - h) Believes in/defends corporal punishment
 - i) Over involvement in religion
 - j) Parent cannot be located
 - k) Parent conceals child's injuries
 - l) Parent confines child for extended periods of time
2. Risk Factors
- a) Parental history of child abuse
 - b) Lack of parenting skills
 - c) Marital problems
 - d) Mental/physical illness
 - e) Drug/alcohol problems
 - f) Social isolation
 - g) Financial pressures
 - h) Unemployment
 - i) Inadequate housing
 - j) Target child in home (i.e., physically or emotionally handicapped, developmentally disabled, unwanted)

MUNCHAUSEN BY PROXY

(Pediatric Condition Falsification/Factitious Disorder by Proxy)

Munchausen by Proxy consists of either or both components of Pediatric Condition Falsification and Factitious Disorder by Proxy. The First component is the maltreatment of the child by Pediatric Condition Falsification, consisting of near-lethal inducement of illness and/or chronic false reporting of symptoms. The second component is falsification of signs or symptoms in a victim by a person who has a psychiatric disorder called Factitious Disorder by Proxy in which the adults have the ability not only to lie but to imposture. A third component, which may be present in conjunction with one or both of the first two components, is the participation of the non-perpetrating spouse or others who help maintain the deceptive process.

A. Child

1. Physical condition

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

2. Psychological condition
 - a) Perpetrator reports false psychological symptoms (examples—excessive anxiety, school refusal, stress reactions)
 3. Sexual Abuse
 - a) Perpetrator repeatedly requests evaluation for false allegations of sexual abuse
- B. Parent/Caretaker
- 1) Goal is to gain attention and manipulate powerful figures
 - 2) Masquerade as the “good mother”
 - 3) Use the child to gain material goods
- C. Colluding family members
- 1) Passive spouse
 - 2) Abusive spouse
 - 3) Help maintain deception by defending the perpetrator

SEXUAL ABUSE

- A. Child
1. Physical indicators:
 - a) Difficulty in walking or sitting
 - b) Complaints of pain or discomfort in genital area
 - c) Torn/stained/bloody underclothing
 - d) Unusual or offensive odors
 - e) Poor sphincter control in previously toilet trained child
 - f) Self-Mutilation, disfigurement
 - g) Medical indicators (i.e., bruises/bleeding/laceration in genitalia or anus; genital or rectal pain, itching, or swelling; venereal disease; discharge; pregnancy; extreme passivity in a pelvic exam)
 2. Behavioral indicators:
 - a) Sophisticated or unusual sexual knowledge and/or behavior (i.e., preoccupation with sexual organs of self/parent/other children, seductive behavior, sexual promiscuity, excessive masturbatory behavior, poor physical boundaries, perpetration to other children)
 - b) Wearing many layers of clothing, regardless of weather
 - c) Reluctance to go to a particular place or to be with a particular person
 - d) Recurrent nightmares or disturbed sleep patterns and fear of dark
 - e) Withdrawal/fantasy
 - f) Infantile behavior
- B. Parent/Caretaker
1. Risk Factors

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

EMOTIONAL/VERBAL ABUSE

A. Child

1. Physical indicators:

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

B. Parent/Caretaker

1. Risk Factors

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

2. Risk Factors

- a) Parents were victims of some form of child abuse: physical, sexual, emotional
- b) Marital problems
- c) Isolated, no support system

- d) Low self-esteem
- e) Drug/alcohol problems
- f) Does not understand normal developmental stages of children
- g) Mentally/physically ill
- h) Financial/employment problems
- i) Child unwanted
- j) Family violence

HELPING THE CHILD WHO HAS BEEN PHYSICALLY OR SEXUALLY ABUSED

Professionals dealing 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:

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

APPENDIX C

Multi-Disciplinary Team Case Review Procedures

MULTI-DISCIPLINARY TEAM CASE REVIEW PROCEDURE

A. Mission

The mission of the Multi-Disciplinary Team is to enhance interagency response to child abuse and neglect in a manner which strengthens and protects children, families, and the community through the sharing of information, resources, expertise, and accountability.

B. Role of the MDT

All investigations of sexual abuse, severe physical abuse, and bizarre discipline will be reviewed by the MDT at a monthly meeting. Consistent with the team's mission, the role of the MDT is to facilitate the exchange of information with the ultimate goal being a coordinated multi-agency response to the investigation and management of abuse cases which minimizes further trauma to the child. While decision-making within the individual agencies may be informed by the views of the team, each agency maintains ultimate authority for decisions appropriate to its role in the community.

C. MDT Core Members

- Law Enforcement agencies
- Department of Family and Children Services, Division of Child Protective Services (Investigation and Ongoing/Placement)
- Office of the District Attorney
- Victim-Witness Assistance Program
- Mental Health
- Juvenile Court Guardian ad litem/CASA
- Medical
- Appalachian Children's Center

D. MDT Peripheral Members

- Child's therapist
- School personnel
- Case Prosecutors
- Probation

E. Agenda

The Appalachian Children's Center, Inc. (ACC) will set the agenda for the MDT meetings. MDT members are responsible for sending cases they would like reviewed and discussed at the meetings to the ACC in advance. The ACC will then set the agenda based on the cases submitted for review. The agenda will be available at the meetings, or before if requested. New cases will be presented in their entirety by the investigative team involved. Pending cases will be reviewed for progress, including those cases pending indictment, to ensure timely processing. New referrals to the ACC will also be reviewed to establish the investigative team and to schedule interviews.

F. Meeting Facilitation and Documentation

The MDT meeting will be facilitated by one team member, who will document in each case file case progress to date and action items needed. Action items will be designated to individual team members accountable for progress within a specified time frame.

G. Case Tracking

- Cases will be followed from investigation through final disposition by all involved agencies. The Appalachian Children's Center will maintain information on each case brought through the Center on a statistical tracking program. This information will be available to agencies utilizing the center and to granting agencies.
- The Appalachian Children's Center will also maintain agency-wide statistics, which may facilitate program evaluation.

H. Confidentiality

- Information shared during MDT meetings is for agency use only to facilitate the process of investigation, prosecution, or family support for those cases under review. Both case information obtained and opinions and suggestions of individual team members should be kept strictly confidential and should not be shared outside of the case review meeting, except with individuals involved in case decision making. Each MDT member will be required to sign a confidentiality statement regarding each case discussed at the MDT meetings. In addition, the MDT member (law enforcement agency or DFCS) who retains the one videotape will be required to sign a tracking release acknowledging possession and confidentiality of the videotape. The duplicate videotape will remain on-site at the Appalachian Children's Center in a locked, secure location, and will be considered part of the investigative record. Duplicates will be provided by the ACC as requested by agencies.

I. Conflict Resolution

- If disagreement occurs regarding case decisions, resolution attempts should begin with the individual and follow the individual agency's chain of command to be addressed per internal operating procedures and in conjunction with local policies.

APPENDIX D

Appalachian Children's Center, Inc.
Interview Protocol

**APPALACHIAN CHILDREN'S CENTER, INC.
INTERVIEW PROTOCOL**

The Appalachian Children's Center, Inc. was originally developed from the efforts of the North Georgia Mountain Crisis Network, Inc., the Judges, the District Attorney's Office, and several other valuable community members. The Center operated under the umbrella of the North Georgia Mountain Crisis Network before separating into its own entity in October 2002. The Appalachian Children's Center, Inc. is a children's advocacy center serving the Appalachian Judicial Circuit, which encompasses the counties of Fannin, Gilmer, and Pickens. The Center is located in Blue Ridge, Georgia, which is the geographic center of the Circuit.

The Appalachian Children's Center, Inc. (ACC) is a private, non-profit (501 C3), community based organization dedicated to intervention, treatment and prevention of all types of maltreatment, including physical, sexual and emotional abuse of children.

MISSION/GOALS

The mission of the Appalachian Children's Center, Inc. is to advocate for the safety of all children and to reduce the trauma of child abuse victims and their families.

SERVICE DESCRIPTIONS

The Appalachian Children's Center (ACC) provides intervention, treatment and prevention services to children, their families, and to the community:

A. Intervention:

1. Forensic Interviews

The center assists the investigative and protective efforts of law enforcement and child protective services agencies in the Appalachian Judicial District, including Fannin, Gilmer and Pickens Counties by providing digitally recorded forensic interviews. Forensic Interviews at the ACC are for children ages 3-17 who have disclosed maltreatment or abuse or there are allegations of maltreatment or abuse.

2. Extended Forensic Interviews (EFI)

When necessary, extended forensic interviews are conducted. This forensic interview process is extended over 4-8 sessions. Possible reasons for EFIs are the age of the child, limited verbal skills, and disabilities.

3. Crisis Intervention

Crisis intervention at the ACC focuses on acute, critical situations (such as depressive episodes or attempted suicides) which fall within the scope of

the ACC with the aim of restoring the person to the level of functioning before the crisis. This is, generally, a one-time intervention that results in referrals to the appropriate agency or program.

4. Multidisciplinary Team Facilitation

Agencies involved in the investigation, prosecution, and treatment of maltreatment and neglect in the Appalachian Judicial District agree that a team approach is the best approach to dealing with the issue. The ACC facilitates monthly MDT meetings, one in each county, which bring together representatives from law enforcement, child protective services, the district attorney's office, and medical and therapy providers in an effort to ensure that agency decision-making for children is fully-informed of every aspect of the child's case. The ACC prepares and distributes an agenda before the meeting. The agenda includes a list of new and active cases, as well as cases awaiting prosecution. The MDT staffs all cases through completion of case.

Specially trained clinical staff members, who are sensitive to developmental and psychological issues of children, conduct the interviews and facilitate joint agency collaboration (Multidisciplinary Team) in an effort to minimize system-induced trauma to children and families. There is no fee for these services.

B. Treatment

1. Clinical Services

Individual, group and family therapy is provided on-site, free of charge, to children who reside in Fannin, Gilmer or Pickens County or whose abuse and/or neglect occurred in that service area. The emphasis with the child is on resolving abuse-related trauma, minimizing anxiety and depression, and restoring a sense of self-worth and empowerment.

2. Support

The ACC provides therapeutic support and education to non-offending parents, siblings, and other family members, including non-offending caregiver support group, family assessment, parenting education and referral for needed resources. Education is also provided regarding investigative and legal processes, which empowers families and facilitates cooperation with the "system."

3. Research

The ACC is committed to providing quality services which meet the needs of the children and agencies we serve. We are also committed to furthering understanding of the process and impact of maltreatment and

neglect and the most effective ways of intervening and treating child victims. Toward this end, we are working to develop effective program evaluation tools, and are engaged in research partnerships with local universities and with the state and national networks of children's advocacy centers. Client confidentiality is always strictly protected. Data utilized in research endeavors is reported in group form, and not associated with any identifying information.

C. Prevention

1. Training

1) Workshops and In-services: Training is offered to the community on general topics including education about the counties' child abuse protocols, reporting requirements, center services, and the impact of sexual abuse. Advanced training is also offered to agency partners (e.g. law enforcement, DFCS, DA, school social workers, CASA) and includes topics such as normative and non-normative sexual behavior, the dynamics of sexual abuse, and interviewing techniques. Fees may apply for training; rates are determined by the Clinical Director, in cooperation with the Board of Directors.

2) Internships: Graduate and Undergraduate students may apply for internship experiences at ACC. Students are supervised by appropriate senior clinical staff (as required by their respective programs).

2. Outreach and Advocacy

Children, Families and the community learn about the ACC in various manners: from police, the Departments of Family and Children's Services, juvenile courts, the District Attorney's offices, public mental health services, psychotherapists, physicians, the, hospitals, schools, and churches. ACC staff persons also increase awareness of center services by participating in local conferences and public service "fairs," and by providing in-services to child and family-serving organizations. ACC is strongly committed to outreach toward underserved minority populations, and is proactive in seeking community partnerships with organizations with a minority focus.

I. Intake Procedures

A. Forensic Interview Intake Procedures:

1.) Referral sources: Forensic interviews are conducted by specially trained center staff at the request of DFACS, law enforcement, the District Attorney's offices, or the courts only. Forensic interviews are provided for the investigation of incidents occurring in the Appalachian Judicial District, including Fannin, Gilmer and Pickens counties. In certain cases, the ACC will provide requested

service to another county or district. The center may conduct a complimentary interview for another county and/or state if the center and/or interviewer schedule permits and the request is made by appropriate agency personnel.

2.) Appropriate cases: Forensic interviews are conducted of children who are alleged to be victims or witnesses of maltreatment and/or neglect, including sexual abuse, physical abuse, or witnesses to domestic violence and/or homicide. Children interviewed at ACC are between the ages of 3 and 17. Services provided to children under 4 are at the discretion of the interviewer with the input of the Clinical and/or Executive Director. In exercising this discretion, determination will be made if the child under 4 is sufficiently developed cognitively and verbally to participate in an interview. That information will be shared with the referring agencies and ACC staff. Therefore, a child may not be interviewed if it is the interviewer's evaluation that the child's delays will make it impossible to conduct a reliable interview. Additionally, ACC staff may assist investigators as needed in conducting the non-offending parent interview, for children under 4, which may be augmented by supplemental behavioral assessment tools. Cases will be reviewed in MDT to ensure best practices for the child. Please see MDT facilitation for further details.

- Special Populations:

- Children under 3: children under 3 will not be interviewed unless special circumstances warrant an exception. However, center staff may assist investigators as needed in conducting the non-offending caregiver interview, which may be augmented by supplemental behavioral assessment tools. The center will also facilitate a case review of cases involving any child who has allegedly been sexually or physically abused or neglected, whether or not the child was interviewed at the ACC. Please see MDT facilitation for further details.
- Sexually acting out children:
 - a. The center does not interview perpetrators.
 - b. However, children under 16 who are sexually acting out with other children may be interviewed for assessment of possible victimization. Children over 16 who display coercive or predatory type sexualized behaviors may be interviewed at the ACC or may be referred to another agency for an evaluation.

- c. In the event that a juvenile perpetrator is interviewed at the ACC, the child will be interviewed when no other child is at the center
- o Developmentally delayed adults: The center's mission is focused on children; therefore, adults with mental retardation are not generally considered as falling within the range of service. However, exceptions may be made under some circumstances for young adults with mild mental retardation.

3.) Triage of referrals:

- d. Requests for interviews should be directed to the volunteer/intern intake worker on the schedule that day (or the interviewer on staff that day, in the event that the intake worker is not on the schedule).
- e. That person will schedule the interview, and encourage the coordination of the interview with the partner agency of the referral source (DFCS/LE). The ACC does not do forensic interviews without, at least, the referring agency at the interview.
- f. A printout of the referral information will be placed in a forensic interview folder, along with the appropriate paperwork needed for the interview. This will then be forwarded to the Forensic Interview Specialist for whom the case is scheduled.
 - If an interview slot is not available at a requested time and an emergency exists, the Executive Director or the Clinical Director will assign staff to conduct the interview. Criteria is as follows:
 - Abuse allegedly happening within 24-48 hours of report will be interviewed with 24-72 hours of referral to ACC
 - Abuse allegedly happening within 1-2 weeks of report will be interviewed within 1 week of referral to ACC
 - Abuse allegedly happened within the past year will be interviewed at the next available appointment time.

If a forensic interview is performed by anyone other than the ACC for whatever reason, a written referral must be provided to the ACC the next business day so as to allow for assessment for other resources/services which may be available to the victim.

B. Extended Forensic Interviews (EFI) Referrals

1. Referral Sources: EFI's are conducted at the request of law enforcement, DFACS, the District Attorney's offices, or the courts for children allegedly maltreated and/or neglected in, or currently residing in, the Appalachian Judicial District.

Referral sources must consent to:

- a) keep the investigation open during the evaluation,
- b) arrange for the protection of the child during the evaluation,
- c) ensure that the child has transportation throughout the evaluation, and
- d) remain in contact with the evaluator regarding emerging disclosures.

Requests for FEs will be denied if investigators cannot fulfill these responsibilities, and families will be referred to other agencies for follow-up assessment or treatment. In certain cases, the ACC will provide requested service to another county or district. The center may conduct a complimentary interview for another county and/or state if the center and/or interviewer schedule permits and the request are made by appropriate agency personnel.

2. Appropriate cases: A forensic evaluation (FE) is 4-8 sessions where the interview is extended through the sessions. The interviewer has obtained specialized training in the area of forensic interviewing and extended forensic interviewing. The goal of the evaluation is to obtain detailed information regarding the initial allegation of abuse and/or to determine if the child has been exposed to any other form of child abuse. All EFI's are recorded. Children age 3 and older may be referred for a EFI for any of the following reasons:
 - a. The child did not disclose abuse to investigators but allegedly disclosed in detail to another person;
 - b. Medical evidence is strongly consistent with abuse and child's disclosure (or lack thereof) is inconsistent with the medical evidence;
 - c. The child exhibits sexualized behaviors strongly suggestive of abuse;
 - d. Decision-making regarding protection of the child cannot be made based upon initial results
- 3.) Triage of Referrals: Referrals should be initiated by the investigator or DFCS case manager based upon consultation with the Forensic Interviewer regarding the initial interview results. Interviewer will refer case to staff member trained in EFI. That person will schedule the extended sessions and log the request in the case-tracking database.

II. FORENSIC INTERVIEW PROCEDURES

A. General Procedures

- 1.) Persons alleged to be perpetrators of abuse will not knowingly be allowed to accompany the child to the center.
- 2.) Only one digitally recorded interview may be conducted with a child, unless there is a new allegation of abuse by a different perpetrator. If a referring agency has already conducted a videotaped interview, an additional one will typically not be conducted at ACC.
- 3.) To ensure that all relevant information is obtained in the initial interview, all team members involved in the initial investigation should be present at the ACC during the interview. The ACC will not conduct the interview if the referring party is not present. Therefore, individuals with investigative responsibilities should coordinate the interview when all parties can attend the interview.
- 4.) All forensic interviews of children conducted at ACC should be recorded. Two digitally recorded (DVD's) will be recorded simultaneously: law enforcement will retain one videotape as forensic evidence; the duplicate videotape will remain on-site at the ACC in a locked, secure location. Please refer to section entitled "Release of client-related information" for further information regarding maintenance of forensic records.
- 5.) It is preferable that all children be seen at the ACC for their interview to facilitate a multidisciplinary response which, in addition to the interview, may include trauma assessment and crisis intervention by advocacy center clinical staff.
- 6.) The ACC will abide by Fannin, Gilmer and Pickens County child abuse protocols as collaborative agencies when conducting their interviews.

B. Forensic Interview Procedures

1. General guidelines

- a.) Only individuals trained in forensic interviewing (under a nationally recognized forensic interview technique) should conduct the interview with the child.
- b.) All individuals (victims, siblings, witnesses) should be interviewed separately. Non-offending care givers/Parents are not allowed to witness the interviews.
- c.) The ACC staff member conducting the interview is responsible

for ensuring that the interview is being properly recorded.

- d.) All children will be informed of the video recording of the interview (unless the team decides that it is in the child's best interest not to do so) and the identity of the observers (e.g. "Detective Jones is helping me make the tape.")

2. Interview Guidelines

- a.) Interview protocols will be informed by developing research. In general, the interview should be objective and non-leading and cover the following information:

- Rapport
- Anatomy Identification
- Touch Inquiry
- Abuse Scenario
- Closure

- b.) Prior to concluding the interview, the Forensic Interviewer will generally briefly leave the room with the child to check with agency representatives regarding the need for clarification of any information provided in the interview.
- c.) Upon the conclusion of the interview, the child will be escorted back to the waiting area.

3. Use of supplemental interview aids:

- a.) The child may be encouraged to draw the scene of the abuse which may cue memories or otherwise facilitate discussion.
- b.) Consistent with the American Professional Society on the Abuse of Children (APSAC) guidelines, anatomical dolls should be used as a demonstration tool only, after a child has indicated that abuse has occurred. They should be utilized only by interviewers trained in their use, and only with children who are able to make a representational shift.

C. Post-Interview Procedures

- 1.) The Forensic Interviewer will meet briefly with agency partners following the interview to discuss next steps, including the interviewing of other possible victims or witnesses as indicated by the interview. A decision will also be made regarding what information will be shared with the caregiver accompanying the child.
- 2.) The team will meet with the child's caregiver to share information and next steps. Additional information related to the investigation may also be sought from the caregiver following the child's interview. If abuse is strongly suspected based upon the interview, the team should make an assessment of the caregiver's belief and

support of the child.

- 3.) Prior to the family's departure, the interviewer will debrief with the child, and provide crisis intervention to the child and family as indicated. The interviewer will provide the family with recommendations and referrals for follow-up therapeutic and medical care, and distribute the "Caregiver Packet (if the advocate has not already handled this)". In cases where the Intake Coordinator is available, she/he will meet with the non-offending caregiver to share referral information and provide information regarding community resources.

4.) Referrals

- a) Medical referrals: ACC believes strongly in the importance of utilizing physicians with child abuse expertise for children's forensic medical exams. Referrals will be made to Dr. Samuel Lee Church, Hiawassee, GA, or Dr. Todd with Georgia Mountains Health, Blue Ridge, GA. The ACC follows Fannin, Fannin and Pickens County Child Abuse Protocols and relies on DFCS/LE to make referrals and recommendations for forensic medical exams. Ability to pay is never a factor in determining who is referred for a specialized medical evaluation.
- b) Therapy/Evaluation referrals: When children are referred for EFIs or therapy following their interviews, the Interviewer will fill out a therapy referral form, then place in the cases to staff folder in the office. Cases are staffed in weekly clinical staff meetings to determine appropriateness and scheduling.

When possible, the family will be provided with the name of the therapist to whom they will be assigned. If the family is unsure whether they want to follow through with services at ACC, the team will provide the name/number of the Intake Coordinator/or staff member, with whom caregivers may speak further regarding services available at ACC and in the community-at-large.

- c.) Victim Advocacy:
The ACC is an advocacy center. When children are at the ACC a staff member (or an intern/volunteer when available) will act as advocate during the FI. This advocate will act in the best interest of the child and family/non-offending care giver, offering referrals when needed, answer questions, provide assistance, etc.

If the team's finding at this phase of the investigation is that the child has likely been abused, parents will be provided with information and brochures regarding the Office of Victim Services in their county. They will also receive application forms for VOCA compensation. The Intake Coordinator/or staff member acting in that role will be available to explain VOCA procedures, and/or to direct the family to an individual in the Office of Victim Services.

- 5.) Team members will develop a plan for follow-up, including coordination of the remainder of the investigation, protection of the child if needed, and responsibility for ensuring follow-up medical and therapeutic care.
- 6.) The interviewer should attach all written materials from the FI to center paperwork (Intake Sheet completed by parents or investigators and Interview Consent Form) and provide a copy for investigators to be maintained in their case file.

D. Documentation

- 1.) The interviewer should ensure the handwritten recording of the FI in the "Log Book," located in the in a locked file cabinet.
- 2.) ACC interviewers should ensure the accurate completion of all paperwork.
- 3.) ACC interviewers should prepare the one page summary of the interview, including time, date, who was present, nature of the disclosure. Comments should not be added regarding "feelings" or opinions about the child or the offender or the credibility of the allegation. The summary should be an objective statement of the facts of the interview.
- 4.) Law enforcement interviewers should leave the completed DVD Issuance Form, Observation Sign-in Sheet and the ACC's copy of the DVD in the observation room for filing by the interviewer.

E. Record Maintenance

- 1.) Intake Forms, Interview Consent, Interview Summary, and FI-generated drawings or writing should be attached to the forensic file.
- 2.) The interviewer will record basic client data in the case tracking system, and then file the hard record alphabetically in a locked,

secure file cabinet.

- 3.) The interviewer will file the DVD, and ensure that the video storage room/cabinet is locked at the end of the day.

III. Extended Forensic Interviews:

General Guidelines: Please refer to the forensic interview procedures for additional details on the EFI process. Also, see the above Intake Procedures section for information regarding EFI criteria and the referral process. Extended Forensic Interviews conducted at the ACC follow guidelines offered by the National Children's Advocacy Center in Huntsville AL. These guidelines are based upon their published research as of the year 2001. Modifications in procedures may develop as indicated by continuing research.

A. Definition of Client

Extended Forensic Interviews are focused upon data-gathering in an effort to determine whether or not child abuse has occurred. In all instances, the best interests of the child are considered the paramount concern. However, these evaluations are conducted at the request of the courts, law enforcement, or DFCS only, and as such, these agencies are considered the "clients." Therefore, the final written report is prepared for and provided to the referring agency, and it is shared with others only with the referring agencies' consent.

- It is important for the evaluator to make sure that the parent and the child (consistent with his/her level of development) understand the distinction between the EFI and therapy. The consent form should be reviewed with caregivers to ensure the understanding that all evaluation results will be shared with the appropriate jurisdictions for protection and criminal investigation purposes. If the caregiver refuses to sign the consent form, ACC staff will consult with the Clinical Director or Executive Director of the facility to determine if the EFI will be conducted. The caregiver will also be asked to sign releases of information which allow the evaluator to obtain pertinent records from other parties (e.g. school records, medical and psychological records).

B. Extended Forensic Interview Protocol:

- 1.) Evaluator: The EFI/forensic evaluator will be trained in extended forensic evaluation. If therapy is recommended subsequent to the evaluation, the child should not begin treatment until after the EFI is completed. A referral for clinical services should be made to a different clinician inside or outside the agency, depending on the family's preference.
- 2.) Length of evaluation: EFI's are generally conducted in 4-6

sessions. Efforts may be made to conduct 2 sessions per week, to facilitate a timely conclusion of the investigation and the protection of the child. It is acknowledged that if a child discloses early in the evaluation, 6 sessions may not be necessary. Similarly, a child with whom it is difficult to establish rapport may not move at a 6-session pace. It is within the evaluator's judgment to abbreviate or extend sessions as needed. The primary goal is to conduct the evaluation in accordance with the guidelines while allowing for flexibility related to the child's level of comfort and pacing. The evaluation should not exceed 8 sessions.

Provided below is a summary of the NCAC protocol for a 6-session evaluation:

Session 1: Non-offending caregiver interview (child not present) Collect Achenbach CBCL and Friedrich CSBI data
Session 2: Rapport-building Developmental assessment Introduce rules of the interview
Session 3: Social and behavioral assessment
Session 4: Begin abuse context exploration Introduce the topic of concern Begin interviewing with least specific interviewing Strategies (open-ended Q's; Touch Continuum)
Session 5: Use full range of interviewing strategies, proceeding From less to more specific
Session 6: Provide additional opportunities for disclosure or fill in Information gaps Provide safety and prevention information; close

C. Documentation

At the conclusion of the EFI, the interviewer prepares a written report detailing the referral information, and the dates of the sessions and the goals of each session. Recommendations for the child and family are included. The report is forwarded to the referring agency, and shared in case review proceedings.

D. Record Maintenance

EFI records are stored in a locked, secure location. Records are retained for 7 years past the age of majority.

APPENDIX F

Court Appointed Special Advocates
(CASA)

COURT APPOINTED SPECIAL ADVOCATES (CASA)

A. CASA Responsibilities:

CASA of the Appalachian Judicial Circuit is a court-sponsored child advocate program serving Fannin, Gilmer and Pickens Counties. The CASA Program provides screened, trained and supervised community volunteers to advocate for the *best interest* of children involved in Juvenile Court Deprivation proceedings. CASA volunteers are sworn in as officers of the court and appointed by the judge (by court order) to represent the child as lay guardian ad litem as specified in O.C.G.A. 15-11-9 and 15-11-9.1. The role of the CASA is to provide the Court with independent, objective and fact-based information regarding the status of the children involved in deprivation cases. CASA volunteers represent the child in juvenile court only, and have no standing in any other court. *CASA Policies and Procedures, as well as the CASA Volunteer Handbook are available upon request.*

B. Predisposition Responsibilities:

Purpose and focus of CASA assessment is to enable the CASA to inform the Court of the child's wellbeing during face to face court proceedings. The CASA volunteer shall not interview the child concerning facts relating to allegations of abuse nor conduct in-depth investigation of allegations of abuse. Any information concerning such issues obtained in the CASA assessment shall be turned over to the DFCS Case manager and the assigned Attorney Guardian Ad Litem. The CASA shall not make recommendations to the Court regarding adjudicatory or dispositional decisions that are within the Court purview.

C. Post dispositional Responsibilities:

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

D. Confidentiality

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

APPENDIX G

ABUSE PREVENTION

CHILD ABUSE PREVENTION ACTIVITIES

Prevention efforts within the count are identified as follows:

1. Fannin County Health Department offers prenatal Medicaid applications, prenatal case management, Children's First Program and Children Medicaid Services referrals.
2. Fannin County Health Department also offers "well-child" (up to 21 years of age) checkups which includes an extensive physical exam as well as discussing parenting skills with the child's parents. Pregnancy related services to Medicaid eligible families (up to the first month of the newborn's life) are also offered.
3. Fannin County Family Connection offers information from community agencies concerning parenting classes, safety and child development, tutors for school age children, and referrals to other social service organizations.
4. North Georgia Mountain Crisis Network, Inc. offers information about domestic violence, the effects on children, support groups, and information available concerning sexual assault prevention, safety plans, and crisis services. A 24-hour hotline is available for information and support. The staff also presents a prevention curriculum for elementary school, middle school and ninth grade students.
5. Mountainside Medical Center offers pre-natal classes.
6. Highland Rivers Behavioral Health Services offers individual and family counseling, 24-hour crisis line, and client respite and public education.
7. North Georgia Community Action offers parenting classes.
8. Fannin County Sheriff's Department presents the DARE program to students and offers fingerprinting.
9. Fannin County School System offers Good Touch/Bad Touch program to make children aware of sexual abuse, what behavior is okay and types of behavior that are unacceptable.
10. Fannin County DFCS offers Early Intervention Services for at-risk families through contract providers.
11. The Appalachian Court Appointed Special Advocates (CASA) program provides trained volunteers as child advocates in child abuse and neglect cases. This program identifies available resources and advocates for needed resource development. The program also provides public service information.
12. The Appalachian Children's Center (ACC) provides a child-friendly, central interviewing facility. The ACC also provides video-recorded interviews of child victims; appropriate referral for forensic medical examinations; forensic evaluations; coordination of support services from Law Enforcement agencies, DFCS, District Attorney's Office, ACC Staff, Juvenile Court, CASA, Mental Health, Victim Witness Assistance Program, and Probation; and the ACC offers therapy and support for child survivors of abuse and non-offending parents.
13. Community awareness is promoted through newspaper articles, public speaking, public education, and public service announcements to educate concerning reporting, effects of child abuse, preventive efforts, etc.
14. Attendance and Support Program is a joint community effort that addresses absenteeism and makes appropriate referrals for family needs.
15. Victim Assistance Witness Program is administered by the District Attorney's Office to provide crime victims with information and assistance

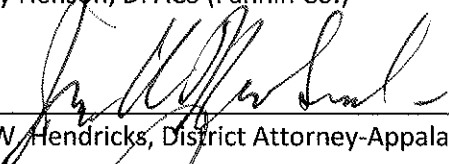
Collaborative Signatures


Dane Kirby, Sheriff-Fannin County

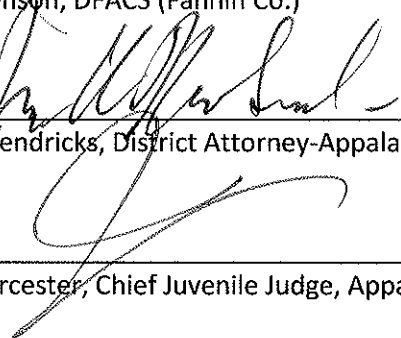
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Date


Kathy Henson, DFACS (Fannin Co.)

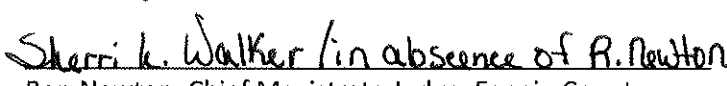
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Joe W. Hendricks, District Attorney-Appalachian JC *by CAS*

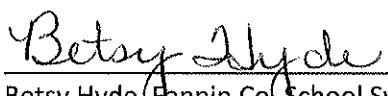
8/15/12
Date


John Worcester, Chief Juvenile Judge, Appalachian JC

8-13-12
Date


Sherri K. Walker (in absence of R. Newton)
Ron Newton, Chief Magistrate Judge, Fannin County

8-8-12
Date


Betsy Hyde, Fannin Co. School System

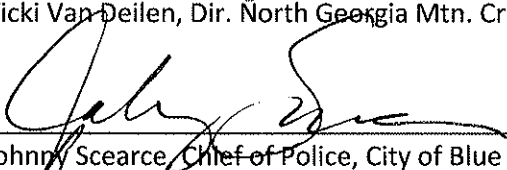
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Date


Kim Johnson, Highland Rivers

8/13/12
Date


Vicki Van Deilen, Dir. North Georgia Mtn. Crisis Network


8-8-12
Date


Johnny Scarce, Chief of Police, City of Blue Ridge

8-14-12
Date

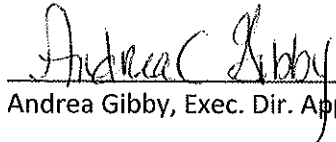
Dr. Jack Roof, Fannin Co. Bd. Of Health

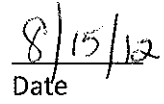
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Becky Callihan, Coroner - Fannin County

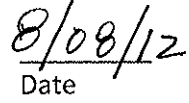
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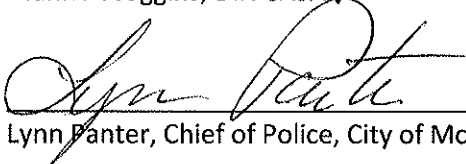
Collaborative Signatures


Andrea Gibby, Exec. Dir. Appalachian Children's Center


Date


Dianne Scoggins, Dir. CASA


Date


Lynn Panter, Chief of Police, City of McCaysville


Date

FANNIN COUNTY CHILD ABUSE PROTOCOL
