



Multidisciplinary Protocol for the Investigation of Child Abuse

Developed by the
Interagency Council

Maricopa County Children's Justice Project

Created July 1995

Revised July 1999, September 2003, June 2004, August 2008



Richard M. Romley
Maricopa County Attorney

**MULTIDISCIPLINARY PROTOCOL FOR THE
INVESTIGATION OF
CHILD ABUSE**

This Protocol was published under the auspices of the Interagency Council of the Maricopa County Children's Justice Project, with grant funding from the Governor's Division for Children. Currently, there are 39 agencies participating in the Interagency Council (IAC).

In December 2003, the State Legislature passed significant revisions to the child protection statutes of Arizona. These changes included a directive to develop a county-wide Protocol for law enforcement, social service agencies, and prosecutors.


As County Attorney, I wish to thank the member agencies and commend them for their commitment and dedication to working cooperatively in the handling of cases involving abused children. I also wish to thank the working group that came together in the spring and summer of 2008 for their exceptional work and dedication. The delivery of professional services and treatment within a coordinated framework promotes a therapeutic environment within which a child can feel safe and secure. Every child deserves to be treated with dignity, compassion and respect. This Protocol provides a model for treatment consistent with these principles.

Richard M. Romley
Maricopa County Attorney

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In December 2003, the Arizona Legislature enacted legislation mandating the development of a county-wide protocol for the A.R.S §8-817 B&C. Representatives from DCYF, Child Protective Services, the Maricopa County Attorney's Office, the Maricopa County Sheriff's Office, the Attorney General's Office, and the Chiefs of Police of municipalities in Maricopa County, joined together to revise the existing Multidisciplinary Protocol for the Investigation of Child Abuse. These revisions were made in July, 2004.


 Richard M. Rowley, Maricopa County Attorney
 7/1/04
 Date

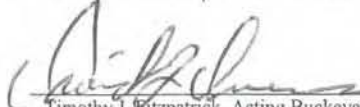

 James Mickens
 Child Protective Services
 7/9/04
 Date



 Sheriff Joe Arpaio, Maricopa County Sheriff
 7-9-04
 Date


 Tom Gardner
 Arizona State Attorney General's Office
 7/9/04
 Date


 Kevin Kotsur, Avondale Chief of Police
 7/7/04
 Date

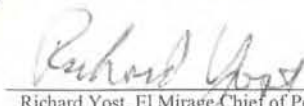

 David Leonardo, Peoria Chief of Police
 7-7-04
 Date



 Timothy J. Fitzpatrick, Acting Buckeye Chief of Police
 7-7-04
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 Jack Harris, Acting Phoenix Chief of Police
 7-8-04
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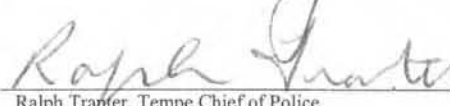

 Sherri Kiyler, Chandler Chief of Police
 7-6-04
 Date


 Alan Rodbell, Scottsdale Chief of Police
 7.6.04
 Date


 Richard Yost, El Mirage Chief of Police
 7/7/04
 Date



 Daniel Hughes, Surprise Chief of Police
 7/7/04
 Date

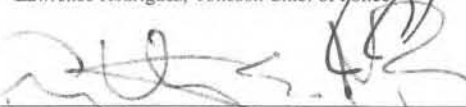

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 Date


 Ralph Tranter, Tempe Chief of Police
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 Andrew Kirkland, Interim Glendale Chief of Police
 7.7.04
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 Lawrence Rodriguez, Tolleson Chief of Police
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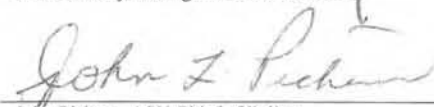

 Mark Brown, Goodyear Chief of Police
 7-7-04
 Date


 Anthony Melendez, Wickenburg Chief of Police
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 Dennis Donna, Mesa Chief of Police
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 Date

In December 2003, the Arizona Legislature enacted legislation mandating the development of a county-wide protocol for the A.R.S. § 8-817 B & C. Representatives from DCYF, Child Protective Services, the Maricopa County Attorney's Office, the Maricopa County Sheriff's Office, the Attorney General's Office and Chiefs of Police of Municipalities in Maricopa County, joined together to revise the existing Multidisciplinary Protocol for the Investigation of Child Abuse. (December 2008)



Andrew Thomas, Maricopa County Attorney



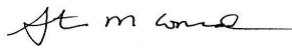
Joe Arpaio, Maricopa County Sheriff



John J. Bennett, Paradise Valley Chief of Police



Mark Brown, Goodyear Chief of Police



Steven Conrad, Glendale Chief of Police



Jesse Delmar, Fort McDowell Yavapai Nation Chief of Police



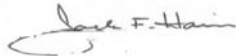
Timothy J. Dorn, Gilbert Chief of Police



Michael Frazier, El Mirage Chief of Police



George Gascon, Mesa Chief of Police



Jack Harris, Phoenix Chief of Police



Daniel R. Hughes, Surprise Chief of Police



Kimberly Johnson, Youngtown Chief of Police



Stanley Kephart, Salt River Chief of Police



Sherry Kiyler, Chandler Chief of Police



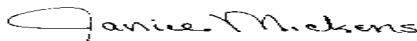
Kevin Kotsur, Avondale Chief of Police



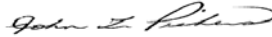
Mark Mann, Buckeye Chief of Police



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John Pickens, ASU Chief of Police



Larry Ratcliff, Peoria Chief of Police



Alan Rodbell, Scottsdale Chief of Police



Larry Rodriguez, Tolleson Chief of Police



Tom Ryff, Tempe Chief of Police



Roger Vanderpool, Director, Arizona Department of Public Safety

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Current as of March 2008

Arizona Attorney General's Office	Maricopa County Adult Probation Department
Arizona Department of Economic Security, Child Protective Services	Maricopa County Attorney's Office
Arizona Department of Education	Maricopa County Juvenile Probation
Arizona Department of Juvenile Corrections	Maricopa County Sheriff's Office
Arizona Governor's Office	Maricopa County Superior Court
Arizona State University	Mesa Police Department
Arizona Voice for Crime Victims	Paradise Valley Police Department
Avondale Police Department	Peoria Police Department
Buckeye Police Department	Phoenix Police Department
Catholic Healthcare West	Phoenix Union High School District
Chandler Police Department	Roman Catholic Diocese of Phoenix
Childhelp	Scottsdale Healthcare
City of Maricopa Police Department	Scottsdale Police Department
Creighton Elementary School District	St. Joseph's Hospital
El Mirage Police Department	Surprise Police Department
Fort McDowell Police Department	Tempe Police Department
Gilbert Police Department	Tolleson Police Department
Glendale Police Department	U.S. Attorney's Office, Arizona
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	Youngtown Police Department

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Fort McDowell Yavapai Nation Police Department

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Debrah Harin

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Al Moore

Paradise Valley Police Department

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Dennis Dodd
Jim Gibson

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Jennifer King
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Andy Brinkman
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Salt River Police Department

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Youngtown Police Department

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Scottsdale Police Department

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Chief Tom Ryff

Tolleson Police Department

Chief Larry Rodriguez

U.S. Department of Justice / U.S.
Attorney's Office

Shawn Cox
Dyanne Greer

STATEMENTS OF SUPPORT

In 1995 the following individuals, representing their professional agencies, signed statements supporting the Protocol as an effective tool to minimize trauma to children and to serve as a guideline for coordination of efforts with other community agencies.

Donald Allen, Program Manager
Child Protective Services

Norman Helber, Chief Probation Officer
Maricopa County Adult Probation

Joseph Arpaio
Maricopa County Sheriff

Lars Jarvie, Chief
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Ron Burns, Chief
Tempe Police Department

Giff Loda, Director Children's Health Mercy
Health Care

Lee Clabots, C.E.O.
Phoenix Children's Hospital

Honorable James McDougall
Presiding Juvenile Court Judge

David Dobrotka, Chief
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Richard Romley
Maricopa County Attorney

Sandra Dowling
Superintendent of Schools

Anthony D. Rodgers
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Wendy Dutton, Coordinator
AZ Child Abuse Forensic Interviewers Assn.

Honorable Ronald Reinstein
Presiding Criminal Court Judge

Ernesto Garcia, Director
Juvenile Court Services

Honorable C. Kimball Rose
Presiding Judge - Maricopa County

Dennis Garrett, Chief
Phoenix Police Department

Bob Rundio, Administrator
Mesa Lutheran Hospital

STATEMENT OF PURPOSE

This Protocol, initially developed in 1995, is offered to coordinate the involvement and interaction of each agency in Maricopa County involved with providing care, treatment, and assistance to all children, whether victims or witnesses, where criminal conduct is suspected. This Protocol serves to ensure each child is treated with dignity, fairness, and respect and protected from harassment, intimidation, or abuse, and to minimize the secondary trauma that can accompany investigations of criminal conduct.

This Protocol was revised in 1999, 2003 and in 2004 to further specify Protocol practices followed for reports of criminal conduct (see Appendix 14), as defined in A.R.S. §8-801. In 2008, the Protocol was again revised to incorporate new legislation and update language to reflect technological advances available in handling child abuse cases.

This Protocol is developed, adopted, and implemented to guide the conduct of investigations of allegations involving criminal conduct and to ensure thorough investigations of those accused of crimes against children. Each respective agency, therefore, is required to ensure that policies and procedures are developed and implemented to comply with this Protocol and as required by ARS §8-817. The manner of each agency's compliance with this Protocol is a function of the agency's role in the child abuse cases, their available resources, and the circumstances of each individual case. Nevertheless, any variances from this Protocol must be documented for reporting purposes pursuant to ARS §8-817.

While it is recognized each agency has its own mandate to fulfill, the IAC also acknowledges that no one single agency or discipline can fully address the problem of child abuse. Therefore, each agency must be cognizant of the needs of the victim and the rights as a victim of crime under Arizona law, as well as sensitivity to the needs of other professionals involved. We have chosen to make the best interest and safety of children our overriding concern where any interagency conflict may exist.

Joined in the effort to mobilize our different strengths, the members of the IAC endeavored to: 1) clarify each agency's duties and responsibilities, 2) limit the number of interviews of the child victim, and 3) provide a consistent and efficient approach to the investigation, prosecution and management of child abuse cases in Maricopa County.

THE CHILDREN'S JUSTICE PROJECT

The Children's Justice Project is a federally funded, multi-agency effort intended to improve the handling of crimes against children. The three primary goals of the Project are: (1) to improve interagency communication and cooperation, (2) to raise the skill level of all professionals involved in child abuse cases, and (3) to reduce trauma to the child by coordinating victim services and conducting joint videotaped interviews. IAC is comprised of professionals representing all disciplines associated with child abuse cases and was created to achieve these goals.

In 1995, the IAC developed the ***Multidisciplinary Protocol for the Investigation of Child Abuse*** (Protocol) to serve as the model for how child abuse cases should be handled by each discipline. This Protocol is intended to establish the course of action and reference sources for interagency cooperation in the investigation, prosecution, and management of child neglect and physical and sexual abuse cases. To ensure accuracy in regard to changes in law, technology, and community need, the Protocol is revised on an ongoing basis. Free trainings on the Protocol have been and continue to be provided to all disciplines involved. Research has shown that when multidisciplinary Protocols are followed arrest and prosecution rates increase and trauma to the child decreases.

The model set forth by the Children's Justice Project and the Protocol strongly supports and encourages the use of child abuse assessment/child advocacy centers. These specially designed centers help reduce the trauma to the child victim and his/her family by offering investigative and victim service needs at one child-friendly location. These services include, but are not limited to, police and Child Protective Service (CPS) investigations, child-friendly interviews, medical exams, county attorney consultation, crisis counseling, and referrals. The Children's Justice Project is proud that Maricopa County now has six (6) centers to help the children of Arizona:

- Mesa Center Against Family Violence, Mesa, AZ
- Phoenix Family Advocacy Center, Phoenix, AZ
- Childhelp Children's Center of Arizona, Phoenix, AZ
- West Valley Family Advocacy Center, Glendale, AZ
- Scottsdale Family Advocacy Center, Scottsdale, AZ
- Southwest Valley Family Advocacy Center, Goodyear, AZ

MULTIDISCIPLINARY PROTOCOL FOR THE INVESTIGATION OF CHILD ABUSE

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I. LAW ENFORCEMENT PROTOCOL

The purpose of law enforcement's response to allegations of criminal conduct involving children is to determine if a crime has been committed and to bring to light those facts and circumstances necessary to successfully prosecute the perpetrator(s) and hold them accountable for their criminal conduct. While pursuing the criminal investigation, law enforcement must be concerned with more than just statutory requirements and case law. Law enforcement personnel must be cognizant of the needs of the victim and their rights as victims of crime, as well as the responsibilities of other organizations involved in the treatment, support and recovery of the victim (for Flowchart of System, see Appendix 2).

Coordination is mandated by law in cases of allegations involving criminal conduct (see Appendix 14). To this end, police are required to coordinate their efforts with those of CPS, as well as the prosecuting agency. During an investigation, CPS and law enforcement investigators will, as soon as is immediately practicable, share relevant information, maintain on-going contact and monitor and/or participate in forensic interviews conducted by their counterparts.

When CPS receives information regarding an in-progress criminal conduct allegation that indicates a child is in danger, they shall immediately notify the appropriate law enforcement agency using 9-1-1 and follow all applicable provisions of this Protocol.

When the information received by CPS indicates the child is not in immediate danger but nevertheless involves allegations of criminal conduct, CPS shall immediately contact the appropriate law enforcement agency dispatch/communications center (see Appendix 12 for phone numbers) and request notification be made to the on-duty supervisor or appropriate agency section responsible for compliance with this Protocol under the circumstances of the case.

Upon receiving this information, the responsible law enforcement supervisor shall contact the CPS worker as immediately as possible and they will coordinate an appropriate response based on: the circumstances of the call; individual agency guidelines; availability of resources; and, the need for a coordinated multi-agency on-scene response consistent with this Protocol. The law enforcement supervisor is responsible for determining whether or not a criminal investigative response will be initiated. If the call alleges the presence of children in an illegal methamphetamine lab operation they will follow the Arizona Drug Endangered Children Protocol (see Appendix 16).

Effective investigation by law enforcement agencies hinges on the establishment of a specialized unit to investigate these violent crimes. Smaller agencies are encouraged to designate a "specialist" if the number of investigations does not warrant a unit. This specialized unit, whether it consists of one part-time or several full-time detective/investigators should: 1) be a voluntary assignment; 2) receive intensive training in the investigation of the neglect and physical and sexual abuse of children; 3) meet the minimum qualifications as set forth in Appendix 1, the Interview Protocol for Children; 4) establish and maintain a close working relationship with CPS and the Maricopa County Attorney's Office; 5) have the specialized unit or position a permanent component of the agency and 6) encourage trained and skilled detectives/investigators to be retained as long as possible.

In Maricopa County, six (6) centers have been established (see Appendix 7). These specially designed centers, which are available for use by all law enforcement agencies, benefit both the investigation and the victim by creating a one stop facility for the investigative process and for crisis intervention. Interview-qualified detectives/investigators may use the child friendly rooms for videotaping victim interviews, or they may request that a center interviewer conduct the victim interview. In certain cases, center interviewers are recommended (see Appendix 1). Another benefit of these centers is that forensic medical exams are offered on site. Medical personnel specializing in the examination and treatment of child abuse conduct these exams. The Maricopa County Attorney's Office and CPS may have offices at the center, and are available for questions or referrals. Also, victims are less traumatized by the amiable environment, which provides crisis intervention and referral services to both the victim and his/her family.

If victim hospitalization is not required, it is highly recommended that police departments utilize one of the six (6) centers for the investigation of cases of sexual abuse and cases of physical abuse that require a medical evaluation.

I. Child Sexual Abuse

A. Initial report

1. Patrol officers may establish the elements of the crime and jurisdiction. (Use of the term patrol officer in this Protocol does not override departmental policies that require specified acts or decisions to be made by a supervisor or investigator).
 - a. Patrol officers may interview the reporting source, away from the victim, witnesses, or other reporting sources, in order to:
 - (1) Obtain the facts of the reported crime
 - (2) Determine if the child is in imminent danger
 - (3) Determine if the victim may require medical attention
 - (4) Determine jurisdiction
 - (a) If within departmental jurisdiction, continue per this Protocol
 - (b) If not within departmental jurisdiction, patrol officers will document their actions and coordinate with the appropriate jurisdiction.
 - b. Interview-qualified detectives/investigators, CPS specialists, or advocacy center interviewers should conduct interviews of the victim utilizing the interview Protocol (see Appendix 1).

- c. Patrol officers should only interview the suspect if the suspect is present and aware of the investigation. If the suspect is not aware of the investigation, the suspect should not be contacted without prior consultation with detectives/investigators.
 - d. Patrol officers may conduct limited interviews of child witnesses. All interviews should include, full name, date-of-birth, social security number, and other biographical information including where the child witness attends school.
 - e. It is recommended, when resources allow, that child witnesses and any siblings or children within the home be interviewed by interview-qualified investigators, CPS specialists, or advocacy interviewers. The decision whether interviews of child witnesses, siblings, or other children in the home should be conducted by a forensic interview-qualified investigator, CPS specialist, or center interviewer will be made by a supervisor or the investigative detail responsible for investigating child sexual abuse.
 - (1) In making this decision, general, limited, non-leading questions may be asked of the child witnesses, siblings, or other children within the home to determine the nature of the information the child witnesses, siblings, or other children within the home appear to have.
 - (2) If an agency's resources do not allow a forensic interview qualified investigator to conduct these interviews, the agency may contact the nearest advocacy center for assistance (see Appendix 7 or the forensic interviewer callout list).
2. Once it is determined that a crime has been committed, patrol officers may then continue the initial case preparation.
- a. Assess the need for immediate medical evaluation as the victim may need an immediate forensic medical exam. If a medical evaluation is needed, promptly contact the investigations detail. Note that in cases of sexual abuse in which the incident occurred within the past 120 hours it is imperative that the investigations detail be contacted as soon as practicable, as the victim may need a forensic medical exam, pursuant to the Medical Protocol (section III).
 - b. Assess the need for a search warrant. If a search warrant is needed, immediately contact the investigations detail. Investigators may contact the County Attorney's Office in regard to sealing the affidavit of the search warrant.

- c. Assess the need for immediate arrest if the suspect is present. The officer should examine:
 - (1) Danger posed to the victim and the victim's rights as a victim of crime.
 - (2) The suspect's risk of flight to avoid prosecution;
 - (3) The suspect's danger to the community. Patrol officers may consult with the investigations detail or the deputy county attorney, if necessary.
- d. Assess the need for scene preservation and/or photographs;
- e. Assess the need for a detective/investigator to respond to the crime scene, hospital, school or other location;
- f. As soon as law enforcement determines that CPS may have jurisdiction on the matter under investigation, law enforcement will notify the CPS Hotline and provide the police report number and sufficient information for CPS to coordinate their response with law enforcement.

B. Investigation

The investigation should be conducted by a detective/investigator. The detective/investigator's responsibilities include:

- 1. Interviewing the reporting source to determine the circumstances of disclosure.
- 2. Interviewing the victim:
 - a. Arrange an interview of the victim. The child's interview should be conducted per the Interview Protocol for Children (Appendix 1).
 - b. Coordinate the interview with CPS if they are involved in the case. If a joint interview with CPS is not feasible and the circumstances dictate CPS involvement, the victim interview should be shared with CPS in order to ensure that there is only one victim interview conducted. This will eliminate unnecessary or multiple interviews of the child victim.
 - c. Arrange for a medical examination at a center (see Appendix 7). Detectives/investigators may consult with the Maricopa County Attorney's Office to determine the appropriate medical response.
 - d. If a parent or guardian interferes with an interview of the child victim or for other appropriate reasons, the officer/investigator may have the authority to interview the children utilizing the temporary

custody notice (TCN) under ARS 8-821 (see *Appendix 14 for full text of ARS 8-821*).

3. Conducting crime scene(s) investigation and evidence processing.
 4. Interviewing the family and other witnesses. Obtain dates of birth, social security numbers, and other biographical information including where child witnesses attend school.
 5. Obtaining a copy of the medical examination report and interview medical personnel. Send a copy of the medical examination report to CPS.
 6. Conducting investigative research on:
 - a. Prior convictions of the suspect;
 - b. Prior police reports involving the suspect, victim(s) or witness(es);
 - c. Prior unreported allegations involving the suspect, victim(s) or witness(es); and
 - d. Current and prior CPS reports.
 7. Interviewing the suspect.
 - a. The suspect should be interviewed only with law enforcement personnel present; and
 - b. CPS shall, when possible, be notified of the suspect interview; and should be aware of the content of the suspect interview; and
 - c. The interview should be videotaped or, if not possible, audio-taped.
 8. Determining the need to arrest the suspect based on:
 - a. The risk of flight to avoid prosecution; and
 - b. The danger to the community.
 - c. Conducting any other necessary investigations.
- C. Case presentation
1. The case file should include a complete copy of the following:
 - a. Police report; a copy of audio and video recordings; any photographs; and tapes of 911 calls.

- b. All medical records of the child; CPS files on the child and family; prior relevant police reports and any other information obtained during the investigation shall be submitted in a timely manner.
 - c. The case file should include a copy of all non-privileged information from the CPS investigation that is in law enforcement's possession. This should also include any relevant, non-privileged, non-duplicative information concerning the victim or witnesses from the Attorney General Office's file pertaining to the dependency, severance or related investigation or action. Upon request of the County Attorney law enforcement shall obtain the police version of any CPS reports. The appropriate law enforcement investigator should notify the CPS worker assigned to the case prior to submittal for prosecution to ensure the information above has been provided to law enforcement. The CPS worker is responsible for facilitating the delivery of the information to the law enforcement investigator in a timely manner.
 - d. The CPS worker should confirm whether or not the Attorney General's Office has items such as dependency hearing transcripts or depositions. Any questions as to what documents should be included should be resolved by mutual agreement by the Attorney General's Office and the Maricopa County Attorney's Office.
2. If no decision has been reached after 30 days, the reviewing deputy county attorney will notify the investigator and CPS case worker of the status of the case.
3. If the case is filed and:
 - a. The case goes to Grand Jury; the assigned detective/investigator should present the case at Grand Jury. If he or she does not feel comfortable with presenting the medical evidence, he/she shall notify the deputy county attorney, who can subpoena a physician to the Grand Jury for testimony regarding medical findings.
 - b. The case goes to preliminary hearing, the detective/investigator or investigating officer may be subpoenaed.
 - c. The case goes to trial, the assigned detective/investigator should assist prosecution during the trial.
4. If the case is not filed, notification of the decision not to file shall be the responsibility of the County Attorney's Office. The victim's representatives, the investigating officer, and CPS should be notified of the decision by the Maricopa County Attorney's Office within 30 days.
5. If a post-filing further is requested and the suspect is in custody, a detective/investigator shall be assigned. All requested information should be presented to the deputy county attorney 24 hours prior to Grand Jury or a preliminary hearing.

6. If the deputy county attorney refers the case back to the law enforcement for further investigation:
 - a. The case should be returned to the original case agent, if possible.
 - b. The requested information should be obtained as soon as possible; and
 - c. The Maricopa County Attorney's Office must be advised if the investigating agency decides to inactivate/close the case within 30 days of the decision.

II. Child Physical Abuse/Neglect

A. Initial report

1. Patrol officers may establish the elements of the crime of physical abuse or neglect, and jurisdiction.
 - a. Patrol officers may interview the reporting source, away from the victim, witnesses, or other reporting sources, in order to:
 - (1) Obtain the facts of the reported crime;
 - (2) Determine if the child is in imminent danger;
 - (3) Determine if the victim may require medical attention; and
 - (4) Determine jurisdiction
 - (a) If within departmental jurisdiction, continue per this Protocol;
 - (b) If not within departmental jurisdiction, patrol officers will document their actions and coordinate with the appropriate jurisdiction.
 - b. Patrol officers may interview the child victim, only if the child is verbal and has not spontaneously provided the following information about the abuse to law enforcement. Only these specific questions should be asked:
 - (1) What happened?
 - (2) Who did this?
 - (3) Where were you when this happened?
 - (4) When did this happen?

- (5) Where do you go to school? (This question should be asked off tape)

Patrol officers should document the child's demeanor and any spontaneous statements.

- c. Patrol officers may interview witnesses. Dates of birth, social security numbers, and other biographical information including where child witnesses attend school should be obtained. It is recommended that child witnesses and any siblings or children within the home be interviewed by interview qualified detective/investigators, CPS specialists, or center interviewers.
 - d. If the suspect is at the scene and:
 - (1) The child is not taken to the hospital in serious condition the patrol officer may conduct an initial interview of the suspect or ensure that a detective/investigator does so immediately. Obtain the suspect's version of what happened (e.g., determining if it was a discipline measure; if a weapon or instrument was used; or if it was an alleged accident).
 - (2) The child is admitted to the hospital, a decision as to whether or not the patrol officer may interview the suspect and/or caretaker should be made in consultation with Investigations. The patrol officer should not disclose any medical information to the caretaker(s) regarding the condition of the child or possible mechanisms of injury. The patrol officer should also encourage the medical personnel not to disclose this information until they consult with detective/investigators.
 - e. Document and preserve the scene through photographs, if possible.
2. Once it is determined that a crime has been committed, patrol officers may then continue the initial case preparation:
 - a. Assess the need for medical intervention and ensure that the child is taken to a hospital if necessary. If the child is admitted to a hospital, and in any case requiring medical attention, the investigations unit should be notified immediately. Depending on the severity of the injury, this unit could be homicide or the detail handling physical abuse cases in the agency. Patrol officers should consult with the investigations detail on all serious injury physical child abuse cases to assess the need for a forensic medical exam.

- b. Assess the need for scene preservation and/or evidence collection. Consult with investigations regarding search warrants and/or consent searches. If the child or suspect gives information regarding a weapon, instrument, or mechanism of the injury, a search warrant or consent form should be obtained.
- c. Document any physical injury to the child with digital or 35 mm photographs. Photographs should depict the child's entire body and face, not just the external manifestations of abuse. Photographs should include ruler and color bar where possible. In cases of severe physical abuse and/or severe neglect, a consent form or search warrant should be used to obtain photographs or video of the entire household.
- d. As soon as law enforcement determines that CPS may have jurisdiction on the matter under investigation, law enforcement will notify the CPS Hotline and provide sufficient information for CPS to coordinate their response with law enforcement. (CPS section)

B. Investigation

- 1. Non-hospitalized children (list is not in any priority order)
 - a. A detective/investigator shall review the initial report and continue the investigation by interviewing the family, siblings, other witnesses, etc., as dictated by the facts of the case. If the child victim is interviewed, it should be conducted per the Interview Protocol for Children, Appendix 1.
 - b. If not already done and if appropriate, 35 mm or digital photographs shall be taken to document the abuse. A detective/investigator should ensure that additional follow-up photographs are taken as needed.
 - c. CPS shall be contacted to obtain prior reports and to determine what action CPS is taking on the referral. If CPS is involved, law enforcement shall share information with them.
 - d. The suspect's prior police history should be determined, paying particular attention to assault and domestic violence contacts.
 - e. The investigations unit should obtain relevant medical records on the child and interview appropriate medical personnel.
 - f. A detective/investigator should interview the suspect if not already interviewed. If the suspect has not invoked his/her rights, re-interview to complete his/her account of the events. If the suspect has not already been booked, the detective/investigator shall assess the risk of flight to avoid prosecution and determine if the suspect should be arrested in light of all the information obtained.

- g. The need for a forensic medical exam should be assessed.
2. Hospitalized children (list is not in any priority order)
- a. The deputy county attorney on call for physical abuse cases shall be notified as soon as possible on all cases where a child is admitted to a hospital or dies as a result of suspected child abuse.
 - b. The investigations unit shall assume responsibility for the investigation of all hospitalized child abuse cases as soon as they are notified by the patrol officer.
 - c. The investigations unit should ensure that the scene(s) is (are) identified and secured pending issuance of a search warrant or signed consent.
 - d. A detective/investigator shall obtain an initial statement from the most qualified physician (not the intern or resident on duty) as to time frames, mechanisms of injury and symptoms the child would be expected to show, given the injury sustained.
 - e. Interviews should be conducted with all caretakers, suspects and witnesses, including specialized physicians (e.g., neurosurgeons, pediatric radiologists, etc.). Interviews of the caretakers shall focus not only on the current injury, but also on a thorough background of the child's health and upbringing.
 - f. All medical records including recent and previous hospitalizations, doctor or emergency room visits by the child should be requested for the investigation.
 - g. Search warrants are to be utilized, where appropriate, to ensure a thorough scene investigation. Investigators may contact the County Attorney's Office regarding sealing the affidavit of the search warrant.
 - h. CPS shall be contacted to obtain prior reports and to determine what action CPS is taking on the referral. If CPS is involved, law enforcement shall share information with them.

C. Case presentation

- 1. The case file should include a complete copy of the following:
 - a. Police report; a copy of audio and video recordings, photographs; and tapes of 911 calls.
 - b. All medical records of the child; CPS files on the child and family including any CPS records in law enforcement possession and

police versions of any current and prior CPS reports, prior relevant police reports and any other information obtained during the investigation shall be submitted in a timely manner.

- c. The case file should include a copy of all non-privileged information from the CPS investigation, including the CPS case file, and any relevant, non-privileged, non-duplicative information concerning the victim or witnesses from the Attorney General Office's file pertaining to the dependency, severance, or related investigation, or action. The CPS worker is responsible for facilitating the delivery of the information to the law enforcement investigator in a timely manner. The appropriate law enforcement investigator should notify the CPS worker assigned to the case prior to submittal for prosecution to ensure the information above has been provided to law enforcement. The CPS worker should confirm whether or not the Attorney General's Office has items such as dependency hearing transcripts or depositions. Any questions as to what documents should be included should be resolved by mutual agreement by the Attorney General's Office and the Maricopa County Attorney's Office.
2. If no decision has been reached after 30 days, the reviewing deputy county attorney will notify the investigator and CPS case worker of the status of the case.
 3. If the case is filed and:
 - a. The case goes to Grand Jury; the assigned detective/investigator should present the case at Grand Jury. If he or she does not feel comfortable with presenting the medical evidence, he/she shall notify the deputy county attorney, who can subpoena a physician to the Grand Jury for testimony regarding medical findings.
 - b. The case goes to a preliminary hearing, the detective/investigator or investigating officer may be subpoenaed.
 - c. The case goes to trial, the assigned detective/investigator should assist prosecution during the trial.
 4. If the case is not filed, notification of the decision not to file shall be the responsibility of the County Attorney's Office. The victim's representatives, the investigating officer, as well as CPS should be notified of the decision by the Maricopa County Attorney's Office within 30 days.
 5. If a post-filing further is requested and the suspect is in custody, a detective/investigator shall be assigned. All requested information should be presented to the deputy county attorney 24 hours prior to Grand Jury or preliminary hearing
 6. If the deputy county attorney refers the case back to the law enforcement agency for further investigation:

- a. The case should be returned to the original case agent if possible; and
- b. The requested information should be obtained as soon as possible.
- c. The Maricopa County Attorney's Office must be advised if the investigating agency decides to inactivate/close the case within 30 days of the decision.

III. Training for law enforcement personnel on crimes against children

A. In addition to any other training mandated by the agency, law enforcement personnel who in the course of their current duties are required to be a first responder to a reported incident of child abuse/neglect, should have the First Responders Training to Reports of-Child Abuse/Neglect or its equivalent that will include the following topics:

1. Law Enforcement, CPS and School Sections from the Maricopa County Multidisciplinary Protocol for the Investigation of Child Abuse
2. Arizona Constitution, Article 2, §2.1 Victim's Bill of Rights, Title 13, Chapter 40
3. Relevant sections of Title 13 for specific criminal conduct provisions
4. Relevant sections of Title 8
5. Scene Preservation – Photos, Evidence Collection, Searches
6. Temporary Custody Notices
7. Juvenile Rights
8. Reporting Law
9. Resources
10. Arizona Drug Endangered Children Protocol (Appendix 16)

B. Law enforcement personnel responsible for continuing an investigation, above or beyond first responders, for a reported incident of child abuse/neglect, should receive the following training and/or its equivalent:

1. Arizona Constitution, Article 2, §2.1 Victim's Bill of Rights, Title 13, Chapter 40
2. Child Physical Abuse Investigations and Medical Aspects; or
3. The Investigation of Sexual Crimes Against Children; and

4. Basic Forensic Interviewing; and
 5. Preservation and Collection of Biological Evidence. DNA training – 8-hour course and/or the National Institute of Justice’s online course (DNA.gov) or its equivalent.
- C. Any individual tasked with conducting an interview of a child for the purpose of obtaining evidence/statements for use in judicial hearings/trials, shall have received 40 hours of training in Advanced Forensic Interviewing. The Children’s Justice Task Force Advanced Forensic Interview training meets the standards required. Any equivalent course must address the same standards.

IV. Dispute Resolution

Child Abuse Protocols shall contain procedures for dispute resolution among law enforcement, CPS and the County Attorney’s Office (see Appendix 15 for these procedures).

II. CHILD PROTECTIVE SERVICES PROTOCOL

Child Protective Services (CPS) is based in philosophy and law on the premise that a child(ren) has a right to grow up in an environment free from maltreatment. CPS is responsible for investigating allegations when a person under the age of 18 is the subject of physical, sexual, or emotional abuse, neglect, abandonment or exploitation; in which a parent, guardian or custodian has inflicted, may inflict, permitted another person to inflict, or had reason to know another person may inflict harm to the child(ren).

CPS believes that children should be maintained in their own homes if the child's safety can be ensured. The Adoptions and Safe Families Act of 1997 (P.L. 105-89) requires the child's health and safety be the paramount concern when assessing the presence of a safety threat or risk of harm. The outcome of the investigation and family assessment will guide the Department's decision making in safety, well being, and permanency for children, and in providing services to families.

The Child Abuse Hotline receives reports of child neglect and/or abuse twenty-four (24) hours a day, seven (7) days a week and to initiate prompt investigation. (See Appendix 4, A.R.S. §8-802 and Appendix 3, A.R.S. §13-3620). If the information received indicates that the alleged abuse or neglect is not within CPS jurisdiction, the Hotline will immediately cross report the information to the appropriate law enforcement jurisdiction and will direct the reporter to call the appropriate law enforcement agency. Reporting sources do not need to have answers to all interview questions. If the incoming communication meets the definition of a report, the field Supervisor's name, office number and fax number will be provided. The source can fax the written report directly to the assigned field office. The field Supervisor then assigns the report to a CPS Specialist to complete the investigation.

CPS actions rarely result in removal of children from the home of the parents/caregivers. More often CPS workers offer an array of supportive services found in the community and information on particular programs to strengthen the family unit. When there are concerns about a child's safety in their home, CPS may, if appropriate, attempt to engage the child's family to the greatest extent possible in planning for voluntary interventions that minimize intrusion to the family, while ensuring the safety of the child. These alternatives include: developing a safety plan and providing additional resources to the family if a child is to remain in the home, assisting the parent, guardian or custodian in identifying a relative or friend who can care for the child temporarily, or entering into a Voluntary Foster Care Agreement with the parent/guardian. When any child in the home is in present danger and/or is unsafe due to impending danger, the CPS worker will take immediate protective action, which may include a safety plan to ensure the safety of the child.

Pursuant to A.R.S. § 8-821(B), when a child is found to be a victim of criminal conduct or is in present or impending danger or there is no parent/guardian able or willing to provide care for the child, CPS and law enforcement have the authority to remove them from their home for up to seventy-two (72) hours excluding weekends or holidays. (See Appendix 14) CPS may also remove a child for up to twelve (12) hours to obtain a medical/psychological evaluation in order to make a determination if maltreatment has occurred.

If CPS cannot ensure the safety of the child(ren) in the home within seventy-two (72) hours (not counting holidays or weekends), then a dependency petition is filed with Maricopa County

Juvenile Court. The Juvenile Court Judge or jury has the final decision on making the child(ren) a ward of the court through this process. Once the petition is filed, then a case plan is developed with the parties to promote behavioral changes in the parents or caretaker that will prevent future maltreatment of the child. The parents and children are referred to appropriate services through the Regional Behavioral Health Authority (RBHA), Community Providers, and/or CPS to meet their identified needs.

CPS specialists are assigned reports by their Unit Supervisor. CPS Specialists adhere to the following procedures:

- I. Joint Investigation with Law Enforcement
 - A. Reports of criminal conduct shall be handled jointly with law enforcement. These reports are designated high risk (as designated in Appendix 5) because the safety of the child has not been ensured. If a child is or may be present at a methamphetamine lab or similar drug environment, the law enforcement/CPS investigation may be conducted in accordance with the Arizona Drug Endangered Children (DEC) Protocol which is contained in Appendix 16.
 1. When CPS receives information regarding an in-progress criminal conduct allegation that indicates a child is in danger, they shall notify the appropriate law enforcement agency using 9-1-1.
 2. When information received by CPS indicates the child is not in danger but further investigation is warranted, CPS shall contact the appropriate law enforcement agency dispatch/communications center (see Appendix 12 for phone numbers) and request notification be made to the on-duty supervisor or appropriate agency section where contact will be made.
 3. Upon receiving this information, the responsible law enforcement supervisor will contact the CPS worker as soon as possible and they will coordinate an appropriate response based on: the circumstances of the call; individual agency policy; availability of resources; and the need for a coordinated multi-agency on scene response.
 4. All other CPS reports will be reported to law enforcement by telephone contact or by forwarding the Police version of the CPS Report Summary.
 - B. Joint investigations require a shared, cooperative approach with ongoing consultation, collaboration and communication. CPS and law enforcement investigators, as soon as practicable, will share relevant information, maintain ongoing contact and monitor and/or participate in forensic interviews conducted by their counterparts. During the joint investigation, CPS should notify law enforcement of all known information, including the filing of a dependency petition, the disclosing of additional incidents of abuse/neglect, and the returning of the child victim to the home or moving the child victim from foster care to relative placement. Coordination will be stressed when the report alleges or the investigation indicates the child is a victim of sexual abuse and/or a criminal investigation of the alleged child maltreatment is in progress anticipated.

II. CPS Interview Protocol

A. The following is the recommended sequence for interviewing:

1. Source of report;
2. Alleged victim if the child's age and intellectual/emotional functioning permit;
3. Siblings/other children in the home;
4. Non-abusing spouse/caretaker;
5. Alleged abusive caretaker; and
6. Other persons who may have information regarding the alleged abuse or neglect, such as school personnel, child care providers, relatives and neighbors.

B. Child interviews (Initial and Investigative)

1. Initial assessments are generally unannounced to maximize the gathering of relevant facts.
2. Initial assessments of alleged child victims will be videotaped and/or audio-taped.
3. The CPS Specialist and law enforcement will coordinate a joint investigative interview of the child victim and other children in the home, to eliminate the need for multiple interviews. Investigative interviews of alleged criminal conduct victims shall be conducted by a forensic trained interviewer.
4. If a joint investigative interview is not feasible, information from the victim interview shall be shared with law enforcement.
5. The alleged abusive parent, guardian or custodian shall not be present during the interviews with alleged child victims.
6. Any interview with a child shall be conducted in compliance with the Interview Protocol for Children. (See Appendix 1)

C. Parent/Caretaker Interviews

1. The CPS specialist shall cooperate and work in conjunction with law enforcement prior to interviewing the parent/caretakers, whenever applicable.

2. On initial contact with a parent/caretaker, the CPS Specialist shall comply with the requirements of A.R.S. § 8-803. While the specific complaint or allegation must be given to the parent/caretaker, the CPS Specialist shall not disclose any information which may impede the investigation.
3. Initial assessments are generally unannounced to maximize the gathering of relevant facts. Arrangements should be made so that the interview is conducted privately.

III. Case Management Protocol

- A. Obtain a medical examination of the child victim following guidelines of the medical evaluation Protocol (see Medical Protocol).
- B. Complete the Child Safety Assessment and Strength and Risk Assessment. Analyzing the information collected, the CPS worker will develop an appropriate after care plan with the family, or a case plan if the child(ren) was taken into protective custody during the investigation.
- C. Consult with the CPS Unit Supervisor and/or other agency personnel to determine the need to remove the child from the family based upon the information gathered and the safety threat and impending danger to the child. In an emergency, the CPS specialist will consult with a supervisor immediately after taking temporary custody of the child, and obtain supervisory approval.
- D. Make a finding on the allegations and then notify the parent/caretaker in writing of this information. All proposed substantiated findings will be sent to the Protective Services Review Team, who will notify the alleged perpetrator of their rights.
- E. Include in the case file a copy of all non-privileged information from the CPS investigation, including the CPS case file, and any relevant, non-privileged, non-duplicative information concerning the victim or witnesses from the Attorney General Office's file pertaining to the dependency, severance or related investigation or action. The CPS worker is responsible for facilitating the delivery of the information to the law enforcement investigator in a timely manner. The appropriate law enforcement investigator should notify the CPS worker assigned to the case prior to submittal for prosecution to ensure the information above has been provided to law enforcement. The CPS worker should confirm whether or not the Attorney General's Office has items such as dependency hearing transcripts or depositions. Any questions as to what documents should be included should be resolved by mutual agreement by the Attorney General's Office and the Maricopa County Attorney's Office.

IV. Victims Rights

- A. In Arizona, victims of crimes are afforded certain rights which are guaranteed by Arizona Statutes and the Arizona Constitution. This includes the right to be protected against harassment, intimidation, or abuse and to be treated with

respect, dignity and fairness, as applicable pursuant to Article II, Section 2.1, Constitution of Arizona.

1. All agencies covered by this Protocol shall ensure that victim's rights are preserved and protected. All agencies must abide by all criminal court orders governing contact between a victim and defendant and protection, including terms and conditions of release.
 2. Under Arizona law, victims have a right to privacy. If a defense attorney wishes to interview a victim, he or she must make the request through the prosecutor's office. All agencies must honor this statutorily-required procedure.
 3. The release of any records of a victim is governed by Arizona law and precludes the use of a subpoena from a criminal defendant absent an order of the court. Accordingly, any requests for victim records should be brought to the attention of the County Attorney's Office and the assigned case prosecutor.
- B. In any case that has been categorized as "criminal conduct" that involves an ongoing criminal investigation, or in any case where criminal prosecution is pending, the parallel TDM process as described in the TDM Protocol, shall be used to keep the alleged perpetrator separate from the child.

V. Training

- A. A.R.S. §8-817(b)(6) mandates that protocols shall include "the training required for the involved child protective services workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills." Listed below are available trainings that are designed to meet or exceed this legislative mandate. In addition to any other training mandated by the agency, CPS personnel who in the course of their current duties are required to be a first responder to a reported incident of child abuse/neglect, should have the First Responders Training to Reports of Child Abuse/Neglect or its' equivalent that will include the following topics:
1. The Joint Investigation protocols for Maricopa County.
 2. Relevant Sections of Title 13
 3. Relevant Sections of Title 8
 4. Relevant law enforcement procedures: Scene Preservation – Photos, Evidence Collection, Search and Seizure
 5. Temporary Custody Notices
 6. Juvenile Rights
 7. Reporting Law

8. Resources
9. Arizona Drug Endangered Children Protocol

Additional training required for CPS first responders:

10. A child's rights as a victim of crime under the Arizona Constitution and Title 13.
 11. Forensic Interviewing – basic course
- B. CPS personnel responsible for continuing an investigation, above or beyond first responders, for a reported incident of child abuse/neglect, should receive the following training or its equivalent:
1. Child Physical Abuse Investigations and Medical Aspects
 2. The Investigation of Sexual Crimes Against Children
- C. Any individual tasked with conducting an interview of a child for the purpose of obtaining evidence/statements for use in preliminary protective hearings or criminal proceedings, shall receive a 40-hour training in advanced forensic interviewing. The Children's Justice Task Force Advanced Forensic Interview training meets the standards required. Any equivalent course must address the same standards.
- D. The drafters of this Protocol recognize that CPS often sends out initial responders to calls who then are also responsible for the complete investigation of a case. Therefore, in situations where this is the case the agency shall ensure that these initial responders also receive the complete investigative training necessary to perform their duties.

VI. Dispute Resolution

- A. Pursuant to A.R.S. § 8-817(B)(9), Child Abuse Protocols shall contain procedures for dispute resolution among law enforcement, Child Protective Services and the County Attorney's Office. (See Appendix 15 for each agency's procedures.)
- B. CPS and law enforcement may schedule regular multidisciplinary team meetings. Misunderstandings, incomplete communication, or other issues affecting the joint investigation of criminal conduct may be addressed at these meetings.

VII. Annual Report

- A. Pursuant to A.R.S. § 8-817 (B)(8), Child Protective Services shall transmit to the Governor, the Speaker of the House of Representatives, and the President of the senate, no later than August 14th of each year, a report that includes:

1. The number of criminal conduct allegations received;
 2. The number of criminal conduct allegations investigated;
 3. How many of these investigations were conducted jointly; and
 4. The reasons why a joint investigation did not take place.
- B. Child Protective Services shall transmit this information to MCAO and to Law Enforcement no less than 14 days prior to the deadline for MCAO and Law Enforcement to submit their respective reports.

III. MEDICAL PROTOCOL

Medical professionals have a complex role in child abuse cases. Evidence of child abuse may be detected during an examination or disclosures of abuse may be made to medical professionals. Since medical professionals are mandated reporters of child abuse per A.R.S. §13-3620 (see Appendix 3), this Protocol will outline child abuse reporting guidelines. Guidelines for medical evaluation have been addressed for these situations.

Child abuse examinations must be performed by medical professionals who are competent in the forensic exam of children as well as in providing expert testimony in judicial proceedings. It is understood that medical professionals have an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative that medical professionals remain objective in the evaluation and not confront the family or speculate on the nature of the injury. The medical professional should be able to document their education, training and experience in the area of child abuse and neglect. In Maricopa County there are six (6) Child Abuse Assessment/Advocacy Centers staffed by physicians, nurse practitioners, and/or forensic nurse examiners with the necessary qualifications to provide child abuse examinations and, when medically appropriate, it is strongly suggested that these exams be conducted at one of the six (6) centers.

I. Presentation of Suspected Child Abuse Cases

Suspected child abuse can be made known to medical professionals by three different means:

A. A parent or caretaker requests a child abuse evaluation:

1. Triage the urgency of medical need, i.e., severe trauma or excessive bleeding vs. minor contusions. A child's physical/medical safety is always the paramount concern.
2. Determine if the police and/or CPS have been notified.
 - a. If notification has been made, re-contact that agency(s) to determine if an officer and/or CPS specialist will be responding and if the agency is requesting that a medical evaluation be performed.
 - b. If notification has not been made, make every attempt to obtain background information on the child and alleged abuse from the parent/caretaker while out of earshot of the child. If further information regarding the abuse is necessary, obtain basic information from the child as outlined below. If there is reasonable belief to suspect child abuse, a report must be made. See reporting procedure outlined below.

B. Evidence of child abuse is observed during routine or unrelated exam:

1. Utilize the "obtaining basic information from the child" procedure listed below.
2. If there is reasonable belief to suspect child abuse, utilize the reporting procedure outlined below.
3. Do not notify parent and/or caretaker prior to police and CPS notification. It is understood that the forensic medical professional has an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative the medical professional remain objective in the evaluation and not confront the family or speculate on the nature of the injury.

C. A child self discloses abuse to a medical professional:

1. Follow the procedure for obtaining basic information from the child as outlined below.
2. If someone reasonably believes child abuse has occurred, a child abuse report must be made. See reporting procedure outlined below.

II. Obtaining basic information from the child:

- A. If possible, find a quiet private spot to talk with the child away from the parent and/or caretaker.
- B. Do not make promises to the child, such as "I won't tell anyone" or "No one will have to go to jail." Simply reassure the child that you will do whatever is necessary to keep them safe.
- C. If the following information has not already been volunteered, ask the child only these four questions:
 1. What happened?
 2. Who did it?
 3. When did it happen?
 4. Where did it happen?
- D. Document exact quotes provided by the child.

III. Procedure for Reporting Child Abuse

When a person reasonably believes that child abuse has occurred, a report must be made. The person knowing those facts is required to report those facts to a police officer or to CPS. This Protocol recommends that the report be made by calling both the CPS Hotline (602-530-1832 or 602-530-1831) and the law enforcement agency where the abuse occurred. However,

if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a police officer only. If unsure where the abuse occurred, the report should be made to the agency where the child lives.

A. When reporting to CPS:

1. Document the name of the hotline worker;
2. Document the CPS office to which the case is being assigned, including the supervisor name and phone number;
3. Document the name (or copy the identification) of the CPS worker upon arrival.
4. Document whether the report alleges an instance of criminal conduct.

B. When reporting to law enforcement:

1. Ask if and when the officer/investigator is expected to respond;
2. Document the name and badge number of officer/investigator upon arrival;
3. Document the DR # assigned to the case.

A written report is also mandatory per A.R.S. §13-3620. Sample report forms are provided in Appendix 13. Hospitals and medical offices may modify or create their own form provided the pertinent information per the statute is provided. The written report must be sent to CPS within 72 hours. A copy of the report should be mailed to:

CPS, P.O. Box 44240
Phoenix, AZ, 85064-4240

The report may also be faxed to the CPS Hotline at:

(602) 530-1832
(602) 530-1833

This may also be accomplished by handing a copy of the written report to the responding CPS worker. Law enforcement officers responding would also find a copy of the written report beneficial if it is available upon their arrival. It should be documented who has received a copy of the report. The original report should be kept on file at the hospital/medical office.

IV. Working in Conjunction with the Child Abuse/Advocacy Centers

It is generally law enforcement who contacts medical professionals from one of the advocacy centers to request a forensic medical evaluation of sexual abuse/physical abuse cases and CPS who contacts a medical professional from one of the advocacy centers for a physical abuse

examination. However, either agency may make that referral. Patients throughout Arizona may be seen at the six (6) centers.

As a rule, the medical professional will not accept a case until there is law enforcement and/or CPS involvement. However, if there is a problem in getting law enforcement or CPS to respond, or if the emergency department/practicing physician believes that a forensic exam should be conducted as soon as possible, then the on-call medical professional can be contacted for advice (see Appendix 7 for center contact information).

Concerning the issue of the Emergency Medical Treatment and Labor Act (EMTALA), the transfer of a suspected child abuse victim to one of the centers can be done after the medical screening examination (MSE) has been completed. This MSE should generally be an uncomplicated procedure because the majority of child abuse victims do not require emergency medical care. If CPS and/or law enforcement is ready to transport and the MSE is not yet complete then CPS or law enforcement may contact the center's medical personnel for advice. The center's medical professional may then contact the hospital/medical office physician.

Unless there is concern about significant bleeding, a genital and anal examination should not be done if the case is to be transferred to a center. Also, if the case is to be transferred, total body x-rays (skeletal surveys) should not be done prior to contacting the center's medical professional. If the patient is going to be admitted to the hospital, it is suggested that one of the center's medical professionals be notified.

Medical records from this incident must be released to law enforcement and/or CPS, per A.R.S. §13-3620(C), upon their written request and signature on a medical release form. The parent/guardian does NOT have to give permission for this release. The release of medical records should also be expeditious, as police and CPS will need the records for their investigations.

V. The Medical Evaluation

The medical evaluation, which primarily addresses the well being and safety of the child, may also yield legal evidence. Therefore, it is an important part of the evaluation of the child abuse victim. It is possible however; that the physical exam will not prove or disprove that abuse has occurred, especially when the concern is sexual abuse. The majority of exams, particularly those performed more than 120 hours after the sexual abuse has occurred, are normal but this does not preclude the possibility the abuse occurred. The most important part of the evaluation is the history given by the child. It is understood that the medical personnel has an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative the medical professional remain objective in the evaluation and not confront the family or speculate on the nature of the injury.

The comprehensive physical exam must be performed by medical professionals who are competent in the forensic exam of children as well as in providing expert testimony in judicial proceedings. These professionals must be able to document their education, training and experience in the area of child abuse and neglect. In Maricopa County there are six (6) centers staffed by medical professionals with the necessary qualifications to provide child abuse examinations (see Appendix 7), and, when medically appropriate, it is strongly suggested that these exams be conducted at one of the six (6) centers.

VI. Sexual Abuse

A. The forensic interview and videotaping:

If conducted at a center, the forensic interview should be done prior to physical examination. Medical professionals conducting the exam should view the interview if possible. The child should not be re-interviewed by the medical professional.

B. The Medical evaluation:

1. Indications for forensic medical examinations:

a. Children who give a history of sexual abuse.

Best practice suggests that children who give a history of sexual abuse occurring any time in the past where there is the possibility that evidence may be found, should be seen by medical professionals, dependant upon the circumstances. Occasionally some professionals will question the need for a medical evaluation if the child is giving a history of minimal sexual contact. It is known that children may under-report the extent of abusive activities at the initial disclosure. Therefore, to decide that a child does not need an exam because there is only a history of exposure or fondling over clothing, for example, may result in missing physical findings or non-detection of treatable diseases.

b. Sexual abuse within 120 hours:

Children and adolescents, regardless of gender, who have alleged sexual abuse within the previous 120 hours, may need a forensic medical exam to collect specimens and document injuries. This decision should be made in consultation with the available medical professional from the center. In the event a discrepancy occurs between law enforcement and medical professionals regarding obtaining an exam, the on-call deputy county attorney should be consulted. If an exam is to be completed, the victim should be advised not to bathe, change clothing, etc., prior to the exam.

c. Genital/rectal pain or bleeding:

Children experiencing these symptoms need to be seen as soon as possible so that the site of the bleeding or cause of the pain can be identified. This will help to differentiate accidental from non-accidental injuries and sexually transmitted infections from non-sexually transmitted ones.

d. Sexually transmitted diseases (when there is no disclosure of abuse):

- (1) Gonorrhea, Syphilis, Chlamydia, Trichomonas, Genital Herpes and Venereal Warts. Children diagnosed with these infections definitely need to be seen for a forensic exam, even if the diagnosis/treatment has occurred elsewhere. Any lab reports that exist must accompany the child when he/she is seen.
 - (2) HIV Positive. Children who have tested positive for HIV should be seen for an exam if the source of the virus is not known. With respect to perinatal transmission, if the HIV positive child is older than 12 months when the positive status is discovered, it should not be assumed that he/she acquired the virus from the HIV positive mother.
 - (3) Gardnerella or Monilia. If there is no history or other indication of sexual abuse, children with these infections do not need to be seen for a forensic exam.
 - (4) Other Genital Infections. For children who have less common infections, the need for an exam can be determined by a discussion with available medical professionals. Girls who have a vaginal discharge need to be medically evaluated as soon as possible to determine the cause of the discharge. This may be done by the child's primary care physician or by available medical professionals from the center.
- e. Exhibition of some sexualized behavior without reasonable grounds to believe abuse has occurred.

It is appropriate to refer these children for counseling as a first intervention rather than making a report. The exam can then be done if the child gives a history of molest or if the therapist, after working with the child for awhile, feels that sexual abuse most likely has occurred even though the child has still given no history.

- f. Children who are preverbal, non-verbal, or developmentally delayed:

The forensic exam is an essential ingredient of the investigation after a report has been made.

- g. Adolescents:

- (1) In regard to sexual abuse occurring more than 120 hours prior to the report, children may have evidence of healing trauma and thus a forensic exam may be appropriate after consulting with appropriate medical personnel.
- (2) Adolescents disclosing "consensual sex:"

- (a) If there is a question as to whether the sexual contact was "consensual" or "non-consensual", a forensic medical exam should be done.
- (b) If the victim is under 15 years old, a forensic exam should be done.
- (c) If the youth/victim is age 15, 16, or 17, and the partner/alleged perpetrator is less than 19 years of age or attending high school and is no more than 24 months older than the youth/ victim, the on-call deputy county attorney should be contacted for advice.

h. Pregnant teens:

Medical professionals must consider the possibility of sexual abuse in pregnant teen cases and must comply with the mandatory reporting law (see Appendix 3). If the pregnant teen is under 15 years of age, then the medical professional must make a child abuse report immediately. An abortion should not be done prior to the law enforcement investigation. If an abortion is done, fetal tissue can be used to identify the father of the baby. A forensic exam is not required. If the teen is 15 years or older, the situation may still be a reportable offense.

i. Custody disputes:

One exam is appropriate subsequent to a report being made. However, personnel who deal with abuse evaluations should not be influenced by those parents who want frequent medical exams after visitations, unless, of course, there is an additional history of reasonable concern about sexual abuse.

j. Molest allegations/concerns during regular medical exams by community/emergency department physicians:

After consideration of history, behavioral changes and examination findings, the medical personnel must make a child abuse report, if there is reasonable suspicion that sexual abuse has occurred. CPS/law enforcement can then request a forensic exam.

2. Procedure for forensic medical examination:

a. These aspects of the exam are pertinent to all cases, regardless of the time interval from the incident.

- (1) A complete medical history (including immunizations) should be obtained from the caretaker and the child. If the caretaker

is not present, then an effort to contact them by phone should be made only with law enforcement and/or CPS approval. This is to ensure that the investigation is not compromised. Medical professionals should, however, convey to law enforcement/CPS any urgent need for the medical history.

- (2) The child should be given a choice of whether he/she would like a supportive person (of their own choosing) in the exam room. If this person is disruptive during the exam, medical personnel may ask him/her to leave.
 - (3) After the regular physical examination, carefully examine the genital and anal areas to detect any injury. This must be done with good illumination, and can involve the use of magnification. The colposcope can provide both illumination and magnification in addition to photographic capability. Photographic and/or video documentation of the genital/anal areas is recommended, but is not required. Medical professional's primary obligation (keeping in mind the best interest of the child) is to do a thorough and accurate exam of the genital/anal areas; photographs are a secondary consideration.
 - (4) Carefully examine the entire body to detect any signs of trauma, neglect, or abnormal medical conditions. Photographic and/or video documentation of any positive findings is recommended. If the law enforcement photographer is not available to do this, then a medical unit should have an appropriate camera.
 - (5) Consider testing for pregnancy and sexually (and non-sexually) transmitted diseases, such as gonorrhea, syphilis, Chlamydia, herpes, trichomonas, staph, strep, candida and HIV. These lab tests may be available on site. However, patients thirteen (13) years and older should be offered referral to the Health Department for HIV testing, and thus will have the choice of confidential versus anonymous testing.
 - (6) Prepare a forensic medical report. A suggested form is provided by the Arizona Department of Economic Security, Administration for Children Youth and Families. This report should be completed in a timely manner unless a particular lab test result or treatment result (e.g., the opening of a labial adhesion) must first be available.
- b. When the exam is done within 120 hours of the alleged sexual abuse, in addition to the above medical exam procedure,

consideration must be given to whether or not a sexual assault examination needs to be done. The sexual assault examination includes (but is not limited to):

- (1) Paper bagging individual items of clothing separately;
- (2) Collecting specimens by means of swabs to detect perpetrator body fluids (saliva, semen, etc.);
- (3) Collecting other debris (trace evidence) which may be present;
- (4) Collecting reference specimens from the victim (saliva, blood, etc.);
- (5) Proper drying technique and handling of specimens to prevent deterioration, contamination; and
- (6) Maintaining the chain of custody.

VII. Physical Abuse and Neglect

A. The forensic interview and videotaping:

If conducted at a child abuse assessment/advocacy center, the forensic interview should be done prior to physical examination. Medical personnel conducting the exam should view the interview if possible. The child should not be re-interviewed by medical personnel.

B. Indications for forensic medical examinations:

Children suspected by CPS, law enforcement or medical professionals of having been physically abused or neglected should have an exam as soon as possible. Children with fairly minor visible injuries may have serious internal injuries (see Appendix 7 for additional guidelines).

C. Procedure for forensic examinations:

This exam should include:

1. A complete past medical history and the history of the suspected abuse, which should be obtained from personnel who interviewed the child.
2. Inspection of the genital/anal areas with good lighting because children who experience one type of abuse are at risk for all forms of abuse. If the history or exam reveals that sexual abuse is a concern, then the sexual abuse procedure should also be followed.

3. Appropriate lab studies to document the medical conditions caused by injury and to exclude such medical conditions as bleeding disorders.
4. Imaging studies to discover and document injuries that are not externally apparent by physical exam. These studies may include radiographs, ultrasound scans, computerized tomography scanning, nuclear scanning, and magnetic resonance imaging. The studies needed in any given case are variable and must be determined on a case-by-case basis. However, x-rays of the entire skeleton are indicated in most children less than two (2) years of age and in selected children over two (2) years old if physical abuse is suspected. These studies must be done at hospitals that have a pediatric radiologist.
5. Color photographs should be done to document visible injuries as well as locations where injuries are not present. A measuring device, color scale and identification label should appear in the photograph. If the law enforcement photographer is not available to do this, the medical unit should have an appropriate camera.
6. A forensic medical record must be prepared using the form provided by the Arizona Department of Economic Security, Administration for Children, Youth and Families. This report should be completed on the day of the exam unless an opinion cannot be given until a particular lab or radiology result is available.
7. On occasion, a review of medial records of prior medical care may play an important role.

IV. COUNTY ATTORNEY PROTOCOL

The Maricopa County Attorney's Office has long emphasized a sensitive and coordinated approach to the prosecution of child physical and sexual abuse cases through the establishment of specialized units, including the Sex Crimes Bureau, Major Crimes Bureau and the Family Violence Bureau.

- I. Office Layout and Personnel
 - A. Currently, these specialized units are in two locations:
 1. The downtown office, which serves Phoenix, Scottsdale, Peoria, Avondale, Tolleson, Glendale, Buckeye, Wickenburg, El Mirage, Goodyear, Youngtown, Litchfield Park, Paradise Valley, Carefree, Gila Bend, Sun City, and Surprise.
 2. The southeast office, which serves Tempe, Mesa, Gilbert, Chandler, Apache Junction, Cave Creek, Fountain Hills, Guadalupe, and Queen Creek.
 - B. Within each office are a sex crimes bureau and a family violence bureau. The sex crimes bureau prosecutes all downtown sex crimes cases. The family violence bureau prosecutes all child physical abuse cases. The major crimes bureau handles sex crimes and child abuse cases that occur in the east valley. All child homicide cases are prosecuted by the downtown office. Each of the bureaus consists of one supervisor and several specialized attorneys.
- C. Special consideration is given to the selection of the attorneys for the sex crimes and family violence bureaus.
 1. All sex crimes and family violence bureau attorneys are experienced prosecutors and trial advocates.
 2. Most are accepted into the bureaus with extensive experience achieved through a combination of training and years-of-service.
 3. The attorneys are carefully chosen for their expertise, interest and sensitivity to the myriad of issues surrounding child victims/witnesses.
 4. The attorneys are expected to remain current on case law and research on victim and offender related dynamics. They are also expected to be familiar with the medical issues and literature on child sexual/physical abuse.
- D. Upon assignment to either of the family violence bureaus, an attorney must complete the following training in the specified time periods:

1. Basic Forensic Interviewing Training (within six (6) months);
 2. 40-Hour Advanced Forensic Interviewing Training (within one (1) year); because this course involves practica for interviewing and testifying that is designed primarily for law enforcement and CPS workers, the attorney may audit the course;
 3. Basic Training on Child Physical Abuse (within one (1) year);
 4. DNA Training – “Handbook for Prosecutor” from DNA.gov (within one (1) year);
5. The attorney must complete two (2) of the following within two (2) years:
- a. Investigation and Prosecution of Child Abuse: Equal Justice for Children;
 - b. Investigation and Prosecution of Child Fatalities and Physical Abuse; and
 - c. Childproof: Advanced Trial Advocacy for Child Abuse Prosecutors.
6. Because training opportunities vary, the attorney may substitute another similar training for any of the above requirements with bureau chief approval.

E. Upon assignment to the sex crimes bureau, an attorney must complete the following training in the specified time periods:

1. Basic Forensic Interviewing Training (within six (6) months);
2. 40-Hour Advanced Forensic Interviewing Training (within one (1) year); because this course involves practica for interviewing and testifying that is designed primarily for law enforcement and child protective services workers, the attorney may audit the course;
3. DNA Training – “Handbook for Prosecutors” from DNA.gov
4. 8-Hour Basic Course of Investigation of Sex Crimes (within one (1) year);
5. Equal Justice, offered by NDAA (within first year);
6. Childproof, offered by NDAA (within two (2) years).
7. Because training opportunities vary, the attorney may substitute another similar training for any of the above requirements with bureau chief approval.

II. Duties of the Sex Crimes and Family Violence Bureau Attorney

A. On-Call:

1. Sex crimes and family violence attorneys from each office rotate the on-call assignment. On-call attorneys assist law enforcement agencies in child abuse investigations.
2. The on-call attorney may:
 - a. Visit the scene or observe other portions of the investigation
 - b. Assist in the preparation of a search warrant
 - c. Answer legal inquires
 - d. Attend the initial appearance, and
 - e. Attend the autopsy (family violence bureau)

B. Review of Submittals:

The sex crimes bureau will review all investigations submitted by law enforcement agencies involving sexual offenses.

The family violence bureau will review all investigations submitted by law enforcement agencies involving child abuse, child homicide, custodial interference or kidnapping for the possible filing of criminal charges.

1. After the investigation is completed by law enforcement, the police agency submits the departmental report to the bureau for attorney review.
2. Submittals are designated either as "basket" or "in-jail."
 - a. "Basket" submittals are those sent for review while the suspect is out of custody.
 - (1) Aside from the statute of limitations, there is legally no time limit imposed for filing charges on a "basket" submittal.
 - (2) The County Attorney's policy is that "basket" submittals should have a reviewing decision made within 30 days from the date the submittal was received by the Maricopa County Attorney's Office.
 - b. "In-jail" submittals, as the name suggests, are those in which a suspect has been arrested and booked into jail.
 - (1) Charges, via a complaint, must be filed within 48 hours of an Initial Appearance (an Initial Appearance occurs within 24

hours of being booked into jail) in order to maintain the bond or release conditions which were set at the Initial Appearance. The 48 hours does not include weekends and holidays.

- (2) If charges are not filed within the 48-hour time frame, the defendant will be released from custody. Any bond or other release conditions that have been imposed at the Initial Appearance will be exonerated or otherwise lifted.
- c. As a practical matter, not all defendants who are arrested will have charges filed.
- (1) There will be instances where further investigation may be necessary before the case is ready to be filed; or
 - (2) The case may not meet the County Attorney's Office standard for prosecution.
- d. If the case is not filed, notification of the decision not to file shall be the responsibility of the County Attorney's Office. The victim's representatives, the investigating officer, as well as CPS should be notified of the decision by the Maricopa County Attorney's Office within 30 days.

III. Processing Submittals

- A. Once the investigation has been submitted, the bureau supervisor assigns the submittal to a reviewing attorney, who will read the report(s) and decide if the submittal is to be furthered for additional investigation, declined for prosecution or filed.
1. If no decision has been reached after 30 days, the reviewing deputy county attorney will notify the detective/investigator and CPS case worker of the status of the case.
 2. Submittals furthered for more investigation:
 - a. The reviewing attorney will list with specificity the information necessary for prosecution.
 - b. The submittal is then returned to the investigating agency to complete the investigation, with a copy to CPS.
 - c. At this juncture, the law enforcement agency has two investigation options:
 - (1) To complete the investigation; or

- (2) To inactivate/close the investigation.
 - (a) If the decision is to inactivate/close the investigation then notification to the County Attorney shall be sent stating the basis for this decision.
 - d. When the requested further investigation is completed, the law enforcement agency may re-submit the report, when appropriate, for the County Attorney's review.
 - e. If the agency does not pursue the investigation, the County Attorney's Office must be notified in writing, within 30 days of the decision not to re-submit.
3. Submittals declined for prosecution
 - a. The primary reason submittals are declined for prosecution is that they do not meet the office-charging standard: i.e. that the submittal, when viewed as a trial case, has no reasonable likelihood of conviction.
 - b. The County Attorney's Office will not reject a case solely on the basis that the victim or victim's family refuses to cooperate with prosecution.
 - c. When the reviewing attorney determines that the submittal is inappropriate for prosecution, a second attorney shall review the submittal to make an independent judgment whether prosecution should be declined.
 - d. In order to "no file" a submittal for any investigation involving child physical abuse or a sexual offense, two reviewing attorneys must concur with the decision to decline prosecution.
 - e. If there is a difference of opinion between the two reviewing attorneys as to whether the submittal should be declined or filed, the submittal will be staffed by a quorum of the sex crimes/or family violence bureau attorneys and/or reviewed by the bureau supervisor.
4. If the consensus is to decline prosecution:
 - a. A letter indicating that decision will be mailed to the victim and/or the victim's lawful representative (i.e., parent or guardian) by the County Attorney's Office.
 - b. A letter to law enforcement indicating the decision not to file shall be sent with a copy to CPS within 30 days.

- c. The victim or the victim's lawful representative has the right to confer with the initial reviewing prosecutor regarding the decision not to prosecute.
 - d. All submittals that are not filed may be re-evaluated if new evidence is presented.
 - e. Beginning in 2001, there is no Statute of Limitations for any class 2 felony sex crimes (chapter 14 or 35.1). The Statute of Limitations for most other felonies allows for a prosecution up to seven (7) years from disclosure of the crime (see Appendix 4, A.R.S. §13-107).
5. If a submittal is appropriate for prosecution:
- a. The deputy county attorney shall issue appropriate charges.
 - b. A probable cause determination must be made through either a Preliminary Hearing or a Grand Jury.
 - c. A deputy county attorney may choose to send a case to a Preliminary Hearing if it is likely to be easily resolved through plea negotiations (see Appendix 9 Plea Guidelines).
 - d. Other cases will be taken to the Grand Jury. Grand Jury proceedings are not open to the public; thus, they do not subject the victim to the stress of testifying.
 - e. Notify law enforcement of the decision to file.

IV. Vertical Prosecution – A Team Approach

- A. The County Attorney's Office utilizes vertical prosecution within a team approach in child sexual abuse, child physical abuse and homicide cases.
- B. Regardless of which bureau prosecutes the case, the County Attorney's policy is to use a team approach to prosecution. The team consists of the deputy county attorney, county attorney investigators, victim advocates, legal assistants and outside agencies, such as law enforcement and CPS.
 - 1. County attorney investigators may be utilized to assist the prosecutor once a case is filed.
 - 2. Victim advocates act as liaisons between the deputy county attorney and the victim or the victim's representative. The deputy county attorney, in conjunction with the victim advocate, will work with the victim, parent, guardian ad litem or the victim's attorney on the case.
 - 3. Legal assistants help in the research and preparation of motions regarding special issues surrounding child sexual and physical abuse prosecutions.

4. CPS is an independent State agency that deals with civil issues involving the child victim. If a case involves CPS intervention, the deputy county attorney will attempt to work with the assigned caseworker, recognizing that the goals for the case resolution of the two agencies are not necessarily the same.
5. Prosecution is a team effort among the investigative agency, the prosecutor, the victim advocate, the victim and the witnesses. All members of the team are under a continuing obligation to exchange information about the case. The assigned detective/investigator should assist prosecution during the trial.

V. Case Dispositions – Change of Plea or Trial

- A. Once the case is assigned to a deputy county attorney, the attorney and/or the victim advocate will contact the victim as soon as practicable to discuss the process and obtain input as to a possible disposition.
 1. Sex crimes and family violence cases are staffed for disposition. A case is staffed by the deputy county attorney, the supervisor and at least one other attorney.
 2. Plea guidelines, (see Appendix 9) as well as prior case dispositions will be utilized in making plea offers in order to provide consistency of dispositions among similar cases.
 3. Serious physical injury cases utilize office plea guidelines, but the child abuse prosecutor manages the case disposition based on the specifics of the case.
 4. While not all cases are appropriate for plea offers, the majority of cases will involve an offer to plead guilty to a lesser sentence. Plea dispositions are advantageous because they ensure finality for the victim, a judgment of guilt by the court, an admission of wrongdoing by the defendant, and an order of restitution for damages incurred by the victim.
 5. In child sexual abuse cases that involve more than one count, it is anticipated that any plea offer will include lifetime probation. Lifetime probation may be imposed even in cases that include a term of imprisonment.
 6. The County Attorney's Office has policies that dictate how soon a plea offer should be extended and when it should be revoked.
 7. The offer decided at the staffing will then be communicated to the victim via the victim advocate or the attorney. It is the duty of the County Attorney's Office to see that justice is served in the handling of criminal

cases. In that endeavor, it is recognized that the opinion of the victim as to what is just in their case may differ from the views of this office.

- a. If the victim's view of a disposition diverges from the staffing offer, he or she shall be given the opportunity to discuss their disagreement with the deputy county attorney and, if necessary, with the bureau supervisor.
- b. If the difference of opinion is still not resolved, the victim has the right and opportunity to notify the pre-sentence probation officer and the court of their opinion.
- c. Final disposition of a disputed negotiated plea rests with the discretion of the court to either accept or reject the plea offer.

B. If a case cannot be resolved by way of Change of Plea, the case is set for trial. The Maricopa County Attorney's Office recognizes that many victims and/or their lawful representatives are apprehensive about testifying. Trial apprehension is caused by:

1. Unfamiliarity with the trial process;
2. Uncertainty regarding whether or not the case is proceeding to trial;
3. Unnecessary delays;
 - a. The deputy county attorney will not create any unnecessary delays;
 - b. The deputy county attorney will oppose any unnecessary delays;
4. Fear of testifying.

VI. Trial Disposition – Trial and Victim Preparation

- A. Trial preparation is the responsibility of the deputy county attorney.
 1. The deputy county attorney should meet with the victim in order to acquaint the victim with the trial process.
 2. The deputy county attorney should strive to develop rapport with the victim.
 3. The deputy county attorney along with the victim advocate may initially meet with the victim in his or her own home or another place where the victim feels comfortable.
- B. Victim preparation is the responsibility of the deputy county attorney with the assistance of the victim advocate.

1. In all but very rare cases, the victims are required to testify in court.
2. Prior to the trial, the victim will be taken into a courtroom and the deputy county attorney and/or the victim advocate will explain courtroom protocol and procedures to the victim. The victim will also be given the opportunity to attend the "Kids in Court" program.
3. In certain cases, use of a therapy animal may be appropriate for pretrial matters, as well as during trial and sentencing.
4. The deputy county attorney is aware that the courtroom may be intimidating to the child/victim.
 - a. In appropriate cases, the deputy county attorney will request adaptation of the courtroom in order to fit the victim's needs or pursue videotaped or closed circuit testimony.
 - b. When handled properly, trial testimony can be a powerful aid to the victim recovery process.
 - c. The deputy county attorney takes an active role in the victim's recovery process by the manner in which he/she handles a case destined for trial.
 - (1) If requested to do so, the deputy county attorney will assist the victim in selecting a support person to be present during the victim's testimony, in addition to the victim advocate.
 - (2) The support person cannot otherwise be a witness in the case.
 - (3) The deputy county attorney will seek appointment of an interpreter or guardian ad litem for a victim in appropriate cases.
5. Prior to trial, the deputy county attorney or the victim advocate will discuss the possible outcomes of the trial with the victim and the victim's representative.
6. At the option of the victim, he or she may submit to an interview by the defense attorney.
 - a. The deputy county attorney will be present at the victim's request and will actively participate in the interview.
 - b. The deputy county attorney will make necessary arrangements for any reasonable conditions requested by the victim, including:
 - (1) The presence of the victim advocate who acts as a support person for the victim, or
 - (2) The presence of another support person

- c. The deputy county attorney or his/her representative will arrange defense interviews of witnesses at the defense's request.
 - (1) The deputy county attorney or his/her representative will be present and will tape record the interview.
 - (2) The victim advocate will arrange interviews with victims, their family members, and any special needs witnesses.
- C. The County Attorney's Office recognizes that child sexual and physical abuse cases often require retention of expert witnesses.
 - 1. In those cases, the County Attorney's Office will pay reasonable fees for that expertise.
 - 2. Professionals are required to testify because they are material witnesses (i.e., they have seen and evaluated the child or are involved in the case within their professional capacity) rather than expert witnesses. In such situations, the professional is not entitled to expert witness compensation.
 - 3. Expert and professional witnesses often have scheduling difficulties. The deputy county attorney shall strive to give adequate notice of a pending trial date to these witnesses.
 - 4. Special consideration will be given to the experts and professional witnesses to accommodate their schedules in coordinating a time for their testimony. Obvious constraints are imposed on the prosecutor, but efforts will be made to minimize the inconvenience to the expert or professional witness.

VII. Jury Verdicts

- A. Once the case has been presented and the jury returns with a verdict, the deputy county attorney and/or the victim advocate will inform the interested parties and team members of the case outcome.
 - 1. A jury has three (3) options in reaching a verdict on any of the charges;
 - a. Not guilty, in which case the defendant is acquitted, charges are dismissed and defendant is free from future prosecution on that matter;
 - b. Guilty, in which case the defendant is bound over for sentencing; or
 - c. "Hung Jury" in which case the jury was unable to reach a unanimous verdict as to the defendant's guilt or innocence.

- (1) Officially, this results in a mistrial, and the case is reset for trial. The case may be re-tried, resolved by plea, or dismissed.
- (2) It is the deputy county attorney's responsibility to consult with and keep the victim informed of the decision regarding the final disposition of the case.

VIII. Sentencing

- A. If the defendant pleads guilty or no contest, or if the jury finds the defendant guilty, the deputy county attorney and/or the victim advocate will inform the victim of the sentencing procedure.
- B. The sentencing date is generally 30 to 60 days after conviction.
- C. The duties of the deputy county attorney include:
 1. Submitting to the adult probation officer an adult probation packet, which includes:
 - a. The departmental reports;
 - b. The indictment, information, or complaint;
 - c. Copy of the plea agreement (when applicable);
 - d. Victim's biographical information;
 - e. Other relevant information; and
 - f. The deputy county attorney's sentencing recommendation.
 2. Informing the victim of his/her right to restitution.
 3. Informing the victim of sentencing procedure options, such as:
 - a. The defendant may seek a continuance of the original sentencing date in order to present mitigating evidence;
 - b. The State may seek a continuance in order to present aggravating evidence; or
 - c. Either side may request a mental health examination under Rule 26.5, Arizona Rules of Criminal Procedure.
 4. Informing the victim of his/her sentencing options at the sentencing proceeding:

- a. The victim or the victim's lawful representative has the right to be present at the sentencing;
 - b. The victim or the victim's lawful representative has the right to address the court.
5. Assisting the victim in addressing the court.
- a. The deputy county attorney may request of the court that the matter proceed in chambers.
 - b. The deputy county attorney may assist the victim in preparing a written statement to present to the court.

IX. Post Conviction Relief and Appeals

- A. The deputy county attorney and/or the victim advocate will explain to the victim and his/her representative the possibility of a review via petition for Post-Conviction Relief (PCR) or an Appeal.
1. PCR is a legal review of the Change of Plea proceeding. PCR's are handled by the Maricopa County Attorney's Office Appeals Division.
 2. An appeal is legal review of the trial proceedings. Appeals are handled by the Attorney General's Office.

X. Dispute Resolution

Child abuse protocols shall contain procedures for dispute resolution among law enforcement, CPS and the County Attorney's Office (see Appendix 15 for these procedures).

V. VICTIM RIGHTS AND SERVICES PROTOCOL

The Maricopa County Attorney's Office Victim Services Division is a prosecutor based victim assistance program. Advocates assigned to the major crimes bureaus and juvenile bureaus assist victims of child physical and sexual abuse during the course of prosecution. After a defendant has been charged or arraigned on a felony offense, a victim advocate is assigned to the case. Advocates provide criminal or juvenile justice system information and support, advocacy, and social service referrals to assist the victim's emotional recovery from the crime.

The primary role of the advocate is to provide information and assistance to the victim and the victim's family. If the advocate were to question the victim or victim's family about the facts of a case, the advocate would put him/herself in the position of being a potential witness, which would preclude the advocate from being with the victim or the victim's family in the courtroom. Therefore, the victim advocate does not discuss the facts of the case with the victim or the victim's family. If a child victim starts to disclose any information regarding the facts to the advocate, the advocate will explain to the child victim the need to provide the information to the assigned detective/investigator. Advocates provide the following services to victims of offenses prosecuted by the Maricopa County Attorney's Office:

- I. Criminal or Juvenile Justice System Information
 - A. Advocates provide the victim or the victim's lawful representative the following:
 1. Information about the charges filed against the defendant and his/her custody status;
 2. Information about the various steps a case will take as it progresses through the justice system, up to and including sentencing;
 3. An explanation of the victim's rights, and if the victim and/or their lawful representative wishes to exercise their rights, the advocate will assist them in doing so;
 4. Notification of court dates if the victim and/or the victim's lawful representative elects to exercise their rights; in cases where the victim is in the care/custody of CPS and/or has a guardian ad litem, the advocate will keep the CPS worker and/or the guardian ad litem informed of the ongoing status of the case if they have requested to be notified;
 5. A more detailed explanation of the various court proceedings, what those proceedings mean, what could possibly happen during the proceedings, as well as advising the victim and/or the victim's lawful representative of their options as criminal justice events occur;
 6. *If funding is available*, transportation arrangements for in-state or out-of-state travel for the victim and/or the victim's lawful representative if they are needed for interviews, court appearances, etc;
 7. Information about the pre-sentence report and facilitation of the victim's and/or the victim's lawful representative's input into the report; this includes scheduling an interview for the victim with the adult probation pre-sentence investigator prior to sentencing; and

8. Information regarding the victim's and/or the victim's lawful representatives' post conviction notification rights; this includes advising the victim and/or the victim's lawful representative on how to obtain information about the defendant's custody status.

II. Supportive Services

A. Victim advocates provide the following supportive services when appropriate, during the course of prosecution:

1. The victim advocate may initially meet with the victim in his or her own home or another place where the victim feels comfortable, to establish rapport with the victim and his/her family, to assess family dynamics, and to assess the need for counseling referrals;

2. Assisting the victim and/or the victim's lawful representative in understanding how the crime has affected him/her emotionally, helping to relieve any anxiety associated with his/her participation in prosecution, and helping the victim or the victim's lawful representative understand what will happen with the case and how events may impact them;

3. Scheduling an interview with the defense attorney, if the victim or the victim's lawful representative has agreed to be interviewed or has agreed for the victim to be interviewed, at the victim's or the victim's lawful representative's convenience, and accompanying him/her to the interview to provide emotional support. This includes providing them information on interview Protocol;

4. Acting as an emotional support for the victim and/or the victim's lawful representative by attending court proceedings with him/her and explaining those proceedings;

5. Providing continuous, on-going short term counseling and crisis intervention for the victim throughout the prosecution of the case, and assisting him/her in all that happens during his/her involvement with the criminal or juvenile justice process;

6. Providing available emergency assistance for victims, if requested and if they qualify, for assistance with lunch money for children who must appear in court, clothing, and shelter;

7. Addressing any concerns that the victims may have regarding their safety and that of their family throughout the criminal justice process, and taking appropriate action to ensure their safety;

8. Providing a comfortable waiting area for victims to use during court proceedings away from and out of sight of the defendant and defense witnesses; and

9. Providing the victim and/or the victim's lawful representative with a courtroom preview prior to trial. This may be done with or without the deputy county attorney, depending on the circumstances.

III. Advocacy

A. The victim advocate advocates on the victim's behalf by:

1. Acting as a liaison between the deputy county attorney prosecuting the case, and the victim and/or the victim's lawful representative by facilitating communication between the two;

2. Keeping the prosecutor apprised of the victim's well being, the victim's and/or the victim's lawful representative's opinion regarding prosecution, and the victim's expectations concerning the final disposition of the case;
3. Helping the victim and/or the victim's lawful representative exercise their rights, including facilitating the victim's wish to make an oral statement to the court regarding pleas, continuances, or sentencing; and
4. Acting as a liaison between the victim and/or the victim's lawful representative and his/her school, employer, landlords, or others to minimize hardships arising from the crime or the victim's participation in prosecution.

IV. Social Service Assistance

A. The victim advocate provides social service assistance by:

1. Providing referrals for counseling, housing, financial assistance, food assistance, or other social service needs; and
2. Providing referrals to the Maricopa County Attorney's Victim Compensation Bureau for assistance with compensable expenses.

V. Special Services for Child Victims and Witnesses

A. In addition to the above, victim advocates will provide the following for child victims and witnesses:

1. Ensuring that all communication with the child is in age appropriate language;
2. Assessing and advising the deputy county attorney of the child's development and communication skills in order to facilitate the deputy county attorney's ability to effectively communicate with the child;

Scheduling the child to attend the "Kids in Court" program if it is expected that the case will proceed to trial and if the child wishes to participate; and

Providing information to the victim's non-offending parent(s) to facilitate their ability to help the child.

VI. In Arizona, victims of crimes are afforded certain rights which are guaranteed by Arizona Statutes and the Arizona Constitution.

A. All agencies covered by this Protocol shall ensure that victim's rights are preserved and protected. All agencies must abide by all criminal court orders governing contact between a victim and defendant and protection, including terms and conditions of release.

- B. Under Arizona law, victims have a right to privacy. If a defense attorney wishes to interview a victim, he or she must make the request through the prosecutor's office. All agencies must honor this statutorily-required procedure.

- C. The release of any records of a victim is governed by Arizona law and precludes the use of a subpoena from a criminal defendant absent an order of the court. Accordingly, any requests for victim records should be immediately brought to the attention of the County Attorney's Office and the assigned case prosecutor.

VI. JUDICIAL PROTOCOL

Testifying in court is an emotional experience for most adult witnesses. For a child it may be a frightening experience. In some cases there is a need to adjust the courtroom for the needs of children. The Rules of Evidence give the court broad discretion to meet those needs and to promote the search for truth. It is important for judges to take a proactive role when it comes to children in the courtroom as justice in many cases depends on common sense sensitivity to the need(s) of child witnesses. The goal of every court should be for all children to be treated with dignity and respect when they testify. Following these guidelines should go a long way toward meeting that goal.

The following outline provides some guidelines for judges to follow in accommodating children as witnesses in a court system that is set up for adults. Many of these suggestions will depend on the individual circumstances of the particular child witness. The court and attorneys should always be aware of the dangers in creating error when special procedures are used which may affect the party's rights.

I. Judicial Training

Judges should receive specialized training on the rights of victims of crime and the assertion of victim rights by child victims, developmental issues relating to child witnesses, child hearsay exceptions, closed circuit television and videotape testimony, propensity testimony, child pornography, child exploitation, cycle of domestic violence, DNA and other medical or scientific evidence, the use of experts as witnesses, and other acts committed by the defendant.

II. Language Abilities

Judges should ensure that the child understands the questions being asked in court by requiring attorneys on both sides to use age appropriate language and to avoid complex/compound sentences.

- A. When administering the oath to a young child, an age appropriate oath shall be administered such as a promise to tell the truth or "what really happened".
- B. Since, in any criminal trial, every person is competent to be a witness, there should be no need for a separate competency hearing (see Appendix 4, A.R.S. §13-4061). If a judge decides to conduct one anyway the prosecutor should be allowed to conduct the questioning.
- C. Arizona law prohibits psychological exams to determine credibility.

III. Attorney Conduct

- A. The court should set ground rules for attorney conduct with child witnesses. Attorneys should be instructed to:
 - 1. Use normal, conversational tones;

2. Avoid lengthy objections (objections should be handled away from child);
3. Possibly remain in a neutral location while questioning the child. (This is especially important if a defendant represents himself);
4. Observation of the child victim's right to be treated with dignity, fairness, and respect and to be free from intimidation, harassment, or abuse throughout the criminal just process; and
5. Prohibition against violating a crime victim's right to privacy regarding addresses and phone numbers.

IV. Reducing Courtroom Trauma

A. A child-friendly courtroom environment should:

1. Allow a support person to be nearby/next to the child;
2. Allow child to hold a blanket, stuffed animal, doll, or other small comforting object;
3. In some cases, provide a small table and chairs for testimony rather than the witness stand;
4. Provide a pillow or booster chair for the witness chair;
5. Allow the child to view the actual courtroom where the child will testify;
6. Work with the bailiff to provide water, tissue, and to adjust the microphone;
7. Be aware of younger children's reduced attention spans and the need for breaks. Provide opportunities for the child to use the restroom;
8. Consider whether the child's testimony should be in the early morning or after school, take the child's schedule or daily routine into consideration when scheduling the child's testimony;
9. Consider the necessity of clearing the courtroom of spectators other than the press (proper findings are a must);
10. Be aware of signs of distress in the child;
11. Let the child know it is okay to tell the judge if he/she doesn't understand a question; and
12. Provide for the separation of child victim/witnesses and his/her family from the defendant and non-supportive family, etc.

13. Unless the deputy county attorney or victim specifically requests otherwise, changes of pleas and sentencings should not be done in chambers, but rather in the courtroom so the victim(s) need not be in close proximity to the defendant.

V. Priority Case Scheduling

It is important that the prosecutor establish good communication with the child. Therefore, do not assume that prosecutors can be interchanged. Judges also should provide for flexibility to take the child's testimony out of order if this best suits the child.

VI. Victim's Rights

Upon request, the victims or victim representatives are to be heard at release hearings, changes of plea, and sentencings.

When a release determination is made, a "No Contact Order" should be issued to limit contact with victim(s) and others deemed necessary;

- A. Conditions of release terms should be explicit as to phone, personal, or written contact and even as to not being in the victim's neighborhood;
- B. When funds are available for a true pre-trial supervision, release conditions should be monitored by the pretrial supervision agency.
- C. CPS should be endorsed on all minute entries in cases with a child victim of crime and copies of release conditions provided to CPS.

VII. When allegations of child abuse arise during a judicial proceeding, judges should consider referring the investigation of these allegations to the proper authorities.

VIII. Where it appears that the child victim's rights as a victim of crime are not being adequately asserted by the parent, custodian, or guardian, the court should appoint a guardian ad litem charged with asserting the child's rights as a victim of crime.

VII. MENTAL HEALTH INTERVENTION PROTOCOL

Mental Health professionals should be advocates for victims and children. As such, they may provide primary therapeutic intervention, support to families, information, and be a source of referral for child abuse allegations because of their contact with children and their families. A primary concern of the mental health professional is to prevent re-victimization of the child. It may be the therapist who hears the initial disclosure, either directly from the victim or indirectly from a third person. Since reporting of child abuse is mandatory for mental health professionals, it is incumbent upon the professional to be familiar with current theory and research on child physical and sexual abuse.

The Arizona mandatory reporting law, A.R.S. §13-3620 (see Appendix 3), requires that mental health and social service professionals, and other persons having responsibility for the care or treatment of children who reasonably believe that a minor has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect, are mandated to report the matter immediately. "Reasonably believe" for reporting means if there are any facts from which one could reasonably conclude that a child has been abused, the person knowing those facts is required to immediately report those facts to a police officer or to CPS. However, if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a police officer only. When in doubt, make the report.

The statute also states that anyone who reports a case of suspected child abuse is immune from liability in any civil or criminal proceeding resulting from the report unless the reporter has been charged with or is suspected of committing the abuse, or is acting with malice. Mental health professionals are responsible for maintaining current awareness of any statutory changes that may occur in the reporting law.

Every mental health agency needs to establish a procedure for following the mandatory reporting law. Every mental health practitioner should be familiar with the specific reporting requirements as defined by the professional standards of his/her governing board (i.e. psychiatrist, psychologist, counselor, social worker, etc.). This Protocol provides guidelines as to how mental health professionals can best fulfill their legal and professional mandates, while working in conjunction with the agencies responsible for the investigation of child abuse cases.

I. Agency Responsibilities

- A. Mental health agencies should each designate a child abuse coordinator. The child abuse coordinator, henceforth in this document to be referred to as coordinator, should potentially be the clinical director and/or clinical supervisor. The coordinator should receive the following training:
 - 1. Mandatory Reporter Training
 - 2. Multidisciplinary Protocol Training
 - 3. Introduction to Advocacy Centers

4. Understanding the Importance of Limited Interviews
5. Indications of Child Abuse

The coordinator will provide support and assistance to the therapist/employee who received the initial disclosure through the child abuse reporting process. An alternate coordinator should also be designated in order to assist in the absence of the primary coordinator.

Please note that in the case of a private practitioner, the therapist will be solely responsible for all steps of reporting described herein.

- B. Mental health agencies should authorize yearly training on child abuse for the entire staff. The coordinator shall make every effort to work with the Children's Justice Coordinator to authorize and set yearly training for the entire mental health agency staff.
- C. Mental health agencies should adopt a standardized, child abuse reporting form to be utilized for the mandatory written report. A sample is included in the appendix of this Protocol (see Appendix 13). Agencies may adopt the sample provided or may create a form that provides the necessary information.
- D. The limitations to confidentiality should be discussed during the therapist's intake session. The mental health agencies need to educate the client/child and parent(s) about the limitations to confidentiality. The limitations include but are not limited to: safety of self, safety of others, and report of alleged child abuse (see Appendix 3).

II. Receiving the Initial Disclosure

- A. Child's self disclosure
 1. When it appears that a child is disclosing information about possible abuse, the professional receiving such information should listen and ask no leading questions. If the child does not spontaneously provide the information, the following questions should be asked:
 - a. What happened?
 - b. Who did it?
 - c. Where were you when it happened?
 - d. When did it happen?
- B. No further questioning by the mental health professional should be done at this time. If the child has spontaneously answered any of these four questions, do not ask that question. Document verbatim statements in writing, using quotes, from the child's disclosure. It is not necessary to make any video/audio recording, the

therapist's primary role is to treat the child and not investigate the allegations. If you make an electronic record, you and your record are likely to be subpoenaed.

- C. Once the initial disclosure has been made, further questioning or interviewing of the child should be done only by the investigating professionals. Further questioning may contaminate the forensic interview and/or create additional trauma for the child. There are centers available where victim interviews meet the requirements of both criminal and CPS investigations and are conducted by specially trained interviewers (see Appendixes 1 and 12). These interviews are video and/or audio taped and become forensic evidence. This reduces the need for repeated interviews of the child victim.
- D. Disastrous response to disclosure is one of the greatest trauma triggers.
 - 1. Do NOT make promises to the child that cannot be guaranteed. For example, do NOT tell the child: "this does not have to be reported to the authorities"; "you won't have to testify"; "no one will go to jail, etc.
 - 2. Do NOT make any assumptions.
 - 3. Do NOT minimize the effect that the offender's action will have on the child.

III. Observations of injury and/or unusual behavior

- A. Mental health professionals should be observant of bruising, injury, markings, or unusual behavior that may be the result of abuse or neglect.
- B. A person observing the injuries or unusual behavior may ask the four questions listed in the previous section to attempt to ascertain the cause of injury. If the child's responses lead to the suspicion of abuse report this to law enforcement and/or CPS Hotline.
- C. If the teen is 15 years or older, the situation may still be a reportable offense. Mental health professionals must consider the possibility of sexual abuse in pregnant teen cases and must comply with the mandatory reporting law (see Appendix 3).

IV. Third Party Report of Abuse

If a third party informs the mental health professional that a client/child may be the victim of abuse or neglect, the third party should be encouraged to make a report. However, it will still be the mental health professional's responsibility to make a report to law enforcement and/or the CPS Hotline.

V. Reporting Child Abuse

When a mental health professional reasonably believes that a minor has been the victim of abuse, he/she should:

- A. Notify the agency's coordinator or, if unavailable, a supervisor of the disclosure. If there are questions as to whether information received constitutes abuse and should be reported, contact the CPS Hotline at 1- 888 – SOS – CHILD (or 1 – 888- 767 – 2445) and they will advise.
- B. With assistance from the coordinator, report the suspected abuse immediately to the law enforcement agency in the jurisdiction where the offense took place. If the report concerns a person who has care, custody or control of the minor also call the CPS Hotline. Notify the agencies if reporting to both CPS and law enforcement.
- C. Document the report information on a state and/or agency approved reporting form. Per A.R.S. §13-3620 (see Appendix 3), a copy of the reporting form should be mailed to CPS within 72 hours of making the initial report. The forms should be mailed to CPS at:

P.O. Box 44240
Phoenix, AZ 85064-4240

The report may also be faxed to the CPS Hotline at:

(602) 530-1832
(602) 530-1833

The agency should maintain the original copy of the written report, which should be kept in the client's file.

- D. Remember that it is ultimately the responsibility of the person receiving the initial disclosure, making the initial observations, or receiving the third party report of abuse to make a report to the proper authorities. The person receiving the disclosure should not assume that the coordinator or other mental health agency staff has made the report.

VI. Parent Involvement in Reporting Process

- A. The therapist should ensure that the parent(s) be included in any report made.
 - 1. If a therapist believes the victim or other children in the home continue to be at risk, he/she should make a second report to CPS.
 - a. If the non-offending parent is unwilling or unable, the therapist again has the sole responsibility of making the reports to the appropriate law enforcement agency and to CPS.
 - b. If the parent or caretaker is the offender or is not aware of the disclosure, he/she should not be included in the reporting process. It will be the sole responsibility of the therapist to make a report to law enforcement and/ or the CPS Hotline about the allegations of abuse.

VII. Therapist's Responsibilities

- A. The therapist's primary goal is to facilitate healing in the child who has been victimized. This may include working with family members to negotiate changes in the child's environment, assisting the family in aligning with the victim to provide emotional support and protection, and assisting in minimizing secondary trauma during the legal process.
- B. In this role, the therapist should delay primary trauma intervention until after the forensic interview and investigation has been completed by the appropriate agency. In the interim, supportive therapy should be provided. Examples of supportive interventions include:
 - 1. Encouraging the child's parent or caretaker not to allow contact between the victim and alleged offender.
 - 2. Taking appropriate steps to ensure the safety of other children in the home.
 - 3. Stabilizing the victim's environment by supporting removal of the alleged offender.
- C. Mental health professionals, who prefer not to work with child abuse victims, or lack expertise in this area, may also contact the Maricopa County Attorney's Victim Services Division or the Victim Compensation Bureau, to seek referrals to mental health professionals who specialize in working with child abuse victims.
- D. Therapists should inform the victim and caretakers about the legal process. (Refer to Flow Chart, Appendix 2). If a therapist is unfamiliar with the legal process he/she can refer the family to victim services.
- E. During treatment, if the child discloses further information regarding the reported abuse, the therapist shall document direct quotes and promptly report this information to the law enforcement case agent and/or CPS case manager.
- F. During treatment, if the child discloses additional allegations of abuse, the therapist shall document direct quotes and promptly report this information to law enforcement and/or the CPS Hotline.
- G. Per A.R.S. §13-3620 (see Appendix 3), mandated reporters, including mental health practitioners, may be requested to release records to CPS and/or law enforcement. Offender treatment records may also be obtained pursuant to A.R.S. §13-3620 in any civil, criminal, or administrative proceeding or investigation conducted by CPS or law enforcement in which a child's neglect, dependency, abuse or abandonment is an issue. Thus, written records should be complete, concise, clear and factual, and include the child's disclosure statements documented in quotes. A mental health practitioner who has any questions regarding the release, or requested release, of records should contact

- the assigned or on-call deputy county attorney. Any records taken or obtained by the deputy county attorney, CPS, or law enforcement are subject to the rules of disclosure.
- H. Therapists should not disclose facts regarding the allegations to the offender, victim, non-offending parent, caretakers or family members prior to the forensic investigation. Explain to the non-offending parent, caretaker and other family members that the facts of the alleged abuse should not be discussed until after the investigative interview is completed by police/CPS. Therapists should educate the parent/caretaker that the child may need to talk. Parent/caretakers should listen, be supportive of the child, and seek support from the treatment professional during this time. After the investigation is completed, the non-offending parent/caretaker should be fully informed about the details of the allegations.
 - I. Professionals involved in the treatment of various parties (i.e. victim, offender, non-offending parents and siblings) should collaborate with each other to support effective treatment.
 - J. Therapists should maintain appropriate boundaries in their work with the child and family members.
 - 1. The victim should have a separate therapist from the alleged offender.
 - 2. The "no contact" rules between offender and victim should be followed consistently. Premature confrontation between a victim and the alleged offender should not occur.
 - 3. The victim's therapist should not have direct contact with the alleged offender. Communication should be between the victim's and the alleged offender's respective therapists.
 - 4. The victim therapist should be familiar with the adult and juvenile probation department's special conditions of probation for sex offenders and the guidelines for family reunification. In cases that are adjudicated, the probation department will mandate these conditions (see Appendixes 17, 18, 19, 21, 22 and 23).
 - K. Therapists should provide support to the child victim through the legal process, as appropriate. In cases where prosecution occurs, a victim advocate may be assigned. The role of the victim advocate includes providing information about the criminal justice system and victim's rights; notification of court dates; visiting a courtroom with the victim; and being a support person during interviews, depositions, and/or court sessions. The therapist should provide emotional support to the victim during this process, in conjunction with the preparation done by the victim advocate.
 - L. The therapist should be prepared to be called as a witness, although this will not always be necessary. This may be done by interview, deposition and/or appearance

in court. Therapists should be aware that there may be legal limitations regarding the content and scope of their testimony. The therapist should contact the assigned or on-call deputy county attorney concerning any questions regarding requests for interviews, depositions, or court appearances.

VIII. SCHOOL PROTOCOL

School personnel are often the source of referral for child abuse allegations because of their extensive contact with children on a daily basis. They are often the first persons to whom children disclose abuse or who suspect abuse because they recognize behavioral changes in the children. School personnel are required by law to report all cases of suspected abuse. Therefore, school personnel should be familiar with the legal requirements for the identification and reporting of child abuse.

The law does not recognize confidentiality between a student and school personnel. The Arizona mandatory reporting law, A.R.S. §13-3620 (see Appendix 3) requires that school personnel, or any person who has responsibility for the care or treatment of a minor, who reasonably believes that a minor has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect shall immediately report or cause a report to be made of this information. This means that if there are any facts from which one could reasonably conclude that a child has been the victim of one of the above listed offenses, the person knowing those facts is required to report those facts to a police officer or to CPS. However, if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a police officer only. This immediate report is to be made regardless of who the alleged perpetrator is. Your duty is to report, not to investigate. If school personnel fail to report known or suspected child abuse or neglect, then they have committed a crime that is punishable under Arizona state law.

In addition to the mandate in A.R.S. §13-3620, A.R.S. §15-514(A) states that any certified person or governing board member who reasonably suspects or receives a reasonable allegation that a person certified by the State Board of Education has engaged in conduct involving minors that would be subject to the reporting requirement of A.R.S. §13-3620 shall report or cause reports to be made to the Department of Education in writing as soon as is reasonably practicable but no later than three (3) business days after the person first suspects or receives an allegation of the conduct.

Both statutes (A.R.S. §§13-3620 and 15-514) grant immunity from civil damages to those making reports, provided the report was made in good faith. A.R.S. §13-3620 also grants immunity from any criminal proceeding to those making reports, unless the reporter has been charged with or is suspected of committing the abuse, or is acting with malice.

It is highly recommended that a uniform, countywide reporting policy be adopted by every school district. Uniform procedures that cross school district lines will serve to:

- Increase the confidence of school personnel in reporting suspected abuse;
- Improve interagency communication and cooperation between schools, law enforcement and CPS;
- Minimize the number of times the child victim is interviewed;

- Ensure that the appropriate and most qualified professionals conduct the investigation;
- Minimize disclosure trauma to the child victim.

This Protocol contains guidelines to achieve these goals. The role of school personnel in this process has been clearly delineated.

I. Responsibility of School Administration

- A. Designate a child abuse coordinator for each school. The child abuse coordinator, henceforth in this document to be referred to as coordinator, should have additional training in the areas of child abuse recognition and reporting. An alternate coordinator should also be designated and trained to assist in the absence of the primary coordinator. The coordinator and the alternate should have access to an area that will provide privacy and a telephone for reporting. The coordinator will act as liaison between the school, CPS, and law enforcement.
 1. The coordinator should receive the following training:
 - a. Mandatory Reporter Training
 - b. Multidisciplinary Protocol Training
 - c. Introduction to Advocacy Centers
 - d. Understanding the Importance of Limited Interviews
 - e. Indications of Child Abuse
- B. School administration should authorize yearly training on child abuse for the entire school staff. The coordinator may set this training. The coordinator shall work with the Children's Justice Coordinator to authorize and set yearly training for the entire school staff.
- C. Adopt a standardized, child abuse reporting form (see Appendix 13 for suggested sample form).

II. Responsibilities of School Personnel

- A. School personnel generally will receive information about possible abuse in one of three ways: the child will self report, physical injury or unusual behavior will be observed, or a third party will disclose the abuse.
 1. Child's self-disclosure
 - a. When it appears that a child is disclosing information about possible abuse, efforts should be made to provide a quiet, private

place to facilitate the conversation. The person receiving such information shall listen openly and speak at the child's level in a positive, non-judgmental tone.

- b. If the child has not spontaneously provided the following information about the abuse, only these exact questions should be asked as needed to complete the information:

- (1) What happened?

- (2) Who did it?

- (3) Where were you when it happened?

- (4) When did it happen?

- c. Effort should be made to remember the child's exact words during the disclosure since these quotes will later be documented on the reporting form.
- d. School personnel should NOT make any promises to the child that cannot be guaranteed. For example, do not tell the child "this does not have to be reported to the authorities", "you won't have to testify", "no one will go to jail", "I won't tell anyone else", etc.
- e. The ultimate responsibility to report to law enforcement and the CPS Hotline is that of the person receiving the initial disclosure. The person receiving this disclosure should also report to the child abuse coordinator, who can assist in making this report. The person receiving the disclosure should not assume that the child abuse coordinator or other school personnel have made the report. All reports shall be made immediately.

2. Observations of injury and/or unusual behavior

- a. School personnel should be observant of bruising, injury, markings, or unusual behavior that may be the result of abuse or neglect.
- b. A person observing injury may ask the four questions listed in the previous section to attempt to ascertain the cause of injury. If the child's responses lead to suspicion of abuse report this to the school coordinator. If there are inconsistencies between the child's report of cause and the type of injury, report this information to the school coordinator.
- c. If unusual behavior is observed, consult with the school coordinator, and ensure that any required reports are made.

- d. School personnel must consider the possibility of sexual abuse in pregnant teen cases. If the pregnant teen is under 15 years of age, then school personnel must make a child abuse report immediately. If the teen is 15 years or older, the situation may still be a reportable offense. School personnel must comply with the mandatory reporting law (see Appendix 3).

3. Third party report of abuse

If a third party informs school personnel that a child may be the victim of abuse or neglect, the third party should be encouraged to make a report. However, it will still be the school personnel's responsibility to make a report to law enforcement and /or the CPS Hotline immediately.

- B. All information about child abuse is to be shared with the school's coordinator who will assist in the reporting process. The coordinator will also be available as a resource if there are any questions about abuse. See school coordinator section below for reporting guidelines.
- C. Remember that it is ultimately the responsibility of the person receiving the initial disclosure or making the initial observations of abuse to ensure that a report is made to the proper authorities.
- D. School personnel shall maintain confidentiality of all information regarding the abuse report. Do NOT contact or provide information to the parent(s) and/or the alleged perpetrator. Refer all inquiries to police or CPS. It is the duty of police and CPS, not school personnel, to notify parents of the investigation. Premature and/or inappropriate notifications can hinder investigations and potentially create precarious situations.

III. Responsibilities of School Coordinator

- A. The school's coordinator will work with school personnel in facilitating the reporting of suspected child abuse and/or neglect. The school's coordinator should:
 - 1. Be available for school personnel to share information about suspected abuse.
 - a. If the information is incomplete, the coordinator may ask only those approved questions (see school personnel section) not previously answered. The child should NOT be re-questioned once the information has been disclosed regardless of which staff member received the initial disclosure.
 - b. If unsure if the information constitutes abuse or is reportable, contact the CPS Hotline at 1-888-SOS-CHILD (or 1-888-767-2445). CPS will evaluate the information and determine if a report should be made.

2. Assist in the documenting of information on the designated child abuse reporting form. If the coordinator is not the school's nurse, you may consult with the nurse or health office personnel to describe any visible injury.
3. Aid in phoning report of the information gathered on the reporting form to the law enforcement agency where the suspected abuse took place, and the CPS Hotline if the report concerns a person who has care, custody or control of the minor. If the location of occurrence is unknown, report to your local law enforcement agency. Notify the agencies if reporting to both CPS and police.
4. Per A.R.S. §13-3620 (see Appendix 3), mail a copy of the written reporting form to CPS within 72 hours of making the initial report. The report should be mailed to:

CPS, P.O. Box 44240
Phoenix, AZ, 85064-4240

The report may also be faxed to the CPS Hotline at:

(602) 530-1832
(602) 530-1833

Copies of the report can, and should, also be made available to the CPS specialist and/or police officer responding to the school.

5. Per A.R.S. §15-514, mail a written report to the Arizona Department of Education if the alleged perpetrator is a certified teacher or administrator. This report should be sent within three (3) business days to:

Arizona Department of Education, Investigative Unit
1535 W. Jefferson
Phoenix, AZ 85007

- B. Assist police and CPS upon their arrival by sharing information and providing a private place on campus for the agencies to meet with the child and/or with the reporting source.
- C. Contact the appropriate school personnel who need to know in order to protect the child. It is recommended that principals be advised when child abuse reports are made because investigating agencies often respond first to the main office. The principal is also frequently the first to receive calls from parents and would need to know how and where to direct their inquiries.
- D. If a parent or guardian calls or comes to the school in an effort to locate a child being interviewed, sheltered or removed from school grounds, the coordinator (or principal) should refer the parent or guardian to CPS and the law enforcement agency for information.

- E. The coordinator should maintain the confidentiality of the case. The school's coordinator will contact CPS to obtain the legally authorized information about the case and will keep other school personnel (child's teacher, counselor, nurse, etc.) informed on a need to know basis in order to better assist the child.
- F. The coordinator will keep the original reporting form documenting that the CPS/police report has been made. These reports should be kept on file until the child reaches age 18 or two (2) years after the child graduates from high school, whichever is longer. It is recommended these reports be transferred from one school coordinator to another if the child changes schools. These records should be transferred in a confidential manner between the coordinators.
- H. The school coordinator shall also be responsible for coordinating on-going, on site training of school personnel in the identification and reporting of child abuse and neglect.

IV. Responsibilities of CPS and Law Enforcement

CPS and/or law enforcement officers shall conduct the investigation. The CPS specialist and/or law enforcement officer will provide proper identification and should confer with the coordinator/reporting party. See the Attorney General opinion, Appendix 6, for more information regarding the rights of CPS specialists and/or police officers while conducting child abuse investigations at schools.

- A. The CPS specialist and/or the law enforcement officer may, at their discretion:
 - 1. Enter the school grounds and investigate cases of suspected abuse without unnecessary disruption of normal school activities.
 - 2. Interview the child victim, and all other children residing in the home, on school grounds outside of the presence of school personnel. School personnel may only be present during the interview at the request of the CPS specialist and/or law enforcement officer.
 - 3. Conduct interviews of the child without permission from or notice to the parent(s) and/or guardian(s).
 - 4. Remove the child from the school (take temporary custody) if necessary to further the investigation.
 - 5. Obtain school records by lawful means.
- B. Efforts will be made to minimize any emotional trauma to the child as well as preserve the confidentiality of the investigation and the rights of the child as a victim of crime. Joint CPS and law enforcement interviews are encouraged (see law enforcement and CPS sections of this Protocol).
- C. If the CPS or law enforcement officer believes it is necessary, the child may be sheltered. The coordinator should be informed of this decision. CPS and/or law

enforcement are required to notify the parents in writing within six (6) hours if a child is taken into temporary custody. Again, it is not the responsibility of school personnel to make notifications to the family.

- D.** In the event of an investigation originating from a source other than the school, the CPS specialist and/or law enforcement officer will, as a courtesy, attempt to notify the coordinator.

IX. JUVENILE COURT PROTOCOL

Juvenile court, a division within the Arizona Superior Court, is given exclusive original jurisdiction to hear adoption, adoption certification, severance (termination of parental-child relationship), and dependency (civil child abuse or neglect) cases. Juvenile court has original jurisdiction to hear delinquency (juvenile offenses which would be criminal if filed in adult court) and incorrigibility, truancy, runaway, minor in possession of alcohol and other offenses that only apply to minors.

For the purposes of this protocol, only two areas of the juvenile court will be discussed - dependency and delinquency - as they affect the child abuse victim. For definitions of dependency and delinquency see ARS 8-201 (see Appendix 4). The following guidelines are proposed in order to reduce system-induced trauma and minimize the number of times the child victim is interviewed.

I. Dependency

A. The court process

The juvenile court adjudicates matters involving the protection of minors who have been abused or neglected or have no parent or guardian willing or able to care for them. The cases are civil, rather than criminal, in nature and do not involve the juvenile. When a child is taken into protective custody by CPS a dependency petition must be filed within 72 hours, excluding weekends and holidays, or the child must be returned home. The law requires that when a child is removed from home the court must hold a conference and a preliminary protective hearing within five (5) to seven (7) days from the date of removal from the parent or guardian. The intent is to accelerate services to the child and the family. At the hearing, the parents or guardians may enter an admission or denial to the allegations in the petition.

If the dependency is not found at the preliminary protective hearing, a series of hearings may then be held (see Appendix 2). During each hearing, the parents or guardians are provided an opportunity to admit or deny the allegations made. A finding of dependency may be the result of an agreement of the parties or a decision by the judge or jury after a contested hearing. The court, with input from the parents, the child, the child's attorney, the guardian ad litem, the parent's attorneys, the Attorney General and CPS determines appropriate dependency orders. CPS prepares a report to the court presenting the findings of their investigation and making recommendations. The court may follow the recommendations or may modify them, or the parties may challenge them at a subsequent hearing.

CPS' mission is to protect children from abuse and neglect and to help the family safely care for the child. When reunification is not possible, CPS develops a plan of permanence for the child's care through guardianship, severance of parental rights and adoption, or an alternative planned permanent living arrangement.

B. Child victim's testimony

Attorneys appear on behalf of parents, children, and CPS. Child victims are rarely called to testify in dependency matters. However, the child victim's testimony may be required in delinquency proceedings (see Judicial Protocol). Where a child victim's testimony is required, a guardian ad litem shall be appointed and charged with preserving and protecting any applicable rights of the child as a victim of crime.

C. Appointment of attorneys and guardians ad litem

The court automatically appoints an attorney for all parents in dependency cases. The court may also appoint a guardian ad litem (GAL) to represent the best interests of a child. The court may also appoint an attorney for the child if the child is over age 12 and is advocating for outcomes contrary to conclusions presented by their GAL. A GAL may be an attorney. However, there is no attorney-client privilege within that relationship. The guardian ad litem will report his/her findings to the court.

Representation of clients in dependency and severance cases involves an expertise not usually acquired in the general practice of law. Attorneys are expected to establish and maintain a level of expertise and training that will enable them to competently represent their child clients. Seeking additional training/advice from an experienced attorney/mentor is highly recommended. Sensitivity, understanding, patience and some knowledge of the criminal justice system may also be needed to handle these specialized cases.

D. Responsibilities of the attorney/guardian ad litem

It is recommended that the court order appointing the attorney/guardian ad litem completely state the authority and responsibilities to be carried out by those attorneys. Should a guardian ad litem be appointed to a case in which criminal prosecution is also occurring, the juvenile court should state the expectations regarding the guardian ad litem's involvement in the criminal matter. Additionally, any guardian ad litem appointed for a child victim of crime shall be charged with preserving and protecting the child's rights as a victim of crime.

II. Juvenile Court Delinquency

The delinquency section of the juvenile court faces issues of child abuse in two manners: (1) as perpetrators of the abuse, juveniles suspected of sexual offending are referred for investigation and supervision; (2) as victims, juveniles at any point in the system may present as suspected victims of child abuse.

A. Juveniles referred for sexual offending:

1 The court process as to the accused juvenile

- a. When the police apprehend a juvenile for a sexual offense, the police officer completes a "Juvenile Referral/Complaint" (henceforth to be referred to as the complaint), listing the charges and describing the offense. The police officer makes the judgment to either release the juvenile to his parents and mail the complaint to the juvenile court or bring the child and the complaint to the

juvenile detention facility. Such judgment is made by the police officer based on several criteria, including the perceived level of risk for re-offense.

- b. If the juvenile is not brought to detention, the complaint will be submitted to the juvenile court. The deputy county attorney has 45 days to review the charges and grade the complaint.
 - 1) The deputy county attorney will decide if the juvenile is to be prosecuted in the juvenile court. If the child is 14 years or older, the charges for certain offenses per A.R.S. 13-501 can be directly filed in adult criminal court. The deputy county attorney may also request transfer of charges to adult criminal court on non-A.R.S. 13-501 cases.
 - 2) If the decision is to file a petition in the juvenile court, a hearing will be set for formal court action.
 - 3) If the decision is made to file in the adult system, all paperwork will be completed by the Juvenile Crimes Division and forwarded to the appropriate Maricopa County Attorney's Office, Adult Division.
 - 4) The original deputy county attorney reviewing the complaint may also decide there is not enough evidence to grade the charges and will return the complaint to the police for an additional 30 days of further investigation. If sufficient evidence cannot be gathered, there will be no formal charges. If there is substantial evidence, the deputy county attorney will grade it to be filed in either juvenile or adult court.
- c. If the juvenile is brought to detention, the screening officer on duty will, based on law and circumstances, either detain or release the juvenile to his parents/legal guardian. If the juvenile is not detained, the process cited in #2 above will proceed. If the juvenile is detained, the complaint will be "Red-balled" to the deputy county attorney for grading within 24 hours. If the complaint is filed in the adult system, the juvenile will be transported from detention to the Fourth Avenue Jail.
- d. After the petition has been filed, the first hearing set is the advisory hearing (initial appearance/arraignment). This will take place within 24 hours on in-custody matters and within 30 days of the filing of petition on out of custody matters.
- e. If the juvenile denies the charges at the advisory hearing, an adjudication hearing (trial) will be set. This will occur within 45 days if the juvenile is detained or within 60 days if the juvenile is not detained. If the juvenile admits to the charges, a disposition hearing (sentencing) is set. This will occur within 30 days if the juvenile is detained or within 45 days if the juvenile is not detained. If at the adjudication hearing, the juvenile is adjudicated delinquent (found guilty), the disposition hearing will be set 30-45 days after the adjudication hearing. At this time, a psychosexual evaluation may be ordered by the court.

- f. At the disposition hearing, the juvenile may be placed on probation and allowed to return to living in the community with treatment on an outpatient basis; or he may be placed on probation while receiving treatment in a residential facility. Probation may be standard or intensive and may include up to one year in a juvenile detention facility, per complaint. Another possibility is that he may be sent to the Department of Juvenile Corrections for incarceration in a correctional facility. A last possibility is an "exceptional disposition", where no incarceration or probation is assigned. However, this is extremely rare in sexual offense cases.
- g. If the juvenile is placed on probation, the case will be managed and followed by a juvenile probation officer who is a sexual offense specialist (a title within the juvenile probation department).

2 The court process as to the child victim's testimony

- a. If the accused juvenile denies the charges, the alleged child victim will be required to testify in the presence of the accused at the adjudication hearing. A victim advocate is assigned to familiarize the child with the court setting as well as the legal and court proceedings. The victim advocate will accompany the child to all interviews and court proceedings (see Victim Services Protocol and Judicial Protocol).
- b. The juvenile probation officer assigned to a sexual offense case pre-adjudication is usually a sexual offense specialist who has been specially trained to work with these issues. This juvenile probation officer will be investigating the needs of the accused in order to make a recommendation to the court at the time of the disposition hearing. The juvenile probation officer will also contact the parents of the child victim for input on the recommendations. The juvenile probation officer will also answer questions and/or make recommendations for counseling for the child victim.
- c. The child victim should NOT be interviewed by any court personnel regarding the details of the alleged offense. The family of the child victim will not be made to feel that their input on sanctions for the accused will be the determining factor in the decision that is made.

3 Appointment of attorneys for child victims.

- a. In matters where the child victim's interests may not be protected, as in intra-familial child molest, the court may appoint an attorney/ guardian ad litem to represent the interests of the child victim and to preserve and protect the child's rights as a victim of crime.
- b. If the court orders the appointment of an attorney/guardian ad litem, it is recommended that the court order completely state the authority and responsibilities to be carried out by the attorney, including the preservation and protection of the child's rights as a victim of crime.

- c. The attorney shall advise the court or provide input to the probation officer as to the child victim's feelings regarding sanctions, if need be. The victim advocate may also fill this role if a trusting relationship between the advocate and child has been developed.

4 Supervision of juvenile sex offenders

- a. The statutes require that the term of probation for a juvenile is 12 months, which can be continued until the age of 18, if modified by court order. Best practice is held to be protecting the community through treatment of the juvenile offender. Treatment is seldom short-term. Most juvenile sexual offenders will return before the court to have their probation extended for the sole purpose of treatment completion. The court ordered treatment will be terminated when probation ends.
- b. The court may impose specialized terms of probation, which may include peer relationship restrictions, contact with the victim restrictions, adult supervision, employment restrictions, etc.
- c. There are statutes allowing that juveniles may be ordered to register as a sex offender until age 25. Community notification is not applicable to those adjudicated in the juvenile system. However, other statutes demand that schools be notified when a student is adjudicated of certain felonies, sexual misconduct being one of them. Also per the statutes, juveniles must submit to a DNA sample and, upon victim request, must submit to an HIV test. In the latter, a specific representative must be named to receive the test results.
- d. Probation supervision is conducted by probation officers who have had extensive training on the specific issues related to juvenile sex offenders. The probation officer functions as an integral member of the treatment team, keeping the court aware of progress.
- e. The standard frequency of probation officer contact is increased with the supervision of this population (see Appendixes 22 and 23). In addition to a probation officer, juvenile sexual offenders on intensive probation are also monitored by a surveillance officer who makes random and variable contacts through the day, night, weekends, at home, school, work, and anywhere the juvenile has been given parental permission to spend time.
- f. Members of the juvenile offender's family are strongly encouraged to participate in treatment.
- g. The goal of the probation department is for a juvenile sexual offender to successfully complete treatment and be released from probation prior to turning 18. When there is no completion of treatment prior to age 18, the juvenile court loses jurisdiction and the young person is released from probation with no further supervision or court orders.

Selected sections of the Juvenile Court's Protocol for the handling of sexual offense cases are in Appendix 11.

B. Juveniles as suspected child abuse victims:

The probation department is committed to supporting and following the Multidisciplinary Protocol for the Investigation of Child Abuse guidelines for reporting suspected child abuse. Training in the Protocol has been added to the permanent New Employee training module.

1. Most suspected abuse is noticed when a child is brought into the detention facility by the police and undergoes the strip search by one of the child care staff. Any signs of trauma are to be immediately reported to the clinic nurse. The staff shall:
 - a. Ask only the four questions sanctioned by the Protocol;
 - 1) What happened?
 - 2) Who did it?
 - 3) When did it happen?
 - 4) Where did it happen?
 - b. Ask the clinic nurse to provide a cursory evaluation the child's injury in order to determine if transportation to the emergency room and/or if a medical exam is warranted;
 - c. Phone in a report of the suspected abuse to law enforcement and to CPS. If the police officer who brought the child in is still present, notifying that officer will suffice regarding the report to law enforcement;
 - d. Write an Incident Report, documenting the physical signs and the child's answers to the four questions;
 - e. Fax or mail a copy of the Incident Report to CPS;
 - f. Forward a copy the Incident Report to the assigned probation officer;
 - g. File the original incident report in the child's detention file.
2. If abuse is suspected in a juvenile who is not detained, JPD personnel must follow the same procedures as outlined above regarding reporting the incident to law enforcement and to CPS. The original Critical Incident Report is to be retained in the juvenile's file.

X. JUVENILE PROBATION DEPARTMENT

Maricopa County

DURANGO FACILITY – 3131 West Durango Phoenix, AZ 85009-6292 – (602) 506-4011 – (602) 506-4143 (TTD)
SOUTHEAST FACILITY – 1810 South Lewis Street Mesa, AZ 85210-6234 – (602) 506-2619 – (602) 506-2260 (TTD)

CAROL L. BOONE – Chief Juvenile Probation Officer

May 16, 2008
CPS Protocols

I. Juvenile Court Delinquency

The delinquency section of the juvenile court system faces issues of child abuse in two manners:

- As perpetrators of the abuse, juveniles suspected of sexual offending are referred for investigation and supervision.
- As victims, juveniles at any point in the system may be presented as suspected victims of child abuse.

II. Juveniles as Suspected Child Abuse Victims

The JPD is committed to supporting and following the Multidisciplinary Protocol for the Investigation of Child Abuse guidelines for reporting suspected child abuse. Training in the Protocol has been added to the permanent JPD New Employee training module.

- A. Suspected abuse may be noticed when a juvenile is brought to the juvenile detention facility by law enforcement (police officer) and undergoes the strip search by one of the juvenile detention child care staff.
 1. During regular clinic hours, any signs of trauma are to be immediately reported to the clinic nurse by the juvenile detention child care staff. The clinic nurse staff shall ask only the four questions sanctioned by the Protocol:
 - a. What happened?
 - b. Who did it?
 - c. When did it happen?
 - d. Where did it happen?
 2. The juvenile detention child care staff will ask the clinic nurse to provide a cursory evaluation of the child's injury in order to determine if the youth is medically cleared to be detained. If the youth is not medically cleared, the police officer will be instructed to transport the youth of the action to the emergency room for a medical exam. Once the youth has been examined and medically cleared, the police officer will return the youth to the juvenile detention facility.

3. If the clinic is closed and a juvenile detention staff member notices signs of physical trauma, the police officer will be notified to transport the youth to the hospital for a medical exam. Once the youth has been examined and medically cleared by the hospital, the youth will be returned to the juvenile detention facility by the police officer.
- B. If a youth reports to juvenile detention staff or juvenile detention medical personnel that they have been abused, juvenile detention staff will ask only the four questions sanctioned by the Protocol:
 - a. What happened?
 - b. Who did it?
 - c. When did it happen?
 - d. Where did it happen?
 - C. Juvenile Detention staff will telephone a report of the suspected abuse to law enforcement and to CPS. If the police officer who brought the child in is still present, notifying that police officer will suffice regarding the report to law enforcement.
 - D. Juvenile detention staff will complete a Critical Incident Report, documenting the information, physical abuse signs, and the child's answers to the four questions. Juvenile detention staff will:
 - a. Fax or mail a copy of the Critical Incident Report to CPS.
 - b. Forward a copy of the Critical Incident Report to the assigned JPO.
 - c. File the original Critical Incident Report in the juvenile's detention file.
 - E. If abuse is suspected in a juvenile who is not detained, JPD personnel must follow the same procedures as outlined above regarding reporting the incident to law enforcement and to CPS. The original Critical Incident Report is to be retained in the juvenile's file

XI. ADULT PROBATION DEPARTMENT PROTOCOL

The Adult Probation Department primarily interacts with victims in two ways: 1) in the preparation of a pre-sentence investigation report for the court before sentencing, and 2) in the supervision of sentenced sex offenders in which any contact with children and particularly the victim(s), is either expressly prohibited or carefully supervised. Any family unification/reunification occurs under guidelines that are structured and incremental. The risk to the community of any sex offender placed there by the court should be carefully evaluated on an ongoing basis. A third type of interaction with victims occurs when a probation employee, in the course of their regular duties, develops a reasonable belief that a child has been abused or neglected. This initiates the same Protocol as shared by other service professionals who are mandated to report the suspected abuse.

I. Pre-Sentence Investigation

A. Preparing the report

1. In the preparation of a pre-sentence report, the probation officer's assignment is to summarize the case for the sentencing judge and make a recommendation regarding disposition (see Appendix 10). The police reports of the case are summarized, including the victim and offender demographics, grooming behaviors, i.e., the method by which the defendant coerced or manipulated the victim to submit, and a complete description of assault, including duration and use of weapon(s). The report also provides information about the eventual disclosure, response by others to the disclosure, and trauma to the victim. Much of the report requires information about the defendant, including social history, prior criminal history, substance abuse, mental health problems, financial status, and offender's interpretation of the offense and level of accountability or denial.

B. Taking the victim's statement

1. An important part of the report involves the victim's statement. Officers shall contact the victim advocate before contacting the victim or victim's attorney if a notice of appearance has been filed in the case. The advocate has often established a rapport with the victim and therefore the victim might feel more comfortable talking with the investigator if the advocate is present.
2. It is helpful to let the victims know that this is probably the last time they will have to talk to someone from the court regarding case prosecution unless the victim chooses to remain involved and assert their right to be present and heard at any sentencing or pre-sentencing hearing. He or she has already had to tell the details to numerous individuals, and it should not be necessary to repeat them, although if it seems that they would like to do so, they should be accommodated. The main objective is to try to determine the degree of trauma to the victim(s), whether they have

received counseling, the cost involved, and how they presently view the offender with regard to sentencing.

3. When the victim is a child, every effort should be made to accommodate the victim and make this interview as easy as possible. If time permits, the officer can offer to go to the victim's home, where the child may feel more comfortable and secure. Many interviews with children occur in the presence of the parent, but the officer should encourage the child to express his or her own feelings. However, many parents do not wish their children to be re-interviewed, and choose to speak on the child's behalf.
4. More information about the victim's situation can be gathered from other contacts, such as the CPS specialist, the victim's counselor, the child's attorney or guardian ad litem, significant members of the victim's family, and others who may wish to comment. Since a distressingly large number of victims have remain untreated by this time, they or their parents should be encouraged to obtain counseling.

C. Terms of probation

1. If the case is one of in-home sexual abuse, or abuse by a close family member, the custodial parent should be informed of the probation department's guidelines for family contacts, visitation rules, and reunification (see Appendixes 17 through 20) and the rights of the child as a victim of crime. The spouse or partner should be aware that the offender will not be allowed to return home until certain treatment objectives have been met and the victim is ready and willing, a process which could take years, if ever, to accomplish.
2. The specialized sex offender addendum (see Appendix 19) should be added to the defendant's probation, unless there are exceptional circumstances. This will allow the supervising field officer the ability to further evaluate the case, to order further testing for the defendant, and to provide an appropriate degree of safety in the community for present and potential victims.

II. Field Supervision

A. Specialized officers

1. Probationers will be assigned to a specialized sex offender field officer, unless there are exceptional circumstances such as not having the specialized sex offender addendum as a term of probation. Specialized field officers have been trained to understand the intricate dynamics of sexual deviance, grooming and manipulation tactics, the offender's offense cycle, risk factors for re-offense, victimization issues, and treatment strategies and objectives. The philosophy of the specialized unit is to work with treatment providers as closely as possible, in order to provide consistency in messages given to the defendant about treatment

goals, contact restrictions, and potential reunification plans when the victim is determined to be ready and willing. Reunification is driven by a victim-centered approach. No victim contact or reunification will occur if the victim and/or legal guardian are opposed. Should they desire eventual reunification, the victim will work closely with a therapist who specializes in victim treatment. The victim's therapist will work in conjunction with the offender's therapist before reunification can occur. If the victim's therapist deems the victim ready for the reunification procedure to begin and the offender's therapist concurs that the offender is ready, then the process may begin. Some jurisdictions offer sub-specialized caseloads to address even more specific populations such as transferred youth sex offenders and seriously mentally ill sex offenders. Sub-specialization may include maintenance caseloads of low and medium risk probationers who have served a substantial amount of time on their probation grant and are progressing well in sex offender treatment.

2. After sentencing, the probation officer is primarily responsible for intervening and protecting the victim against further abuse. The specialized unit is able to utilize the services of surveillance officers, as well as the probation officer, to assist in fieldwork, particularly evenings and weekends. Officers work on a continuing basis to assess the risk level of the offenders on their caseloads, determining the frequency of random field contacts. Offenders must adhere to a strict definition of "no contact" with children, a possible curfew, and appropriate residence away from children, and other restrictions.

B. Offender treatment

1. All sex offenders, with rare exceptions, now begin probation on a specialized caseload, and are considered high risk until evaluated. We have found it beneficial to begin treatment with an educational format. During this time, offenders are required to attend a series of classes, which presents to offenders new concepts that help offenders examine their behavior. They are also assessed to determine risk level and presence or absence of paraphilic interests and placed into an appropriate group placement, which they are court ordered to attend. They are presented with the expectations of cognitive behavioral therapy, testing requirements, and reunification procedures, if appropriate. Their spouses or partners are encouraged to attend.
2. Offenders are required to take a disclosure polygraph, which covers sexual history and usually reveals additional paraphilias that will need to be addressed in order for significant progress in learning to control deviant behavior to occur. Since offender self-report is often poor and incomplete, polygraph examinations are a useful tool for encouraging sexual offenders to disclose sexual secrets. The sex offender program focuses on eliminating sexually deviant behavior, which is often secretive and manipulative, and assists offenders in working toward healthy relationships.

3. The offender is placed in a cognitive-behavioral group closest to his place of residence. The contracted treatment providers are part of the community "team" that helps break down the secrecy and denial of many sex offenders. Open communication between therapists, probation officers, surveillance officers, and polygraphers is vital to the team approach. Group treatment also helps eliminate the tendencies toward secrecy and manipulation, which are not as easily distinguished in one-on-one counseling. The offender may be able to manipulate one therapist, but it is much less likely that this will happen in a group of peers. Offenders are given a series of homework assignments, which must be successfully completed as they progress in therapy.
4. Offenders are not allowed contact with any children, including their own, until certain assessments, including the polygraph, have been completed to determine the presence or absence of paraphilic interests, the nature of their offense (whether or not it involved children), criminal and sexual deviance, and that certain treatment goals have been met.
 - a. The process of reunification is slow and structured (see Appendixes 19 and 20). It is a major decision to return an offender back into an intimate living situation with his victim. The officer should not do so until both the offender and the therapist believe that the non-offending partner is able to protect the children from further abuse. Both the partner and the offender need to be totally aware of the pre-offense thoughts, fantasies, and subtle ways of grooming the victim(s). The offender must also present a detailed plan for relapse prevention. The victim's readiness for reunification and the child's safety should be paramount in guiding the reunification process.
 - b. Partners' groups are extremely supportive and effective. Many family members report being angry at "the system", which they perceive as being responsible for their disrupted family. Group treatment and support can help redirect the responsibility toward the offender and also help the partner to become part of a strong support system for the child. The attitude and strength of the child victim's support system are crucial to recovery from sexual trauma.
 - c. Non-offending partners in sexual abuse cases often have been victimized themselves; they carry the additional burdens of providing a healthy and protective environment for their children while attempting to deal with their own past victimization. The partner must be an active member of a partners' group and be evaluated as an appropriate chaperon before being considered an adequate protector of children.

C. Monitoring

Specialized probation officers often attend various offender and/or victim therapy groups. This allows the officers to maintain awareness of the issues the offenders and their families are facing.

1. Officers monitor the offender's employment, access and risk to children, substance abuse, use of free time, volunteer work, and other environmental areas. Detailed information is obtained about the offender's family members and other children with whom the offender may come in contact. Adult chaperones must be fully informed about the offender's criminal offense and sign a written form of consent before any contact with the children can occur.
2. Maintenance polygraphs should take place throughout the offender's term of probation. Probation officers will often review homework assigned in group, increase supervision, and verify with other family members the offender's accountability and behavioral changes. If appropriate, contact is made with schools and school counselors to determine if victims are progressing satisfactorily. Every attempt within the officer's power is made to assess the victims' emotional well being and provide for victim safety and recovery.

III. Mandatory Reporting of Suspected Abuse

A. Adult probation department employees may be the first persons to whom children disclose abuse or may detect possible abuse or neglect as a function of their job. The Arizona mandatory reporting law, A.R.S. §13-3620 (see Appendix 3), also applies to probation department employees. If one reasonably believes that a child has been neglected or abused, the probation department employee is required to immediately report the incident to CPS and to local law enforcement. However, if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a police officer only. The information about possible abuse may be received through the child's self-report, the observation of neglect or physical injury, or third party disclosure. PLEASE REFER TO A.R.S. §13-3620 FOR CURRENT REPORTING REQUIREMENTS FOR OFFENDER SELF DISCLOSURES.

B. Child's self disclosure

1. When it appears that a child is disclosing information about possible abuse, efforts should be made to promote a quiet, safe place to facilitate the conversation.
2. The person receiving the information shall listen openly and speak at the child's level in a positive, non-judgmental manner.

3. If the child has not spontaneously provided the following information about the abuse, only these exact questions should be asked as needed to complete the information:
 - a. What happened?
 - b. Who did it?
 - c. Where were you when it happened?
 - d. When did it happen?
4. Efforts should be made to document or remember the child's exact words during the disclosure since these quotes will later be included in the incident report.
5. Probation employees should not make any promises to the child, which cannot be guaranteed. For example, do not tell the child "this does not have to be reported to the authorities", "you won't have to testify", "no one will go to jail", etc.
6. Follow the reporting procedure as specified in section D (below).

C. Observations of injury, neglect and/or unusual behavior

1. Probation employees should be observant of bruising, injury, markings, or unusual behavior, which may be the result of abuse or neglect.
2. The employee observing the above may ask the four questions listed in the previous section to attempt to ascertain the cause.
3. If the responses lead to suspicion of abuse or if the responses are inconsistent with the observations, report as described in section D (below).

D. Third party report of abuse

If a third party informs probation employees that a child may be the victim of abuse or neglect, the third party should be directed to report the information to both CPS and to the local law enforcement agency where the abuse/neglect has occurred. Probation department employees are also required to make the report.

E. Reporting procedures

1. The employee, after observing or hearing about the suspected abuse as outlined in sections A and B above, shall immediately call both CPS and the local law enforcement agency where the suspected abuse occurred. A written report will also be mailed to CPS within 72 hours of the initial report.

2. The employee shall not provide information about the suspected abuse to the parents or any alleged perpetrators, but instead refer them to CPS or the law enforcement agency involved.
3. If the information was from a third party (as described in section D above), document the information provided. Do not interview the child, but remain observant. If any injury is observed the four questions listed in section A may be asked. After the third party has been directed to report the suspected abuse, the employee shall make a follow up report to CPS and the appropriate local law enforcement agency.
4. The incident will be documented in an incident report form as per the Adult Probation Department Policy Manual.

IV. Juvenile Offenders on Adult Probation Supervision:

- A. Juveniles may be placed on adult probation if they are remanded from juvenile court or via direct filing of charges into adult court (see Juvenile Court Section - Juvenile Delinquency). Juveniles on adult probation supervision must adhere to the same legal requirements of registration, notification, and DNA procedures as mandated for adult offenders. However, all statutes governing status offenses still apply to these juveniles including, but not limited to, the responsibility of guardians for the minor, curfew, school attendance, and alcohol and tobacco laws.
- B. The requirements of prohibited/controlled contact with minors and/or potential victims, and the offense specific assessment and treatment, tend to be more complicated to arrange for juveniles. Great consideration should be given towards balancing the need for pro-social development while maintaining community safety. Exceptions are often made in terms of schooling and employment when balancing the no contact with minors' requirement.
- C. Every effort is made to keep the juvenile's family intact however safety of minor children/victims is paramount and may necessitate placement of the juvenile out of the home. This could include living with relatives or placement in residential sex offender treatment based on need and age at time of sentencing. CPS placement is only utilized as a last resort when no other options exist. Homeless shelters frequently will refuse to house juvenile sex offenders and an officer cannot knowingly allow a juvenile to sleep on the street.
- D. The supervising probation officer will contact the CPS Hotline (1-888-SOS-CHILD) to make a referral after all placement options have been exhausted. If the juvenile is in custody and no placement options are available upon release, the supervising probation officer will contact the CPS Hotline no later than thirty days prior to the juvenile's release from custody. If CPS is unable to assist with placement or states there is no available housing, the supervising probation officer will immediately contact the sentencing judge and request a guardian ad litem be appointed to effectively advocate for the juvenile in all issues required for successful resource management and delegation of placement in a residence.

XII. Child and Family Advocacy Centers

Child and Family Advocacy Centers exist to aid alleged victims and investigators in the process of child abuse investigations. The assistance provided by advocacy centers includes a child/family friendly setting where trained professionals work collaboratively to perform the functions of child abuse investigation, including forensic interviews and forensic medical examinations. In Maricopa County there are six advocacy centers, serving child victims and adult victims of sexual assault and domestic violence:

Childhelp Children's Center of Arizona

2346 N. Central Ave.
Phoenix, AZ 85004
(602) 271-4500
Serves children 0-18

Mesa Center Against Family Violence

225 E. First St.
Mesa, AZ 85201
(480) 644-4075
Serves children 0-18 and adults 18+

Phoenix Family Advocacy Center

2120 N. Central Ave., #250
Phoenix, AZ 85004
(602) 534-2120
Serves adults 18+

Scottsdale Family Advocacy Center

10225 E. Via Linda
Scottsdale, AZ 85258
(480) 312-6300
Serves children 0-18 and adults 18+

Southwest Valley Family Advocacy Center

140 N. Litchfield Rd., Suite 106
Goodyear, AZ 85338
Serves children 0-18 and adults 18+

West Valley Family Advocacy Center

6829 N. 57th Ave.
Glendale, AZ 85301
(623) 930-3720
Serves children 0-18 and adults 18+

General Information

- A. Advocacy centers are generally open from 8 AM to 5 PM, Monday through Friday. Centers may be accessed after hours by contacting the local jurisdiction.
- B. Known offenders and alleged perpetrators are not permitted at the advocacy centers. Children twelve years of age and younger, who may have initiated sexual behavior with another child may be interviewed at the advocacy center for purposes of determining their own possible victimization. Consideration for this will be made on a case by case basis after consultation with the center director or designee. For the safety and well-being of the children served by the advocacy center, known convicted or indicated sex offenders will not be permitted at the advocacy center.
- C. Each of the advocacy centers has co-location of some law enforcement agencies. When a visiting law enforcement agency is using a center, that agency should retain control of the case being investigated. Courtesy assistance from agencies co-located may be available, however ultimate responsibility lies with the agency bringing the case to the center.

Investigation

- A. Intake
Cases come to advocacy centers through primarily two sources. They can be brought to the attention of the advocacy center by child protective services or law enforcement agencies. If an alleged victim is referred through other means or the victim or family contacts the advocacy center directly they will be connected to either law enforcement or child protective services.
- B. Forensic Interviews
Advocacy centers provide comfortable, private, victim-friendly settings that are both physically and psychologically safe for children and adults (or families). Interview rooms are equipped for recording purposes and an observation room is available for case agents to view the interview while it is being conducted so that the victim is interviewed by only one person. Agency representatives using advocacy centers for forensic interviews should be present to observe and document as appropriate in case there is need for clarification and follow-up. No one may be present for the interview without the permission of team members and/or the center director. Team members include law enforcement, child protective services, forensic medical professionals, and attorneys from either the Maricopa County Attorney's Office or the Attorney General's Office.

Rooms are available for team members to meet as well as to meet with parents. These rooms are not to be used to interview children.

C. Medical Evaluation

Specialized medical evaluation and treatment service referrals are an essential component of the advocacy centers. No family is required to hold current medical insurance or is responsible for any bill associated with a forensic medical exam scheduled by the advocacy center. All Advocacy center clients are eligible for forensic medical exams conducted at the advocacy center regardless of financial status.

The medical provider is an integral part of the multidisciplinary team and will be available to discuss medical findings with the investigators and (when possible) attend case review meetings.

D. Peer Review

Advocacy centers will be responsible for facilitating peer review for professionals actively conducting forensic interviews.

E. Case Review / Team Meetings

The purpose of a case review / team meeting is to:

- Provide the investigators with the opportunity to discuss pending investigations and outcomes.
- Exchange information among team members.
- Discuss protection issues.
- Develop an action plan that addresses identified issues.
- Provide education to team members.

Case Review / Team meetings are attended by the team members involved in open cases; county attorney's representatives, law enforcement, child protective services, medical providers, mental health providers and advocacy center staff. Those members of the team who have a case on the agenda are expected to attend the meeting. Team meetings are the most effective and efficient method of informing members of case development. Often recommendation are decided during team meetings and are communicated to the proper individual. Team meetings are also a time to provide an informal setting with open discussion about issues that may arise in an individual case. These discussions may include agency interventions and limitations, issues of family dynamics, emotional disabilities, socioeconomics, cross-cultural values and behaviors, child rearing practices and religious beliefs.

F. Confidentiality

All team members and volunteers associated with the advocacy centers are responsible for protecting confidentiality and privacy of clients who have received services at the advocacy center as their professional responsibilities allow.

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Appendix 1: INTERVIEW PROTOCOL FOR CHILDREN

General Principals

1. Investigative interviews are to be approached with a neutral, fact finding attitude for the purpose of collecting information after an allegation of abuse has emerged.
2. The interviewer should be neutral and supportive.
3. The well-being and the best interests of the child should be of primary concern.
4. The interviews should be conducted in a comfortable atmosphere that enables the child to speak freely.
5. The language and interview approach used by the interviewer should be developmentally appropriate.
6. Interview procedures may be modified to accommodate very young children or children with special needs.

A. Preservation of Interviews

1. All interviews of children alleging sexual abuse should be preserved on videotape or disc.
2. Whenever possible, interviews of children alleging physical abuse, except the initial interview by the patrol officer, should be videotaped.
3. In order to protect a child victim's rights, locating information (e.g., the child's address and school) shall be obtained off tape.

B. Qualifications of Child Interviewers (individuals meeting the following qualifications will be considered trained or qualified forensic interviewers. These qualifications do not make one certified.)

The minimum qualifications for a person conducting interviews of children shall include:

- a. Forty (40) hours of training in the investigative interviewing of children.¹
- b. Twenty-four (24) hours of training in child maltreatment, including but not limited to: trauma factors, cycles of abuse, mechanisms of abuse, dynamics of abuse, offender dynamics, courtroom testimony, and child development.
- c. Observation of interviews, or videotapes of interviews, of children at different developmental stages, to include: two (2) preschool, two (2) school age, and two (2) mentally challenged children.

¹ A free course providing this training has been created by the Children's Justice Task Force in conjunction with the Maricopa County Attorney's Office. The course is intended to be offered twice a year for Law Enforcement and/or CPS personnel who conduct interviews of children.

- d. Familiarity with legal issues and child physical and sexual abuse laws.
- e. Familiarity with literature concerning child maltreatment, language development, suggestibility, memory, children's ability to serve as witnesses, emotional, cognitive, and behavioral characteristics of traumatized children.
- f. Ongoing training (minimum of 8 hours a year) in child sexual and physical abuse, child development, and interviewing techniques through attendance of continuing professional education conferences, peer review, in service training and an ongoing review of professional literature.

C. Use of Advocacy Center Interviewers

It is recommended that advocacy center interviewers be utilized in the following situations:

- 1. Children with developmental disabilities.
- 2. Children under the age of seven
- 3. Cases where there is an indication of lengthy, chronic abuse.
- 4. Children with significant emotional and/or behavioral symptoms.
- 5. Multiple victim cases if additional interviewers are needed.
- 6. Children sexually abused by persons unknown to the child
- 7. Any other situation in which the detective or CPS investigator deems it necessary to utilize the forensic interviewer.

D. Process of the Child Interviews

- 1. Obtain relevant background information from the reporting source and/or the caretaker without having the child present.
- 2. Interview the child with only the interviewer and the child present in the interview room. In rare circumstances and at the request of the interviewer, a third party may be present for the interview. The third party sits in his/her own chair out of direct sight of the child and does not ask questions, speak, or react in any manner. Only as a last resort should the child be allowed to sit on the lap of the third party.
- 3. Conduct a semi-structured cognitive interview as follows:
 - a. Develop rapport discussing neutral topics to briefly ascertain the child's developmental level and language sample.
 - b. Obtain free narrative/recall - - allow spontaneous disclosures.
 - c. Ask open-ended questions concerning the alleged abuse to encourage descriptions of specific incidents.
 - d. Utilize focused questions in a non-leading manner to ascertain details of alleged abuse.
 - e. Allow the ventilation of emotions.
 - f. Summarize and close on a neutral topic.
- 4. Modify interview techniques as necessary for children with special needs or difficulties. Younger children may require more directive techniques during an interview due to their developmental limitations.

5. Utilize multiple qualified interviewers for multiple victim cases in order to avoid contamination of information.

E. Length of Interviews

1. School age children should not be interviewed for more than approximately fifty (50) minutes without a break.
2. Preschool children should not be interviewed for more than approximately thirty (30) minutes without a break.

F. Observation of the Interviews

The interview may be observed from a neutral location by only the following professionals:

1. Law enforcement personnel.
2. CPS specialists investigating the allegations.
3. Medical personnel.
4. Deputy county attorneys and/or attorney generals.
5. The child's court appointed Guardian Ad Litem
6. Mental health professionals

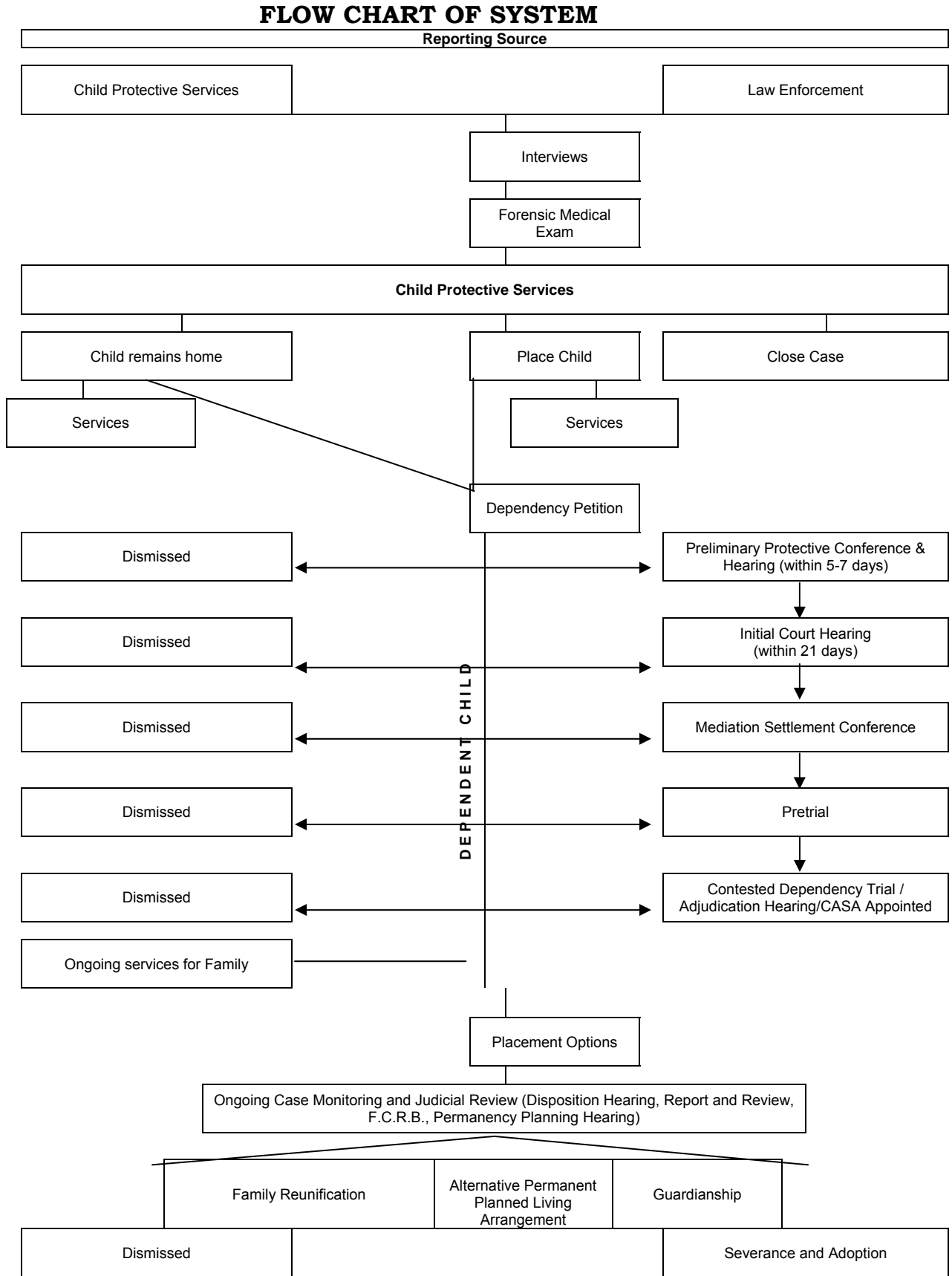
G. Use of Props

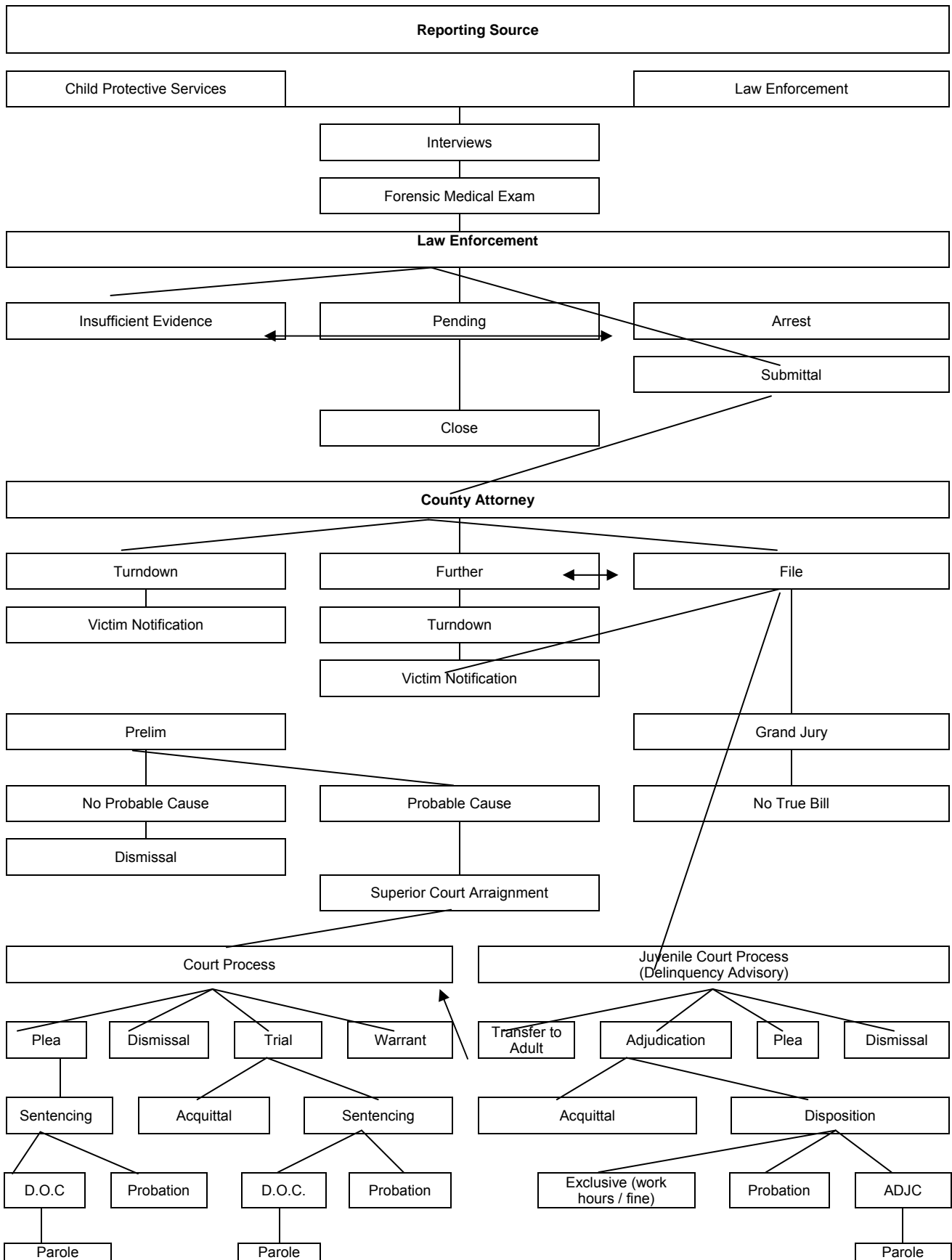
The use of props in an interview should be minimized. Props such as stuffed animals or drawings may be utilized at the interviewer's discretion to assist a reluctant child in the process of disclosure or the description of specific acts.

- H. Use of Therapy Animals. In certain cases, the use of a properly trained therapy animal may be appropriate. Such an animal may be used by a person who has been trained in the proper handling of therapy animals.

- I. Peer Review Advocacy. Center leadership will establish and implement a peer review program for agencies responsible for conducting forensic interviews. Participants should include CPS, U.S. Attorney's Office, Attorney General's Office, Advocacy Center Interviewers, Law Enforcement Agencies and the County Attorney's Office.

APPENDIX 2: FLOW CHART OF SYSTEM





APPENDIX 3: MANDATED REPORTER LAW

A.R.S. 13-3620 Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, Child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under ARS § 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, christian science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, christian science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, christian science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, christian science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, christian science practitioner or priest may otherwise make of the minor. For the purposes of this subsection, "person" means:

1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
2. Any peace officer, member of the clergy, priest or christian science practitioner.
3. The parent, stepparent or guardian of the minor.
4. School personnel or domestic violence victim advocate who develop the reasonable belief in the course of their employment.
5. Any other person who has responsibility for the care or treatment of the minor.

B. A report is not required under this section for conduct prescribed by ARS § 13-1404 and ARS § 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual.

C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, stepparent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the state department of corrections or the department of juvenile corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.

D. Reports shall be made immediately by telephone or in person and shall be followed by a written report within seventy-two hours. The reports shall contain:

1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor, if known.
2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.
3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.

E. A health care professional who is regulated pursuant to title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in ARS § 13-3401 shall immediately report this information, or cause a report to be made, to child protective services in the department of economic security. For the purposes of this subsection, "newborn infant" means a newborn infant who is under thirty days of age.

F. Any person other than one required to report or cause reports to be made under subsection A of this section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.

G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer or child protective services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

H. When telephone or in-person reports are received by a peace officer, the officer shall immediately notify child protective services in the department of economic security and make the information available to them. Notwithstanding any other statute, when child protective services receives these reports by telephone or in person, it shall immediately notify a peace officer in the appropriate jurisdiction.

I. Any person who is required to receive reports pursuant to subsection A of this section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.

J. A person who furnishes a report, information or records required or authorized under this section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.

K. Except for the attorney client privilege or the privilege under subsection L of this section, no privilege applies to any:

1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.
2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section.
3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a peace officer or child protective services in the department of economic security.

L. In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a christian science practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a christian science practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. Nothing in this subsection discharges a member of the clergy, a christian science practitioner or a priest from the duty to report pursuant to subsection A of this section.

M. If psychiatric records are requested pursuant to subsection G of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:

1. Personal information about individuals other than the patient.
2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.

N. If any portion of a psychiatric record is excised pursuant to subsection M of this section, a court, upon application of a peace officer or child protective services worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse, child abuse, physical injury or neglect be made available to the peace officer or child protective services worker investigating the abuse, child abuse, physical injury or neglect.

O. A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

P. For the purposes of this section:

1. "Abuse" has the same meaning prescribed in ARS § 8-201.

2. "Child abuse" means child abuse pursuant to ARS § 13-3623.

3. "Neglect" has the same meaning prescribed in ARS § 8-201.

4. "Reportable offense" means any of the following:

(a) Any offense listed in chapters 14 and 35.1 of this title.

(b) Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to ARS § 13-3019.

(c) Child prostitution pursuant to ARS § 13-3212.

(d) Incest pursuant to ARS § 13-3608.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

APPENDIX 4: OTHER APPLICABLE STATUTES

A.R.S. §8-201 Definitions

In this title, unless the context otherwise requires:

In this title, unless the context otherwise requires:

1. "Abandoned" means the failure of the parent to provide reasonable support and to maintain regular contact with the child, including providing normal supervision. Abandoned includes a judicial finding that a parent has made only minimal efforts to support and communicate with the child. Failure to maintain a normal parental relationship with the child without just cause for a period of six months constitutes prima facie evidence of abandonment.
2. "Abuse" means the infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to ARS § 8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse includes:
 - (a) Inflicting or allowing sexual abuse pursuant to ARS § 13-1404, sexual conduct with a minor pursuant to ARS § 13-1405, sexual assault pursuant to ARS § 13-1406, molestation of a child pursuant to ARS § 13-1410, commercial sexual exploitation of a minor pursuant to ARS § 13-3552, sexual exploitation of a minor pursuant to ARS § 13-3553, incest pursuant to ARS § 13-3608 or child prostitution pursuant to ARS § 13-3212.
 - (b) Physical injury to a child that results from abuse as described in ARS § 13-3623, subsection C.
3. "Adult" means a person who is eighteen years of age or older.
4. "Adult court" means the appropriate justice court, municipal court or criminal division of the superior court that has jurisdiction to hear proceedings concerning offenses committed by juveniles as provided in ARS § 8-327 and ARS § 13-501.
5. "Award" or "commit" means to assign legal custody.
6. "Child", "youth" or "juvenile" means an individual who is under the age of eighteen years.
7. "Complaint" means a written statement of the essential facts constituting a public offense that is any of the following:
 - (a) Made on an oath before a judge or commissioner of the superior court or an authorized juvenile hearing officer.
 - (b) Made pursuant to ARS § 13-3903.
 - (c) Accompanied by an affidavit of a law enforcement officer or employee that swears on information and belief to the accuracy of the complaint pursuant to ARS § 13-4261.
8. "Custodian" means a person, other than a parent or legal guardian, who stands in loco parentis to the child or a person to whom legal custody of the child has been given by order of the juvenile court.
9. "Delinquency hearing" means a proceeding in the juvenile court to determine whether a juvenile has committed a specific delinquent act as set forth in a petition.
10. "Delinquent act" means an act by a juvenile that if committed by an adult would be a criminal offense or a petty offense, a violation of any law of this state, or of another state if the act occurred in that state, or a law of the United States, or a violation of any law that can only be violated by a minor and that has been designated as a delinquent offense, or any ordinance of a city, county or political subdivision of this state defining crime. Delinquent act does not include an offense under ARS § 13-501, subsection A or B if the offense is filed in adult court. Any juvenile who is prosecuted as an adult or who is remanded for prosecution as an adult shall not be adjudicated as a delinquent juvenile for the same offense.
11. "Delinquent juvenile" means a child who is adjudicated to have committed a delinquent act.

12. "Department" means the department of economic security.

13. "Dependent child":

(a) Means a child who is adjudicated to be:

(i) In need of proper and effective parental care and control and who has no parent or guardian, or one who has no parent or guardian willing to exercise or capable of exercising such care and control.

(ii) Destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care.

(iii) A child whose home is unfit by reason of abuse, neglect, cruelty or depravity by a parent, a guardian or any other person having custody or care of the child.

(iv) Under the age of eight years and who is found to have committed an act that would result in adjudication as a delinquent juvenile or incorrigible child if committed by an older juvenile or child.

(v) Incompetent or not restorable to competency and who is alleged to have committed a serious offense as defined in ARS § 13-604.

(b) Does not include a child who in good faith is being furnished Christian Science treatment by a duly accredited practitioner if none of the circumstances described in subdivision (a) of this paragraph exists.

14. "Detention" means the temporary confinement of a juvenile who requires secure care in a physically restricting facility that is completely surrounded by a locked and physically secure barrier with restricted ingress and egress for the protection of the juvenile or the community pending court disposition or as a condition of probation.

15. "Incorrigible child" means a child who:

(a) Is adjudicated as a child who refuses to obey the reasonable and proper orders or directions of a parent, guardian or custodian and who is beyond the control of that person.

(b) Is habitually truant from school as defined in ARS § 15-803, subsection c.

(c) Is a runaway from the child's home or parent, guardian or custodian.

(d) Habitually behaves in such a manner as to injure or endanger the morals or health of self or others.

(e) Commits any act constituting an offense that can only be committed by a minor and that is not designated as a delinquent act.

(f) Fails to obey any lawful order of a court of competent jurisdiction given in a noncriminal action.

16. "Independent living program" includes a residential program with supervision of less than twenty-four hours a day.

17. "Juvenile court" means the juvenile division of the superior court when exercising its jurisdiction over children in any proceeding relating to delinquency, dependency or incorrigibility.

18. "Law enforcement officer" means a peace officer, sheriff, deputy sheriff, municipal police officer or constable.

19. "Medical director of a mental health agency" means a psychiatrist, or licensed physician experienced in psychiatric matters, who is designated in writing by the governing body of the agency as the person in charge of the medical services of the agency, or a psychiatrist designated by the governing body to act for the director. The term includes the superintendent of the state hospital.

20. "Mental health agency" means any private or public facility that is licensed by this state as a mental health treatment agency, a psychiatric hospital, a psychiatric unit of a general hospital or a residential treatment center for emotionally disturbed children and that uses secure settings or mechanical restraints.

21. "Neglect" or "neglected" means the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes substantial risk of harm to the child's health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of

a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

22. "Petition" means a written statement of the essential facts that allege delinquency, incorrigibility or dependency.

23. "Prevention" means the creation of conditions, opportunities and experiences that encourage and develop healthy, self-sufficient children and that occur before the onset of problems.

24. "Protective supervision" means supervision that is ordered by the juvenile court of children who are found to be dependent or incorrigible.

25. "Referral" means a report that is submitted to the juvenile court and that alleges that a child is dependent or incorrigible or that a juvenile has committed a delinquent or criminal act.

26. "Secure care" means confinement in a facility that is completely surrounded by a locked and physically secure barrier with restricted ingress and egress.

27. "Serious emotional injury" means an injury that is diagnosed by a medical doctor or a psychologist and that does any one or a combination of the following:

(a) Seriously impairs mental faculties.

(b) Causes serious anxiety, depression, withdrawal or social dysfunction behavior to the extent that the child suffers dysfunction that requires treatment.

(c) Is the result of sexual abuse pursuant to ARS § 13-1404, sexual conduct with a minor pursuant to ARS § 13-1405, sexual assault pursuant to ARS § 13-1406, molestation of a child pursuant to ARS § 13-1410, child prostitution pursuant to ARS § 13-3212, commercial sexual exploitation of a minor pursuant to ARS § 13-3552, sexual exploitation of a minor pursuant to ARS § 13-3553 or incest pursuant to ARS § 13-3608.

28. "Serious physical injury" means an injury that is diagnosed by a medical doctor and that does any one or a combination of the following:

(a) Creates a reasonable risk of death.

(b) Causes serious or permanent disfigurement.

(c) Causes significant physical pain.

(d) Causes serious impairment of health.

(e) Causes the loss or protracted impairment of an organ or limb.

(f) Is the result of sexual abuse pursuant to ARS § 13-1404, sexual conduct with a minor pursuant to ARS § 13-1405, sexual assault pursuant to ARS § 13-1406, molestation of a child pursuant to ARS § 13-1410, child prostitution pursuant to ARS § 13-3212, commercial sexual exploitation of a minor pursuant to ARS § 13-3552, sexual exploitation of a minor pursuant to ARS § 13-3553 or incest pursuant to ARS § 13-3608.

29. "Shelter care" means the temporary care of a child in any public or private facility or home that is licensed by this state and that offers a physically nonsecure environment that is characterized by the absence of physically restricting construction or hardware and that provides the child access to the surrounding community.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

A.R.S. §8-802 Child protective services worker; fingerprint clearance cards; powers and duties; alteration of files; violation; classification

A. The department of economic security shall employ child protective services workers. All persons who are employed as child protective services workers shall have a valid fingerprint clearance card that is issued pursuant to title 41, chapter 12, article 3.1 or shall apply for a fingerprint clearance card within seven working days of employment. A child protective services worker shall certify on forms that are provided by the department of economic security and that are notarized whether the worker is awaiting trial on or has ever been convicted of any of the criminal offenses listed in ARS § 41-

1758.03, subsections b and c in this state or similar offenses in another state or jurisdiction.

B. The department may cooperate with county agencies and community social services agencies to achieve the purposes of this chapter.

C. A child protective services worker shall:

1. Promote the safety and protection of children.

2. Accept, screen and assess reports of abuse or neglect pursuant to ARS § 8-817.

3. Receive reports of dependent, abused or abandoned children and be prepared to provide temporary foster care for such children on a twenty-four hour basis.

4. Receive from any source oral or written information regarding a child who may be in need of protective services. A worker shall not interview a child without the prior written consent of the parent, guardian or custodian of the child unless either:

(a) The child initiates contact with the worker.

(b) The child who is interviewed is the subject of or is the sibling of or living with the child who is the subject of an abuse or abandonment investigation pursuant to paragraph 5, subdivision (b) of this subsection.

(c) The interview is conducted pursuant to the terms of the protocols established pursuant to ARS § 8-817.

5. After the receipt of any report or information pursuant to paragraph 2, 3 or 4 of this subsection, immediately do both of the following:

(a) Notify the municipal or county law enforcement agency.

(b) Make a prompt and thorough investigation of the nature, extent and cause of any condition that would tend to support or refute the allegation that the child should be adjudicated dependent and the name, age and condition of other children in the home. A criminal conduct allegation shall be investigated according to the protocols established pursuant to ARS § 8-817 with the appropriate municipal or county law enforcement agency as provided in ARS § 8-817.

6. Take a child into temporary custody as provided in ARS § 8-821. Law enforcement officers shall cooperate with the department to remove a child from the custody of the child's parents, guardian or custodian when necessary.

7. After investigation, evaluate conditions created by the parents, guardian or custodian that would support or refute the allegation that the child should be adjudicated dependent. The child protective services worker shall then determine whether any child is in need of protective services.

8. Offer to the family of any child who is found to be a child in need of protective services those services that are designed to correct unresolved problems that would indicate a reason to adjudicate the child dependent.

9. Submit a written report of the worker's investigation to:

(a) The department's case management information system within twenty-one days after receipt of the initial information except as provided in ARS § 8-811. If the investigation involves allegations regarding a child who at the time of the alleged incident was in the custody of a child welfare agency licensed by the department of economic security under this title, a copy of the report and any additional investigative or other related reports shall be provided to the board of directors of the agency or to the administrative head of the agency unless the incident is alleged to have been committed by the person. The department shall excise all information with regard to the identity of the source of the reports.

(b) The appropriate court forty-eight hours before a dependency hearing pursuant to a petition of dependency or within twenty-one days after a petition of dependency is filed, whichever is earlier. On receipt of the report the court shall make the report available to all parties and counsel.

10. Accept a child into voluntary placement pursuant to ARS § 8-806.

11. Make a good faith effort to promptly obtain and abide by court orders that restrict or deny custody, visitation or contact by a parent or other person in the home with the child. As part of their good faith effort, the child protective services worker

shall ask the parent, guardian or custodian under investigation if a current court order exists.

D. No child shall remain in temporary custody for a period exceeding seventy-two hours, excluding Saturdays, Sundays and holidays, unless a dependency petition is filed. If no petition is filed and the child is released to the child's parent, guardian or custodian, the worker shall file a report of removal with the central registry within seventy-two hours of the child's release. The report shall include:

1. The dates of previous referrals, investigations or temporary custody.
2. The dates on which other children in the family have been taken into temporary custody.

E. The department shall provide child protective services workers who investigate allegations of abuse and neglect with training in forensic interviewing and processes, the protocols established pursuant to ARS § 8-817 and relevant law enforcement procedures. All child protective services workers shall be trained in their duty to protect the legal rights of children and families from the time of the initial contact through treatment. The training shall include knowledge of a child's rights as a victim of crime. The training for child protective services workers shall also include instruction on the legal rights of parents and the requirements for legal search and seizure by law enforcement officers.

F. In conducting an investigation pursuant to this section, if the worker is made aware that an allegation of abuse or neglect may also have been made in another state, the worker shall contact the appropriate agency in that state to attempt to determine the outcome of any investigation of that allegation.

G. Any person who alters a client file for the purpose of fraud or misrepresentation is guilty of a class 2 misdemeanor.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

A.R.S. §8-821 Taking into temporary custody; medical examination; placement; interference; classification

A. A child shall be taken into temporary custody in proceedings to declare a child a temporary ward of the court to protect the child, pursuant to an order of the juvenile court on a petition by an interested person, a peace officer or a child protective services worker under oath that reasonable grounds exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect. If a child is taken into temporary custody pursuant to this section, the child's sibling shall also be taken into temporary custody only if reasonable grounds independently exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect.

B. A child may be taken into temporary custody by a peace officer or a child protective services worker if temporary custody is clearly necessary to protect the child because probable cause exists to believe that the child is either:

1. A victim or will imminently become a victim of abuse or neglect.
2. Suffering serious physical or emotional injury that can only be diagnosed by a medical doctor or psychologist.
3. Physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured. For the purposes of this paragraph, "dangerous drugs" and "narcotic drugs" have the same meaning prescribed in ARS § 13-3401.
4. Reported by child protective services to be a missing child at risk of serious harm.

C. In determining if a child should be taken into temporary custody, the interested person, peace officer or child protective services worker shall take into consideration:

1. As a paramount concern the child's health and safety.
2. Whether the parent is willing to participate in any services that are offered to them.

D. A person who takes a child into custody pursuant to subsection B, paragraph 2 of this section shall immediately have the child examined by a medical doctor or psychologist. After the examination the person shall release the child to the custody of the parent or guardian of the child unless the examination reveals abuse or neglect. Temporary custody of a child taken into custody pursuant to subsection B, paragraph 2 of this section shall not exceed twelve hours.

E. A child who is taken into temporary custody pursuant to this article shall not be detained in a police station, jail or lockup where adults charged with or convicted of a crime are detained.

F. A child shall not remain in temporary custody for more than seventy-two hours excluding Saturdays, Sundays and holidays unless a dependency petition is filed.

G. A person who knowingly interferes with the taking of a child into temporary custody under this section is guilty of a class 2 misdemeanor.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

A.R.S. §8-807 CPS information; public record; use; confidentiality; violation; classification; definitions

A. CPS information shall be maintained by the department as required by federal law as a condition of the allocation of federal monies to this state. All exceptions for the public release of CPS information shall be construed as openly as possible under federal law.

B. The department, or a person who receives CPS information pursuant to this subsection, shall provide CPS information to a federal agency, a state agency, a tribal agency, a county or municipal agency, a law enforcement agency, a prosecutor, an attorney or a guardian ad litem representing a child victim of crime pursuant to article II, § 2.1, Constitution of Arizona, a school, a community service provider, a contract service provider or any other person that is providing services pursuant to this chapter:

1. To meet its duties to provide for the safety, permanency and well-being of a child, provide services to a parent, guardian or custodian or provide services to family members to strengthen the family pursuant to this chapter.

2. To enforce or prosecute any violation involving child abuse or neglect.

3. To provide information to a defendant after a criminal charge has been filed as required by an order of the criminal court.

C. The department shall disclose CPS information to a court, a party in a dependency or termination of parental rights proceeding or the party's attorney, the foster care review board or a court appointed special advocate for the purposes of and as prescribed in this title.

D. The department shall disclose CPS information to a domestic relations, family or conciliation court if the CPS information is necessary to promote the safety and well-being of children. The court shall notify the parties that it has received the CPS information.

E. A person or agent of a person who is the subject of CPS information shall have access to CPS information concerning that person.

F. The department:

1. May provide CPS information to confirm, clarify or correct information concerning an allegation or actual instance of child abuse or neglect that has been made public by sources outside the department.

2. Shall promptly provide CPS information to the public regarding a case of child abuse, abandonment or neglect that has resulted in a fatality or near fatality as follows:

(a) The department shall provide preliminary information including:

(i) The name, age and city, town or general location of residence of the child who has suffered a near fatality or fatality.

(ii) The fact that a child suffered a near fatality or fatality as the result of abuse, abandonment or neglect.

(iii) The name, age and city, town or general location of residence of the alleged perpetrator, if available.

(iv) Whether there have been reports, or any current or past cases, of child abuse, abandonment or neglect involving the child and the current alleged abusive or neglectful parent, guardian or custodian.

(v) Actions taken by child protective services in response to the fatality or near fatality of the child.

(b) On request by any person, the department shall promptly provide additional CPS information to the requestor. Before releasing additional CPS information, the Department shall promptly notify the county attorney of any decision to release that information, and the county attorney shall promptly inform the Department if it believes the release would cause a specific, material harm to a criminal investigation. After consulting with the county attorney, pursuant to subdivision (c) of this paragraph, the department shall produce to the requestor as much additional CPS information as promptly as possible about a case of child abuse, abandonment or neglect that resulted in a fatality or near fatality.

(c) On request, the department shall continue to provide CPS information promptly to the public about a fatality or near fatality unless:

(i) After consultation with the county attorney, the county attorney demonstrates that release of particular CPS information would cause a specific, material harm to a criminal investigation.

(ii) The release would violate subsection A or k of this section or the privacy of victims of crime pursuant to article II, § 2.1, subsection c, Constitution of Arizona.

(d) If any person believes that the county attorney has failed to demonstrate that release would cause a specific, material harm to a criminal investigation, that person may file an action in superior court pursuant to title 39, article 2, and subsection I of this section and request the court to review the CPS information in camera and order disclosure.

3. May provide CPS information to a person who is conducting bona fide research, the results of which might provide CPS information that is beneficial in improving child protective services.

4. May provide access to CPS information to the parent, guardian or custodian of a child if the CPS information is reasonably necessary to promote the safety, permanency and well-being of the child.

G. Access to CPS information in the central registry shall be provided as prescribed in ARS § 8-804.

H. To provide oversight of child protective services, the department shall provide access to CPS information to the following persons, if the CPS information is reasonably necessary for the person to perform the person's official duties:

1. Federal or state auditors.

2. Persons conducting any accreditation deemed necessary by the department.

3. A standing committee of the legislature or a committee appointed by the president of the senate or the speaker of the house of representatives for purposes of conducting investigations related to the legislative oversight of the department of economic security. This information shall not be further disclosed unless a court has ordered the disclosure of this information, the information has been disclosed in a public or court record, or the information has been disclosed in the course of a public meeting or court proceeding.

4. A legislator who requests CPS information in the regular course of the legislator's duties. This information shall not be further disclosed unless a court has ordered the disclosure of this information, the information has been disclosed in a public or court record, or the information has been disclosed in the course of a public meeting or court proceeding. To request a file pursuant to this paragraph:

(a) The legislator shall submit a written request for CPS information to the presiding officer of the body of which the state legislator is a member. The request shall state the name of the person whose case file is to be reviewed and any other information that will assist the department in locating the file.

(b) The presiding officer shall forward the request to the department within five working days of the receipt of the request.

(c) The department shall make the necessary arrangements for the legislator to review the file at an office of the department, chosen by the legislator, within ten working days.

(d) The legislator shall sign a form, consistent with the requirements of this paragraph and paragraph 3 of this subsection, before reviewing the file, that outlines the confidentiality laws governing child protective services files and penalties for further release of the information.

5. A citizen review panel as prescribed by federal law, a child fatality review team as provided in title 36, chapter 35 and the office of ombudsman-citizen's aide.

I. A person who has been denied CPS information regarding a fatality or near fatality caused by abuse, abandonment or neglect pursuant to subsection F, paragraph 2 or subsection K of this section may bring a special action pursuant to § 39-121.02 in the superior court to order the department to release that CPS information. The plaintiff shall provide notice to the county attorney, who has standing and may participate in the action. The court shall review the requested records in camera and order disclosure consistent with subsection A, subsection F, paragraph 2 and subsection K of this section. The court shall take reasonable steps to prevent any clearly unwarranted invasions of privacy and protect the privacy and dignity of victims of crime pursuant to article II, § 2.1, subsection c, Constitution of Arizona.

J. The department or a person who is not specifically authorized by this section to obtain CPS information may petition a judge of the superior court to order the department to release CPS information. The plaintiff shall provide notice to the county attorney, who has standing and may participate in the action. The court shall review the requested records in camera and shall balance the rights of the parties who are entitled to confidentiality pursuant to this section against the rights of the parties who are seeking the release of the CPS information. The court may release otherwise confidential CPS information only if the rights of the parties seeking the CPS information and any benefits from releasing the CPS information outweigh the rights of the parties who are entitled to confidentiality and any harm that may result from releasing the CPS information. The court shall take reasonable steps to prevent any clearly unwarranted invasions of privacy and protect the privacy and dignity of victims of crime pursuant to article II, § 2.1, subsection c, Constitution of Arizona.

K. Except as provided in subsection L of this section, before it releases records under this section, the department shall take whatever precautions it determines are reasonably necessary to protect the identity and safety of a person who reports child abuse or neglect and to protect any other person if the department believes that disclosure of the CPS information would be likely to endanger the life or safety of any person. The department is not required by this section to disclose CPS information if the department demonstrates that disclosure would cause a specific, material harm to a child protective services investigation. The department is not required by this section to disclose CPS information if, in consultation with the county attorney, the county attorney demonstrates that disclosure would cause a specific, material harm to a criminal investigation.

L. A person who is the subject of an unfounded report or complaint made pursuant to this chapter and who believes that the report or complaint was made in bad faith or with malicious intent may petition a judge of the superior court to order the department to release the CPS information. The petition shall specifically set forth reasons supporting the person's belief that the report or complaint was made in bad faith or with malicious intent. The court shall review the CPS information in camera and the person filing the petition shall be allowed to present evidence in support of the petition. If the court determines that there is a reasonable question of fact as to whether the report or complaint was made in bad faith or with malicious intent and that disclosure of the identity of the person making the report or complaint would not be likely to endanger the life or safety of the person making the report or complaint, it shall provide a copy of the CPS information to the person filing the petition and the original CPS information is subject to discovery in a subsequent civil action regarding the making of the report or complaint.

M. The department shall provide the person who conducts a forensic medical evaluation with any records the person requests, including social history and family history regarding the child, the child's siblings and the child's parents or guardians.

N. The department shall provide CPS information on request to a prospective adoptive parent, foster parent or guardian, if the information concerns a child the prospective adoptive parent, foster parent or guardian seeks to adopt or provide care for.

O. If the department receives information that is confidential by law, the department shall maintain the confidentiality of the information as prescribed in the applicable law.

P. A person may authorize the release of CPS information about the person but may not waive the confidentiality of CPS information concerning any other person.

Q. The department may provide a summary of the outcome of a child protective services investigation to the person who reported the suspected child abuse or neglect.

R. The department shall adopt rules to facilitate the accessibility of CPS information.

S. The department may charge a fee for copying costs required to prepare CPS information for release pursuant to this section.

T. A person who violates this section is guilty of a class 2 misdemeanor.

U. For the purposes of this section:

1. "CPS information" includes all information the department gathers during the course of a child protective services investigation conducted under this chapter from the time a file is opened and until it is closed. CPS information does not include information that is contained in child welfare agency licensing records.

2. "Near fatality" means an act that, as certified by a physician, places a child in serious or critical condition.

Current through the end of the Forty-Eighth legislature, Second Regular Session (2008)

A.R.S. §8-824 Preliminary protective hearing; probable cause; appointment of counsel

A. The court shall hold a preliminary protective hearing to review the taking into temporary custody of a child pursuant to ARS § 8-821 not fewer than five days nor more than seven days after the child is taken into custody, excluding Saturdays, Sundays and holidays. If clearly necessary to prevent abuse or neglect, to preserve the rights of a party or for other good cause shown, the court may grant one continuance that does not exceed five days.

B. The following persons shall be present at the preliminary protective hearing:

1. The child's parents or guardian, unless they cannot be located or they fail to appear in response to the notice.
2. Counsel for the parents if one has been requested or retained.
3. The child's guardian ad litem or attorney.
4. The protective services worker.
5. Counsel for the protective services worker.

C. If the court finds that it is in the best interests of the child, the court may allow the following to be present at the preliminary protective hearing:

1. The child.
2. Any relative or other interested person with whom the child is or might be placed as described in ARS § 8-845, subsection A.
3. Witnesses called by the parties.
4. An advocate or interested person as requested by the parent or guardian.
5. Other persons who have knowledge of or an interest in the welfare of the child.

D. At the hearing, the court shall advise the parent or guardian of the following rights:

1. The right to counsel, including appointed counsel if the parent or guardian is indigent.
2. The right to cross-examine all witnesses who are called to testify against the parent or guardian.
3. The right to trial by court on the allegations in the petition.
4. The right to use the process of the court to compel the attendance of witnesses.

E. At the hearing, the court:

1. Shall receive a report of any agreement reached pursuant to ARS § 8-823, subsection D. The report may be made orally.
2. Shall provide an opportunity for the child's parent or guardian, if present, and any other person who has relevant

knowledge, to provide relevant testimony.

3. May limit testimony and evidence that is beyond the scope of the removal of the child, the child's need for continued protection, placement, visitation and services to be provided to the child and family.

4. May take into consideration as a mitigating factor the participation of the parent or guardian in the healthy families program established by ARS § 8-701.

5. Shall take into consideration as a mitigating factor the availability of reasonable services to the parent or guardian to prevent or eliminate the need for removal of the child and the effort of the parent or guardian to obtain and participate in these services.

6. Shall inform the child's parent or guardian that the hearing may result in further proceedings to terminate parental rights.

7. Shall inform the parent that substantially neglecting or willfully refusing to remedy the circumstances that cause the child to be in an out-of-home placement, including refusing to participate in reunification services, is grounds for termination of parental rights to a child.

8. Shall give paramount consideration to the health and safety of the child.

9. Shall review evidence that the department is attempting to identify and assess placement of the child with a grandparent or another member of the child's extended family including a person who has a significant relationship with the child.

10. Shall inform a foster parent, preadoptive parent or a member of the child's extended family with whom the department has placed the child of the right to be heard in any proceeding to be held with respect to the child.

F. The petitioner has the burden of presenting evidence as to whether there is probable cause to believe that continued temporary custody is clearly necessary to prevent abuse or neglect pending the hearing on the dependency petition.

G. If the child is in the temporary custody of the department, the department shall submit not later than the day before the hearing a written report to the court and the parties that states:

1. The reasons the child was removed from the parent's or guardian's custody.

2. Any services that have been provided to the child or the child's parent or guardian to prevent removal.

3. The need, if any, for continued temporary custody.

4. The types of service needed to facilitate the return of the child to the custody of the child's parents or guardian.

5. If the child is not placed with a grandparent, whether the child has any relatives or other interested parties as described in ARS § 8-845, subsection A who may be able and willing to take temporary custody.

6. Any services that are requested by the parent or guardian but that are not provided and the reasons the services were not provided.

7. Any efforts made to place siblings together, and if they are not placed together, the reasons why.

8. Any efforts made to facilitate communications among siblings.

9. A proposal for visitation and the results of any visitation that has occurred since the child was removed.

10. A proposed case plan for services to the family.

H. The parent or guardian shall state whether the parent or guardian admits or denies the allegations in the petition filed pursuant to ARS § 8-841. If the parent or guardian admits or does not contest the allegations in the petition, the court shall determine that the parent or guardian understands the rights described in subsection D of this section and that the parent or guardian knowingly, intelligently and voluntarily waives these rights.

I. At the hearing, if the child is not returned to the parent or guardian, the court shall:

1. Enter orders regarding the placement of the child pending the determination of the dependency petition and visitation, if

any.

2. If a relative is identified as a possible placement for the child, notify the relative of the right to be heard in any proceeding to be held with respect to the child.

3. Determine if the tasks and services set forth in the case plan are reasonable and necessary to carry out the case plan.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

A.R.S. §13-107 Time limitations

A. A prosecution for any homicide, any offense that is listed in chapter 14 or 35.1 of this title and that is a class 2 felony, any violent sexual assault pursuant to ARS § 13-1423, any violation of ARS § 13-2308.01, any misuse of public monies or a felony involving falsification of public records or any attempt to commit an offense listed in this subsection may be commenced at any time.

B. Except as otherwise provided in this section, prosecutions for other offenses must be commenced within the following periods after actual discovery by the state or the political subdivision having jurisdiction of the offense or discovery by the state or the political subdivision that should have occurred with the exercise of reasonable diligence, whichever first occurs:

1. For a class 2 through a class 6 felony, seven years.

2. For a misdemeanor, one year.

3. For a petty offense, six months.

C. For the purposes of subsection B of this section, a prosecution is commenced when an indictment, information or complaint is filed.

D. The period of limitation does not run during any time when the accused is absent from the state or has no reasonably ascertainable place of abode within the state.

E. The period of limitation does not run for a serious offense as defined in ARS § 13-604 during any time when the identity of the person who commits the offense or offenses is unknown.

F. The time limitation within which a prosecution of a class 6 felony shall commence shall be determined pursuant to subsection B, paragraph 1 of this section, irrespective of whether a court enters a judgment of conviction for or a prosecuting attorney designates the offense as a misdemeanor.

G. If a complaint, indictment or information filed before the period of limitation has expired is dismissed for any reason, a new prosecution may be commenced within six months after the dismissal becomes final even if the period of limitation has expired at the time of the dismissal or will expire within six months of the dismissal.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

A.R.S. §41-1959 Confidential information; permissible disclosure; rules; violation; classification

A. Unless otherwise provided by law, all personally identifiable information concerning any applicant, claimant, recipient, employer or client or concerning any person involved in an adult protective services action, other than a perpetrator against whom an allegation of abuse, neglect or exploitation has been substantiated pursuant to ARS § 46-458, is confidential and shall not be released unless ordered by a superior court judge or provided for by rule of court except as provided in subsections B, C and D of this section. Records and files that relate to investigations conducted by child protective services in the department are confidential. The department shall release this information only as prescribed by ARS § 8-807.

B. Employees of the department of economic security, the department of law and the court may obtain the information described in subsection A of this section in the performance of their duties as authorized by rules adopted by the director.

C. Employees of the department of economic security, the department of law and the court may release any information

which is otherwise held confidential under this section under any of the following circumstances:

1. To the applicant, claimant, recipient, employer or client if a request is made in writing by any of such persons specifically requesting information which directly relates to the person requesting such information.
2. To the extent necessary to make claims on behalf of a client for public or private assistance, insurance or health or medical assistance pursuant to title 11, chapter 2, article 7 or title 36, chapter 29 to which the client may be entitled.
3. In oral and written communications involving the provision of services or the referral to services between employees of, persons under contract with, or persons holding a general employment relationship with the department of economic security, the department of law or the juvenile court.
4. If the disclosure of otherwise confidential information is necessary to protect against a clear and substantial risk of imminent serious injury to a client.
5. To agencies of the federal government, this state or any political subdivision of this state for official purposes. All information received by a governmental agency pursuant to this paragraph shall be maintained as confidential, except where pertinent to a criminal prosecution.
6. To foster parents and persons certified to adopt if necessary to assist in the placement with or care of a child by such persons.
7. To an officer of the superior court, the department or any agency required to perform an investigation pursuant to ARS § 8-105 if the information is pertinent to the investigation. All information received by the officer, department or agency pursuant to this paragraph may be disclosed to the court but shall otherwise be maintained as confidential.
8. In any judicial or administrative proceeding involving an adult protective services client if the director of the department considers the information pertinent to the proceeding.

D. Notwithstanding the provisions of ARS § 8-519, 8-541, 8-542 and 46-135, a standing committee of the legislature or a committee appointed by the president of the senate or the speaker of the house of representatives may obtain the information described in subsection A of this section on written notification to the director. Information obtained pursuant to this subsection may be used only for purposes of conducting investigations related to legislative oversight of the department. Information which is personally identifiable shall not be further disclosed.

E. Any violation of this section is a class 2 misdemeanor.

F. The department shall establish safeguards against the unauthorized use or disclosure of confidential information in title IV-D cases.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

A.R.S. §13-4061 Competency of witness

In any criminal trial every person is competent to be a witness.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

A.R.S. §8-401 Detention Hearing

The victim has the right to be heard at the detention hearing of the person suspected of committing the delinquent act against the victim.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

A.R.S. §8-301 Commencement of proceedings

A proceeding under this chapter may be commenced by one of the following procedures:
By transfer of a case from another court as provided in ARS § 8-302.
By the filing of a petition by the county attorney.

For an offense other than a felony, by the referral of a uniform Arizona traffic ticket and complaint form.

Current through the end of the Forty-Eighth Legislature, Second Regular Session (2008)

APPENDIX 5: PRIORITIZING REPORTS AND RESPONSE

Prioritizing Reports and Response

The Child Abuse Hotline shall assign each report a risk level and tracking characteristic, if applicable.

The Child Abuse Hotline shall notify the local office by telephone of the receipt of the report and its risk level for a high risk report or through a CHILDS Alert as soon as possible. The local office and Group Care CPS Specialist shall cross-report to the appropriate law enforcement agency of the report, following district procedures.

Following the guidelines below, the Hotline Specialist is to determine and assign the appropriate risk level for the alleged abuse and neglect.

The timeframes for investigations are based on the following determinations of high risk, moderate risk, and low risk.

If there are extenuating circumstances that either require a faster response time or allow for a slower response, Hotline Specialists have the ability to aggravate or mitigate a report based on Aggravating or Mitigating Factors, or the Hotline Specialist can consult with the field regarding aggravation or mitigation, or leave this decision up to the field.

High Risk Situations

High Risk Physical Abuse—Severe/life threatening injuries requiring emergency medical treatment and/OR parent presents severe physical harm to a child NOW.

The following injuries or situations constitute High Risk Abuse:

- Injuries requiring emergency medical treatment that may include:
 - Head injury with risk of Central Nervous System damage
 - Internal injury
 - Multiple injuries or multiple plan injuries (battering)
 - Severe facial bruises
 - Fractures or bruises in a non-ambulatory child
 - Fractures
 - Instrumentation injury with risk of impairment
 - Immersion burns
 - Second and third degree burns
 - Parent guardian or custodian provides prescribed/non-prescribed or illegal drugs or alcohol to a child **under the age of six (6)** and the child is exhibiting symptoms of the drug or alcohol
 - Child under the age of twenty-four (24) months is shaken (shaken baby syndrome)
 - Child under the age of six (6) observed or reported to be struck in the head, face, neck, genitals or abdomen which could likely cause an injury
 - Physical abuse by a parent, guardian, or custodian who has a previous substantiated Priority 1 or High Risk report
 - Parent, guardian or custodian threatens or presents serious bodily harm to a child **NOW**

High Risk Neglect—Severe/life threatening situations requiring emergency intervention due to the absence of a parent, or a parent who is either unable due to physical or mental limitations or is unwilling to provide minimally adequate care.

The Following Situations Constitute High Risk Neglect:

- **Delayed or** untreated medical condition which is life threatening or permanently disabling which may include Infant Doe, comatose state or debilitation from starvation or possible non-organic failure to thrive (aka pediatric under nutrition, poor weight gain).
- Child of any age who is alone and cannot care for self or for other children due to physical, emotional, or mental inability. (This includes a parent, guardian, or custodian who is incarcerated or hospitalized.)
- Child under the age of six (6) is alone **NOW**.

- Child six (6) to nine (9) years of age is alone for three (3) hours or longer or unknown when parent, guardian, or custodian will return.
- Imminent harm to child under the age of six (6) due to inadequate supervision by parent, guardian, or custodian.
- Neglect results in serious physical injury or illness requiring emergency medical treatment. *NOTE: Failure to use child restraints pursuant to ARS § 28-907 are not reports.*
- Imminent harm to child due to health or safety hazards in living environment which may include exposure to the elements.
- Child **assessed** as suicidal by qualified mental health professional and parent, guardian, or custodian is unwilling to secure needed emergency medical treatment including psychiatric treatment.
- No parent willing to provide immediate care for a child and child is with a caregiver who is unable or unwilling to care for the child NOW or child is left to his or her own resources.
- History of extensive gestational substance abuse to child under three (3) months of age or mother or child tests positive for non-prescribed or illegal drug or alcohol at time of birth.
- Child under two (2) months of age displays non-prescribed or illegal drug or alcohol withdrawal symptoms.
- Mother is using cocaine, heroin, methamphetamines, or PCP and is breastfeeding a child.

High Risk Sexual Abuse—Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past seven (7) days.

The following situations constitute High Risk Sexual Abuse:

- Physical evidence of sexual abuse reported by a medical doctor or child reporting sexual abuse within the past 7 days.
- Child reporting vaginal or anal penetration or oral sexual contact (oral contact with the penis, vulva, or anus) within past seventy-two (72) hours AND has not been examined by a medical doctor.

High Risk Response Times
Standard Response Time—SRT: 2 hours
Mitigated Response Time—MRT: 24 hours

Moderate Risk

Moderate Risk Physical Abuse—Serious/multiple injuries which may require medical treatment and/or a child at risk for serious physical abuse if no intervention is received.

The following injuries or situations are considered Moderate Risk Abuse:

- Injuries: **That May Require Medical Treatment** which may include:
 - ☑ Multiple injuries or multiple plane injuries
 - ☑ Injuries to torso or extremities
 - ☑ Injuries to child under age one (1)
 - ☑ Fractures
 - ☑ Parent, guardian, or custodian provides prescribed/non-prescribed or illegal drug or alcohol to a child **six (6) years of age or older** and the child is exhibiting symptoms of the drug or alcohol
 - ☑ Munchausen’s Syndrome by Proxy
 - ☑ Low Risk injury to child under the age of six (6)
 - ☑ Child six (6) years of age or older observed or reported to be struck in the head, face, neck, genitals, or abdomen which could likely cause an injury

- ☑ Parent, guardian or custodian **presents serious bodily harm to a child** or fears or threatens to harm child if no intervention received and he or she has a previous **substantiated** report of physical abuse
- ☑ Newborn child (under 3 months of age) born to parents whose parental rights have been previously terminated

Moderate Risk Neglect—Serious/Non-life threatening situations requiring intervention due to the absence of a parent, or a parent who is unable due to physical or mental limitations or is unwilling to provide minimally adequate care.

The following situations constitute Moderate Risk Neglect:

- Child age eleven (11) to thirteen (13) years of age caring for a child age six (6) or younger for twelve (12) hours or longer.
- Living environment presents health or safety hazards to a child under the age of six (6) which may include human/animal feces, indisposed garbage, exposed wiring, access to dangerous objects or harmful substances, etc.
- Due to inadequate supervision **or encouragement** by parent, guardian or custodian **sexual conduct or physical injury occurs between children**. This includes a licensed or certified DES facility or a licensed DHS Level I, II or III Behavioral Health Treatment facility
- (If the information is on a foster parent, group care facility, RTC, etc. use the designated questions. If it does not meet the criteria of a report for field investigation, send the information to the licensing specialist and case manager. If the licensing inquiry reveals inadequate supervision, the specialist will call back to make a report)
- No parent willing to care for a child and child is with a caregiver who is unable or unwilling to continue caring for the child less than ONE (1) WEEK.
- Newborn child (under 3 months of age) born to parents whose parental rights have been previously terminated.

Moderate Risk Sexual Abuse—Sexual behavior or attempted sexual behavior occurring 8 days or up to 1 year ago and/or child is exhibiting indicators consistent with sexual abuse.

The following situations constitute moderate risk sexual abuse:

- Several behavior within the past eight (8) to fourteen (14) days including sexual abuse, sexual assault, sexual exploitation of a minor, commercial sexual exploitation of a minor, incest, child prostitution, molestation of a child, and sexual conduct with a minor.
- Attempted sexual behavior or sexual behavior when last occurrence is unknown or when last occurred beyond fourteen (14) days and up to **one (1) year** including sexual abuse, sexual assault, sexual exploitation of a minor, commercial sexual exploitation of a minor, incest, child prostitution, molestation of a child and sexual conduct with a minor
- Parent, guardian or custodian suggests or entices a child to engage in sexual behavior, but there is no actual touching, including encouraging a child to view pornographic materials
- Child is exhibiting physical or behavioral indicators which are consistent with sexual abuse **AND** there are indicators the behavior is caused by parent, guardian, or custodian
- Child is living in the home with a person convicted of a sexual offense against a child

Moderate Risk Emotional Abuse—Child diagnosed by a mental health professional as exhibiting symptoms of emotional abuse caused by a parent.

The following constitutes Moderate Risk Emotional Abuse:

- Child diagnosed by qualified mental health professional as exhibiting severe anxiety, depression, withdrawal, or untoward aggressive behavior which could be due to serious emotional damage by parent, guardian or custodian.

Moderate Risk Response Times:
SRT: 48 Hours
Aggravated Response Time—ART: 24 Hours
MRT: 72 Hours

Low Risk

Low Risk Abuse—Injuries not requiring medical treatment and/or parent threatens physical harm if no intervention is received.

- The following injuries or situations are considered Low Risk Abuse:
 - ☑ Injuries **Not Requiring Medical Treatment** which may include:
 - * First degree or cigarette burns
 - * Injury to buttocks or scalp (i.e., hair loss)
 - * Injury to bony body parts (i.e., shins, knees, elbow, etc.)
 - * Single or small bruises
 - * Parent, guardian or custodian provides prescribed/non-prescribed or illegal drugs or alcohol to a child and the child is exhibiting symptoms of the drug or alcohol
 - * Bleeding (i.e., hit in face, bloody nose)
 - * Parent, guardian or custodian fears, or threatens to harm a child if no intervention is received.

Low Risk Neglect—Situations which may require intervention due to the absence of a parent, or a parent who is unable due to physical or mental limitations or is unwilling to provide minimally adequate care, which includes exploitation of a child.

The following situations constitute Low Risk Neglect:

- Delayed or untreated medical problem causes child pain or debilitation that is not life threatening AND parent, guardian, or custodian is unwilling to secure medical treatment
- Child under the age of nine (9), who is not alone at the time of the report, but has been left alone within the past fourteen (14) days
- Parent, guardian or custodian demonstrates an inability to care for a child within the past thirty (30) days including leaving a child with inappropriate or inadequate caregivers
- Living environment presents health or safety hazards to a child six (6) years of age or older which may include human/animal feces, indisposed garbage, exposed wiring, access to dangerous objects or harmful substances, etc.
- Food not provided and child is chronically hungry
- Significant developmental delays due to neglect
- Use of a child by a parent, guardian, or custodian for material gain which may include forcing the child to panhandle, steal, or perform other illegal activities
- Parent, guardian, or custodian is not protecting child from a person who does not live in the home AND who abused a child
- No parent willing to care for a child and child is with a caregiver who is unable or unwilling to continue caring for the child beyond ONE (1) WEEK UP TO THIRTY (30) DAYS (reporting source will need to call back if beyond thirty (30) days)

Low Risk Sexual Abuse—Sexual behavior or attempted sexual behavior occurring beyond 1 year and perpetrator currently has access to a child.

The following situations constitute Low Risk Sexual Abuse:

- Parent, guardian or custodian sexually abused a child in the past **AND** is now living in a home with a child.
- Attempted sexual behavior or sexual behavior when last occurrence was beyond **one (1) year** including sexual abuse, sexual assault, sexual exploitation of a minor, commercial sexual exploitation of a minor, incest, child prostitution, molestation of a child, and sexual conduct with a minor **and the perpetrator currently has access to the child.**

Low Risk Emotional Abuse—Parent demonstrates behavior which may result in emotional trauma to a child.

The following constitutes Low Risk Emotional Abuse:

- Parent, guardian or custodian demonstrates behavior or child reports parent, guardian or custodian behavior which is likely to have the effect of **fear** rejection, isolation, humiliation or debasement of a child.

Low Risk Response Times:
SRT: 72 Hours
Aggravated Response Time—ART: 48 Hours
MRT: 72 Hours Excluding Weekends & Holidays

Potential Risk

Potential Risk Of Physical Abuse—Child at risk of physical injury due to stressors in the home.

The following situations constitute Potential Risk of Physical Abuse:

- Home environment stressors place child at risk of physical abuse which may include:
 - domestic violence
 - mental illness
 - substance abuse
 - history of physical abuse with no current injury, etc.

Potential Risk Of Neglect—Child at risk of neglect due to stressors in the home.

The following situations constitute Potential Risk of Neglect:

- Parent, guardian or custodian has no resources to provide for child’s needs (supervision, food, clothing, shelter, and medical care) and child’s needs may be neglected.
- Home environment stressors place child at risk of neglect which may include mental illness, substance abuse, etc.
- Living environment is likely to present a health or safety hazard to a child
- Child adjudicated dependent due to finding of incompetence or not restorable to competency pursuant to [ARS § 8-201](#).
- Sexual conduct or physical injury between children and unknown if parent, guardian, or custodian will protect.

- Complaint by law enforcement or officer of juvenile court alleging dependency due to a delinquent or incorrigible act committed by a child under age eight (8) [[ARS §8-201](#)].

Potential Risk Response Times:
SRT: 7 Consecutive Days
ART: 72 Hours Excluding Weekends & Holidays

TRACKING CHARACTERISTICS

Tracking Characteristics

Does not require an investigation, but may require an action.

- TB**—Notice that a family or alleged abusive person known to another state CPS is residing in or believed to be relocating to Arizona.
- TD**—Request for courtesy assessment from another state CPS to ensure safety of a child.
- TE**—Runaways from other states or shelter due to out-of-state request or courtesy ICPC shelter.
- TF**—Court ordered pick up (domestic relations)
- TG**—Mental health treat needed, but cannot be obtained without CPS intervention
- PI**—Physical Injury Between Children
- SX**—Sexual Conduct Between Children
- SPGA**—Successor Permanent Guardianship Action

Tracking Characteristics

Requires an investigation and must include at least one report allegation

- AB**—Abandonment
 - DV**—Domestic Violence
 - FR**—False Report Indicated
 - NF**—Near Fatality—an act, certified by a physician, placed the child in serious or critical condition
 - SEN**—Substance Exposed Newborn
 - TH**—Child in care, custody and control of DES via court order or Voluntary Foster Placement Agreement
 - TJ**—Administrative ordered investigation
 - TK**—Court ordered investigation
 - TL**—Private dependency petition
 - TM**—Substance abuse contributes to the maltreatment
 - TN**—DES certified child care home
 - TO**—Family resides on Indian Reservation or Military Base
 - TP**—Family Assistance Administration (AFDC teenage parent recipient) report.
 - TSH**—Safe Haven Newborn
 - TPI**—Physical Injury Between Children
 - TSX**—Sexual Conduct Between Children
 - SPG**—Successor Permanent Guardianship
- Aggravating and Mitigating Factors

AGGRAVATING FACTORS

(Requires documentation in the case record by the supervisor)

- A1 Child victim placed in temporary custody by law enforcement or court order
- A2 Parent, guardian or custodian is described as volatile or dangerous
- A3 Ability to locate child victim is time limited
- A4 Family in crisis NOW

- A5 Chronicity including previous validated or undetermined investigated reports
- A6 Special needs of child victim place child victim at greater risk
- A7 Child victim in care, custody and control of DES via court order or Voluntary Foster Placement Agreement
- A8 Administrative directive for quicker response time
- A9 Child victim expressing fear of maltreatment if going home

MITIGATING FACTORS

(Requires documentation in the case record by the supervisor)

- M1 No perpetrator access to child victim during the determined response time
- M2 Child victim hospitalized or in other safe environment and will remain there during the determined response time
- M3 Maltreatment occurred thirty (30) days or longer prior to report for child victim age one (1) or older
- M4 Family receiving treatment related to report allegation and, in the opinion of the treatment provider, the child victim will be safe during the determined response time
- M5 Law enforcement report and no contact with CPS by phone at time of law enforcement response; may mitigate up to Potential Risk Standard Response Time

A SEN report may be mitigated if one or more of the following factors are present:

- M7 The Mother is currently living with non-substance using partner or extended family.
- M8 The mother's drug usage was limited to marijuana.
- M9 The child will remain hospitalized for 24 hours or longer.

APPENDIX 6: ATTORNEY GENERAL OPINION



STATE OF ARIZONA

OFFICE OF THE ATTORNEY GENERAL

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GRANT WOODS
ATTORNEY GENERAL

October 2, 1998

Dr. Linda J. Blessing, Director
Arizona Department of Economic Security
1717 West Jefferson Street
Phoenix, Arizona 85005

RE: I98-008 (R98-017)

Dear Dr. Blessing:

You recently requested a formal opinion about whether private schools may impose requirements or limitations on Child Protective Services ("CPS") specialists who seek to interview children on school property. We conclude that Arizona law authorizes a CPS specialist to interview a child on school property without school-imposed requirements or limitations. In particular, we determine that the Legislature directed CPS to "immediately" make a *prompt and thorough* investigation¹ to refute or substantiate an allegation about whether a child should be adjudicated dependent.¹ Arizona Revised Statutes Annotated ("A.R.S.") § 8-802(C)(3)(b) (emphasis added); see also A.R.S. § 8-304(B). Moreover, the rules of the Department of Economic Security ("DES") relating to CPS's investigations of child abuse, neglect, dependency, or exploitation provide that "a child may be interviewed at any site deemed appropriate by the Child Protective Services worker." Arizona Administrative Code ("A.A.C.") R6-5-5504(B). Personnel of both public and private schools also have a duty to protect the children under their care and to cooperate in the reporting and investigation of abuse, abandonment, dependency, or neglect. A.R.S. § 13-3620.² Consequently, we find no legal basis

¹ A "dependent child" is one who is (i) adjudicated to be in need of appropriate and effective parental care and control, (ii) destitute, not being provided with the necessities of life, or in a home that is unfit due to abuse, neglect, cruelty or depravity of either parent, or (iii) younger than eight and committed an act that would have resulted in the child being adjudicated delinquent or incorrigible if the child were older. A.R.S. § 8-546(A)(6).

² Section 13-3620, A.R.S., requires school personnel, counselors, nurses, clergymen, priests, doctors, parents, and others responsible for the care and treatment of children who have reasonable grounds to believe that a minor has been the victim of abuse, injury, exploitation, or neglect to immediately report the information to a peace officer or CPS. That statute also requires release of confidential records to the peace officer or CPS specialist conducting the investigation and waives many of the privileges prohibiting disclosure of confidential information in litigation and administrative proceedings in which a child's abuse, abandonment, dependency, or neglect is an issue. See also A.R.S. § 8-805(B).

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on which schools – whether public (traditional and charter) or private (parochial or nonsectarian) – may erect barriers that impede the goal of protecting the welfare of children.

Background

DES accepts reports of possible child abuse, neglect, exploitation, or abandonment twenty-four hours a day, seven days a week. A.R.S. § 8-802(C)(1) and A.A.C. R6-5-5503(A). DES operates a statewide, toll-free telephone service to receive these reports. Between July 1, 1996 and June 30, 1997, DES received 38,229 incoming communications to the Child Abuse Hotline that met the criteria of a report for investigation of maltreatment. ARIZONA DEPARTMENT OF ECONOMIC SECURITY, DIVISION OF CHILDREN, YOUTH AND FAMILIES, Annual Report for July 1, 1996 through June 30, 1997 at 2 (September 30, 1997). Forty-five percent of the reports related to allegations of neglect, 36% relayed concerns of physical abuse, 8% of the reports alleged sexual abuse, 8% encompassed reports of abandonment, 3% of the reports noted concerns of emotional abuse, and less than 1% of the reports concerned exploitation. *Id.*

When DES receives a report of child abuse, neglect, exploitation, or abandonment its Central Intake Unit is to evaluate the information to determine if the report should be referred for field investigation. DEPARTMENT OF ECONOMIC SECURITY, CHILDREN'S SERVICES MANUAL, ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES, *Investigation and Assessment*, Chapter 5-1 (July 21, 1997). If DES determines that a field investigation is appropriate, it is to gather further information on the specific incident and then assess previous reports about the family and the status of prior cases. *Id.* at 5-2. Next, DES is to evaluate case-specific aggravating and mitigating factors and then prioritize the report. *Id.* at 5-3. DES is to make every effort to ensure that all CPS reports in a local office are assigned for field investigation or are referred to a CPS supervisor for an alternative investigation. *Id.* at 5-4.

Although DES's first priority in conducting an investigation is to determine whether the child who is the subject of the report (and all other children in the home) are safe from harm, it should also respect the rights of parents, guardians, and custodians. *Id.* at 5-8 and 5-11.³ In conducting its interviews, the CPS worker must make many judgment calls. Among the preinterview decisions that confront CPS specialists in each investigation are: who should be interviewed, where the interviews should take place, in what order interviews should occur, whether interviews should be prearranged or unannounced, and who should be present during the interviews. See *id.* at 5-10. One obvious option that allows CPS to complete its investigation

³ See also A.R.S. § 8-803(A) ("Upon initial contact with a parent, guardian or custodian under investigation pursuant to this article, a protective services worker shall inform the family that the family is under investigation").

promptly and immediately is to interview children at their schools.

Analysis

Parents and guardians are primarily responsible for the care and protection of their children. See, e.g., *Lehr v. Robertson*, 463 U.S. 248, 258 (1983). The State intercedes only when there is a report of abuse, neglect, or dependence where the health and welfare of a child may be imperiled. See, e.g., A.R.S. §§ 8-304 (formerly A.R.S. § 8-224) (investigation of alleged acts of delinquency, dependency, and incorrigibility) and 8-802 (scope of responsibilities of CPS specialists); *Bohn v. County of Dakota*, 772 F.2d 1433, 1439 (8th Cir. 1985), *cert. denied*, 475 U.S. 1014 (1986) (recognizing the State's strong interest in "protecting powerless children who have not attained their age of majority but may be subject to abuse or neglect").

CPS's right to interview children on private school property during an investigation to evaluate allegations of abuse, dependency, neglect, or exploitation is based solidly on its statutory mandate and the explicit and implicit power to fulfill that mandate. First, CPS is required to "immediately," "promptly and thoroughly" investigate conditions that tend to support or rebut an allegation that a child should be adjudicated dependent. A.R.S. § 8-802(C)(3)(b). This statutory authority is consistent with the traditional role of the State as sovereign and guardian of persons under legal disability such as infants and children. See *Stewart v. Superior Court*, 163 Ariz. 227, 230, 787 P.2d 126, 129 (App. 1989). Indeed, courts routinely have recognized the State's compelling interest in identifying and protecting victims of child abuse when they have balanced the parents' constitutional interests in family autonomy against the State's intrusion into that interest during a child abuse, abandonment, neglect, or exploitation investigation. See, e.g., *Watterson v. Page*, 987 F.2d 1, 8 (1st Cir. 1993) ("the government has a compelling interest in the welfare of children, and the relationship between parent and child may be investigated"); *Fitzgerald v. Williamson*, 787 F.2d 403 (8th Cir. 1986) (caseworkers do not infringe on parents' liberty interest when the caseworker takes reasonable steps to protect a child from abuse); *Doe v. Staples*, 717 F.2d 953 (6th Cir. 1983), *cert. denied*, 465 U.S. 1033 (the State can remove a child from an abusive parent for the best interest of the child). We are aware of no privacy or liberty interest that a private school might possess that would override the State's compelling interest in making a prompt and thorough investigation of reports of child abuse, abandonment, neglect, or exploitation.

Second, although a private school may have a general right to prohibit entry onto its property, Arizona statutes, decisional law, and administrative rules authorize appropriate interview and intervention activities. The Arizona Court of Appeals has recognized that peace officers, with reason to believe that a child's health, morals, or welfare are being endangered,

have a right and legal duty to act.⁴ *State v. Hunt*, 2 Ariz. App. 6, 12, 406 P.2d 208, 214 (App. 1965); cf. A.A.C. R6-5-5504(F) ("a child can be removed if suffering or in danger of imminently suffering abuse"). Authorized action includes entering onto private property, investigating, and taking the child into custody, if necessary, with or without a search warrant and with or without the consent of all persons who have a proprietary interest in the premises.⁵ *Hunt*, 2 Ariz. App. at 12, 406 P.2d at 214. When investigating allegations of child abuse, abandonment, neglect, or exploitation, we see little distinction between a peace officer's legal duty and responsibility and that of a CPS specialist.⁶ CPS specialists and peace officers have the authority to investigate and immediately take a child into temporary custody regardless of where the child is located. A.R.S. § 8-821. Compare A.R.S. § 8-304(A) (formerly A.R.S. § 8-224(A)) (law enforcement officers have responsibility to investigate completely alleged acts of delinquency or incorrigibility) with A.R.S. § 8-304(B) (formerly A.R.S. § 8-224(B)) (CPS specialists have responsibility to investigate completely all complaints of alleged dependency, and DES has responsibility for the disposition of a child unless the matter requires intervention of the juvenile court).

As the court recognized in *Hunt*:

Considering Bernal's obligations as a peace officer and the details of Miss Hengsteler's description of Tina's condition just related to him, he had a duty to proceed forthwith, without delaying to get anyone's permission (whether it be a magistrate's or the property owners') to extend the protective arm of the State of Arizona through its juvenile code to Tina without being concerned with what or who was responsible, or what

⁴ Our analysis assumes that CPS workers, before approaching private school officials to interview a student, have sufficient cause to initiate an investigation into child abuse, abandonment, neglect, or exploitation.

⁵ In 1965, when *Hunt* was decided, the statutory authority under which the peace officer acted provided as follows: "This article shall not be construed to prohibit a peace officer from taking into custody a child . . . whose surroundings are such as to endanger his health, morals, or welfare unless immediate action is taken." A.R.S. § 8-221 (1965).

⁶ The Arizona Court of Appeals recently agreed when it found that constitutional due process protections came into play when determining the voluntariness of a confession of a suspected child abuser obtained by a CPS specialist. *In Re Timothy C.*, 275 Ariz. Adv. Rep. 43 (App. August 13, 1998). In *Timothy C.*, the CPS specialist interviewed a sibling of the alleged victim. The sibling was also the suspected abuser who was subject to possible criminal action pending the outcome of the investigation. The court considered the CPS specialist's interview as an example of "State action . . . under the State's police powers in the general sense." We note that the court did not place restrictions on CPS's right to investigate or interview under A.R.S. § 8-802, only the use that criminal prosecutors could make of the information that CPS obtained.

subsequent criminal or civil proceedings might be instituted. To enter her home to protect Tina is certainly not a judicial or quasi-judicial proceeding but a matter of protective custody.

If officer Bernal had delayed his actions unreasonably under these circumstances, he would have been remiss in this duty. To require him to determine the existence and extent of each person's proprietary interest in the premises and obtain their consent before performance of his duty under A.R.S. § 8-221 would, in this case, have rendered the statute nugatory.

2 Ariz. App. at 13, 406 P.2d at 215.

Furthermore, DES rule A.A.C. R6-5-504(B) authorizes CPS specialists who investigate reports of child abuse, neglect, dependency, or exploitation to interview a child "at any site deemed appropriate" by the CPS specialist. This rule was adopted in 1983 and is legally binding on private schools. See A.R.S. § 41-1001(18) (a "rule" means an agency statement of general applicability that implements, interprets or prescribes law or policy . . ."); see also *Herzberg v. David*, 27 Ariz. App. 418, 419, 555 P.2d 677, 679 (App. 1976) (rules adopted pursuant to statutory authority have the force and effect of law).

We recognize that not all CPS investigations require immediate access to a child victim or witness. The urgency of the interview will depend on the facts known to the CPS specialist at the time the specialist makes a request to interview a child at a private school. Because the CPS specialist must maintain confidentiality, the specialist is not at liberty to share this information with the school and thus must independently make a reasonable determination of urgency. See A.R.S. § 41-1959(A). For example, in some circumstances it might be reasonable and prudent for a CPS specialist to delay an interview until the end of a class to alleviate disruption to the school environment or to avoid embarrassment to the child being interviewed.⁷

Of course, when a CPS specialist arrives at a school, there are introductory and notification procedures that each CPS specialist should follow. At the outset, the specialist should (i) provide official identification to school officials, (ii) advise school officials of the

⁷ Section 8-821(B), A.R.S., allows peace officers and CPS specialists to take children into protective custody if it is clearly necessary to protect the child. We hope that a private school would not make such measures necessary by refusing to allow the CPS specialist to interview a child on school property. Such refusal could cause additional trauma to innocent and vulnerable children and will require CPS to resort to a legal process that is both unnecessary and intrusive to the child, the school, and the child's family merely to conduct an interview.

Dr. Linda J. Blessing, Director
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specialist's need to interview the child while maintaining the confidentiality mandated by A.R.S. § 41-1959(A), and (iii) inform school officials whether parental consent is a necessary prerequisite for conducting the interview, A.R.S. § 8-802(C)(2)(a)-(b).³ This information will supply the school with the factual and legal prerequisites necessary to release the student to be interviewed.

Conclusion

We determine that A.R.S. § 8-802(C)(3)(b) (previously A.R.S. § 8-546.01), which requires a CPS specialist to *immediately* make a *prompt and thorough* investigation to refute or substantiate an allegation about whether a child should be adjudicated dependent, in conjunction with A.A.C. R6-5-5504(B), which provides a CPS specialist with discretion to interview a child at any site the specialist deems appropriate, authorize the CPS specialist to enter onto private school property to conduct interviews authorized by law. Personnel of both public and private schools have a duty to protect the children under their care and to cooperate in the reporting and investigation of abuse, dependency, neglect, or exploitation. Consequently, we find no legal basis on which schools – whether public (traditional or charter) or private (parochial or nonsectarian) – may erect barriers that impede the goal of protecting the welfare of children.

Sincerely,



Grant Woods
Attorney General

³ In pursuing its investigation, CPS specialists are not required to obtain parental consent to interview a child who initiates contact with the worker, a child who is the subject of the investigation, or a sibling of or a child living with the subject of the investigation. A.R.S. § 8-802(C)(2)(a)-(b). Once the CPS specialist confirms to school officials that the investigation is one that does not require parental consent, school officials may not interfere.

**ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES
DISTRICT I
OPERATING PROCEDURE**

SUBJECT: Forensic Medical Exams

EFFECTIVE DATE: January 1, 2007

PREPARED BY: Dana Markusen, CPS Supervisor
Kathryn Coffman, M.D.
Diane Munoz, Saint Joseph Hospital
Stacey Willis, Child Help USA

APPROVED BY: _____
Gene Burns, Program Manager

PURPOSE: To clarify procedures for the authorization of a contracted forensic medical exam to assist with the investigation process.

OPERATING PROCEDURE:

In addition to the advocacy centers and St. Joseph's Childhelp, CPS case managers can now utilize Phoenix Children's Hospital for forensic medical exam.

Listed below are criteria for which a CPS supervisor may request a forensic medical exam:

- A child, 35 months old or younger, who has one or more fractures which are suspected non-accidental trauma.
- An infant, six months old or younger, who has bruising.
- A child with bruises on the abdomen or there is information of physical findings of abdominal trauma.
- A child with non-accidental burns or a child who has experienced severe physical abuse or neglect.
- An infant, 18 months old or younger, who is believed to be suffering from shaken baby syndrome.
- Siblings, 24 months old or younger, of a child who appears to have suffered: 1) non-accidental head injury with a risk of central nervous system damage; 2) non-accidental internal injuries; 3) non-accidental severe facial bruises; 4) non-accidental fractures or bruises on a non-ambulatory child; 5) non-accidental fractures; 6) instrumentation injury with risk of impairment; 7) non-accidental immersion burns; or 8) non-accidental second and third degree burns.
- Suspected sexual abuse in which the police decline to investigate.
- There are conflicting medical opinions as to the how an injury may have occurred.

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If a child meets all criteria listed above except the age criteria and a forensic medical evaluation for the child is desired, approval from the assigned APM shall be received. Additionally, an APM may approve a forensic evaluation for a high risk, drug exposed child. This is a child who is located in a home where

there is extensive drug usage, paraphernalia, sales, and access by the child to the drugs. This is not a child removed from a methamphetamine laboratory. Children removed from a methamphetamine laboratory are handled by the drug endangered children protocol.

All situations described above shall be discussed with the case manager's supervisor. After examining the facts of the investigation, the case manager and his or her supervisor will determine whether or not a forensic medical exam is needed to gather additional information to prove abuse/neglect. Should a forensic medical exam be needed, the supervisor will complete a Forensic Medical Exam Approval Form (attached) and send it to a contracted Forensic Medical Exam Physician. On an outpatient basis, the case manager and supervisor, in consultation with the Forensic physician, will have the ability to authorize the following laboratory services: 1) sexual abuse screen; 2) physical abuse screen; and 3) for suspected brain injuries either a brain CAT Scan or MRI brain test.

To receive reimbursement, the contractor will attach the Forensic Medical Exam Approval Form to their invoice. District Office will enter the service authorization and pay the bill. The invoice will be forwarded to the County Attorney. The County Attorney will then determine if their Office would be responsible for payment. Should the County state that they would assume financial responsibility, the County would reimburse the Agency.

NOTE: CPS will not assume financial responsibility for sexual abuse exams, as this service is covered by the County Attorney. Nor will CPS be responsible for any forensic medical exam, unless there is an approval made by the CPS supervisor.

APPENDIX 8: FORENSIC MEDICAL EXAM APPROVAL FORM

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CASE NAME:

CASE ID#:

PARTICIPANT NAME:

PARTICIPANT ID #:

CASE MANAGER:

DATE:

The above listed case has been staffed with the assigned case manager and supervisor in accordance to District I policy. Dr. _____ (Contracted Physician) has been authorized to conduct a forensic medical exam on _____ (today's date)

Additional comments:

Authorized Test

- Sex Abuse Physical Abuse High Risk Drug Child
- CT Scan MRI Brain

Signature of Case Manager: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Signature of APM _____ **Date:** _____

Distribution: CPS Case File
Contracted Forensic Medical Exam Physician

Appendix 9: Maricopa County Attorney's Office Prosecution Policies and Procedures

PLEA AGREEMENTS	EFFECTIVE DATE 2/2/09	PROCEDURE # 7.8
SECTION SEX OFFENSES		
DISTRIBUTION TRIAL ATTORNEYS	REVISION DATE	REVISION #

In order to protect the citizens of Maricopa County, the following policies apply to adults who commit sexual offenses. Circumstances related to the interests of justice, issues in the case, and characteristics of the defendant should be considered to determine an appropriate case disposition in sex crimes, including sexual assault and dangerous crimes against children (“DCAC”) offenses. Plea offers are never determined by the results of a risk assessment. DCAs shall not request that the defendant participate in a risk assessment absent Bureau Chief approval. All reasons for dispositions shall be thoroughly justified in the comments section of the CAIS disposition form.

A. FACTORS TO CONSIDER IN HANDS-ON OFFENSES

For sex offenses not covered by other policies or to determine whether a harsher offer than the minimum authorized is appropriate, factors that should be considered include, but are not limited to, the following:

1. Strength of the evidence in the case;
2. Critical witness availability, including victim’s ability to testify;
3. The danger that the defendant will reoffend;
4. The age of victim and the age of the defendant;
5. The number of victims and the number of offenses;
6. Duration of molest/victim’s age at onset of molest;
7. Force, threats, or coercion used/use of weapon/ use of objects;
8. Drugs and/or alcohol used on victim;
9. Pornography possessed or used/photos taken;
10. Prior convictions - sex or not;
11. Prior uncharged offenses or sexual misconduct;
12. Previous probation supervision;
13. Defendant’s previous counseling attempts;
14. Psychological and/or physical trauma suffered by the victim;
15. Victim input;
16. Investigating officer input;
17. Relationship between victim and defendant;
18. Degree of defendant’s planning and preparation;
19. Defendant’s deviancy;
20. Defendant’s assaultive behavior;
21. Victim previously molested (if defendant knew); and
22. Defendant in position of trust.

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B. 35 YEAR MINIMUM POLICY

Certain offenders warrant the maximum penalty possible for their crimes. In cases where the defendant faces a mandatory minimum sentence of 35 years or more as determined by the legislature, a plea offer of no less than 35 years shall be extended if there is no issue as to identification, consent is not a viable issue, and there is a strong likelihood of conviction based on at least one of the following:

1. Defendant specifically admits to sexually assaulting the victim(s);
2. The charges involve multiple victims who do not know the defendant and who are unknown to each other;
3. The sexual act(s) is documented on film or another similar medium that also shows the identities of the perpetrator and victim(s);
4. DNA taken from the victim's or defendant's body supports the charged offense;
5. There is an unbiased eyewitness to the sexual acts; or
6. Fingerprint evidence conclusively implicates the defendant.

Exception: This policy shall not apply to consensual sexual acts occurring when the defendant was between 18 and 24 years old and the victim was either 13 or 14 years old, unless there was a relationship of trust between them as defined in 13-1405(b).

C. SPECIFIC SEX OFFENSES AGAINST CHILDREN

1. Hands-On Policies Requiring Minimum Prison Terms
 - a. **Single Victim 12 Years Old and Younger:** In any case that involves penetration of the penis, vulva, or anus, or oral sexual contact and the victim was 12 years of age or younger, a plea offer to no less than a prison term of 10 years shall be extended. In any other case that involves skin-to-skin sexual contact between an adult and a victim 12 years of age or younger other than hand contact with the female breast, a plea offer that permits the assigned judge to determine whether the defendant receives prison or probation may be extended. A stipulation to probation may not be offered. If there have been three or more incidents on different occasions of such skin-to-skin contact, a plea offer of no less than a prison term of 10 years shall be extended.

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- b. **Multiple Victims 12 Years Old and Younger:** Mandatory minimum sentences are enhanced where there are multiple victims as follows:
 - 1) If the defendant engaged in conduct with multiple victims who were 12 years of age or younger and this policy would require a plea offer with a prison term if the conduct involved a single victim, in addition to the required prison term, the plea offer shall require that the defendant plead to the highest charge.
 - 2) If the defendant engaged in conduct with multiple victims who were 12 years of age or younger and this policy permits a plea offer that allows the assigned judge to determine whether the defendant receives prison or probation for conduct with a single victim, the plea offer shall require a prison term of no less than 10 years.
- c. **Victim Under 15 with Physical Force:** A plea offer of no less than a prison term of 13 years shall be extended in any case that involves a victim under the age of 15 who is physically forced to engage in sexual intercourse or oral sexual contact,
- d. **Defendant Over 24 with Victim 13 or 14 Years Old:** A plea offer to no less than a prison term of 10 years shall be extended in any case involving penetration of the penis, vulva, or anus, or oral sexual contact without physical force when the victim was 13 or 14 years of age and the defendant was 25 years of age or older or was a parent or step-parent.
- e. **Child Prostitution and Sex Trafficking:** A plea offer to no less than a prison term of 10 years shall be extended in any case involving taking a child under the age of 15 for child prostitution or sex trafficking.

2. Other Child Molestation Plea Considerations

In cases involving child molestation that do not involve acts already described above, the following factors should be considered to determine if extending any plea to lifetime probation is appropriate:

- a. Age of the victim;
- b. Age of the defendant;
- c. Number of incidents;

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- d. Number of victims;
 - e. Relationship between the defendant and the victim;
 - f. Input from the victim or victim's family; and
 - g. Any other mitigating or aggravating circumstances.
3. Sexual Exploitation of a Minor
- a. **General Concepts:** Sexual Exploitation of a Minor, a class 2 felony dangerous crime against children, involves depictions of the actual sexual or physical abuse of real children, including digital images that may be distributed world-wide and exist forever. It has been determined that there is a strong causal link between possession and distribution of these images and commission of hands on offenses of physical and sexual abuse of children. Therefore, MCAO presumes that the defendants charged with Sexual Exploitation of a Minor represent a danger to children and the community and the presumptive disposition for this offense is a term of imprisonment with an additional count of lifetime probation.
 - b. **Factors to Consider:** To determine an appropriate offer, factors that should be considered include, but are not limited to, the following:
 - 1) The number of images possessed and/or the number of different media used to store the images;
 - 2) The type and degree of sexual activity depicted;
 - 3) The ages of the children depicted in the images;
 - 4) Whether or not the defendant used the images for personal sexual arousal;
 - 5) The danger that the defendant will reoffend;
 - 6) Whether or not the defendant exhibited, provided, distributed, or displayed the image(s) to a minor;
 - 7) Use of encryption technology or other file protection devices by the defendant;
 - 8) Whether or not the defendant attempted to conceal the defendant's identity by spoofing the defendant's e-mail address, utilizing the IP address of another, or by any other means;
 - 9) Possession of any item(s) that indicate a proclivity towards sexual interest in children;
 - 10) Whether or not the defendant subscribed to or accessed any newsgroup, web site, chat room, IRC channel or other similar service that is associated with the sexual exploitation of minors;

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- 11) Whether or not there is any evidence of luring/enticing minors into engaging in sexual activity;
- 12) The defendant's willingness to cooperate with treatment; or
- 13) Any other relevant factor as determined by the Bureau Chief.

c. **Juvenile Offenders:** If a defendant is under 18 at the time a child exploitation (possession only) offense is submitted, it shall be filed in juvenile court unless the Chief Deputy approves an adult filing.

4. Luring a Minor for Sexual Exploitation

The offer for defendants charged with Luring a Minor for Sexual Exploitation, a class 3 felony, dangerous crime against children, or Attempted Sexual Conduct With a Minor based on conduct constituting the same offense as Luring, is a plea to the charge and lifetime probation with a one year flat jail term to be served as an initial condition of probation. The following factors, if present, shall weigh against deviation from the offer described above:

- a. An age difference of four years between the defendant and the person from whom the defendant was soliciting sexual acts (or, in the case of an undercover detective, the age that the defendant thought the person was);
- b. The defendant traveled across state lines or a significant distance to commit the offense;
- c. The defendant exhibited a substantial degree of preparation and planning to have sexual contact with the child;
- d. A likelihood that the defendant will reoffend;
- e. The defendant exhibited, provided, distributed, or displayed image(s) that are harmful or obscene to minors;
- f. The defendant attempted to conceal the defendant's identity by spoofing the e-mail address, utilizing the IP address of another, or by any other means;
- g. The defendant subscribed to or accessed any newsgroup, web site, chatroom, IRC channel or other similar service that is associated with the sexual exploitation of minors;
- h. Any other relevant factor as determined by the Bureau Chief.

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PLEA AGREEMENTS	EFFECTIVE DATE 2/2/09	PROCEDURE # 7.8
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D. SEX OFFENSES AGAINST ADULT VICTIMS

1. **Sexual Assault:** Refer to the “Plead to the Lead” policy for guidance.
2. **Charges Other Than Sexual Assault:** Refer to Section “E” for probationary restrictions.

E. PROBATION ISSUES

1. **Multiple Probation Tails Where Available:** Defendants who have been charged with multiple counts of DCAC offenses or sexual assault should plead to two “attempt” counts with stipulated lifetime probation, in addition to any other counts and in addition to any other policy requirements.
2. **Probation Length:** For sexual offenses that are not DCAC offenses or sexual assault, a lengthy term of probation (10 years plus) shall be included in the plea agreement.
3. **Felony Designation for Lifetime Probation:** Whenever lifetime probation is an appropriate disposition, the defendant must plead to a designated felony.

F. JUVENILE OFFENDERS

Plea offers in these cases must be staffed with the Bureau Chief for an appropriate offer.

APPENDIX 10: SEX OFFENDER PRESENTENCE REPORT

In conducting pre-sentence reports on sex offenders there are a number of issues unique to this population that should be addressed. This manual section is a guideline and should be used in conjunction with all standard policy and procedures for pre-sentence.

A pre-sentence report is prepared for the judge after a defendant has been found guilty or has pled guilty to an offense. The purpose of this report is to provide the judge with as much information as possible in order to arrive at a decision regarding sentencing.

Be aware that recent legislation has mandated many new legal mandates that need to be addressed by probation staff.

Plea Agreement:

It is important that the pre-sentence officer thoroughly review the defendant's plea agreement and if probation is available, explain the implications. This would include an explanation of lifetime probation, sex offender therapy, "no contact" terms and if applicable, reunification policy.

Description of Offense:

The first section of the report is a concise, yet comprehensive description of the offense from the police reports, and should include:

1. The victim's and offender's ages and their relationship, if any.
2. A description of the assault behaviors.
3. The location and setting of the assault(s).
4. The method by which the defendant coerced, enticed, intimidated, threatened, manipulated, or forced the victim to submit, and tried to keep the victim from disclosing the abuse.
5. Weapons which may have been used or present during this offense.
6. The time span over which the assaultive behaviors occurred.
7. The manner in which the assault was disclosed, and the response to the victim.
8. Any information in the police report about trauma to the victim (either physical or emotional).

Summarize any significant remarks made by the defendant to the arresting or investigating officers or caseworkers and any other information about the defendant's attitude at the time of arrest as mentioned in the police report.

Defendant's Statement:

Summarize statements made by the defendant in person or in writing regarding the circumstances of the offense. Note any difference between statements made here and to the arresting officer or investigator.

Victim's Statement:

In most cases, begin by calling Victim Services for insight into the victim's present situation. The advocate has often established a rapport with the victim, who might feel more comfortable talking

with another stranger if the advocate is present. Every effort should be made to accommodate the victim and make this interview as easy as possible. It is helpful to let them know that this is probably the last time they'll have to talk to someone from the Court before sentencing. He or she has already had to tell the details to numerous individuals, and it should not be necessary to repeat them (although if that seems to be what they want to do, they should be allowed to do so). The main objective is to try to determine the degree of trauma to the victim(s), whether they have received counseling, the monetary cost involved, and how they presently view the offender with regard to sentencing.

If the victim is a child, some of the question will have to be answered by the child's parent or guardian. Again, every effort should be made to make the child comfortable and keep the interview as short as possible. If the child is young, the parent or guardian may choose to speak for the child.

Interested Parties:

Every effort should be made to interview, when applicable, the CPS worker (and CPS records), the investigating detective, the victim's counselor, the child's attorney or guardian ad litem, significant members of the victim's family, and significant members of the defendant's family, particularly if reunification is a possibility. The defendant's spouse should also be made aware of the sex offender terms and conditions. A signed release of information may be necessary to obtain this information.

If the defendant has been evaluated by a psychologist or psychiatrist, or has been involved in therapy, relevant statements and conclusions from the evaluation can be mentioned here. If nothing has been submitted in writing, it is extremely important to try to contact the therapist. It is also important to note if the professional submitting the evaluation has had any significant experience evaluating or treating sex offenders.

Social History:

Obtain the usual family history, paying special attention to family members with whom the defendant is presently involved. Obtain names, ages, and addresses of defendant's wife or partner, ex-wife, etc., particularly if she is the mother of the victim. Obtain names and ages of all defendant's children, grandchildren, or partner's children and grandchildren. Inquire about any history of sexual deviancy in defendant's family or origin (if it is not applicable to the report add it to working notes).

Obtain a sexual history, which includes the defendant's earliest sexual experiences, the ages of his partners, any deviant history such as exhibitionism, voyeurism, and extensive use of pornography.

Examine the defendant's employment history for a pattern of instability, long periods of unemployment, and access to children. Obtain and verify the details of the defendant's present job, including specific address and phone number, name of employer, hours worked, and actual type of work performed.

If the defendant relates significant health issues, verification should be attempted. If the defendant has a history of mental health treatment, he should be asked to sign a release of information to the appropriate facilities of therapists, both in and out of state. Therapists should be contacted, if possible. Any medications taken should be listed.

Substance Use/Abuse:

Obtain as complete a history as possible of defendant's use of alcohol and other drugs. Does he blame alcohol for the offense? Does the use of drugs appear to play a part in his offense cycle? If he has been in treatment, ask for name, type of facility, dates and length of treatment, and whether treatment was "completed".

Financial Status and Evaluation:

Obtain as clear a picture as possible of the defendant 's ability to pay for financial restitution, court fees, sex offender treatment, testing and family treatment. Discuss the possibilities of maintaining two separate residences if family reunification is a goal in the case.

Prior Criminal History:

Every attempt should be made to thoroughly research sex offense arrests/dispositions, in and out of state. If possible, order police reports on all prior arrests, or, at the very least, all prior sex-related arrests. Often a "criminal trespass" or "aggravated assault" or "domestic violence" arrest will provide useful information. If there is a juvenile history, order the file and examine the record and the psychological reports carefully for relevant information. If the defendant was incarcerated as a juvenile or on juvenile probation, attempt to obtain information on any treatment received.

Final Discussion and Evaluation and Recommendations:

In this final section, give an objective picture of the defendant's case, based on the facts presented in the first part of the report. Do not repeat prior statements. Summarize the essence of the crime, using language that appropriately describes the defendant's actions toward the victim. Do not use words like "fondling", which implies affection and consent. If appropriate describe any pattern of grooming, manipulation, and secrecy. Summarize the trauma suffered by the victim as a result of the defendant's assault. Point out information about the defendant or the offense that adds to the defendant's risk level; e.g. relationship to victim, substance abuse, victimization of both genders, victimization of different age levels, prior offenses, particularly sex offense, reports of additional deviant behavior, unstable employment history.

Discuss the awarding of probation with all its restrictions as a way of imposing external control as a means of protecting the community while the defendant is granted a chance to gain insight into his behavior and learn the means of internal control. Discuss the positive aspects of the defendant's environment and support system that can lead to success on probation.

If all information on the defendant is purely self-report, emphasize that social and sexual history information needs to be further validated by additional testing, which will be part of the terms of probation, should that be the disposition of the case. Emphasize that the treatment providers selected for this very important process should be experts in working with sexual offenders.

Recommendations:

In discussing terms of probation, stress that all sex offender terms should be imposed initially to allow the supervising field officer to further evaluate the case and

determine if any of the specialized sex offender terms can be removed. "No contact with children" should include the defendant's own children, emphasize that for a convicted sex offender to be living in an intimate living situation with any children is a high-risk situation which the Court should take every precaution to prevent.

If the offense is a sexual offense, but the defendant has pled to a non-sexual offense such as aggravated assault, the sex offender terms can still be ordered. Also, according to A.R.S. 13-3621b, if the offense pled to a non-sex offense, but there was a finding of "sexual motivation" by the Court, the defendant may be required to register as a sex offender.

Should jail, with or without work furlough, be an option, no contact with children should occur at anytime during this period, at visitation or on the job.

Always consider the options of recommending intensive probation to provide for maximum surveillance, especially when prison is received for another count or cause number.

A Community Punishment Program term, for the sex offender component, should be recommended to provide for possible program resources, particularly for victims and families.

Community Notification Risk Assessment:

A risk assessment shall be done on all sex offenders as outlined in A.R.S. 13-3821. The pre-sentence officer will fill out the Community Notification Risk Assessment and turn it in with the completed pre-sentence report.

This document was created by the Maricopa County Adult Probation Department and is subject to change without notice. For a current copy, please contact the Probation Department.

APPENDIX 11: MARICOPA COUNTY JUVENILE PROBATION DEPARTMENT PROTOCOL FOR THE PROCESSING OF JUVENILE SEXUAL OFFENSES

SUPERVISION GUIDELINES

Supervision is the KEY element in the effective treatment of sexual offenders. The presence of someone who represents to the juvenile that he cannot be engaging in the covert activity which surrounds sexual offending is a major factor in altering the cognitive distortions which lead to the actual offending.

Because of the special risks to the community and unique needs of the juvenile sex offenders, supervision guidelines must be more demanding than those for a standard field caseload. Many of these juveniles are in residential treatment and require supervision to maintain their commitment to work the program and to assess their gradual re-entry to the community on home passes, etc. The juveniles who are living in the community require vigilant supervision in order to keep themselves out of risky situations as they progress in outpatient therapy to recognize and interrupt their own offense cycle.

Combined with this greater need for supervision are significantly more complex dynamics in the lives of the offenders and their families. In short, it is understood that these cases are extremely demanding in terms of the time and energy invested by the PO. Therefore, in order to provide adequate supervision, every attempt will be made to keep these caseload numbers low.

The following guidelines are based on the existence of manageable caseload size. The unit supervisor will have the discretion to lower these standards if caseloads become too high and unmanageable.

STANDARD OF CONTACTS

Child Contacts:

Personal contact guidelines will not begin until the child is placed on probation.

- I. Contact of Juveniles in the community:
 - A. Level 1 (maximum) – This will include all juveniles who have just been put on probation and any juvenile determined to be a high risk.
 1. The juvenile is responsible to report, telephonically, his whereabouts on a daily basis.
 2. PO will make weekly contact; personal contact at least every other week.
 3. SO will make at least two personal contacts per week, or as directed by PO.
 - B. Level 2 (moderate) – Those juveniles who have been determined to be of moderate risk. This may include those who have maintained well on Level 1 for a period of time.
 1. Telephonic supervision is at discretion of PO.
 2. PO will make at least two contacts per month, one of which is personal.
 3. SO will make one personal contact every week or as directed by PO.

- C. Level 3 (minimum) – Those juveniles deemed to be low risk. This may include juveniles who have maintained well on probation for an extended period of time, who are still in need of maintenance supervision.
1. No telephonic supervision requirement.
 2. PO will make one personal contact per month.
 3. SO will make a minimum of one personal contact every other week or as directed by PO.

NOTE: It is understood that personal contacts are to be made primarily in the juvenile's home. However, efforts also need to be made to see juveniles at school, counseling, work or other locations in the community.

II. Contact of Juveniles in Residential Treatment Facilities

The PO is required to make personal contact with the juvenile at the placement twice a month. This contact must take place outside of the formal staffing. The SO will not be required to make contacts with these juveniles.

Family and Other Contacts

III. Parent / Guardian

A minimum of one personal contact per month with custodians of juveniles who live in the community is necessary. If the juvenile is in the community but not living with parents, some type of monthly contact with parents is also necessary. Personal contacts with parents of children in RTC are encouraged every other month, but may be substantiated with phone contacts.

IV. School and Detention Contacts

School and detention contacts will be the same as those for the standard field.

V. Treatment Provider Contacts

Minimum standards are addressed under Child Contacts. It is further understood that the PO will make every effort to attend or find a replacement for scheduled staffings.

Additionally, the PO will be responsible for monitoring the providers (inpatient or outpatient) and holding them accountable for the delivering of contracted services. This will likely require time spent on-site observing and making inquiries of clients and staff members.

VI. Community Involvement

Members of this unit view themselves as partners with a growing number of individuals and agencies within the community who are committed to preventing and responding to sexual abuse. Effort will be made to actively participate in this coalition.

APPENDIX 12: Maricopa County Law Enforcement Agencies & Phone Numbers

Arizona Department of Public Safety.....	602-223-2000
Apache Junction.....	480-982-8260
ASU PD.....	480-965-3456
Avondale PD	623-333-7000
Buckeye PD	623-386-4421
Chandler PD.....	480-782-4130
Child Protective Services.....	1-888-767-2445
El Mirage PD	623-433-9500
Gilbert PD.....	480-503-6500
Glendale PD.....	623-930-3000
Goodyear PD	623-932-1220
Maricopa County Attorney's Office.....	602-506-3411
Maricopa County Sheriff's Office	602-876-1801
Mesa PD	480-644-2211
Paradise Valley PD	480-948-7418
Peoria PD.....	623-773-8311
Phoenix PD	602-262-6151
Scottsdale PD	480-312-5000
Surprise PD.....	623-222-4000
Tempe PD	480-350-8311
Tolleson PD.....	623-936-7186
Wickenburg PD	928-684-5411
Youngtown PD	623-974-3665

Appendix 13: Suspected Child Abuse/Neglect Report Form

Today's Date: _____
 Circle Day of Week: **M Tu W Th F**

CHILD INFORMATION						
Last Name	First Name		Middle Name		AKA	
Social Security No.	Ethnicity	Date of Birth	Age	Grade	Height	Weight
Gender: M F						
Home Address		City		Zip	Home Phone	

COMPOSITION OF FAMILY (WHO LIVE IN HOUSEHOLD)						
Last Name	First Name	Gender	Relation to Student	Work Phone	Cell Phone / Pager No.	✓ If Alleged Perpetrator

ALLEGED PERPETRATOR(S) AND/OR WITNESS(ES) (IF NOT LISTED ABOVE)					
Last Name	First Name	Gender	Relation to Student	Address/Phone No.	✓ If Alleged Perpetrator

Nature of suspected abuse or neglect: (Check all that apply)
 Physical Abuse Sexual Abuse Neglect Other

How and when did school/agency become aware of the situation (include name of personnel who first learned of abuse).

- What were the child's responses to the following four questions (use exact quotes and verbatim language).
1. What happened? _____

 2. Who did it? _____
 3. When did it happen? _____
 4. Where did it happen? _____

Additional information volunteered by the child (use exact quotes and verbatim language whenever possible). **Note:** Please attach additional pages whenever needed.

Observation of the child's injury(ies) (if any): _____

Describe child's demeanor at time of disclosure and note recent changes observed: _____

Other information that might be helpful (such as the child's assessment of his/her risk): _____

1. Contact Appropriate Police Agency: (List <input checked="" type="checkbox"/> agency contacted)	Contact made with: <input type="checkbox"/> _____ Police Department () - Officer _____ Badge # _____ DR # _____	Other agency, if any, notified: <input type="checkbox"/> _____ () - Officer _____ Badge # _____ DR # _____
2. Contact Child Protective Services (CPS):	1-888-767-2445 CPS Intake Worker _____ CPS Office Assigned _____ CPS Intake P.O. Box 44240 Phoenix, Arizona 85064-4240	
3. Within 72 hours of receiving report, mail a copy of this form to:		
School/Agency Name	Signature(s) of person(s) completing this report:	
Address	Name/Title	Date
City	Name/Title	Date
Zip	Name/Title	Date
Phone	Name/Title	Date
Name of Person Who Received Disclosure	Name/Title	Date
Name of Coordinator	Name/Title	Date

Check those that apply and record child's physical injury(ies), including shape, size, type (letter), and color (number) as appropriate, on the diagrams of the child to show location of the injury(ies).

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> A = Burn | <input type="checkbox"/> B = Bruise | <input type="checkbox"/> C = Laceration | <input type="checkbox"/> D = Fracture | <input type="checkbox"/> E = Other |
| <input type="checkbox"/> 1 = Bright Red | <input type="checkbox"/> 2 = Purple | <input type="checkbox"/> 3 = Blue | <input type="checkbox"/> 4 = Green | <input type="checkbox"/> 5 = Yellow |

Appendix 14: Arizona Revised Statutes, Title 8, Chapter 10, Article 2

The Arizona Revised Statutes have been updated with the 48th legislature, 1st Regular Session information and contain the version of the statutes effective January 1, 2008.

8-801. Definitions

In this chapter, unless the context otherwise requires:

1. "Child protective services worker" or "worker" means a person who has been selected by and trained under the requirements prescribed by the department and who assists in carrying out the provisions of this article.
2. "Criminal conduct allegation" means an allegation of conduct by a parent, guardian or custodian of a child that, if true, would constitute any of the following:
 - (a) A violation of section 13-3623 involving child abuse.
 - (b) A felony offense that constitutes domestic violence as defined in section 13-3601.
 - (c) A violation of section 13-1404 or 13-1406 involving a minor.
 - (d) A violation of section 13-1405, 13-1410 or 13-1417.
 - (e) Any other act of abuse that is classified as a felony.
3. "In-home intervention" means a program of services provided pursuant to article 7 of this chapter while the child is still in the custody of the parent, guardian or custodian.
4. "Protective services" means a specialized child welfare program that is administered by the department as provided in this chapter and that investigates allegations of and seeks to prevent, intervene in and treat abuse and neglect, to promote the well-being of the child in a permanent home and to coordinate services to strengthen the family.

8-821. Taking into temporary custody; medical examination; placement; interference; classification

- A. A child shall be taken into temporary custody in proceedings to declare a child a temporary ward of the court to protect the child, pursuant to an order of the juvenile court on a petition by an interested person, a peace officer or a child protective services worker under oath that reasonable grounds exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect. If a child is taken into temporary custody pursuant to this section, the child's sibling shall also be taken into temporary custody only if reasonable grounds independently exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect.
- B. A child may be taken into temporary custody by a peace officer or a child protective services worker if temporary custody is clearly necessary to protect the child because probable cause exists to believe that the child is either:
1. A victim or will imminently become a victim of abuse or neglect.
 2. Suffering serious physical or emotional injury that can only be diagnosed by a medical doctor or psychologist.
 3. Physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured. For the purposes of this paragraph, "dangerous drugs" and "narcotic drugs" have the same meaning prescribed in section 13-3401.
 4. Reported by child protective services to be a missing child at risk of serious harm.
- C. In determining if a child should be taken into temporary custody, the interested person, peace officer or child protective services worker shall take into consideration:
1. As a paramount concern the child's health and safety.
 2. Whether the parent is willing to participate in any services that are offered to them.
- D. A person who takes a child into custody pursuant to subsection B, paragraph 2 of this section shall immediately have the child examined by a medical doctor or psychologist. After the examination the person shall release the child to the custody of the parent or guardian of the child unless the examination reveals abuse or neglect. Temporary custody of a child taken into custody pursuant to subsection B, paragraph 2 of this section shall not exceed twelve hours.

E. A child who is taken into temporary custody pursuant to this article shall not be detained in a police station, jail or lockup where adults charged with or convicted of a crime are detained.

F. A child shall not remain in temporary custody for more than seventy-two hours excluding Saturdays, Sundays and holidays unless a dependency petition is filed.

G. A person who knowingly interferes with the taking of a child into temporary custody under this section is guilty of a class 2 misdemeanor.

8-822. Removal of child from home: review: review teams

The department shall adopt rules and establish clear policies and procedures, where appropriate, to:

1. Determine the circumstances under which it is appropriate to remove a child from the custody of the child's parents, guardian or custodian.
2. Ensure the immediate notification of the child's parents, guardian or custodian regarding the removal of the child from home, school or child care and the timely interview of the child and the child's parent, guardian or custodian.
3. Review each removal of a child that is expected to result in a dependency petition to assess options other than continued out-of-home placement including in-home services to the family. Such reviews shall be conducted before the dependency petition is filed. The review team shall consist of a protective services worker, a worker's supervisor and two members of the local foster care review board. If the child has a medical need or a chronic illness, the review team shall include the child's physician or registered nurse practitioner. If all reasonable efforts to reach the child's physician or registered nurse practitioner have been made and the physician or registered nurse practitioner is not available, the team shall include a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15 and who is familiar with children's health care. If the child suffers from a chronic illness, at least one member of the team shall be a physician licensed pursuant to title 32, chapter 13 or 17. A child shall not be removed unless a majority of the members of the review team agree that removal is necessary. If a majority of the members of the review team do not agree that removal is necessary, the child shall not be removed or, if the child has already been removed, the child shall be returned to the home.

8-823. Notice of taking into temporary custody

A. If a child is taken into temporary custody pursuant to this article, the interested person, peace officer or child protective services worker taking the child into custody shall provide written notice within six hours to the parent or guardian of the child, unless:

1. The parent or guardian is present when the child is taken into custody, then written and verbal notice shall be provided immediately.
2. The residence of the parent or guardian is outside this state and notice cannot be provided within six hours, then written notice shall be provided within twenty-four hours.
3. The residence of the parent or guardian is not ascertainable, then reasonable efforts shall be made to locate and notify the parent or guardian of the child as soon as possible.

B. The written notice shall contain a signature line for the parent or guardian to acknowledge receipt of both written and verbal notices. The written and verbal notices shall contain the name of the person and agency taking the child into custody, the location from which the child was taken and all of the following information:

1. Specific reasons as to why the child is being removed. The notice shall list the specific factors that caused the determination of imminent danger.
2. Services that are available to the parent or guardian, including a statement of parental rights and information on how to contact the ombudsman-citizen's aide office and an explanation of the services that office offers.
3. The date and time of the taking into custody.
4. The name and telephone number of the agency responsible for the child.
5. A statement of the reasons for temporary custody of the child.
6. A statement that the child must be returned within seventy-two hours excluding Saturdays, Sundays and holidays unless a dependency petition is filed and a statement that a child in temporary custody for examination

pursuant to section 8-821, subsection B, paragraph 2 must be returned within twelve hours unless abuse or neglect is diagnosed.

7. One of the following:

(a) If a dependency petition has not been filed or if the information prescribed in subdivision (b) is not available, a statement that if a dependency petition is filed, the parent or guardian will be provided a written notice no later than twenty-four hours after the petition is filed that contains the information prescribed in subdivision (b).

(b) In all other cases, the date, time and place of the preliminary protective hearing to be held pursuant to section 8-824 and the requirements of subsection D of this section.

8. A statement of the right of the parent or guardian to counsel and that counsel will be appointed pursuant to section 8-221 through the juvenile court if a dependency petition is filed and the person is indigent.

9. Information regarding the ability of the person about whom the report was made to provide a verbal, telephonic or written response to the allegations. A verbal response shall be included in the written report of the investigation. A written response, including any documentation, shall be included in the case file. The response shall be provided to the removal review team if the response is made before the team considers the removal.

10. A statement that the hearing may result in further proceedings to terminate parental rights.

C. The protective services worker shall provide the parent or guardian with the notice even if the parent or guardian refuses to sign the acknowledgment.

D. Immediately before the time of the preliminary protective hearing, the persons described in section 8-824, subsection B shall meet and attempt to reach an agreement about placement of the child, services to be provided to the child, parent or guardian and visitation of the child. The parties shall meet with their counsel, if any, before this meeting. Consideration shall be given to the availability of reasonable services to the parent or guardian and the child's health and safety shall be a paramount concern. The persons described in section 8-824, subsection C may attend the meeting to reach an agreement.

E. If a dependency petition is filed by the department, the child protective services worker is responsible for delivering the notice of the preliminary protective hearing prescribed in subsection B, paragraph 7 of this section to the parent or guardian. In all other cases, the person who files the dependency petition is responsible for delivery of this notice to the parent or guardian. If the location of the parent or guardian is unknown, the person who is responsible for serving this notice shall make reasonable efforts to locate and notify the parent or guardian.

8-824. Preliminary protective hearing; probable cause; appointment of counsel

A. The court shall hold a preliminary protective hearing to review the taking into temporary custody of a child pursuant to section 8-821 not fewer than five days nor more than seven days after the child is taken into custody, excluding Saturdays, Sundays and holidays. If clearly necessary to prevent abuse or neglect, to preserve the rights of a party or for other good cause shown, the court may grant one continuance that does not exceed five days.

B. The following persons shall be present at the preliminary protective hearing:

1. The child's parents or guardian, unless they cannot be located or they fail to appear in response to the notice.
2. Counsel for the parents if one has been requested or retained.
3. The child's guardian ad litem or attorney.
4. The protective services worker.
5. Counsel for the protective services worker.

C. If the court finds that it is in the best interests of the child, the court may allow the following to be present at the preliminary protective hearing:

1. The child.
2. Any relative or other interested person with whom the child is or might be placed as described in section 8-845, subsection A.
3. Witnesses called by the parties.
4. An advocate or interested person as requested by the parent or guardian.
5. Other persons who have knowledge of or an interest in the welfare of the child.

D. At the hearing, the court shall advise the parent or guardian of the following rights:

1. The right to counsel, including appointed counsel if the parent or guardian is indigent.
 2. The right to cross-examine all witnesses who are called to testify against the parent or guardian.
 3. The right to trial by court on the allegations in the petition.
 4. The right to use the process of the court to compel the attendance of witnesses.
- E. At the hearing, the court:
1. Shall receive a report of any agreement reached pursuant to section 8-823, subsection D. The report may be made orally.
 2. Shall provide an opportunity for the child's parent or guardian, if present, and any other person who has relevant knowledge, to provide relevant testimony.
 3. May limit testimony and evidence that is beyond the scope of the removal of the child, the child's need for continued protection, placement, visitation and services to be provided to the child and family.
 4. May take into consideration as a mitigating factor the participation of the parent or guardian in the healthy families program established by section 8-701.
 5. Shall take into consideration as a mitigating factor the availability of reasonable services to the parent or guardian to prevent or eliminate the need for removal of the child and the effort of the parent or guardian to obtain and participate in these services.
 6. Shall inform the child's parent or guardian that the hearing may result in further proceedings to terminate parental rights.
 7. Shall inform the parent that substantially neglecting or wilfully refusing to remedy the circumstances that cause the child to be in an out-of-home placement, including refusing to participate in reunification services, is grounds for termination of parental rights to a child.
 8. Shall give paramount consideration to the health and safety of the child.
 9. Shall review evidence that the department is attempting to identify and assess placement of the child with a grandparent or another member of the child's extended family including a person who has a significant relationship with the child.
 10. Shall inform a foster parent, preadoptive parent or a member of the child's extended family with whom the department has placed the child of the right to be heard in any proceeding to be held with respect to the child.
- F. The petitioner has the burden of presenting evidence as to whether there is probable cause to believe that continued temporary custody is clearly necessary to prevent abuse or neglect pending the hearing on the dependency petition.
- G. If the child is in the temporary custody of the department, the department shall submit not later than the day before the hearing a written report to the court and the parties that states:
1. The reasons the child was removed from the parent's or guardian's custody.
 2. Any services that have been provided to the child or the child's parent or guardian to prevent removal.
 3. The need, if any, for continued temporary custody.
 4. The types of service needed to facilitate the return of the child to the custody of the child's parents or guardian.
5. If the child is not placed with a grandparent, whether the child has any relatives or other interested parties as described in section 8-845, subsection A who may be able and willing to take temporary custody.
 6. Any services that are requested by the parent or guardian but that are not provided and the reasons the services were not provided.
 7. Any efforts made to place siblings together, and if they are not placed together, the reasons why.
 8. Any efforts made to facilitate communications among siblings.
 9. A proposal for visitation and the results of any visitation that has occurred since the child was removed.
 10. A proposed case plan for services to the family.
- H. The parent or guardian shall state whether the parent or guardian admits or denies the allegations in the petition filed pursuant to section 8-841. If the parent or guardian admits or does not contest the allegations in the petition, the court shall determine that the parent or guardian understands the rights described in subsection D of this section and that the parent or guardian knowingly, intelligently and voluntarily waives these rights.
- I. At the hearing, if the child is not returned to the parent or guardian, the court shall:

1. Enter orders regarding the placement of the child pending the determination of the dependency petition and visitation, if any.
2. If a relative is identified as a possible placement for the child, notify the relative of the right to be heard in any proceeding to be held with respect to the child.
3. Determine if the tasks and services set forth in the case plan are reasonable and necessary to carry out the case plan.

8-825. Court determinations in preliminary protective hearing

A. The court's determination in the preliminary protective hearing may be based on evidence that is hearsay, in whole or in part, in the following forms:

1. The allegations of the petition.
2. An affidavit.
3. Sworn testimony.
4. The written reports of expert witnesses.
5. The department's written reports if the protective services worker is present and available for cross-examination.
6. Documentary evidence without foundation if there is a substantial basis for believing the foundation will be available at the dependency hearing and the document is otherwise admissible.
7. The testimony of a witness concerning the declarations of another person if the evidence is cumulative or there is a reasonable ground to believe that the other person will be personally available for trial.

B. Evidence considered by the court pursuant to subsection A of this section shall also include any available evidence of substantiated allegations of abuse or neglect committed in another jurisdiction.

C. The court shall determine whether temporary custody of the child is clearly necessary to prevent abuse or neglect pending the hearing on the dependency petition. The court:

1. On finding that the petitioner has not met the burden prescribed in section 8-824, subsection F, shall return the child to the child's parent, guardian or custodian pending the dependency hearing.
2. On finding that the petitioner has met the burden prescribed in section 8-824, subsection F, may declare the child a temporary ward of the court pending the dependency hearing.

D. The court shall also determine if reasonable efforts were made to prevent or eliminate the need for removal of a child from the child's home and if services are available that would eliminate the need for continued removal. If the child is:

1. In the custody of the department, the court shall order the department to make reasonable efforts to provide services to the child and parent to facilitate the reunification of the family, except as provided in section 8-846.
2. Not in the custody of the department and the department is not a party, the court may direct the parties to participate in reasonable services that will facilitate reunification of the family or another permanent plan for the child. The court shall not require the department to provide services pursuant to this paragraph.

8-826. Further hearings and proceedings

If a parent or guardian denies the allegations at the preliminary protective hearing the court may set the date for the dependency adjudication hearing as to that parent or guardian. An initial dependency hearing shall not be held as to that parent or guardian. The court shall also schedule the settlement conference, pretrial conference or mediation that is prescribed in section 8-844. The court shall also instruct the parent or guardian that the failure to appear at the pretrial conference, settlement conference or dependency adjudication hearing may result in an adjudication of dependency and disposition as to the parent or guardian who does not appear.

8-828. Family advocacy office; duties; program termination

A. The family advocacy office is established in the department of economic security pursuant to rules adopted by the department. The director shall administer the office and shall provide staff for the office.

B. The office shall:

1. Respond to complaints regarding individual cases that involve the child welfare system.

2. On request immediately review the removal of a child before a petition for dependency is filed pursuant to this chapter.
3. Assemble a multidisciplinary case consultation team to assist the office in its review of complaints. The team shall include public members who are appointed by the director and who are not department employees and who do not have a contract with the department. Public members are not eligible to receive compensation but are eligible for reimbursement of expenses pursuant to title 38, chapter 4, article 2.
4. Establish a system to track all complaints it receives.
5. Based on the information it receives pursuant to paragraph 4, submit a monthly report to the director on the following:
 - (a) The number, type and source of complaints received by each district office.
 - (b) The result of its investigations of each complaint.
 - (c) Any problems with the child welfare system that the family advocacy office has identified.
- C. The program established pursuant to this section ends on July 1, 2005 pursuant to section 41-3102.

8-829. Judicial determinations; timing; documentation

- A. If a child has been removed from the child's home, the court shall make protecting the child from abuse or neglect the first priority and shall make the following determinations within the following time periods:
 1. In the court's first order that sanctions the removal, whether continuation of the child's residence in the home would be contrary to the welfare of the child. This order may be the temporary order that the court issues on the filing of a dependency petition.
 2. At the preliminary protective hearing, whether the department made attempts to identify and assess placement with the child's grandparent or another member of the child's extended family including a person who has a significant relationship with the child.
 3. Within sixty days after the child is removed from the child's home, whether reasonable efforts have been made to prevent removal of the child or whether it was reasonable to make no efforts to prevent removal of the child.
 4. If the child is not placed with a grandparent or another member of the child's extended family including a person who has a significant relationship with the child within sixty days after the child is removed from the child's home, why such placement is not in the best interests of the child. The petitioner has the burden of presenting evidence that such placement is not in the child's best interests at the first court hearing thereafter.
 5. Within twelve months after the child is removed from the child's home and once every twelve months thereafter, whether reasonable efforts have been made to finalize the existing permanency plan.
 6. If the child is under three years of age, within six months after the child is removed from the child's home, whether reasonable efforts have been made to provide reunification services to the parent and whether a parent of a child who is under three years of age has substantially neglected or wilfully refused to participate in reunification services offered by the department.
- B. The court shall make each determination described in subsection A on a case-by-case basis and shall set forth in its written order the specific factual basis for each determination. In making its determination, the court shall consider documentation that is reasonably available at the time of the determination.

8-830. Residential drug treatment center; services; program termination; definitions

- A. The department shall contract with a provider to conduct family assessments, provide case management and provide the necessary services, including residential drug treatment services, to protect the child and support the family on referral from the department pursuant to section 8-821.
- B. The contract shall require that the provider establish a continuum of services for families through written agreements with community agencies and organizations to provide required services to families. The provider may purchase or obtain without cost the services of any agency or organization that may provide resources to assist the family.
- C. The contract shall require that the provider initiate a thorough family assessment and necessary services as soon as practicable after the provider receives the referral from the department.

D. The department shall provide information to the provider concerning the current report and may provide any information from records it deems appropriate. All information received by the provider regarding the report of abuse or neglect and department records is subject to the confidentiality requirements of section 8-807. Information in the records of the provider concerning the families served by the program is available for the purposes of evaluating the program.

E. If at any time during the course of service delivery the provider determines that the child is in imminent danger of abuse or neglect, the provider shall immediately report the case to the department or the appropriate law enforcement agency, or both, for appropriate action. In all cases the provider and any agency under subcontract to the provider shall retain records of information on initial and ongoing contact with the family and the final disposition of the case and shall provide this information to the department.

F. The department shall require that the provider establish a local advisory board composed of appropriate community representatives, including representation from families in the community and local public agencies. The local advisory board shall ensure that a continuum of services is provided for families and shall provide oversight to the program.

G. The department shall develop performance standards for the contracts, provide training to the provider or organization staff involved in service delivery to these families regarding child abuse and neglect and monitor the performance of the providers.

H. The contract entered into pursuant to this section shall be for a term of ten years. The program established by this section ends on July 1, 2014 pursuant to section 41-3102.

I. For the purposes of this section:

1. "Department" means the department of economic security.
2. "Provider" means a community or faith-based provider that is awarded a contract by the department.
3. "Services" includes:
 - (a) Family assessment.
 - (b) Case management.
 - (c) Child day care.
 - (d) Housing search and relocation.
 - (e) Parenting skills training.
 - (f) Supportive intervention and guidance counseling.
 - (g) Transportation.
 - (h) Emergency services.
 - (i) Intensive family preservation.
 - (j) Parent aide services.
 - (k) Residential drug treatment services.
 - (l) Additional services that the department determines are necessary to meet the needs of the families.

APPENDIX 15 - DISPUTE RESOLUTION PROCEDURES

MARICOPA COUNTY ATTORNEY'S OFFICE DISPUTE RESOLUTION PROCESS

Dispute from a Deputy County Attorney (DCA) to an outside agency -

- Bring the matter to the attention of an MCAO Bureau Chief and obtain clearance to attempt informal resolution by personal communication with Officer/CPS worker/Deputy Attorney General.
- If unsuccessful, DCA will discuss result with MCAO Bureau Chief and determine the next step to be taken. In most cases the Bureau Chief will discuss with the immediate supervisor in the other agency.
- If issue[s] remain unresolved after contact with the immediate supervisor, the Bureau Chief should staff the issue with their Division Chief to determine what additional steps will be taken. If further review is desired the Division Chief will attempt to follow the review process established by the outside agency. The Division Chief may also elect to contact more senior management in the outside agency or may ask the MCAO Law Enforcement Liaison for assistance.
- Lodging a formal complaint with an outside agency should be done only when informal options have been explored and only as a last resort.
- Formal complaints to an outside agency will be initiated only by the County Attorney, Chief Deputy or Law Enforcement Liaison.
- No contact with the head of another agency expressing criticism of that agency shall be made without prior approval by the County Attorney, Chief Deputy or Law Enforcement Liaison. In most cases it will be necessary for such contact to be made by the County Attorney, Chief Deputy or their designee.

Dispute from outside agency personnel with a Deputy County Attorney -

- Attempt resolution by personal communication with the MCAO Deputy County Attorney.
- If issues remain unresolved, the outside agency worker should contact the Bureau Chief of the MCAO DCA and request a review of the DCA's decision/action.
- If the Bureau Chief is unable to resolve the matter, the outside agency worker with their immediate supervisor's knowledge [and following any other requirements of their parent agency] may contact either the Division Chief or the Law Enforcement Liaison [or both] and request further review. If the issues remain unresolved after review by a Division Chief, the outside agency worker may request that the Law Enforcement Liaison engage in further review in consultation with the Division Chief.
- If issues remain unresolved the outside agency worker may request the Division Chief or Law Enforcement Liaison to staff their decision[s] with the Chief Deputy.
- Appeals from the decision of the Chief Deputy staffing process should be cleared through the outside agency's senior management and communicated through the Division Chief, Law Enforcement Liaison or Chief Deputy unless made by the head of the outside agency.

LAW ENFORCEMENT AGENCIES

DISPUTE RESOLUTION PROCESS

It is essential that Law Enforcement, Child Protective Services, and the Maricopa County Attorney's Office communicate effectively. To ensure there is an effective line of communication the following procedure should be utilized.

Dispute from outside agency with patrol officer/deputy –

- In circumstances when patrol officers/deputies respond to an incident and there is a need to seek resolution beyond the officers/deputies ability, the respective agency seeking resolution shall speak to the on-duty supervisor from that law enforcement agency.
- In the event there is no on-duty supervisor, the agency seeking resolution shall contact law enforcement communications (dispatch), see Appendix EE, and request the detective supervisor that is responsible for the investigation of crimes against children be paged or called. When a law enforcement supervisor/detective supervisor is contacted with concerns regarding a specific incident, all necessary steps will be taken to resolve the complaint.
- In the event the issue can not be resolved at that level, the CPS or County Attorney representative will notify their respective chain of command asking for a meeting at the management level. This conferring may be completed over the phone as necessary to accommodate a timely response.

Dispute from outside agency with detective/investigator –

- In circumstances when child crimes investigators are investigating a complaint and there is an issue that requires resolution beyond the detectives' ability, the detective's supervisor shall be notified.
- If this is not sufficient to resolve the issue, the CPS or County Attorney representative shall notify their respective chain of command asking for a meeting at the management level. This conferring may be completed over the phone as necessary to accommodate a timely response.

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Dispute from law enforcement personnel with an outside agency –

- Officers / Deputies shall use a similar process to raise concerns with the County Attorney's Office or with Child Protective Services as appropriate and within their prescribed guidelines.

CHILD PROTECTIVE SERVICES

DISPUTE RESOLUTION PROCESS

Dispute from a CPS Specialist, Supervisor, APM, DPM, PM with an outside agency:

- The CPS employee will follow all guidelines from the dispute resolution process found in the Interagency Protocol document for the Maricopa County Attorney's Office and Law Enforcement.
- Lodging a formal complaint with an outside agency should be done only when informal options, using the chain of command, have been explored and no

resolution has been reached by the interested parties.

- Formal complaints to an outside agency will be initiated only by the Deputy Program Managers or Program Manager of District I.

Dispute from outside agency personnel with a CPS Specialist –

- Attempt resolution with the CPS Specialist by personal communication.
- If issues remain unresolved, make contact with the CPS Unit Supervisor. Explain in detail what the outstanding issue entails.
- If issues remain unresolved, make contact with the responsible Assistant Program Manager and discuss the outstanding issues.
- If issues remain unresolved, contact the appropriate Deputy Program Manager on day-to-day operations and for final review of the circumstances of the dispute. The Deputy Program Manager will consult with Program Manager on issues involving systematic barriers that will need to be addressed as a statewide system.
- Any individual agency barriers will need to be addressed with senior management from the respective entities to engage in conflict resolution pertaining to the Interagency Protocol in Maricopa County.

Appendix 16: Arizona Drug Endangered Children (DEC) Multidisciplinary / Integrated Protocol



**Office of the Arizona Attorney General
Terry Goddard, Attorney General**

Arizona Drug Endangered Children (DEC)

Multidisciplinary/Integrated Protocol

**DEC Task Force
September 30, 2003**

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ACKNOWLEDGEMENTS

The development of the protocol and web site were made possible through the dedication and commitment of the representatives of the DEC Task Force. Tools have been developed to provide up-to-date information so that professionals and other individuals have access to resources to address this growing problem in their local community.

Representatives from the following agencies participated in the Task Force:

- Office of the Arizona Attorney General
- Arizona Department of Economic Security, Child Protective Services (DES-CPS)
- Maricopa County Sheriff's Office, High Intensity Drug Traffic Area (MCSO/HIDTA) Clandestine Lab Task Force
- Phoenix Police Department, Family Investigations Bureau, Child Crimes
- St. Joseph's Hospital
- Childhelp USA
- Mesa Center Against Family Violence

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Multidisciplinary/Integrated Protocol for Drug Endangered Children (DEC)

INTRODUCTION

The Arizona Drug Endangered Children (DEC) Program (formerly referred to as the Meth and Kids Initiative) was established in 2000 by Arizona's former Attorney General, Janet Napolitano, to address problems associated with methamphetamine production in homes with children present through a coordinated response by the Attorney General's Office, state and local law enforcement, Child Protective Services and medical personnel. Representatives of the Arizona Attorney General, Maricopa County Sheriff's Office High Intensity Drug Trafficking Area (MCSO/HIDTA) Clandestine Lab Task Force, Phoenix Police Department-Family Investigations Bureau, Child Crimes Unit, Arizona Department of Economic Security, Child Protective Services (DES-CPS), St. Joseph's Hospital and Childhelp USA, and Department of Public Safety (DPS) Crime Lab serve on the DEC Task Force and have developed a model interagency protocol for the investigation of methamphetamine lab cases with children involved.

The current Attorney General, Terry Goddard, has carried this effort forward. For the past three years the DEC Program has focused primarily on Maricopa County cases and Task Force members have provided training and technical assistance to agencies throughout the state. The Governor's Division of Substance Abuse Policy has provided funding, which has enabled the Attorney General's Office to dedicate a prosecutor and legal assistant to the DEC Program. Since implementation of the collaborative, multidisciplinary approach, investigations and communications have improved in every respect among all involved agencies.

Planning for the future of the DEC Program is now underway. Participants in this effort include staff from the Governor's Division of Substance Abuse Policy, the Attorney Generals Office, the Arizona Department of Economic Security-Child Protective Services (DES-CPS), medical personnel, and law enforcement agencies, primarily MCSO/HIDTA.

Representatives from the DEC Task Force worked together to formalize the multidisciplinary protocol to address the needs of children and ensure the safety of children who are present at an investigation of a methamphetamine laboratory. Additionally, the representatives have finalized web-based content to provide an overview of the problem that methamphetamine production presents to the community and the amount of risk that children face who live in those environments. The website may be accessed through the Arizona Attorney General's site at www.ag.state.az.us/DEC.

PURPOSE OF THE MULTIDISCIPLINARY PROTOCOL

The purpose of the multidisciplinary protocol is to provide professionals from Child Protective Services, Law Enforcement, Medical Services, and Prosecution a basis for the development of community specific procedures for situations where there are drug endangered children as a result of clandestine methamphetamine labs or other drug production, trafficking and abuse. Memoranda of Understanding among the key partners should also be considered to formalize roles and relationships beyond the protocol.

Implementation of a DEC protocol that has been adapted for local community requirements will ensure that children who may be at risk for exposure to methamphetamine receive protection, advocacy and support through a multidisciplinary approach and that investigations provide the best opportunity for prosecution of individuals involved in manufacturing, selling, and abusing methamphetamine and other drugs and endangering children in the process.

BACKGROUND/PROBLEM

The production of methamphetamine (meth) in home-based drug labs confronts Arizona with a unique set of problems that other illegal drugs have never before presented.

The chemicals used to manufacture meth, the production process, and the waste generated as a result of that process pose very real and serious dangers to the public and the environment. These dangers include toxic poisoning, chemical and thermal burns, fires, and explosions. The children who live in and around meth labs are at the greatest risk of harm due to their developmental nature, the abuse and neglect perpetrated on them by their caretakers and the many others who frequent their drug-laden homes, and their inability to protect themselves.

Responding to a suspected meth lab where children are present requires a carefully planned and coordinated approach involving multiple partners. Those who make meth often use meth, making them prone to violent behavior. Meth producers often try to keep their illegal operations a secret through the use of weapons, explosive traps, and surveillance equipment.

The DEC Program has coordinated and improved the efforts of local law enforcement, Child Protective Services (CPS), medical professionals, and the Attorney General's Office to respond to meth labs where children are present, and to prosecute those responsible. The DEC Program ensures timely access to qualified personnel who can respond to the immediate and longer-term medical and safety needs of drug endangered children.

Since 2000, the Arizona DEC Program has resulted in the successful prosecution of nearly 100 meth lab cases involving nearly 200 children. Building on its success in Maricopa County, efforts continue through training and technical assistance to expand the DEC Program throughout Arizona.

MISSION AND GUIDING VALUES

The following mission and guiding values¹ reflect the commitment of the DEC Task Force and program to ensure children exposed to drug environments are protected.

Mission

We will be unrelenting in the pursuit of safety for children exposed to the extreme dangers of drug abuse environments in a manner that gives the child the best opportunity for a happy and productive future. Our efforts will include government agencies, private organizations, and the general public working in collaboration to:

- prevent drug abuse,
- provide resources to children when drug abuse prevention efforts fail, and
- aggressively break the cycle of drug abuse caused by those who manufacture, sell, and use drugs.

Guiding Values

The Arizona DEC Program is guided by and promotes the following values:

Safety

- We will relentlessly pursue the end of drug abuse to prevent children from experiencing the physical, emotional, and psychological damage that exposure to drug environments cause.
- We will enhance the safety of children by removing them from dangerous drug environments and providing them with appropriate follow-up care and services.
- We will return or place children in family environments that are completely free of dangerous drugs.

Collaboration

- We will insist on the participation of everyone to actively pursue the end of social tolerance to the abuse of dangerous drugs.
- We will form alliances, partnerships, and organizations across all government and private services to ensure appropriate tools and resources exist to identify, remove, and treat children in dangerous drug environments.
- We will identify and implement multidisciplinary services and strategies necessary to break the cycle of drug abuse.

Dedication

- We will hold ourselves accountable to appropriately provide the services necessary to accomplish the mission of the Arizona DEC Program.
- We will vigorously pursue the institutionalization of the Arizona DEC Program.
- We will continually evaluate the effectiveness of our efforts to ensure the Arizona DEC Program's mission is achieved.

¹ Adapted from the National Steering Committee for the Advancement and Adoption of the Concept of Drug Endangered Children

PARTNER AGENCIES

There are several agencies and organizations that participate in the DEC protocol. First responders to an investigation scene include Law Enforcement (both child crime investigators and drug investigators), CPS Investigators, Medical Personnel (generally medical doctors and nurses who treat the children at the appropriate medical facility), Fire Departments, HAZMAT Teams and fire departments.

The following provides an overview of the responsibilities of the primary responders as well as other partner agencies:

Law Enforcement: Responsible for all investigative activities taking place at the site of the meth lab. Law Enforcement includes representatives from a variety of agencies including the county Sheriff's Office, the local community Police Department, the Arizona Department of Public Safety (DPS), the MCSO/HIDTA and should include an individual that specializes in child crimes investigation. The focus of the drug investigator is to collect evidence for court purposes. The child crimes investigator conducts the forensic interview of the child victim to establish the elements of child abuse and to conduct the child crimes investigation. There may also be a DEC investigator to provide coordination of activities. The DPS crime laboratory provides support to the criminal investigation including testing samples for forensic evidence. Law enforcement and CPS cooperate at the scene to insure the child's safety.

Child Protective Services (CPS): Provides for the immediate protection and insures the safety of the child, addresses temporary custody and shelter needs, transports the child for medical evaluation, and coordinates placement of the child. The CPS Investigator also addresses the needs of the caregivers related to other community services. The CPS Investigator also ensures that law enforcement knows where the child is being placed and coordinates arrangements for the medical evaluation either at a child advocacy center or at the appropriate medical facility. The focus of the CPS investigation is to gather factual information related to the potential dependency case, identify hazards to the child, ensure the welfare of the child and arrange for other needed services.

Fire Department, Emergency Response, and HAZMAT Team: Provide assistance in assessment of environmental hazards that the meth lab presents and assist in facilitating access to the certified environmental remediation agencies that have expertise in clean-up and certifying that the home is again habitable. HAZMAT will test the air quality at the scene for both safety and evidentiary purposes.

Medical Personnel: Conduct medical evaluations including an Early Periodic Screening, Diagnosis and Treatment (EPSDT) screen. In general, when a community has a child advocacy center, the center should be used as the location for medical evaluations and examinations. If a community does not have an advocacy center, inclusion of a specific physician, clinic or hospital that has expertise in medical examinations for suspected child abuse including exposure to drug environments would be appropriate.

Prosecution: The Attorney General's Office and/or the County Attorney's Office will be involved in the criminal prosecution related to DEC cases (i.e. child abuse and drug charges). In general, due to the highly specialized nature of the cases, the Attorney General's Office has the primary responsibility for prosecution in Maricopa County (and is available to provide prosecution statewide). The Attorney General's Office also handles the child dependency action in Juvenile Court, statewide. The Attorney General's Office of Victim Services (or the County Attorney's Office in most of the other counties) provides victim advocacy for child victims, which includes working with CPS and the legal guardian as appropriate to keep them apprised of criminal proceedings and the child's rights as a victim of abuse.

SUGGESTED TRAINING

As practical, all members of the response team should have specialized safety and hazards training related to the investigations of drug environments and meth labs in order to protect against possible exposure to dangerous substances. Law enforcement training and certification is available through the U.S. Drug Enforcement Administration (DEA) in connection with the MCSO/HIDTA Clandestine Lab Task Force. Cross training, particularly between Child Protective Services and Law Enforcement is also critical to ensure that appropriate evidence and information is collected that is necessary for either the child abuse investigation or the drug investigation.

Law Enforcement recommends that the DEC Officer be a specialized "crimes against children" investigator with a suggested minimum requirement of a Clandestine Lab Certification through the DEA as well as participating in the following trainings:

- Basic Investigation Course
- 40 hours of Child Forensic Interview training

DEC PROGRAM TRAINING COMPONENT

The Arizona Attorney General's Office in conjunction with COPS and HIDTA offers *Responding to Drug Endangered Children Training*. This is a one-day training session regarding methamphetamine, its manufacture, volatility, and perilous effects on adults, children, and the environment. Emphasis is placed on all aspects of the multidisciplinary approach. The DEC training team usually consists of a drug detective, child crimes detective, CPS investigator, Assistant Attorney General, and a physician. Occasionally, a DPS crime lab chemist will also comprise the training agenda.

The website located at www.ag.state.az.us/DEC has up to date information on available training. Specific requests for training in areas statewide can also be accommodated.

WEBSITE

The Arizona Drug Endangered Children Website is part of the Arizona Attorney General's Office website at www.ag.state.az.us/DEC, and is a comprehensive and companion resource for the protocol. The website includes:

- A more in-depth overview of the methamphetamine problem.
- Links to Arizona Revised Statutes related to the DEC program.
- Links to articles about the methamphetamine problem.
- Links to other resource websites that provide in-depth information about DEC programs in other states, recognition of methamphetamine use and manufacture, treatment resources, articles and other information.
- Information about upcoming training, conferences and other DEC events.

INTRODUCTION TO THE DEC PROTOCOL

The following provides an overview of the DEC protocol:

Initial Actions:

- When local law enforcement personnel receive a report of a suspected meth lab, they will first determine through a thorough investigation if a meth lab is likely operating. If children are present, their safety is a primary concern. The appropriate investigators, including the drug investigators, child crimes investigator, and CPS are notified and respond. Typically, drug investigators call out other first responders upon discovery of the children.
- CPS works jointly with law enforcement at the scene to ensure that the child is protected from further chemical exposure and that information necessary for both the drug investigation and the potential child abuse case is collected.
- An interview of the child can take place at the scene, but generally occurs in a more child friendly environment such as a family advocacy center.
- After the child is removed, the crime scene is isolated. If the CPS worker determines that there is sufficient information to indicate child abuse, the CPS hotline is called and a formal report is filed. This is different from the general practice where a CPS report is made before an investigation takes place. Concurrent investigations include drug/narcotics, child crimes, and Child Protective Services. Investigators share information with each other to facilitate their collaborative, multidisciplinary effort.

Safeguarding Children:

- In the past, if a child was found at a meth lab, the child was removed from the scene, often to the care of a family friend or relative and insufficient consideration was given to the effects of the toxic chemicals or hazards the child faced on a daily basis. At best, a referral would be made to a social service agency.
- The Arizona DEC Program ensures that children receive an immediate and appropriate medical exam, including a test for exposure to toxic chemicals and

developmental screening. Upon being removed from the crime scene, the children are showered or bathed to reduce chemical exposure, they are provided with new clothing, food, and, if needed, crisis counseling. A forensic interview will be conducted with the child, most often in a child friendly environment. The medical exam and interview provide important evidence to be used in the drug and child abuse prosecutions and the dependency case.

On-site Investigation:

- After the initial emergency response, the appropriate law enforcement unit will complete the investigation. Once a meth lab site is cleared of the evidence needed for prosecution, a police officer will affix on the dwelling a notice; this notice will state that a drug lab was seized and that it is unlawful for anyone, other than the owner, manager, or remediation firm personnel, to enter the premises. Once the property owner or manager is notified, a remediation firm recognized by the Arizona State Board of Technical Registration must clean up the property.

Prosecution:

- The Arizona Attorney General's Office has assumed primary responsibility in Maricopa County for prosecution of cases of both child abuse and dangerous drug manufacturing. In other areas, the County Attorney assumes responsibility for the criminal prosecution.
- The Arizona Attorney General's Office has statewide jurisdiction over the dependency action. The Arizona Attorney General's Office of Victim Services will work with CPS to identify the guardian of the child victim, and will provide written notification of case status, including dates and times of all legal hearings to the guardian. A Victim Advocate is available to accompany the child and/or their legal guardian to court, as well as to detail victim's rights and make needed social service referrals. In some instances, losses to the victim as a result of the crime may be reimbursable, and the Victim Advocate can provide information about victim compensation, including costs for such items as counseling.

Overview of Investigation

Initial Actions

Report Received by Law Enforcement

- ✓ Confirm Report
- ✓ Establish whether children are present
- ✓ Notify drug investigators, child crime investigators, and CPS investigators

Safeguarding Children

At the Scene

- ✓ Protect children from further exposure
- ✓ Provide emergency medical treatment if needed.

Remove the Children from the Scene

- ✓ Arrange for bathing and clean clothing
- ✓ Schedule medical exam
- ✓ Conduct interview in child friendly environment
- ✓ Identify safe placement with relatives or within the foster care system

On Site Investigation

Law Enforcement

- ✓ Secure the scene
- ✓ Gather evidence for child abuse and drug charges
- ✓ Post notice that the dwelling was a drug

- ✓ Owner / landlord obtains remediation firm to clean up the property pursuant to A.R.S. 12-

Prosecution

Law Enforcement coordinates gathering of all evidence and refers for prosecution

- ✓ Refers to the Attorney General's Office or County Attorney's Office for criminal prosecution.
- ✓ The Attorney General's Office is responsible for the dependency action initiated by a CPS dependency petition

DRUG ENDANGERED CHILDREN (DEC) PROTOCOL

The following information provides a chronological outline of the DEC Protocol incorporating the activities of law enforcement, CPS and medical personnel. Although it follows a general chronological order, by the very nature of the process, many activities will be taking place concurrently. Individual protocols separating the procedures by profession (law enforcement, CPS, and medical personnel) are included in Appendix A, B, and C.

The protocol provides a general guideline for the procedures to be followed when there is an investigation involving a drug-endangered child. It is based on model guidelines from throughout the country. The protocol can be revised and adapted to be more descriptive and specific for local communities to enhance its usefulness at the local level. It is also suggested that the protocol be reviewed annually and updated as necessary.

Note: For the purposes of this protocol, Law Enforcement could include any combination of a DEC Investigator, a drug investigator, a child crimes investigator, or an officer that performs multiple functions as may be the case in small jurisdictions and considering available resources.

<input checked="" type="checkbox"/>	Location	Team Member	Procedure	Timeline	Reporting Form
	Law Enforcement Offices	Law Enforcement Officer	Call a briefing about the upcoming investigation. Invite Child Protective Services	At a time determined appropriate by Law Enforcement	Not applicable
	Law Enforcement Offices: Initial stages of a drug lab investigation where there are indications of suspected child abuse.	Law Enforcement Officer(s)	Investigator may want to contact a DEC Officer or other Officer who has specialized expertise in child crimes.	At a time appropriate to make the Officer a part of the investigation.	Law Enforcement forms

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Contact CPS. In Maricopa County, contact can be made through the pager number established for meth lab investigations. In other districts, utilize local procedure that has been established between law enforcement and CPS.	At a time determined appropriate by law enforcement	Law Enforcement forms
	CPS staff location	CPS Investigative Worker	CPS will respond to the request for involvement. In Maricopa County, if CPS is notified by pager, the CPS Hotline is called and the report made as soon as appropriate information is obtained. CPS may check for prior reports on the family in the CPS registry	Within two working hours	Standard Intake Reporting Requirements
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Locate the child victim and assess the child's immediate need for medical attention. This may be done in concert with the medically trained personnel (EMT, paramedics) who are on site. If child's need are emergent, call 911.	As soon as possible, but not later than four hours after the child is identified at the lab site.	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Separate the victim from the suspects at the location and safeguard the child out of view of the suspects if possible.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Ensure photographs are taken, prior to searching or removal of any evidence.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Identify the parents and obtain biographical information on suspects, caregivers and witnesses.	As soon as appropriate within the investigation process	Not applicable

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Dress the child victim in protective clothing (Tyvek suit) to prevent exposure to CPS staff, investigators and others.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	Protective suit or other protective covering such as shoe covers, gloves, and masks should be worn at the site. All protective covering should be disposed of at the site. Check with the Lead Officer for disposal method.	As appropriate.	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.	Not applicable	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.	Not applicable	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Conduct a forensic interview (if possible) of the child that includes determination of the following: primary caregiver, child's knowledge of the drug manufacturing process, victim's living area in relation to the lab, medical problems, and school attendance. The child's height and reach should be measured. The interview should be recorded. CPS may be present at the interview.	As soon as appropriate within the investigation process	DEC Form
	On-site at the suspected Meth Lab	CPS Investigative Worker	CPS will transport the child to the child advocacy center or medical facilities for interviews and additional medical assessment. CPS will make arrangements with the advocacy center or medical personnel for medical appointments.	Initial exam should be set up within 12 hours of contact with child if possible	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	If the child needs to be removed from the caregiver's care, serve a temporary custody notice.	As soon as is appropriate.	Temporary Custody Notice

<input checked="" type="checkbox"/>	Location	Team Member	Procedure	Timeline	Reporting Form
	On-site at the suspected Meth Lab	CPS Investigative Worker	Work with the appropriate contact (such as the After Hours Investigative Team [AHIT] or Resource Unit in Maricopa County) to identify a placement for the child.	As soon as is appropriate.	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	Complete any other on-site investigation necessary with the assistance of Law Enforcement. (In general, the law enforcement officer that has initiated the investigation is the lead individual at the site.) CPS staff should coordinate any entry into the lab site with this individual to ensure no disruption or contamination of evidence. Obtain birth and medical information from caregivers if possible.	As soon as is appropriate.	DEC Form
	At the most appropriate location, when needed	CPS Investigative Worker	If possible, make arrangements for a urine sample to be obtained from the child or other means for testing the child for the presence of meth such as Cozart, which will be used by law enforcement or physicians. Urine samples should be labeled with date, time, child's name, and investigator's name and brought to the medical personnel who will be conducting the examination. (In the case of Maricopa County, this is the child advocacy center.)	As soon as is practical, preferably with 12 hours from initial involvement.	Not applicable
	On-site at the suspected Meth Lab	CPS Investigative Worker	Prior to transporting the child to the medical exam or placement, the CPS investigative worker should notify the Law Enforcement Officer of the intent to leave with the child and provide information about where the child is being placed.	As soon as practical	Not applicable
	Transportation	CPS Investigative Worker	Transport the child to the advocacy center, medical facility, or placement.	As soon as practical	Not applicable

<input checked="" type="checkbox"/>	Location	Team Member	Procedure	Timeline	Reporting Form
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Diagram and measure all the rooms at the site. Note if the child had access to the lab.	As soon as practical	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Identify hazards to the child.	As soon as practical	Not applicable
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Measure and photograph the child's belongings in proximity to the hazards.	As soon as practical	Law Enforcement forms
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Handling of Evidence: The meth lab investigator will retain the evidence. Toys, food and any other items found in proximity to the chemicals should be included in the items to be tested by the crime lab (usually the DPS).	Not applicable	Law Enforcement forms
	On-site at the suspected Meth Lab	Law Enforcement Officer(s)	Surveillance equipment, weapons, explosives will be noted, photographed, and measured. Document if the weapons were loaded or the explosives were live.	Not applicable	Law Enforcement forms
	Law Enforcement Offices	Law Enforcement Officer(s)	Complete Child Abuse report that includes CPS notes, medical records, autopsy reports, diagrams, and photographs and submit to the appropriate law enforcement offices.	At the conclusion of the on-site investigation	Law Enforcement forms
	Law Enforcement Offices	Law Enforcement Officer(s)	Follow-up with medical staff about findings and test results and with CPS concerning medical placement, and follow-up medical evaluations.	As soon as is practical.	Not applicable

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	At advocacy center, medical clinic or child's point of placement.	CPS Investigative Worker	For purposes of evidence collection, the child's clothing should be removed and placed in a brown bag. The caregiver should seal the bag with tape and sign it. The CPS Investigative Worker should return the clothing to law enforcement. Arrangements should be made for the child to be bathed and new clothing put on as soon as is practical. Also for purposes of evidence collection as well as safety, children should be handled with gloves until such time that the child has been bathed and decontamination has taken place. If the CPS Investigative Worker does not personally complete the bathing, specific instructions including the Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories should be provided to the caregiver concerning how to bath the child and how to handle clothing and the Tyvex suit.	As soon as is practical.	Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories
	At advocacy center or medical clinic	CPS Investigative Worker	Ensure that the child receives an initial medical examination.	Preferably within 12 hours of identification	Not applicable
	At advocacy center or medical clinic	Medical Personnel	Obtain child's medical history, either from CPS or from caregiver.	Preferably within 12 hours of identification	Medical Records if available

✓	Location	Team Member	Procedure	Timeline	Reporting Form
	At advocacy center or medical clinic	Medical Personnel	Administer test and procedures. Ensure that urine sample was gathered. Request Urine Screen. Perform complete pediatric exam and include as much of the Early Periodic Screening, Detection and Treatment (EPSDT) Protocol as possible. Particular emphasis should be placed on neurological screen, respiratory status, and cardiovascular status. Required clinical evaluations include: vital signs, height, and weight. Head circumference should be measured for children less than two years old and arm span and reach for all children less than five years old. Optional tests as medically necessary including CBC, Liver Function, Electrolytes and Kidney Function, Complete Metabolic Panel, Pulmonary Function Tests, Chest X-Ray, Skeletal Survey for children less than three years of age when physical abuse is suspected, Oxygen Saturation, and Heavy Metals Screen.	Preferably within 12 hours of identification	EPSDT Form
	At advocacy center or medical clinic	Medical Personnel	Conduct Suspected Child Abuse and Neglect Screen.	Preferably within 12 hours of identification	Medical records forms
	At advocacy center or medical clinic	Medical Personnel	Provide a behavioral health referral if appropriate.	Preferably within 12 hours of identification	Local forms if available.
	At advocacy center or medical clinic	Medical Personnel	Secure release of the child's medical records to appropriate authorities (CPS, Law Enforcement)	Preferably within 12 hours of identification	Not applicable
	CPS staff location	CPS Investigative Worker	Identify the ongoing worker to whom the case will be transferred and notify the DEC Officer or Officer Assigned	Within 30 days	CPS forms

☑	Location	Team Member	Procedure	Timeline	Reporting Form
	CPS staff location	CPS Investigative or Ongoing Worker	The CPS Investigative or Ongoing Worker is responsible for ensuring that the child is seen for follow up examinations.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Medical Personnel	Conduct reevaluation of the comprehensive health status of the child.	2-4 weeks after initial medical visit	Medical records forms
	At advocacy center or medical clinic	Medical Personnel	Conduct formal development assessment on child less than six years of age using the Denver Developmental Screening Tool.	2-4 weeks after initial medical visit	Denver Developmental Screening Tool
	At advocacy center or medical clinic	Medical Personnel	Follow-up on any abnormal screening laboratory tests, or administer screening laboratory tests as indicated.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Medical Personnel	Arrange for appropriate follow-up as indicated.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Medical Personnel	Evaluate adequacy of placement with regard to medical needs.	2-4 weeks after initial medical visit	Not applicable

APPENDICES

The following appendices are attached:

Appendix A: Child Protective Services DEC Protocol

Appendix B: Law Enforcement DEC Protocol

Appendix C: Medical Personnel DEC Protocol

Appendix D: Resource Information

Appendix E: Statutes

Appendix F: How to Start a Local DEC Team

Appendix G: Exposing Children to Drugs and Clandestine Meth Labs is Child Abuse

Appendix H: Sample Forms

Appendix A: CPS DEC Protocol

<input checked="" type="checkbox"/>	Location	Procedure	Timeline	Reporting Form
	CPS staff location	The CPS Investigative or Ongoing Worker is responsible for ensuring that the child is seen for follow up examinations.	2-4 weeks after initial medical visit	Not applicable
	CPS staff location	CPS will respond to the request for involvement. In Maricopa County, if CPS is notified by pager, the CPS Hotline is called and the report made as soon as appropriate information is obtained. CPS may check for prior reports on the family in the CPS registry	Within two working hours	Standard Intake Reporting Requirements
	On-site at the suspected Meth Lab	Protective suit or other protective covering such as shoe covers, gloves, and masks should be worn at the site. All protective covering should be disposed of at the site. Check with the Lead Officer for disposal method.	As appropriate.	Not applicable
	On-site at the suspected Meth Lab	Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.	Not applicable	Not applicable
	On-site at the suspected Meth Lab	CPS will transport the child to the child advocacy center or medical facilities for interviews and additional medical assessment. CPS will make arrangements with the advocacy center or medical personnel for medical appointments.	Initial exam should be set up within 12 hours of contact with child if possible	Not applicable
	On-site at the suspected Meth Lab	If the child needs to be removed from the caregiver's care, serve a temporary custody notice.	As soon as is appropriate.	Temporary Custody Notice
	On-site at the suspected Meth Lab	Work with the appropriate contact (such as the After Hours Investigative Team [AHIT] or Resource Unit in Maricopa County) to identify a placement for the child.	As soon as is appropriate.	Not applicable
	On-site at the suspected Meth Lab	Complete any other on-site investigation necessary with the assistance of Law Enforcement. (In general, the law enforcement officer that has initiated the investigation is the lead individual at the site.) CPS staff should coordinate any entry into the lab site with this individual to ensure no disruption or contamination of evidence. Obtain birth and medical information from caregivers if possible.	As soon as is appropriate.	DEC Form
	At the most appropriate location, when needed	If possible, make arrangements for a urine sample to be obtained from the child or other means for testing the child for the presence of meth such as Cozart, which will be used by law enforcement or physicians. Urine samples should be labeled with date, time, child's name, and investigator's name and brought to the medical personnel who will be conducting the examination. (In the case of Maricopa County, this is the child advocacy center.)	As soon as is practical, preferably with 12 hours from initial involvement.	Not applicable
	On-site at the suspected Meth Lab	Prior to transporting the child to the medical exam or placement, the CPS investigative worker should notify the Law Enforcement Officer of the intent to leave with the child and provide information about where the child is being placed.	As soon as practical	Not applicable
	Transportation	Transport the child to the advocacy center, medical facility, or placement.	As soon as practical	Not applicable
	At advocacy center, medical clinic or child's point of placement.	For purposes of evidence collection, the child's clothing should be removed and placed in a brown bag. The caregiver should seal the bag with tape and sign it. The CPS Investigative Worker should return the clothing to law enforcement. Arrangements should be made for the child to be bathed new clothing put on as soon as is practical. Also for purposes of evidence collection as well as safety, children should be handled with gloves until such time that the child has been bathed and decontamination has taken place. If the CPS Investigative Worker does not personally complete the bathing, specific instructions including the Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories should be provided to the caregiver concerning how to bath the child and how to handle clothing and the Tyvek suit.	As soon as is practical.	Instructions for Care Givers of Children Exposed to Methamphetamine Laboratories
	CPS staff location	Identify the ongoing worker to whom the case will be transferred and notify the DEC Officer or Officer Assigned	Within 30 days	CPS forms
	At advocacy center or medical clinic	Ensure that the child receives an initial medical examination.	Preferably within 12 hours of identification	Not applicable

Appendix B: Law Enforcement DEC Protocol

<input checked="" type="checkbox"/>	Location	Procedure	Timeline	Reporting Form
	Law Enforcement Offices	Call a briefing about the upcoming investigation. Invite Child Protective Services	At a time determined appropriate by Law Enforcement	Not applicable
	Law Enforcement Offices:	Initial stages of a drug lab investigation where there are indications of suspected child abuse. Investigator may want to contact a DEC Officer or other Officer who has specialized expertise in child crimes.	At a time appropriate to make the Officer a part of the investigation.	Law Enforcement forms
	On-site at the suspected Meth Lab	Contact CPS. In Maricopa County, contact can be made through the pager number established for meth lab investigations. In other districts, utilize local procedure that has been established between law enforcement and CPS.	At a time determined appropriate by the law enforcement	Law Enforcement forms
	On-site at the suspected Meth Lab	Locate the child victim and assess the child's immediate need for medical attention. This may be done in concert with the medically trained personnel (EMT, paramedics) who are on site. If child's need are emergent, call 911.	As soon as possible, but not later than four hours after the child is identified at the lab site.	Not applicable
	On-site at the suspected Meth Lab	Separate the victim from the suspects at the location and safeguard the child out of view of the suspects if possible.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Ensure photographs are taken, prior to searching or removal of any evidence.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Identify the parents and obtain biographical information on suspects, caregivers and witnesses.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Dress the child victim in protective clothing (Tyvex suit) to prevent exposure to CPS staff, investigators and others.	As soon as appropriate within the investigation process	Not applicable
	On-site at the suspected Meth Lab	Clothing, toys, baby bottles, food or drink shall not be removed from the scene, as these items are likely contaminated.	Not applicable	Not applicable
	On-site at the suspected Meth Lab	Conduct a forensic interview (if possible) of the child that includes determination of the following: primary caregiver, child's knowledge of the drug manufacturing process, victim's living area in relation to the lab, medical problems, and school attendance. The child's height and reach should be measured. The interview should be recorded. CPS may be present at the interview.	As soon as appropriate within the investigation process	DEC Form
	On-site at the suspected Meth Lab	Diagram and measure all the rooms at the site. Note if the child had access to the lab.	As soon as practical	Not applicable
	On-site at the suspected Meth Lab	Identify hazards to the child.	As soon as practical	Not applicable
	On-site at the suspected Meth Lab	Measure and photograph the child's belongings in proximity to the hazards.	As soon as practical	Law Enforcement forms
	On-site at the suspected Meth Lab	Handling of Evidence: The meth lab investigator will retain the evidence. Toys, food and any other items found in proximity to the chemicals should be included in the items to be tested by the crime lab (usually the DPS).	Not applicable	Law Enforcement forms
	On-site at the suspected Meth Lab	Surveillance equipment, weapons, explosives will be noted, photographed, and measured. Document if the weapons were loaded or the explosives were live.	Not applicable	Law Enforcement forms
	Law Enforcement Offices	Complete Child Abuse report that includes CPS notes, medical records, autopsy reports, diagrams, and photographs and submit to the appropriate law enforcement offices.	At the conclusion of the on-site investigation	Law Enforcement forms
	Law Enforcement Offices	Follow-up with medical staff about findings and test results and with CPS concerning medical placement, and follow-up medical evaluations.	As soon as is practical.	Not applicable

Appendix C: Medical Personnel DEC Protocol

☑	Location	Procedure	Timeline	Reporting Form
	At advocacy center or medical clinic	Obtain child's medical history, either from CPS or from caregiver.	Preferably within 12 hours of identification	Medical Records if available
	At advocacy center or medical clinic	Administer test and procedures. Ensure that urine sample was gathered. Request Urine Screen. Perform complete pediatric exam and include as much of the Early Periodic Screening, Detection and Treatment (EPSDT) Protocol as possible. Particular emphasis should be placed on neurological screen, respiratory status, and cardiovascular status. Required clinical evaluations include: vital signs, height, and weight. Head circumference should be measured for children less than two years old. Arm span and reach for all children less than five years old. Optional tests as medically necessary including CBC, Liver Function, Electrolytes and Kidney Function, Complete Metabolic Panel, Pulmonary Function Tests, Chest X-Ray, Skeletal Survey for children less than three years of age when physical abuse is suspected, Oxygen Saturation, and Heavy Metals Screen.	Preferably within 12 hours of identification	EPSDT Form
	At advocacy center or medical clinic	Conduct Suspected Child Abuse and Neglect Screen.	Preferably within 12 hours of identification	Medical records forms
	At advocacy center or medical clinic	Provide a behavioral health referral if appropriate.	Preferably within 12 hours of identification	Local forms if available.
	At advocacy center or medical clinic	Secure release of the child's medical records to appropriate authorities (CPS, Law Enforcement)	Preferably within 12 hours of identification	Not applicable
	At advocacy center or medical clinic	Conduct reevaluation of the comprehensive health status of the child.	2-4 weeks after initial medical visit	Medical records forms
	At advocacy center or medical clinic	Conduct formal development assessment on child less than six years of age using the Denver Developmental Screening Tool.	2-4 weeks after initial medical visit	Denver Developmental Screening Tool
	At advocacy center or medical clinic	Follow-up on any abnormal screening laboratory tests, or administer screening laboratory tests as indicated.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Arrange for appropriate follow-up as indicated.	2-4 weeks after initial medical visit	Not applicable
	At advocacy center or medical clinic	Evaluate adequacy of placement with regard to medical needs.	2-4 weeks after initial medical visit	Not applicable

Appendix D: Resource Information

Please visit the Arizona Drug Endangered Children Website which is a part of the Arizona Attorney General's Office website at www.ag.state.az.us/DEC for a comprehensive listing of resource information including upcoming training, conferences and events. The following are highlights of the available information:

Colorado's Alliance for Drug Endangered Children,
<http://www.nmtf.us/colodec/colodec.htm>

Riverside County California, Drug Endangered Children Program,
<http://dec.co.riverside.ca.us/>

Drug Endangered Children Resource Center, www.decresourcecenter.org
Child Abuse and Training and Technical Assistance Centers, California Institute on Human Services, Sonoma State University, 1801 E. Cotati Ave., Rohnert Park, California 94928, 707.664.2416

Methamphetamine Laboratories, A Prosecutor's Guide, Los Angeles County District Attorney's Office, Barbara Turner, Assistant Head Deputy, Major Narcotics Division

Child Abuse in Meth Labs, Detective Tim Ahumada, Phoenix Police Department Crimes Against Children Detail

Drug Endangered Children, Drug Endangered Children Resource Center, Sabine M. Oishi, Kathleen M. West, and Shelby Stuntz, with assistance from Mark Miller and Amanda L. Noble, May 2000

Stopdrugs.org, California Department of Justice and the California Narcotic's Officer Association

American Council for Drug Education, www.acde.org

Center for Disease Control CDC, www.cdc.org

Child Help USA, www.childhelpusa.org

Clandestine Laboratory Investigator's Association, www.clialabs.com

Crystal Meth Anonymous, www.crystalmeth.org

Koch Crime Institute (KCI), www.kci.org

National Crime Prevention Council, <http://ncpc.org>

National Institute on Drug Abuse (NIDA), www.NIDA.nih.gov

National Clearinghouse for Alcohol and Drug Abuse Information 1-800-729-6686,
www.health.org

Office of National Drug Control Policy, www.whitehousedrugpolicy.gov

U.S. Department of Justice, Office for Victims of Crime, www.ojp.usdoj.gov/ovc

Arizona Revised Statutes, <http://www.azleg.state.az.us/ars/ars.htm>

Appendix E: Statutes

The following provides an overview of statutes relevant to the DEC program. The complete Arizona Revised Statutes can be found at <http://www.azleg.state.az.us/ars/ars.htm>.

There are several laws that apply to the operation of a meth lab, drug laws and environmental laws, and where children are involved, child abuse laws. Like many other states, Arizona law requires a mandatory prison sentence when there is a conviction for methamphetamine production. Manufacturing dangerous drugs in the presence of children, especially young children, can dramatically increase the penalties incurred from the drug charges.

In July 2000, Arizona child abuse law, A.R.S. §13-3623, was expanded to add a provision that provides a presumption of endangerment when children or vulnerable adults are discovered at meth labs. This addition to Arizona law essentially creates strict liability when a person places a child in a location where a meth lab is present.

Child Abuse

A.R.S. §13-3623, Child or vulnerable adult abuse; emotional abuse; classification; exception; definitions, (C) provides:

For the purposes of subsections A and B of this section, the terms endangered and abuse include but are not limited to circumstances in which a child or vulnerable adult is permitted to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug in violation of A.R.S. § 13-3407, subsection A, paragraph 4.

Drug Offenses

A.R.S. §13-3407, Possession, use, administration, acquisition, sale, manufacture or transportation of dangerous drugs; classification, defines the class of felony for a variety of drug related crimes.

A.R.S. §13-3401, Drug Offenses, Definitions, provides definitions for drugs and substances and other related terminology, including the definition of manufacture.

A.R.S. §13-3404.01, Possession or sale of precursor chemicals, regulated chemicals, substances or equipment: exceptions and classifications defines the class of felony related to precursor chemicals and related items. Pseudoephedrine is a precursor chemical to the manufacture of methamphetamine. Regulated chemicals include Iodine and Red Phosphorous.

Environmental Law

Effective July 1, 2003, A.R.S. §12-1000, Clandestine drug laboratories; notice; cleanup; residual contamination; civil penalty; immunity; restitution; violation; classification indirectly supports the child abuse law. In summary, this law makes it unlawful for any person other than the owner, landlord or manager to enter the property where dangerous drugs were being manufactured until it is cleaned of residual contamination by a state approved drug laboratory site remediation firm. This law ensures that CPS will not be returning a child to a residence that operated as a drug lab, at least until it is determined safe by strict standards. This law also protects the public, who knowingly or otherwise would become residents of a former drug lab where residual contamination from the manufacturing of dangerous drugs remained.

Effective June 11, 2003, A.R.S. §12-1001, Joint legislative oversight committee on residual contamination of drug properties was established to submit a report of findings and provide recommendations to the Governor, President of the Senate and the Speaker of the House of Representatives about the effectiveness of the program established by A.R.S. §12-1000.

A.R.S. §12-990, Article 12. abatement of crime property became effective June 2003, and defines clandestine drug laboratory, drug laboratory site remediation firm, various drugs, and criteria for contamination.

Appendix F: How to Start a DEC Team

The Drug Endangered Children Resource Center (<http://www.decresourcecenter.org/DECresource.html>) suggests the following steps that local communities can take to start a DEC Team:

1. Consider possible team members from each agency including CPS, Prosecutor's Office, Law Enforcement, and Medical Personnel. Find individuals who are interested in the issue and like working with multidisciplinary teams.
2. Schedule time for regular meetings and decide how to communicate (i.e. email, phone, fax, etc.) Develop a consistent structure for the meetings. Ongoing discussions could take place about what are DEC team goals and what are team priorities in handling a case.
3. Develop a Memorandum of Understanding (MOU). Components of the MOU might include:
 - Purpose
 - Mission, Goals, and Purpose Statement
 - Responsibilities of Each Team Member representing the overall multidisciplinary protocol.
 - Process for Review and Revision
 - Forms
 - Identification of Helpful Resources
 - Signature Page for all Agencies
4. Develop a local protocol for what should happen during an intervention at a meth lab where children are present.
5. Distribute draft protocols among agency colleagues for input/feedback. Revise protocol based on feedback. Publish the protocol with a date and caveat that revisions will take place as appropriate.
6. Identify team member's need for informal and formal training.
7. Identify key auxiliary agencies that the team wants involved in DEC cases that need DEC training. Agencies could include behavioral health providers, fire personnel, foster parents, probation/parole officers, school personnel, substance use treatment providers, domestic violence service providers, and court personnel. Schedule meetings to explain DEC.
8. Outreach to service providers to assist DEC children and families. Develop additional MOUs to build multidisciplinary support and comprehensive interventions.
9. Develop a locally relevant training module that DEC team members can present to non-DEC agencies and organizations for outreach and/or education at the local level to build community support for DEC teamwork and assist in prevention efforts.

10. Develop a method to monitor progress and effectiveness of the protocols and discuss how the DEC process can be improved.

Contact Mark Evans, Assistant Attorney General at mark.evans@ag.state.az.us for additional information.

Appendix G: Exposing Children to Drugs and Clandestine Meth Labs is Child Abuse

Exposure to meth manufacturing can harm anyone, but is particularly dangerous to children. This is why once discovered; children who live in meth labs need special and immediate attention from a variety of professionals including medical, legal, and child welfare. The dangers include contamination, fire and explosions, child abuse and neglect, hazardous living conditions, and other social problems.

Contamination: One of the greatest dangers of a meth lab is contamination. Contamination can occur in a number of ways, through the skin, soiled clothing, household items used in the lab, second hand smoke and ingestion. Children living in meth labs are more likely than adults to absorb more of the chemicals into their bodies because of their size, and higher rates of metabolism and respiration.

The chemicals used to produce meth are often stored in unlabeled food and drink containers on floors and countertops placing toddlers and infants at increased risk of harm due to normal child behaviors such as putting their hands and other objects into their mouths, crawling, and playing on floors. Poor ventilation due to attempts to seal in smells and add privacy increases the likelihood of inhaling toxic fumes. It is common for children living in and around meth labs to be exposed to waste byproducts dumped in outside play areas. While much remains to be learned about the long-term medical consequences of meth exposure in childhood, potential damage from chemical exposure includes anemia, neurologic symptoms, and ongoing respiratory problems.

Fires and Explosions: Many meth labs are discovered as a result of fires or explosions. Even without a heat source, fires can start from chemical vapors and spread very quickly. For instance, plugging in an appliance near lab fumes presents a danger of fire. Young children are less likely than adults to escape from or survive a meth lab-related fire or explosion. This is not only because of their age and lack of mobility, but because their caretakers are often drug dependent and do not attempt to, or may not have the capacity to save them.

Child Abuse and Neglect. The presence of meth manufacturing is often accompanied by increased risk of other problems such as domestic violence; severe physical neglect (i.e., lack of food, medical, and dental care and appropriate supervision); emotional neglect, and physical and sexual abuse. Children who live in meth labs experience chaotic home environments, with poor supervision, and adult role models who are involved in criminal behaviors. The use of illicit drugs and heavy alcohol use affect caregiver judgment, putting children at increased risk of abuse and neglect. Many children who live in meth labs are also exposed to pornographic material and overt sexual activity.

Hazardous Living Conditions: Hazardous living conditions and filth are common in home-based meth labs. Play, sleep and eating areas may be infested with rodents and insects. Rotten food, used needles, dirty clothes and dishes, animal feces, and garbage

piled on floors and counters, are commonly found by investigating officers. Drug paraphernalia such as razor blades, needles, and pipes are often within a child's reach. Explosives and booby traps are used to protect the meth lab from discovery. Booby traps can include hidden sticks with exposed nails or spikes, and switches wired to explosives. Firearms have been found at some meth labs, loaded and in easy-to-reach locations. Children may be shocked or electrocuted from exposed wires or as a result of unsafe electrical practices used in the meth manufacturing process. Dangerous dogs used to protect the premises from intruders can also pose physical danger to the children.

Social Problems: Children living in meth labs often experience stress and trauma that can affect their behavioral, emotional, and cognitive functioning. They often exhibit low self-esteem, a sense of shame, and poor social skills. Many have attachment problems and are not emotionally bonded to a parent or other caring adult. Symptoms of attachment disorder include an inability to trust, form healthy relationships, and adapt to change. Consequences may include mental health problems, delinquency, teen pregnancy, school failure, isolation and poor peer relations. The problems the children encounter may lead them to model their parents' drug use, thus perpetuating the cycle.

(Adapted from Karen Swetlow, June 2003, Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims, OVC Bulletin, pp. 1-10; Clair Keithley, Deputy District Attorney, Butte County, Theories of Child Endangerment)

Appendix H: Sample Forms

Samples of the following are included as examples of forms that are appropriate for use as a part of the DEC protocol.

H.1. Meth Lab Investigation Form – Child Protective Services

H.2. Methamphetamine Medical Screen Approval Form

In addition, forms used for the medical evaluation can be found at the following websites:

Early Periodic Screening, Diagnosis and Treatment (EPSDT) form --

http://www.ahcccs.state.az.us/PlansProviders/Forms/OMM_EPSDT/epsdt_trackformspg.asp

Denver Developmental Screening Tool -- <http://www.denverii.com/home.html>

Appendix H.1-Meth Lab Investigation Form, Child Protective Services

SAMPLE

CASE NAME _____ **DR#** _____

ADDRESS _____

PHONE# _____

ASSIGNED CASE WORKER: _____

PRIORS **YES** **NO** **UNKNOWN**

RESPONDING LAW ENFORCEMENT SUPERVISOR NAME _____

HIDTA

CHILDHELP DETECTIVE NAME'S _____

MOTHER

MOTHER'S NAME _____ **D.O.B.** _____

SS# _____

PLACE OF BIRTH _____ **RACE** _____

MARRIED **YES** **NO** IF YES, TO WHOM AND WHEN _____

MAIDEN NAME _____

EMPLOYMENT INFORMATION _____

OTHER INCOME SOURCES _____

EDUCATION COMPLETED _____

OTHER AGENCY OR PROVIDER INVOLVEMENT _____

OTHER INFORMATION _____

FATHER #1

FATHER'S NAME _____ **D.O.B.** _____

FATHER TO WHOM: _____

SS# _____

PLACE OF BIRTH _____ **RACE** _____

MARRIED **YES** **NO** IF YES, TO WHOM AND WHEN _____

EMPLOYMENT INFORMATION _____

OTHER INCOME SOURCES _____

EDUCATION COMPLETED _____

OTHER AGENCY OR PROVIDER INVOLVEMENT _____

OTHER INFORMATION _____

FATHER #2

FATHER'S NAME _____ D.O.B. _____

FATHER TO WHOM: _____

SS# _____

PLACE OF BIRTH _____ RACE _____

MARRIED YES NO IF YES, TO WHOM AND WHEN _____

EMPLOYMENT INFORMATION _____

OTHER INCOME SOURCES _____

EDUCATION COMPLETED _____

OTHER AGENCY OR PROVIDER INVOLVEMENT _____

OTHER INFORMATION _____

FATHER #3

FATHER'S NAME _____ D.O.B. _____

FATHER TO WHOM: _____

SS# _____

PLACE OF BIRTH _____ RACE _____

MARRIED YES NO IF YES, TO WHOM AND WHEN _____

EMPLOYMENT INFORMATION _____

OTHER INCOME SOURCES _____

EDUCATION COMPLETED _____

OTHER AGENCY OR PROVIDER INVOLVEMENT _____

OTHER INFORMATION _____

Sample Meth Lab Investigation Form, Child Protective Services (continued)
CHILDREN

CHILD NAME #1 _____ D.O.B _____

SS# _____

PLACE OF BIRTH _____ FEMALE MALE

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ DR. NAME _____

SHOT'S UP TO DATE YES NO ATTENDING SCHOOL _____

ADDRESS _____ PHONE _____

OTHER INFORMATION:

CHILD NAME #2 _____ D.O.B _____

SS# _____

PLACE OF BIRTH _____ FEMALE MALE

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ DR. NAME _____

SHOT'S UP TO DATE YES NO ATTENDING SCHOOL _____

ADDRESS _____ PHONE _____

OTHER INFORMATION:

Sample Meth Lab Investigation Form, Child Protective Services (continued)

CHILD NAME #3 _____ D.O.B _____

SS# _____

PLACE OF BIRTH _____ FEMALE MALE

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ DR. NAME _____

SHOT'S UP TO DATE YES NO ATTENDING SCHOOL _____

ADDRESS _____ PHONE _____

OTHER INFORMATION:

CHILD NAME #4 _____ D.O.B _____

SS# _____

PLACE OF BIRTH _____ FEMALE MALE

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ DR. NAME _____

SHOT'S UP TO DATE YES NO ATTENDING SCHOOL _____

ADDRESS _____ PHONE _____

OTHER INFORMATION:

Sample Meth Lab Investigation Form, Child Protective Services (continued)

CHILD NAME #5 _____ D.O.B _____

SS# _____

PLACE OF BIRTH _____ FEMALE MALE

ANY MEDICAL PROBLEMS _____

HEALTH PLAN _____ DR. NAME _____

SHOT'S UP TO DATE YES NO ATTENDING SCHOOL _____

ADDRESS _____ PHONE _____

OTHER INFORMATION:

RELATIVES

NAME: _____ **PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____

DOB: _____ **SS#** _____

OTHER INFORMATION: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____

DOB: _____ **SS#** _____

OTHER INFORMATION: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

RELATIONSHIP: _____

DOB: _____ **SS#** _____

OTHER INFORMATION: _____

Sample Meth Lab Investigation Form, Child Protective Services (continued)

TYPE OF CUSTODY TCN POA OTHER

ARRESTS: YES NO MOTHER FATHER OTHER

ICWA: _____ DV: _____

CHEMICALS / EQUIPMENT _____

CHILDREN ACCESS TO LAB YES NO WHERE _____

IF YES, HOW AND WHERE _____

VENTING IN HOME YES NO

IF NO, WHERE VENTING _____

PHOTOGRAPHS TAKEN BY CPS

PHOTOGRAPHS TAKEN BY PD

VIDEO TAKEN ON SCENE

PS045 REVIEWED/SIGNED

PAC189 GIVEN

PAC518 GIVEN

CHILD SAFETY ASSESSMENT COMPLETED

Appendix H.2-Methamphetamine Medical Screen Approval Form

SAMPLE

FORENSIC MEDICAL EXAM APPROVAL FORM

This form is used by CPS and medical professionals to document authorization for a forensic medical exam to be completed.

Case Name: _____ Case ID# _____

Participant Name: _____

Participant ID# : _____

Case Manager: _____ Date: _____

The above listed case has been staffed with the assigned case manager and supervisor in accordance to District I policy. Dr. _____ (Contracted Physician) has been authorized to conduct a forensic medical exam on _____ (today's date).

Additional comments: _____

Signature of Case Manager: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Distribution: CPS Case File

Contracted Forensic Medical Exam Physician