

CALHOUN COUNTY CHILD ABUSE PROTOCOL
June 1998
Amended February 2007

I. Statement of Purpose

Prosecutors, law enforcement, child protective services and other professionals recognize the special needs of child victims and are committed to working together efficiently as a multi-disciplinary team to reduce trauma for victims and their families.

This protocol shall apply to those situations described in Section 8(3) of the Child Protection Law, as amended. This protocol shall serve as a minimum standard for investigations. In order to provide a more consistent and appropriate response to children, representatives of designated agencies agree to adopt and adhere to this protocol.

Michigan Child Protection Law Provides:
Section 2(f) "Department" means the Department of Human Services.
Section 8(3) of the Michigan Child Protection Law Provides:

In conducting its investigation, the department shall seek the assistance of and cooperation with law enforcement officials within 24 hours after becoming aware that 1 or more of the following conditions exists:

- (a) Abuse or neglect is the suspected cause of a child's death.
- (b) The child is the victim of suspected sexual abuse or sexual exploitation.
- (c) Abuse or neglect resulting in severe physical injury to the child requires medical treatment or hospitalization. For purposes of this subdivision, *severe physical injury* means brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or physical well being of a child.
- (d) Law enforcement intervention is necessary for the protection of the child, a department employee, or another person involved in the investigation.
- (e) The alleged perpetrator of the child's injury is not a person responsible for the child's health or welfare.

II. Goals

The overriding philosophy of this protocol is to consider first and foremost what is best for the child. The following goals serve as a basis for this protocol:

- To reduce trauma and provide protection and continuing support for victims of abuse and their families.
- To ensure child abuse cases are promptly and effectively investigated, prosecuted or otherwise resolved by agencies in a cooperative manner.
- To increase awareness and reporting of child abuse cases.
- To gain improved cooperation among professionals, agencies and the community.
- To identify and utilize available community resources for ongoing support and follow-up to meet the needs of victims, families and offenders.
- To ensure that all professionals covered by this protocol are properly trained and to promote interdisciplinary education.
- To monitor child abuse cases by data collection and evaluation in order to improve the handling of cases.
- To identify gaps in services and resources and promote development of needed services and resources.
- To reduce recidivism.

III. Reporting Child Sexual Abuse or Serious Physical Abuse

- A. Upon Child Protective Services (CPS) receipt of reported child sexual abuse or physical abuse as defined in Section 8(3) of the Child Protection Law CPS shall:
 - 1. Immediately notify the appropriate law enforcement Coordinated Investigative Team (CIT) member/agency.
 - 2. Notify the designated team leader (prosecutor).
- B. Each law enforcement agency shall establish written procedures apprising CPS of the following:
 - 1. Handling of child abuse cases during normal business hours.
 - 2. Handling of child abuse cases after normal business hours, weekends, and holidays.
 - 3. Procedures for immediately notifying CPS when a report of child abuse is received by the agency.
- C. The Multidisciplinary Team members will provide assistance to each participating county law agency in the development of procedures, if requested.

IV. Coordinated Investigative Team Approach

A. Coordinated Investigative Teams (CITs)

1. Each member of the team(s) will have received specialized training in the handling of physical and sexual child abuse cases and the team(s) will include the following individuals:
 - a. Prosecuting Attorney - Team Leader
 - b. Police Investigators
 - c. Protective Services Workers
 - d. *CAC staff*
 - e. *Forensic interviewer*
 - f. Medical Professionals
 - g. Mental Health Professionals
2. Not every case will require the participation of all members of the team.
3. Each law enforcement agency shall designate at least one officer and an appropriate backup officer/agency, specifically identified and specially trained to handle cases of child abuse occurring within their jurisdiction.
4. An appropriate on-call notification system for all cases received shall be developed, maintained, or enhanced.
5. All designated team members shall be provided with a telephone and/or pager number contact list that shall be maintained and distributed by the *CAC Coordinator*. This list shall be updated as necessary.

B. Investigative Objectives:

1. Determine if child was abused or neglected and whether the child is in need of protection.

2. Determine whether there is probable cause to believe a crime was committed.
3. Minimize trauma to the victim.

V. Prosecutors

- A. To facilitate this protocol, the prosecuting attorney shall:
1. Take a leadership role in the development and implementation of this child abuse protocol in accordance with the statewide protocol and Sec. 8 (6) of P.A. 166.
 2. Serve in a leadership position for the coordination of the activities of the investigation.
 3. Provide legal counsel on issues relative to the investigation and prosecution of suspected child abuse.
 4. *Assist the CAC Coordinator* with in-service training for local members of the CIT not less than annually.
- B. The prosecuting attorney shall establish consistent practices for the charging, plea negotiation, and disposition of child abuse cases that achieve the following:
1. Minimize trauma to the child victim relative to all proceedings.
 2. Prosecutors participating in the CIT effort will be specially trained to handle cases of child abuse.
- C. To enhance the advocacy of child abuse victims, the prosecuting attorney shall:
1. When possible, designate a staff member(s) to act as the advocate for child abuse victims.
 2. Establish office policy that accommodates the special needs of child abuse victims and their exposure to the civil and criminal justice system.

VI. Child Advocacy Center Coordinator

- A. Following an allegation of sexual abuse or physical abuse [*involving a child's death or serious injury requiring medical treatment or hospitalization – Sec. 8 (3) CPL*] and an initial safety assessment by law enforcement and/or CPS, the investigator shall contact the Child Advocacy Center, a program of Sexual Assault Services, to request the scheduling of an investigative interview. Investigative interviews will only be scheduled when initiated by law enforcement, CPS, the CAC Coordinator, or through authorization by the Prosecutor's Office when an interview does not fall within the Calhoun County Child Abuse Protocol.
- B. The Child Advocacy Center Coordinator, the Assistant Coordinator, (or other CAC/SAS personnel) will schedule the investigative interview. Recognizing that each child is different, this interview will be scheduled when a disclosure and/or an allegation of sexual or physical abuse have been made or when a disclosure is anticipated and the child will not be unduly traumatized by the interview. The health and well being of the child are the primary concern.
- C. The CAC staff will make every attempt to schedule the interview within five working days. The CAC staff will be responsible for contacting the involved agencies to ensure that all are present for the interview. **All multidisciplinary team members will be instructed to arrive 15 minutes before the scheduled interview to participate in the pre-interview discussions. All multidisciplinary team members shall also participate in the post-interview discussions.**
- D. Interviews will take place at the Children's Advocacy Center, or at another suitable facility if an emergency arises, as agreed upon by the MDT members.
- E. It will be the responsibility of CPS and/or law enforcement to secure the attendance of the child (ren). Non-offending parents or other support persons are permitted to accompany the child (ren) to the Children's Advocacy Center. They will not be permitted to observe the interview, as this is a part of a law enforcement investigation.
- F. The investigator (law enforcement or CPS) will make every attempt to provide the CAC Coordinator a copy of any initial report at least 24 hours prior to the interview.

- G. The parent or guardian of the child will meet briefly with the multidisciplinary team before the interview so that the forensic interviewer and any other interested party may obtain information which is relevant and necessary to the forensic interview. The parent or guardian will be offered an opportunity to meet with the multidisciplinary team after the conclusion of the interview.
- H. If age appropriate, the child will be informed during the forensic interview that they are being recorded.
- I. A contractual forensic interviewer, the CAC Coordinator, or other qualified personnel designated by the CAC Coordinator will conduct the investigative interview. If the investigating law enforcement officer or the CPS worker wishes to conduct the interview, either may do so with the agreement of the MDT members present. Any individual who conducts a forensic interview must have undergone forensic interview training conducted by at least one of the following entities: PAAM, CornerHouse, APSAC, or the National Child Advocacy Center. Additionally, all interviewers must follow the Michigan Forensic Interviewing Protocol. In the event of a disagreement of who shall conduct the interview, the assistant prosecuting attorney present for the interview will make the final decision.
- J. It is the responsibility of the law enforcement officer to collect the DVD recording, drawings, body maps or writings that were created during the forensic interview so that they may be held as evidence pursuant to MCL 600.2163 (a).
- K. The multidisciplinary team members observing the interview shall hold a brief post-interview meeting to collectively review their respective notes, evaluate the information gathered, and coordinate planning for the completion of the investigation and further action as indicated.
- L. The CAC Coordinator shall be responsible for providing in-service training for the local members of the CIT not less than annually.

VII. Child Protective Service and Police Investigations

- A. The CIT shall proceed with an investigation, including:
1. Interviewing of victim pursuant to the forensic interview protocol.
 2. Interviewing all witnesses, including children.
 3. Interviewing members of victim's family including children.
 4. Collecting and preserving evidence.
 5. Interviewing of alleged perpetrator(s).
 6. The above procedure is followed when there are multiple victims.
- B. The designated CIT law enforcement member in consultation with the prosecuting attorney and Child Protective Services shall be responsible for management of the following areas:
1. Collection and retention of evidence.
 2. Interviewing of victim(s), accused, witnesses.
 3. Selecting location of interviews.
 4. Methods used in interview.
 5. Law enforcement agency shall immediately assign agency complaint number.
- C. When an allegation involves **sexual abuse** that has occurred within approximately 72 hours (96 hours for 13 years and older), *the team member responsible for the investigation shall arrange for an immediate medical examination with a professional trained in the evaluation of child abuse and pediatric forensic medical examinations.*

D. When an allegation involves **sexual abuse** which has not taken place within the last approximately 72 hours (96 hours for 13 years and older), an examination with a medical professional who specializes in *the evaluation of child abuse and pediatric forensic medical examinations* is strongly recommended.

E. **Physical abuse**

1. If severe or life-threatening:
 - a. The child should be taken to an appropriate emergency care facility for evaluation.
 - b. Injuries should be documented on body maps and with photographs as much as possible.
 - c. The child should be transferred to an appropriate facility as medically indicated.
 - d. Police assistance should be sought if parental consent for transfer to an appropriate facility is not given.
2. If not severe or life-threatening or requiring care for fractures or significant lacerations, the child should be evaluated by a health care provider who can document physical findings with use of body maps and photographs.

VIII. Medical Personnel

- A. When medical personnel identify or have reasonable cause to believe sexual and/or physical abuse is suspected, including self- reporting by a child, s/he shall:
1. Telephone referral to Child Protective Services immediately.
 2. Complete and submit DHS form 3200 (*Report of Actual or Suspected Child Abuse or Neglect*) within 72 hours.
- B. Physical examination of child.
1. Conducted by specially trained medical personnel (see section F for qualifications).
 2. Testing for STDs done in accordance with standardized sexual assault protocol (see separate document on medical exam). Cultures to be done on prepubertal children based on history or physical likelihood of STD exposure.
 3. Sexual Assault evidence collection kit will be used when appropriate, adapting collection procedures based on child's physical development.
 4. Results of the medical exam should be carefully documented utilizing body maps and photographs whenever possible.
 5. A "*Release of Medical Records*" to be obtained at the time of the exam so the information can be shared with law enforcement, DHS, and prosecution for investigative purposes.
- C. Collecting medical history for the purpose of medical diagnosis or treatment
1. Whenever possible, limit the questioning of the child to the person who will examine the child.
 2. Question the parent(s) or guardian(s) of the child individually whenever possible.

Documentation.

1. Accurate and detailed statements from children are essential for the other CIT members. Statements concerning child abuse made by a child during the course of medical diagnosis and treatment are generally admissible in court.
2. All health care professionals licensed by the state of Michigan can provide testimony regarding the child's statements (*subject to the Michigan Rules of Evidence*).

E. Admission to hospital.

1. Child can be admitted without parental consent if:
 - a. Parents threaten to remove the child against medical advice.
 - b. Release could endanger the child's health or welfare.
 - c. CPS obtains a Temporary Care Order (TCO).
2. Hospital can retain child under child protection law in temporary protective custody until the next regular business day of the Family Division of Circuit Court.
 - a. CPS must be contacted immediately.
 - b. CPS can request a Temporary Care Order.
 - c. Police assistance should be obtained when necessary.

F. Medical expertise requirements for **sexual abuse exams**.

1. Acute sexual abuse – “last suspected or possible sexual contact within the last 72 hours”.
 - a. The examiner shall have documented training in the evaluation of sexual assault of children, forensic evidence collection procedures and basic forensic interviewing techniques from a recognized training facility the within the past five years.

- b. The examiner shall also maintain current updates at least every two years in this area of specialty.
 - c. The training shall be documented in terms of formal course work, supervision, or attendance at conferences, seminars and workshops.
2. Non-acute sexual abuse – “last sexual contact greater than 72 hours or of long standing duration”.
- a. The examiner must meet the above minimum requirements.
 - b. The examiner shall be a physician, DO, physician assistant, advance practice nurse, or a specially trained nurse examiner.
 - c. The examiner shall have additional training in the assessment of non-acute sexual abuse of children.

G. Physical abuse assessments.

1. If severe or life-threatening:
- a. The child should be taken to an appropriate emergency care facility for evaluation.
 - b. Injuries should be documented on body maps and with photographs as much as possible.
 - c. The child should be transferred to an appropriate facility as medically indicated.
 - d. Police assistance should be sought if parental consent for transfer to an appropriate facility is not given.
2. If not severe or life-threatening or requiring care for fractures or significant lacerations, the child should be evaluated by a health care provider who can document the physical findings with use of body maps and photographs.

H. Investigation of whether actual child abuse has occurred is, by law, the responsibility of DHS and law enforcement officials [CPL, Section 8(1)(2)(3)].

XI. Mental Health Personnel

- A. When mental health personnel identify or have reasonable cause to believe sexual and/or physical abuse is suspected, including self-reporting by a child, s/he shall:
1. Telephone referral to Child Protective Services immediately.
 2. Complete and submit DHS form 3200 (*Report of Actual or Suspected Child Abuse or Neglect*) within 72 hours.
- B. Documentation.
1. Accurate and detailed statements from children are essential for the other CIT members. Statements concerning child abuse made by a child during the course of medical diagnosis and treatment are generally admissible in court.
 2. All mental health professionals, with advanced degrees in social work, psychology or counseling, who are licensed/registered by the state of Michigan to perform assessments and develop treatment plans independently or with supervision, can provide testimony regarding the child's statements about abuse or neglect.
- C. Role of Mental Health Professional
1. A qualified mental health professional that is trained in the CIT procedures may serve as a consultant to the team upon request.
 2. A mental health professional that has knowledge of the dynamics of abuse with children and knowledge of the CIT procedures will:
 - a. Assist in developing a resource list for families needing mental health services.
 - b. Assist in coordinating training for the community mental health professionals.
 - c. Serve as a member of the case review team.

- D. Investigation of whether actual child abuse has occurred is the responsibility, by law, of DHS and law enforcement officials [CPL, Section 8(1)(2)(3)].

X. School Personnel

- A. All of the following are required by law and should be complied with regardless of any other requirements of the school. This is an individual's responsibility.
- B. When school personnel or regulated childcare providers identify or have reasonable cause to believe sexual and/or physical abuse is suspected, including self-reporting by a child, s/he shall:
1. Telephone referral to Child Protective Services immediately.
 2. Complete and submit DHS form 3200 (*Report of Actual or Suspected Child Abuse or Neglect*) within 72 hours.
- C. Public and private schools and other institutions shall cooperate with Department of Human Services (DHS) during an investigation of a report of child physical abuse, sexual abuse, or neglect. School personnel shall cooperate with the CIT interview process.
1. Cooperation includes allowing access to the child without parental consent pursuant to Section 8(8) of the Child Protection Law and allowing DHS to interview the child alone.
 2. As soon afterward as possible, DHS shall notify the person responsible for the child's health and welfare that DHS had contact with the child.
 3. Investigation of whether actual child abuse has occurred is the responsibility, by law, of DHS and law enforcement officials [CPL, Section 8(1)(2)(3)].
 4. No child shall be subjected to a search at school that requires the child to remove clothing to expose buttocks, genitalia, or breasts [CPL, Section 8(10)].
- D. The law does not preclude a school from investigating reported claims of child abuse committed by its employees. All other requirements imposed by the law must be met first.
1. An internal investigation must be coordinated with any investigation being conducted by DHS or law enforcement to

insure proper case management for possible criminal investigation.

2. An internal investigation shall not take precedence over the requirements of reporting to DHS or law enforcement.
3. An internal investigation shall not interfere with or hinder an investigation being conducted by DHS or law.
4. Any additional information pertaining to the original allegation that is discovered by an internal investigation shall be shared with CPS and law enforcement.

X. General Principles

- A. In all cases, confidentiality is imposed upon both DHS and the law enforcement agency. While the law enforcement agency may receive information from the central registry of DHS, the statute provides the information so received may only be disseminated to another entity named in the statute.
- B. *All interviews, inculpatory or exculpatory, must be retained by the investigating law enforcement agencies as evidence pursuant to MCL 600.2163 (a).*
- C. The results of all examinations of the child performed by specialized personnel (including medical, psychiatric, and psychological evaluations) shall promptly be made available to both DHS and the investigating law enforcement officer.
- D. In all cases where it is determined that the alleged perpetrator is not a “person responsible for the child’s health or welfare,” as defined in the Child Protection Law, MCL 722.621 et seq., CPS shall promptly turn over the matter to the appropriate law enforcement agency for investigation and disposition.
- E. Open communication between all parties is encouraged to resolve any difficulties that may arise in the implementation of this protocol.
- F. In all cases, the best interests and welfare of the child are of primary importance and the ultimate disposition should reflect this principle. The opinions and advice of all agencies involved in protecting the child should be considered before any final decisions are made.
- G. Anatomically explicit dolls and other aids, if used, should only be used with caution *only after* receiving proper training.
- H. To ensure accurate information from children and protect the rights of the accused, all CIT members should utilize a forensic interview method as described in the Michigan Forensic Interviewing Protocol.

CALHOUN COUNTY CHILD ABUSE PROTOCOL

This protocol is hereby agreed to and approved by the following agencies. This protocol may be amended as deemed necessary with the approval of the signing agencies:

Name John E. Ruben Date 2/27/07
Agency Homes P.D.

Name David Headings Date 2/27/07
Agency Battle Creek PD

Name [Signature] Date 2-27-07
Agency Prosecutor's Office

Name 1774 Dale W. Rust Date 2-27-07
Agency Michigan State Police #57

Name Rita A. Cole Date 2-27-07
Agency SPRINGFIELD PUBLIC SAFETY

Name Allen R. Byram Date 2-27-07
Agency Calhoun County Office of Sheriff

Name Frank [Signature] Date 2/27/07
Agency Emmett Township Public Safety

Name [Signature] Date 3/13/07

Agency Albion Dept of Public Safety

Name Michael Olson Date 4/5/07

Agency Marshall Police Department

Name Maria J. Vukos Date 3/19/07

Agency Coordinator, Child Advocacy Center / SAC

Name Nancy Fulker Date 3/29/07

Agency ASST. Coordinator, Child Advocacy Center / SAC

Name Phyllis VanDusen, RN, SAME Program ^{Coordinator} Date 3/29/07

Agency Sexual Assault Services of Calhoun Co. / Sexual Assault Nurse Examine

Name Susan E. Megee Date 5-7-07

Agency CALHOUN COUNTY DEPARTMENT OF HUMAN SERVICES

Name _____ Date _____

Agency _____

Name _____ Date _____

Agency _____

Addendum to the Calhoun County Child Abuse Protocol

- I. Victim Services
- II. Case Review

Victim Services

- A. Advocates of the Child Advocacy Center will be professional staff and volunteers specially trained in the area of child sexual abuse, the forensic interview process, the court system, and vicarious trauma. This training will be primarily offered through the Sexual Assault Services of Calhoun County volunteer program. The advocate's duties will include explanation of the forensic interview process; disseminating information to the families regarding various human services and counseling organizations; explanation of the various factors involved in vicarious trauma; and the offering of an overview of the court system to include the victim services component. Additionally, the advocate shall also be responsible for completing a *Child Advocacy Center Intake Form* and disseminating the Resource Folder to each family that they speak with.

- B. Upon the scheduling of a forensic interview by the CAC Coordinator or other designated personnel, attempts will be made to secure an advocate to sit with the family during the duration of the interview. Advocates will be contacted no less than 24 hours before the date of the interview. The CAC Coordinator will be responsible for the securing of the advocate.

- C. When scheduling a CIT involving a suspected juvenile offender, the CAC Coordinator will make an effort to request the services of the Juvenile Court Victim Services Assistant to act as the CAC advocate to ensure continuity of services as the case proceeds through the court system.

- D. The services of advocates at the CAC will be provided on a volunteer basis, to be provided free-of-charge to the CAC and to the family of the child victim.

Case Review

- A. All disciplines involved in the C.I.T. process, e.g. law enforcement, prosecutor's office, Department of Human Services, the CAC Coordinator(s), mental health professionals, medical professionals, victim services, and forensic interviewers shall take part in the case review process. This avenue of communication is to ensure open and effective dialogue regarding the processing of information surrounding the report and investigation of suspected child sexual or physical abuse, case status, and services that the family may require, therefore eliminating possible duplication of services.

- B. Case review shall occur the second Monday of the month from 10:30 a.m. to 12:00 p.m. in the law library of the Calhoun County Prosecutor's Office, or at another date and time as deemed necessary. The cases to be reviewed will be identified by the CAC Coordinator and disseminated to the members of the Multidisciplinary Team (MDT) no later than 1 week before the case review. It is the responsibility of each discipline to be prepared to speak about the specific case(s) that have been identified. Additionally, any member of the MDT may ask to add a case to be reviewed by contacting the CAC Coordinator no later than 1 week prior to the monthly meeting. The additional cases will be included with the team notification. If the notices have already been disseminated, the requested addition(s) will be sent as an addendum to the list of cases to be reviewed. The decision on what cases are brought to the team lies with the team members.

- C. A person having direct knowledge of the C.I.T. interview process, but not directly involved in the process itself, shall act as the facilitator of the case review. This person shall be identified and agreed upon by the M.D.T. members. The facilitator shall conduct the meeting in a professional, non-accusatory, and timely manner.

- D. The Child Advocacy Center representative will take notes at every case review and communicate to all appropriate parties recommendations from the case review for further action on a case.

- E. Each member of the case review shall keep confidential all information that is discussed within the confines of the meeting.