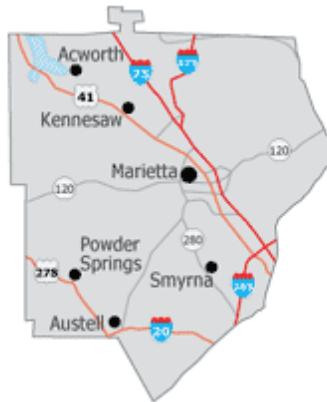


Cobb County Child Abuse Protocol



County Profile

Incorporated: December 2, 1832

Population: 698,158 (*U.S. Census Bureau 2008 Estimate*)

Total Area: 340 Square Miles (*U.S. Census Bureau 2003*)

Cobb County was created from Cherokee County, originally part of the Cherokee Indian Nation. It was the 81st county in Georgia and named for Judge Thomas Willis Cobb of Virginia, who served as a U.S. Senator, state congressman, and Superior Court Judge.

WILL BE UPDATED AS SOON AS ALL CHANGES ARE ACCEPTED
TABLE OF CONTENTS

	PAGE
PREFACE	4
Introduction	4
Mission.....	4
Membership and Requirements.....	4
Preamble.....	6
Confidentiality	7
 MANDATED REPORTING	 9
Georgia Code Section 19-7-5.....	9
Purpose	9
Mandated Reporter Statute Summary	14
 REPORTING PROCEDURES FOR AGENCIES	 15
General Procedures for Cobb County Schools, Marietta City Schools	15
Cobb County School District – Reporting Child Abuse (DFCS Protocol).....	16
Marietta City Board of Education – Reporting Child Abuse	25
Cobb and Douglas Community Services Board – Reporting Child Abuse... ..	26
Division of Family and Children Services – Reporting Child Abuse	26
Department of Corrections – Reporting Child Abuse	27
Department of Juvenile Justice – Reporting Child Abuse.....	28
District Attorney – Reporting Child Abuse.....	28
Juvenile Court – Reporting Child Abuse	29
Law Enforcement – Reporting Child Abuse	29
Magistrate Court – Reporting Child Abuse.....	30
Medical Examiner’s Office – Reporting Child Abuse.....	30
Medical Professionals – Reporting Child Abuse.....	31
Emergency Custody Procedures by Physician	31
Physician Liability	32
The Military – Reporting Child Abuse.....	32
SafePath Children’s Advocacy Center – Reporting Child Abuse	33
 INVESTIGATIVE PROCEDURES	 34
Joint Investigations – DFCS and Law Enforcement	34
Basic Law Enforcement Guidelines for Child Abuse Investigations	38
Receipt of Referral by DFCS.....	39
SafePath Children’s Advocacy Center’s Involvement during an Investigation	41
Medical Professionals’ Involvement during an Investigation	44
District Attorney.....	46
Military Investigation Procedures	47
 JUDICIAL PROCEDURES	 49
Judiciary Responsibilities.....	49
Juvenile Court	
Dependency Proceedings	49
Protective Orders	50
CASA.....	50
Citizen Review Panel.....	51
Delinquent Cases.....	52
 TREATMENT	 53
Treatment Format for Child Abuse Cases.....	53
Reporting Sexual Abuse (from disclosure during therapy).....	53
 PREVENTION	 54
Child Abuse Prevention Activities.....	54
Preventative Measures.....	55

CHILD FATALITY REVIEW	57
GA. General Assembly	57
O.C.G.A. 19-15-2.....	57
Georgia Child Fatality Preface.....	59
Cobb Child Fatality Overview.....	59
 MONITORING THE PROTOCOL AND CONFLICT RESOLUTION	 61
 APPENDIX A	 62
Cobb County Multidisciplinary Team Agreements	
Interagency Agreement	62
Memorandum of Understanding	64
 APPENDIX B	 69
Indicators and Risk Factors of Abuse/Neglect	
Neglect and Maltreatment.....	69
Physical Abuse.....	70
Munchausen by Proxy.....	71
Sexual Abuse	72
Emotional/Verbal Abuse.....	72
 APPENDIX C	 74
Multidisciplinary Team Case Review Procedure	
Mission	74
Role of MDT.....	74
MDT Core Members.....	74
MDT Peripheral Members.....	74
Agenda.....	75
Meeting Facilitation & Documentation	75
Case Tracking	75
Confidentiality	75
Conflict Resolution	75
 APPENDIX D	 76
Child Abuse Interview Protocol	
General Procedures	76
Making Referrals	76
Prior to Interview	77
Forensic Interview	77
After Interview.....	77
Extended Forensic Interview Procedures.....	78
 REFERENCE GUIDE	 80
Addresses, telephone numbers, and email addresses	80

PREFACE

I. INTRODUCTION

Citizens of Cobb County can take great pride in the accomplishments of the Protocol Committee since its beginning. The process by which cases of abuse are reported, investigated, tried, and managed has become more efficient. The following Child Abuse Protocol represents a great deal of effort by representatives from both the public and private sectors. It is hoped that this Protocol will enhance the cooperative effort made from all sectors to serve the children of Cobb County; however, it is important to realize that as the needs of the public grow and change, revisions to this Protocol will be necessary. We, the members of the Protocol Committee, view this instrument as a tool to serve our community and we are dependent upon you, the user of this tool, to make your needs known when revisions are indicated. The appropriate party to whom you should make your needs known is the Chairperson of the Cobb Protocol Committee or the Chief Superior Court Judge of this Circuit; he or she will, in turn, make this Committee aware of your concerns.

II. MISSION

The Cobb County Protocol Committee has these missions:

1. To write, review, and establish the protocol document outlining the procedures to be used in intervention, interviewing, investigating, and prosecuting cases arising from alleged child abuse and the methods to be used in coordinating treatment programs for the child, the non-offending family, and the perpetrator.
2. To coordinate the intervention efforts of all agencies that investigate, treat, and manage cases of child abuse and neglect.
3. To facilitate and support agencies whose efforts are directed at child abuse prevention

III. MEMBERSHIP AND REQUIREMENTS

The current code section mandates the following membership requirement standards for the protocol committee:

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

- A. Each county shall be required to establish a child abuse protocol as provided in this Code section.
- B. The Chief Superior Court Judge of the circuit in which the county is located shall establish a child abuse protocol committee as provided in subsection (c) of this Code section and shall appoint an interim chairperson who shall preside over the first meeting and the Chief Superior Court Judge shall appoint persons to fill any vacancies on the committee. Thus established, the committee shall thereafter elect a chairperson from its membership.

C.

- 1) Each of the following agencies of the county shall designate a representative to serve on the committee:
 - a. The office of the sheriff;
 - b. The county department of family and children's services;
 - c. The office of the district attorney;
 - d. The juvenile court;
 - e. The magistrate court;
 - f. The county board of education;
 - g. The county mental health organization;
 - h. The office of the chief of police of the county police department;
 - i. The office of the chief of police of the largest municipality in the county;
 - j. The county board of health (member must be a physician);
 - k. The office of the coroner or county medical examiner.
- 2) In addition to the representatives serving on the committee as provided for in paragraph (1) of this subsection, the Chief Superior Court Judge shall designate a representative from a local citizen or advocacy group which focuses on child abuse awareness and prevention.
- 3) If any designated agency fails to carry out its duties relating to participation on the committee, the chief superior court judge of the circuit may issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.

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

E. The protocol committee shall adopt a written child abuse protocol which shall be filed with the Division of Family and Children Services of the Department of Human Resources and the Georgia Child Fatality Review Panel, a copy of which shall be furnished to each agency in the county handling the cases of abused children. The protocol shall be a written document outlining in detail the procedures to be used in investigating and prosecuting cases arising from alleged child abuse and the methods to be used in coordinating treatment programs for the perpetrator, the family, and the child. The protocol shall also outline procedures to be used when child abuse occurs in a household where there is violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. The protocol adopted shall be consistent with the policies and procedures of the Division of Family and Children Services of the Department of Human Resources.

- F. The purpose of the protocol shall be to ensure coordination and cooperation between all agencies involved in child abuse cases so as to increase the efficiency of all agencies handling such cases, to minimize the stress created for the allegedly abused child by the legal and investigatory process, and to ensure that more effective treatment is provided for the perpetrator, the family, and the child, including counseling.
- G. Upon completion of the writing of the child abuse protocol, the protocol committee shall continue in existence and shall meet at least semiannually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating it.
- H. Each protocol committee shall adopt or amend its written child abuse protocol no later than July 1, 2001, to specify the circumstances under which law enforcement officers will and will not be required to accompany child abuse investigators from the county department of family and children services when these investigators investigate reports of child abuse. In determining when law enforcement officers shall and shall not accompany child abuse investigators, the protocol committee shall consider the need to protect the alleged victim and the need to preserve the confidentiality of the report. Each protocol committee shall establish joint work efforts between the law enforcement and child abuse investigative agencies in child abuse investigations. The adoption or amendment of the protocol shall also describe measures which can be taken within the county to prevent child abuse and shall be filed with and furnished to the same entities with or to which an original protocol is required to be filed or furnished. The protocol will be further amended to specify procedures to be adopted by the protocol committee to ensure that written protocol procedures are followed.
- I. The protocol committee shall issue a report no later than the first day of July in 2001 and no later than the first day of July each year thereafter. That report shall evaluate the extent to which child abuse investigations during the 12 months prior to the report have complied with the child abuse protocols of the protocol committee, recommend measures to improve compliance, and describe which measures taken within the county to prevent child abuse has been successful. The report shall be transmitted to the county governing authority, the fall term grand jury of the judicial circuit, the Georgia Child Fatality Review Panel, and the chief superior court judge.
- J. By July 1, 2001, members of each protocol committee shall receive appropriate training. As new members are appointed, they will also receive training within 12 months after their appointment. The Department of Human Resources shall provide such training.

IV. PREAMBLE

The purpose of the Child Abuse Protocol is to protect children who have been or, are alleged to have been, abused by ensuring, as much as possible, that the physical and emotional needs of the child are given priority over system or agency needs. As such, the policies set in the Child Abuse Protocol are not intended to exclude investigation, treatment, placement or other

actions taken by agencies, nor set forth certain investigative procedures for the police or prosecutors. While the failure to follow protocol may indicate an action that potentially may cause harm to a child, such a failure does not necessitate the conclusion that the actions are somehow legally flawed nor harmful to a child.

V. CONFIDENTIALITY AMONG THE PROTOCOL COMMITTEE

O.C.G.A. § 19-15-6

- (a) Records and other documents, which are made public records pursuant to any other provisions of law, shall remain public records notwithstanding their being obtained, considered, or both, by a protocol committee, a review committee, or the panel.
- (b) Notwithstanding any other provision of law to the contrary, reports of a review committee made pursuant to Code Section 19-15-3 and reports of the panel made pursuant to Code Section 19-15-4 shall be public records and shall be released to any person making a request therefore but the panel protocol committee or review committee having possession of such records or reports shall only release them after expunging there from all information contained therein which would permit identifying the deceased or abused child, any family member of the child, any alleged or suspected perpetrator of abuse upon the child, or any reporter of suspected child abuse.
- (c) Statistical compilations of data by a review committee or the panel based upon information received thereby and containing no information, which would permit the identification of any person, shall be public records.
- (d) Members of a protocol committee, a review committee, or of the panel shall not disclose what transpires at any meeting other than one made public by Code Section 19-15-05 nor disclose any information the disclosure of which is prohibited by this Code section, except to carry out the purposes of this chapter. Any person who knowingly violates this subsection shall be guilty of a misdemeanor.
- (e) A person who presents information to a protocol committee, a review committee, or the panel or who is a member of any such body shall not be questioned in any civil or criminal proceeding regarding such presentation or regarding opinions formed by or confidential information obtained by such person as a result of serving as a member of any such body. This subsection shall not be construed to prohibit any person from testifying regarding information obtained independently of a protocol committee, a review committee, or the panel. In any proceeding in which testimony of such a member is offered the court shall first determine the source of such witness's knowledge.
- (f) Except as otherwise provided in this Code section, information acquired by and records of a protocol committee, a review committee, or the panel shall be confidential, shall not be disclosed, and shall not be subject to Article 4 of Chapter 18 of Title 50, relating to open records, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

- (g) A member of a protocol committee, a review committee, or the panel shall not be civilly or criminally liable for any disclosure of information made by such member as authorized by this Code section.
- (h) Members of the review committee, persons attending a review committee meeting, and persons who present information to a review committee may release information to such government agencies as is necessary for the purpose of carrying out assigned review committee duties.
- (i) Notwithstanding any other provisions of law, information acquired by and documents, records, and reports of the panel and child abuse protocol committees and review committees applicable to a child who at the time of his or her death was in the custody of a state department or agency or foster parent shall not be confidential and shall be subject to Article 4 of Chapter 18 of Title 50, relating to open records.

MANDATED REPORTING

I. GEORGIA O.C.G.A. § 19-7-5

Reporting of child abuse; when mandated or authorized; content of report; to whom made; immunity from liability; report based upon privileged communication; penalty for failure to report

(a) The purpose of Code section 19-7-5 is to provide for the protection of children. It is intended that mandatory reporting will cause the protective services of the state to be brought to bear on the situation in an effort to prevent abuses, to protect and enhance the welfare of children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.

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

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

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

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

(4) "Child abuse" means:

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

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

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

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

(6.1) "Endangering a child" means:

- (A) Any act described by subsection (d) of Code Section 16-5-70;
- (B) Any act described by Code Section 16-5-73;
- (C) Any act described by subsection (l) of Code Section 40-6-391; or
- (D) Prenatal abuse, as such term is defined in Code Section 15-11-2.

- (7) “Pregnancy resource center” means an organization for facility that:
- (A) provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service.
 - (B) Does not provide or refer for abortions:
 - (C) Does not provide or refer for FDA approved contraceptive drugs or devices; and
 - (D) Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.
- (8) “Reproductive health care facility” means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.
- (9) “School” means any public or private pre-kindergarten, elementary school, Secondary school, technical school, vocational school, college, university, or institution of post-secondary education.
- (10) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:
- (A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
 - (B) Bestiality;
 - (C) Masturbation;
 - (D) Lewd exhibition of the genitals or pubic area of any person;
 - (E) Flagellation or torture by or upon a person who is nude;
 - (F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
 - (G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
 - (H) Defecation or urination for the purpose of sexual stimulation; or
 - (I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

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

deemed or construed to repeal any law concerning the age or capacity to consent.

- (11) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires that child to engage in:
- (A) Prostitution, as defined in Code Section 16-6-9; or
 - (B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.
- (c) (1) The following persons having reasonable cause to believe that suspected child abuse has occurred shall report or cause reports of such abuse to be made as provided in this Code section:
- (A) Physicians licensed to practice medicine, physician assistants, interns, or residents;
 - (B) Hospital or medical personnel;
 - (C) Dentists;
 - (D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
 - (E) Podiatrists;
 - (F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;
 - (G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
 - (H) School teachers;
 - (I) School administrators;
 - (J) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
 - (K) Child welfare agency personnel, as such agency is defined pursuant to Code Section 49-5-12;
 - (L) Child-counseling personnel;
 - (M) Child service organization personnel; or
 - (N) Law enforcement personnel; or
 - (O) Reproductive health care facility or pregnancy resource center personnel and volunteers.
- (2) If a person is required to report child abuse pursuant to this subsection because such person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, such person shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, modification, or make other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

- (3) When a person identified in paragraph (1) of this subsection has reasonable cause to believe that child abuse has occurred involving a person who attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, the person who received such information shall notify the person in charge of such hospital, school, social agency or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.
- (d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that suspected child abuse has occurred may report or cause reports to be made as provided in this Code section.
- (e) With respect to reporting required by subsection (c) of this Code section, an oral report by telephone or other oral communication or a written report by electronic submission or facsimile shall be made immediately, but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. When a report is being made by electronic submission or facsimile to the Division of Family and Children Services of the Department of Human Services, it shall be done in the manner specified by the division. Oral reports shall be followed by a later report in writing, if requested, to a child welfare agency providing protective services, as designated by the Division of Family and Children Services of the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

Photographs of the child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials, or employees or volunteers of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

- (f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child

welfare agency providing protective services or to an appropriate policy authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

- (g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report child abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.
- (h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully falls to do so shall be guilty of a misdemeanor.
- (i) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:
 - (1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or
 - (2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:

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

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

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

II. MANDATED REPORTING STATUTE SUMMARY

(*Summary provided by Cobb County District Attorney's Office)

Georgia law mandates that the people who come in contact with children should be held responsible for reporting suspected child abuse to authorities. These people must report to authorities if they have reasonable cause to believe that a child has been abused. This law requires abuse to be reported even if the abuse was learned through communications, which would otherwise be privileged or confidential. This means a privilege falls in favor of reporting suspected child abuse.

A report must be made to DFCS, law enforcement, or the district attorney.

Persons reporting suspected abuse are immune from civil liability if the report is made in good faith. **Failure to report suspected abuse is a misdemeanor.**

The following persons are considered mandated reporters of suspected child abuse:

Physicians, physician assistants, interns, residents; hospital or medical personnel; dentists; licensed psychologists and interns; podiatrists; registered nurses, licensed practical nurses; professional counselors, social workers, marriage and family therapists; teachers; school administrators; school guidance counselors, visiting teachers, school social workers, school psychologists; child welfare agency personnel; child counseling personnel; child service organization personnel; law enforcement; and reproductive health care facility or pregnancy center personnel and volunteers.

REPORTING PROCEDURES FOR AGENCIES

I. GENERAL PROCEDURES FOR COBB COUNTY SCHOOLS, MARIETTA CITY SCHOOLS – REPORTING CHILD ABUSE

- A. Every school in Cobb County and the City of Marietta School systems are responsible for the welfare of students from their entry on a school bus or school property to their leaving school property or the return to the bus stop.
- B. When a case of child abuse and neglect is suspected, the DFCS, law enforcement and/or both agencies may conduct the investigation.
- C. The school employee is not recognized as a skilled interviewer authorized to investigate and interview the child in the nature and circumstances of the abuse. Therefore, questioning should be limited to only enough information to allow the employee to make an appropriate referral. An investigation as to whether abuse has occurred is to be left to protective services of DFCS or the investigators of the police agency involved.
- D. **Reporting suspected child abuse as a mandated reporter:**
- Any school employee will report or cause report to be made to the principal or designee of the school the child attends if they believe that a child under the age of eighteen years has had physical injury or injuries inflicted upon him other than by accidental means, or has been neglected or exploited, or has been sexually assaulted.
 - Any principal or designee who is informed by an employee or other persons that a child may have been physically or sexually abused **will cause a report to be made immediately to the DFCS or law enforcement**, but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. When a report is being made by electronic submission or facsimile, it shall be done in a manner specified by the Division. Oral reports shall be followed by a later report in writing, if requested, to a child welfare agency providing protective services . . . or, in the absence of such agency, to an appropriate police authority or district attorney. (O.C.G.A. § 19-7-5(e)). Such report shall contain information as found in the school record including names and addresses of the child and the parent(s) or guardian(s), the child's age and the nature and extent of the child's injury (ies) as reported by the employee or complainant. **No interviews shall take place prior to said report to DFCS or law enforcement.**
 - **No employee** will make contact or cause contact to be made with the parent(s) or guardian(s) regarding the interview of any student by DFCS or any other law enforcement agency in a child abuse or neglect investigation.

- **No employee** will restrict, obstruct or hinder DFCS or a law enforcement agency from investigating the child abuse or neglect allegation.
- Every effort will be made to provide a private location for the investigations to be conducted.

II. COBB COUNTY SCHOOL DISTRICT – REPORTING CHILD ABUSE

Policy, Planning & Student Support

DFCS PROTOCOL

Effective: July 1, 2018

The District adheres to the reporting child abuse requirements found in O.C.G.A §§ 19-7-5 and 20-2-751.7 (“mandatory reporting”), as well as the Professional Standards Commission’s state mandated reporter process for students, volunteers, and employees to follow when reporting instances of abuse, including alleged inappropriate sexual or abusive behavior by another school employee.

Any student who has been the victim at school, home or any location of an act of abuse, sexual abuse, sexual misconduct, neglect or other inappropriate behavior by a teacher, administrator or other school system employee is urged to make a report of the act to any teacher, counselor or administrator at his/her school. Any parent/guardian or friend of a student who becomes aware a student has been the victim of abuse is also urged to make a report directly to DFCS.

What is the purpose of the mandatory reporting law?

The Georgia law mandates reports of suspected child abuse by school employees. O.C.G.A. § 19-7-5(a) states that its purpose is to provide for the protection of children. Mandatory reporting of abuse is intended “to cause the protective services of the state to be brought to bear on the situation”. Finally, it states that the law “shall be liberally construed so as to carry out the[se] purposes”.

What is child abuse?

Child abuse includes, but is not limited to, physical injury; death; neglect; exploitation; sexual abuse and sexual exploitation (including prostitution or sexually explicit conduct); verbal, psychological, or emotional abuse. O.C.G.A. § 19-7-5.

To whom do these requirements apply?

All District employees and volunteers are mandatory reporters under the law.

Anyone “employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children” is a mandatory reporter. O.C.G.A. § 19-7-5(b)(5).

When does the report have to be made?

A report of **suspected abuse**, “shall be made **immediately**, but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. When a report is being made by electronic submission or facsimile, it shall be done in a manner specified by the Division. Oral reports shall be followed by a later report in writing, if requested, to a child welfare agency providing protective services . . . or, in the absence of such agency, to an appropriate police authority or district attorney.” O.C.G.A. § 19-7-5(e).

What are the penalties for failure to report or an untimely report?

In addition to professional repercussions, such as termination of employment, a person required to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a criminal misdemeanor. O.C.G.A. § 19-7-5(h).

What does the law say about how to make report?

If danger is imminent, call DFCS at 1-855-422-4453 and if no answer or if no oral report is taken, call 911.

If a person is required to report child abuse, “that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection.” O.C.G.A. § 19-7-5.

See below for the District’s method by which the Principal or designee shall report or cause a report to be made.

The Principal/facility head or designee “may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report”; however, under no circumstances shall any person, including the Principal or designee, “*exercise any control, restraint, modification, or make other change to the information provided by the reporter*”. O.C.G.A. § 19-7-5.

How does an employee report abuse?

As discussed above, Department of Family and Children Services (DFCS) must be immediately notified, but in no case later than 24 hours; from the time there is reasonable cause to believe a child has been abused. All District employees and volunteers are mandated reporters.

- Contact the person in charge of the facility or his/her designee.
- If the designee is not available, the mandated reporter shall make the report on his/her own.
- Complete Form JG-4 (Georgia Child Protective Services Mandated Reporter Form) to the best of your ability, in order to prepare the information needed for making a report.

The mandated reporter can make a report using one of the following options:

- Option One: An oral report by telephone to 1-855-422-4453. This is a 24-hour reporting line.

- Option Two: A written report, Form JG-4, by electronic submission to cpsintake@dhs.ga.gov
- Option Three: Facsimile of Form JG-4 to 229-317-9663

In addition, the principal or person in charge of the facility should be informed of the report. Form JG-4 should also be emailed to childabusereport@cobbk12.org within the same 24-hour reporting window.

The District employee should not call the student at home and ask about the suspected abuse; nor make any contact with any member of the student's family unless the contact is with another student and is necessary to determine if reasonable cause exists to report this student may also be a victim of abuse. Asking for more information than is necessary to make a DFCS referral may have negative repercussions on the student and the ability of law enforcement to handle the matter. Form JG-4 should be completed to the best of the reporter's ability with accessible information at the time of the report.

How does a volunteer report abuse?

- Immediately call DFCS Intake at 1-855-422-4453 to verbally report information. This is a 24-hour reporting line.
- Report the call to the person in charge of the facility or designee immediately, but in no case less than 24 hours from the time there is reasonable cause to believe a child has been abused.
- The Principal or person in charge of the facility will complete the Georgia Child Protective Services Mandated Reporter Form (Form JG-4) and email to childabusereport@cobbk12.org and cpsintake@dhs.ga.gov.

How do reporters know who the school or facility designee will be?

Each year, the person in charge of the school or facility is required to appoint a designee or designees (i.e. school administrators, school counselors, school social worker, etc.). The identities of designees should be communicated to all school employees and to the appropriate Level Assistant Superintendent. At least one designee should be on the premises of the facility during the business hours of the facility.

What is the role of the designee?

The person in charge of the facility or the designee will assist reporters, including volunteers and staff, with reports to DFCS as discussed above.

However, **under no circumstances** will the person in charge of the designee, "exercise **any** control, restraint, modification, or make other change to the information provided by the reporter" but he or she "may provide any additional, relevant, and necessary information when making the report."

Therefore, the person in charge of the facility **cannot** advise a staff member that there is not reasonable cause to believe a child has been abused, but can add additional information to the report being made to DFCS to assist DFCS in their understanding of the matter.

What type of confirmation will the mandated reporter receive?

Within 24 hours of a school employee making a report of suspected child abuse, DFCS shall acknowledge, in writing, the receipt of the report to the reporting individual. Within five (5) days of completing the investigation of the suspected child abuse, DFCS shall disclose, in writing, to the

school counselor or principal for the school such child was attending at the time of the reported child abuse, advising as to whether the suspected child abuse was confirmed or unconfirmed.

What if an employee is the suspected abuser?

If a student has been allegedly abused by a district employee, the mandated reporter will immediately inform the principal or person in charge of the facility and follow the DFCS Protocol. Additionally, the following departments should also be notified with 24 hours:

- Cobb County School District Employee Relations office (770-420-4958) AND
- Cobb County School District Department of Public Safety (678-594-8620)

What if the situation involves an emergency or a suicidal ideation?

If danger is imminent, call DFCS at 1-855-422-4453 or Crimes Against Children at 770-801-3470. If no answer, or if no oral report is taken, call 911.

- **Contacting Emergency Medical Services (EMS)/911 in Connection with Abuse Reporting:**
 - If the student is in need of emergency medical services in the context of an abuse situation;
 - Follow the procedures outlined in Administrative Rule JLC (Student Welfare: School Health Services);
 - Notify DFCS using the process outlined, above;
 - Contact District Public Safety; and then
 - Notify the parent/guardian the student has been transported to the hospital, explain the physical reasons for transporting the student (i.e., the student was complaining of dizziness and you fear a possible brain concussion) but DO NOT indicate that child abuse is the suspected cause of the injury.
- **Contacting Prevention/Intervention in Connection with Suicidal Ideations:**
 - If the student is expressing suicidal ideations in connection with an abuse situation, the school should notify DFCS where abuse is present/suspected/alleged and also follow the Suicidal and Homicidal Ideation Protocol, which is available on both the Prevention/Intervention web site and the Student Support intranetsupport page.

When should I contact Crimes Against Children (CAC)?

Contacting CAC (phone number 770-801-3470) in addition to DFCS is appropriate if danger is imminent, when there is non-caretaker child on child abuse, or when sexual abuse is alleged.

What if a child is afraid to go home?

If you have made the required report and DFCS, Crimes Against Children (CAC), or other law enforcement agency has not responded and the student is afraid to go home:

- Employ professional judgment considering such factors as whether or not the student has a previous history of abuse or if there are visible signs of abuse. If you do not believe the environment is potentially dangerous at that time, send the student home on the bus. The District Department of Public Safety and your School Social Worker can offer advice in this situation.
- If a student expresses concern about a parent/guardian reaction to a bad grade or a discipline incident, DFCS, CAC, and other law enforcement agencies may not respond to this concern. Neither CPO's nor School Social Workers may transport students, so send the student home on the bus.

- If you keep a child at school and the end result of the inquiry is the student must be sent home, you will have to make arrangements for the student's transportation. You may not share with the parent/guardian the student missed the bus due to the fact he/she was afraid to go home because of possible abuse (O.C.G.A. § 49-5-40).

What about children who are home alone?

If you have concerns regarding a student being home alone, make an immediate referral to your School Social Worker. General guidelines may be found in the “**Home Alone Checklist**” (**Attachment #1**), but always consult with your School Social Worker. If you cannot contact your School Social Worker, contact the School Social Work Office at **678-581-6811**.

What if I need additional assistance or have questions?

- *If an employee or volunteer is unsure whether a report is required*, the person in charge of the facility or his/her designee may assist the staff member or volunteer with consultation. If the employee develops reasonable cause to believe that a report should be made (whether or not DFCS agrees), the process outlined above will be immediately followed. *Should you have any questions or concerns about a DFCS report that has been made*, the following individuals are available to assist you:
 - Ana Murphy – Supervisor, School Social Work, ana.murphy@cobbk12.org, phone 678-581-6811
 - Missy Marsh – Supervisor, School Counseling, gailcounselor.smith@cobbk12.org, phone 770-514-3832

Are child abuse reports confidential?

Yes. All reports of child abuse are confidential except as provided by law. O.C.G.A. 10-7-5(i) provides for confidentiality, as does O.C.G.A. § 49-5-40(b) Reports of child abuse are not generally subject to public inspection, and “each and every record concerning reports of child abuse is declared to be confidential”, and access is prohibited by O.C.G.A. § 49-5-40(b), except as specifically provided by law.

NO information about child abuse reporting is to be placed in the student's file or record. The school is not to make any parent/guardian contact regarding the reporting of possible abuse, regardless of the agency that comes to the school to interview the student.

What if a parent/guardian confronts the school about a suspected report?

School staff cannot confirm any information about reports of child abuse. Records or information regarding the referral shall not be released to the parent/guardian (O.C.G.A. § 49-5-40).

Any employee that believes that DFCS or any other agency has revealed his or her identity should report it to his/her Principal or head of the facility, who will report it to the Professional School Counseling Department or the School Social Work Department. An investigation of such breach of confidentiality may be requested from DFCS, as well as written confirmation of the resolution of the matter from DFCS.

Is the reporter protected?

Yes. Any person or entity participating in the making of a report or causing a report to be made is “immune from any civil or criminal liability . . . provided such participation pursuant to this Code section or any other law is made in good faith.” O.C.G.A. § 19-7-5(f).

How are investigations of child abuse reports by agencies to be conducted?

- *Interviews by outside agencies.* If DFCS, CAC, or other law enforcement agency comes to a school to interview a student regarding possible abuse, they are to be allowed to conduct the interview. No parental contact is to be made by the school, but will be made by the investigating agency if appropriate.
 - The student may be interviewed by law enforcement or other appropriate governmental investigating official.
 - The DFCS case manager should complete Form JCAB-1 each time he/she comes to interview the student. You should request a copy of the individual’s badge or agency identification. Where appropriate, you may ask to see the person’s driver’s license and/or may verify the identity of the DFCS investigator with the School Social Work Department or the identity of the law enforcement investigator with a Campus Officer or Department of Public Safety.
 - Form JCAB-1 and the attached copy of the case manager’s badge/agency identification should be kept in a separate confidential file and not the student’s permanent folder.
 - No investigation of child abuse should be conducted without the knowledge of the Principal or designee.
 - The investigation should occur in private. (Administrative Rules JG-R [Student Welfare] and JCAB-R [Interviews and Searches of Students])
 - The principal or designee may be present during the interview if the investigating agency requests that he or she be there for the comfort of the student; however, the principal or designee should not be a participant in the discussion. Otherwise, the principal or designee may place the student being interviewed in an area that can be visually observed by a school staff member.
- *Custody of the Child.* If DFCS or a law enforcement agency takes a student into custody, no parental contact is to be made by the school. The agency taking the student into custody will be responsible for that notification.
 - The School Social Work Department and the District Department of Public Safety should be notified to supervise the transfer of students. The individual removing the student from campus should complete Form JCAB-1 (Outside Agency Interviews and Investigations). No parental contact is to be made by the school. The agency taking the student into custody will be responsible for that notification.
- *Parent Intervention.* If a parent/guardian communicates to the school they do not want their student interviewed by anyone regarding a report of abuse:
 - If the communication is written, do not place it in the student’s file, but retain it for DFCS.
 - Inform the parent/guardian that they cannot prohibit school staff, DFCS, or law enforcement from interviewing their student at school.
 - If the communication concerns prohibiting the District employee who made the report from talking to their student, the parent/guardian still cannot dictate which staff the student can talk to at school. However, the Principal should advise the employee that he/she should not seek the student out unnecessarily but should maintain an “open door” policy and talk with the student if the student comes to him/her.

What about checking students’ bodies and photographs?

In some cases, it may be necessary to examine parts of a student’s body to determine the urgency of risk to the student to guide DFCS’ response. Review the following first:

- **Is the student willing to be checked?**
If not, the school must not force the student. If DFCS or CAC is coming, wait for them. If not, contact the District Department of Public Safety for further guidance.
- **How old is the student?**
Even if the student is willing to be checked, the age of the student should be considered. Extreme care should be used in determining whether the school staff should check any part of a middle school or high school student. In cases where the school staff believes it is necessary but not appropriate to check the student, contact should be made with the District Department of Public Safety.
- **What about checking students' intimate body parts?**
Intimate body parts include the primary genital area, anus, groin, inner thighs, or buttocks of a male or female and the breasts of a female. Intimate body parts should not be checked by school personnel. However, school nurses may check a student's intimate body parts if they have reason to believe the student may be seriously injured (for example, bleeding). At least one other employee should be present.
- **Who needs to be present if I check a student?**
Two administrators or other designated employees must be present when a student is checked. If possible, these two employees should be the same gender as the student. School Social Workers or School Nurses may be present. If law enforcement or the investigating agency is checking the student, the principal or designee(s) may be present if the investigating agency requests that he or she be there for the comfort of the student; however, the principal or designee should not be a participant.

In some cases, it may be necessary for law enforcement to photograph parts of a student's body to preserve evidence of the abuse. Review the following first:

- **Who should photograph the student?**
School employees should **not** photograph any part of the student. If DFCS or CAC is coming, wait for them. If not, contact the District Department of Public Safety for further guidance.
- **What if DFCS or CAC asks me to take pictures?**
Do **not** take the pictures. Contact the District Department of Public Safety for further guidance.
- **Who needs to be present when the student is photographed?**
The principal or designee(s) may be present if the investigating agency requests that he or she be there for the comfort of the student; however, the principal or designee should not be a participant.

Will school personnel be trained regarding reporting?

All school personnel who have contact with students shall receive notification of where to find the Child Abuse and Neglect Reporting website which will provide guidance on the identification and reporting of student abuse and neglect with annual updates in the form of memoranda, directives or other written information. Schools shall provide school employees, including classified employees, guidance on the identification of the local school designee and local school protocol. Schools will be provided a DFCS implementation guide with best practices.

SCHOOL SOCIAL WORKER (SSW)

“HOME ALONE” CHECKLIST

The Cobb County School District (CCSD) takes seriously the welfare of its students. Any time a CCSD employee has reasonable cause to believe that a student is the victim of abuse and/or neglect, Administrative Rule JG-R (Student Welfare) and JCAB-R (Interviews and Searches of Students) outline responsibilities and procedures to be followed.

This checklist serves as a guide to what actions should be taken by a CCSD SSW in the event that a student is allegedly “home alone” during out-of-school hours (i.e. afternoons, evenings, weekends, etc.). This guide is meant to provide appropriate steps for the SSW in assessing the student’s safety.

The SSW should use the following checklist in assessing potential risk to a student who is allegedly home alone and/or unsupervised.

- **The SSW should assess the student’s situation as it relates to supervision guidelines set by Georgia’s Division of Family and Children Services. These guidelines state:**

1. Students eight years or younger should not be left alone;
2. Students between the ages of nine years and twelve years, based on level of maturity, may be left alone for brief (less than two hours) periods of time; and,
3. It is strongly discouraged for parents to have thirteen-year-olds baby sit infants, small children, and children that require special attention due to medical conditions.
4. Children fifteen years and older can be left home alone overnight, depending on the level of maturity of the child.

Other safety precautions to consider when leaving a child unaccompanied: Don’t leave the child responsible for food preparation that involves the stove; have a neighbor or relative check in regularly or have the child check in with an adult; make a safety plan that includes 911, and rehearse it with the child.

- **SSW should follow steps outlined below:**

1. Once SSW has learned a child is possibly home alone, SSW will attempt to interview the student at school concerning alleged concerns.
2. SSW should speak with the guardian and/or relative regarding the alleged concern. The SSW should speak with the guardian regarding safety measures put in place, as well explore any concerns that SSW may have assessed while interviewing the student(s). At the discretion of the SSW, a home visit may be made to verify possible safety issues.
3. If unable to talk with student in school, the SSW should make a home visit to determine whether or not the child is home unsupervised.
4. Once verified student is home alone, follow these procedures:
 - Contact the student’s primary guardian regarding the student being left home unsupervised.
 - If the primary guardian cannot be reached, the SSW should contact the remaining adult contacts (as appropriate) located within the student’s permanent record and/or OnTrack or Pinnacle.
 - If a preponderance of evidence is supported from the following steps the child is home alone *and* is deemed unsafe, a child protective services referral should immediately be made to Cobb County Department of Family and Children Services (DFCS).

- If the SSW feels the child is in *imminent* harm or risk, the SSW should notify local law enforcement officials immediately followed by a child protective services referral to Cobb County DFCS.
- **If the SSW determines the alleged home alone student is serving in a “babysitter” capacity, attempts should be made by School Social Worker, Guidance Counselor or Administrator to assess the potential risk and/or harm. The following questions should be explored:**
 1. Does the student(s) know the emergency plan for the family?
 2. Does the student(s) know the parent's phone numbers (work and home)?
 3. Does the student(s) have access to the phone numbers of nearby relatives, neighbors or friends?
 4. Can the student(s) demonstrate the plan and recite the numbers?
 5. What is the availability of the parent during this time?
 6. Are there environmental factors that add risk to the situation (firearm safety, water safety, any other potential hazards, etc.)?
 7. Are there factors that reduce risk (i.e. supportive/available neighbors)?
 8. Does the student(s) demonstrate dependability, responsibility and trustworthiness?
 9. Does the student(s) have any physical, developmental, genetic, behavioral, emotional, cognitive, or psychiatric disabilities?
 10. The length of time and the time of day that the student(s) will be left unsupervised.
 11. Identified environmental danger(s) (e.g. unattended in a car or bathtub or with unrestricted access to a swimming pool).
 12. The student's level of discomfort of being left without adult supervision.
 13. The specific nature of the student's activities while he or she is left unsupervised (e.g. age-appropriate play activities versus accessing pornography on the Internet, vandalism, or shoplifting).
 14. The student's knowledge and use of protocols for safely answering the telephone and/or door when he or she has been left unsupervised.
 15. The student's accessibility to his or her parent or to another, specific, informed individual designated to be his or her caregiver.
 16. The physical, emotional, and mental capabilities of the designated caregiver (e.g. a young baby-sitter or an elderly grandmother asked to care for too many children simultaneously).
 17. The number, ages, and maturity of the other children under the caregiver's supervision.
 18. The age-appropriateness of the responsibilities given to the student(s).

Based on this checklist, if the SSW feels that child’s safety may be compromised, the SSW should immediately make a DFCS referral as outlined in district policy. The SSW can also request that a welfare check home visit be made by local law enforcement to assess the student’s safety in the home environment. If the SSW assesses that the student’s safety is not compromised, and, that measures are put into place by the guardian which ensures the student’s basic needs are being met, a DFCS referral is not warranted.

Under no circumstance should a student *not* be sent home due to alleged concern the student may be unsupervised. If the student normally rides the bus home, the school is expected to send the student home via bus and notify either Cobb County DFCS and/or law enforcement immediately (if the school and/or SSW assess the student may be in harm).

If the SSW makes a home visit to find a child left home alone, the SSW should *not* enter the home without an adult guardian (18 years and older) present.

III. MARIETTA BOARD OF EDUCATION POLICY – REPORTING CHILD ABUSE

CHILD ABUSE AND NEGLECT REPORTING CODE: JGRB-R

The Marietta Board of Education in recognition of the fact that abused and neglected children are less able to attend a school regularly and to perform to their maximum potential than are other children and in recognition of the legal mandates which require all school systems personnel to report suspected child abuse and neglect to the appropriate authorities, herewith establishes a procedural guideline policy for making suspected child abuse and neglect reports within the school system.

In the fulfillment of the intent of this policy, all school system personnel shall observe the following guidelines.

Any child under 18 years of age who is believed to have a physical injury or injuries inflicted upon him or her, other than by accidental means, by a parent or caretaker or has been neglected or exploited by a parent or caretaker or has been sexually assaulted shall be identified to the Georgia DHS Centralized Intake Call Center (CICC).

For the purposes of these guidelines, the school social workers or school counselors shall be considered the appropriate local system personnel to make reports of suspected child abuse and neglect to the Department of Family and Children Services. All school personnel who suspect child abuse and neglect shall make complaints to the school social worker as specified through administrative regulations.

The system superintendent or designee shall be notified of all referrals on child abuse and neglect received.

The school social workers and school counselors shall be the school liaison with the Division of Family and Children Services in relation to the child's school adjustment and performance and shall take individual steps before reporting suspected cases of child abuse and neglect to the Division of Family and Children Services.

In order to meet legal responsibilities, reports of suspected child abuse and neglect are to be made in good faith. The education of school system personnel in the identification of child abuse and neglect shall be conducted through the Compliance Director. This reporting is legal under Section 99.31 (a) (5) and 99.36 of the Family Educational Rights and Privacy Act and does not constitute a violation of it so long as the following factor are taken into account.

- The seriousness of the threat to the child's health or safety. Child Abuse and Neglect Reporting JGEB-R
- The need for the information from the child's education records to protect the child's health or safety.

- Whether the information is being disclosed to persons who are in a position to deal with the emergency.
- Whether time is of the essence in dealing with the emergency.

Georgia Code: 74-111 (1977,1978), 32-2111 (1945), 32-1009 (1919).
 O.C.G.A. 20-2-770
 20-2-770.1
 19-7-5

Revised 1-15-85.

IV. COBB AND DOUGLAS COUNTY COMMUNITY SERVICES BOARD – REPORTING CHILD ABUSE

The Cobb County Community Services Board and the Douglas County Community Service Board (CSB) provide mental health, developmental disabilities, and substance abuse services to residents in the two counties. The mission of the CSB is to provide and manage a coordinated ethical system of continuously improving behavioral health care services in partnership with consumers, families and communities, specializing in serving the most disabled.

All clinical staff is mandated to report any suspected cases of neglect, physical or sexual abuse to the appropriate authorities.

The employee is not recognized as a skilled interviewer authorized to investigate and interview the child in the nature and circumstances of the abuse. Therefore, questioning should be limited to only enough information to allow the employee to make an appropriate referral. **An investigation as to whether abuse has occurred is to be left to the Division of Family and Children Services (DFCS) or the investigators of the police agency involved.**

V. THE DIVISION OF FAMILY AND CHILDREN SERVICES – REPORTING CHILD ABUSE

Receipt of Reports:

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

- Centralized Intake call Center (CICC) receives the report 24 hours a day.
- CICC supervisor or designee determines if report meets criteria for CPS Investigation and assigns response time.
- Copies of all reports, including those not investigated, are sent to law enforcement of appropriate jurisdiction.

CICC receives an initial report of child abuse or neglect by a caretaker at the Division of Family and Children Services (DFCS). Law enforcement copies of the suspected child abuse or neglect reports are referred to the law enforcement agency having jurisdiction. These reports are referred by means of email. Law enforcement will review the referrals and advise the DFCS

of their responses immediately or as soon as practicable. If law enforcement makes the decision to respond, there should be immediate notification to the DFCS for purpose of joint investigations. These referrals are reviewed by the Child Protective Services' supervisor and assigned to a child Protective Services' specialist who is trained in the area of investigation of child abuse and neglect. An alternate means of addressing reports of less risk to the child may be utilized.

The caseworker and law enforcement officer will review the referral together to determine how to proceed in the investigation with the goals of protecting the child(ren) and building a strong court case. **A case decision as to whether abuse has occurred is to be left to protective services of DFCS, the investigators of the police agency involved and / or the District Attorney's Office.**

VI. DEPARTMENT OF CORRECTIONS (GA.) STATE BOARD OF PARDONS AND PAROLES – REPORTING CHILD ABUSE

The GA Department of Corrections, State Board of Pardon and Paroles, and DFCS are mutually committed to insure that Georgia's children are protected from physical or sexual abuse. We believe that child protection will be enhanced through closer collaboration and communication among our respective agencies. Therefore, the GA Department of Corrections, Board of Pardons and Paroles and DFCS do hereby enter the following formal agreement as evidence of our commitment to protect Georgia's children.

Georgia Department of Corrections and the State Board of Pardons and Paroles

Whenever offenders convicted of cases involving child victims, are probated or paroled, the supervising officer will:

- Determine the name of the victim / victims.
- Notify the local DFCS Child Protective Services Unit Supervisor or County Director of the known victim's name(s), offender's name, address, offense and any special conditions of probation or parole, which are to be, enforced (i.e. no contact with the victim).
- **Make a report to CICC whenever the officer has reasonable suspicion or evidence that either the original victim or other children may be at risk by an offender.**

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

In those cases where probation supervision follows parole or when cases are transferred, the supervising officer(s) will ensure that the above conditions have been satisfied.

Division of Family and Children Services — Child Protective Services

The local Child Protective Services Administrator or County Director will:

- Receive and review information on convicted offenders submitted by Probation or Parole to determine if immediate family intervention is appropriate or necessary.

- Notify the Probation or Parole Officer if they become aware or suspect that the offender may be violating his/her special conditions, thus placing children at risk.
- Notify the Probation or Parole Officer concerning any additional information obtained concerning the offender that may pose risk to children.

Our respective agencies will continue to enhance information sharing and develop collaborative training initiatives and supervision strategies. This will not only promote the protection of our children, but also contribute to the overall safety of our communities.

VII. DEPARTMENT OF JUVENILE JUSTICE – REPORTING CHILD ABUSE

When any employee for the Department of Juvenile Justice believes or becomes aware of any suspected neglect, physical or sexual abuse of a child under the age of 18 years that employee will **immediately report such neglect or abuse to the CICC and/or Law Enforcement.**

Such reports will contain the names and addresses of the child and the parent/guardian, the child's date of birth, as found in DJJ records. No interviews shall take place prior to said report to DFCS or law enforcement.

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

VIII. DISTRICT ATTORNEY'S OFFICE – REPORTING CHILD ABUSE

When any employee for the District Attorney's Office believes or becomes aware of any suspected neglect, physical or sexual abuse of a child under the age of 18 years that employee will **immediately report such neglect or abuse to the CICC and/or Law Enforcement.**

Such reports will contain the names and addresses of the child and the parent/guardian, the child's date of birth, as found in DA records. No interviews shall take place prior to said report to DFCS or law enforcement.

Staff is not recognized as a skilled interviewer authorized to investigate and interview the child in the nature and circumstances of the abuse. Therefore, questioning should be limited to only enough information to allow the employee to make an appropriate referral. **An investigation as to whether abuse has occurred is to be left to protective services of DFCS or the investigators of the police agency involved.**

IX. JUVENILE COURT – REPORTING CHILD ABUSE

When any employee or volunteer for the Juvenile Court believes or becomes aware of any suspected neglect, physical or sexual abuse of a child under the age of 18 years that employee will **immediately report such neglect or abuse to the CICC and/or Law Enforcement.**

Such reports will contain the names and addresses of the child and the parent/guardian, the child's date of birth, as found in Juvenile Court records. No interviews shall take place prior to said report to DFCS or law enforcement.

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

X. LAW ENFORCEMENT – REPORTING CHILD ABUSE

1. Law enforcement receives referrals of child abuse from DFCS or other referral sources. Child abuse cases will be handled in a priority manner depending on the severity of the abuse being referred. Each law enforcement agency will be familiar with the "Child Abuse Protocol" and make every attempt to follow the Protocol to the best of their department's ability. It is the responsibility of each law enforcement agency to have at least one officer with advanced training in the area of child abuse investigations. This officer (uniform or detective) should be used as a reference source for all the officers in the agency and should handle the more severe cases of child abuse reported to their agency. Law Enforcement has agreed to waive the receiving of the mandated reporter acknowledgement letter.
2. When law enforcement receives a referral of child abuse from sources other than DFCS, a report will be filed with that law enforcement agency. If the abuse occurred in the child's home or in a caretaker situation, then CICC will be notified as soon as possible. Using the guidelines, a determination will be made on whether a joint investigation will occur.

Law enforcement agencies will receive referrals from DFCS by email. Law enforcement will notify DFCS only on cases where a joint investigation is needed.

Each agency should refer to the Protocol in making their decision on handling an investigation. It is the responsibility of each law enforcement agency to check their local files and criminal histories of suspects whenever possible prior to making a decision on handling a child abuse referral. If there is a past history of child abuse, domestic violence, or physical assaults, then DFCS should be notified of this information and a joint decision will be made on how the case should be handled.

XI. MAGISTRATE COURT – REPORTING CHILD ABUSE

If an employee of Magistrate Court is approached by a citizen to obtain a warrant for the neglect, physical, or sexual abuse of a child under the age of 18 years of age, **the civilian warrant applicant will be referred by the Magistrate Court employee to the appropriate law enforcement agency to ensure the safety and protection of the child victim.**

The Magistrate Court is open 24 hours a day, seven days a week, with a judge on duty at all times for the purpose of issuing warrants. Warrants may be taken out for all adult offenders in child abuse cases by law enforcement officers through (EWI) Electronic Warrant or at:

**32 Waddell Street
Public Safety Building, 3rd Floor
Marietta, Georgia 30090-9656
Phone (770) 528-8901 or (770) 528-8902**

Upon issuance, the warrants are turned over to the Cobb County Sheriff's Office for service.

The Magistrate Judge normally sets bond at the time the warrant is issued; however, some offenses are not bondable by a Magistrate Judge. These warrants will have "No Bond" set at the time of issuance. The defendants on these warrants are entitled to a bond hearing within ten (10) days of the date of petition. Any information law enforcement feels is pertinent to the issue of bond should be presented to the Judge at the time bond is set, that being either the Judge who issues the warrant or the Superior Court Judge who presides at the bond hearing.

At the Probable Cause Hearing, the prosecutor and the defense attorney have the right to present any and all relevant evidence necessary to their case. In most cases, all that is necessary as is the testimony of the law enforcement officer who is assigned to the case. As hearsay is admissible at both Probable Cause and Bond Hearings, live testimony of the child victim is discouraged in the order to minimize the trauma of the child.

XII. MEDICAL EXAMINER'S OFFICE – REPORTING CHILD ABUSE

When any Medical Examiner's Office employee believes or becomes aware of any suspected neglect, physical or sexual abuse of a child under the age of 18 that employee will **immediately report** such neglect or abuse to **CICC and/or Law Enforcement.**

Such reports will contain the names and addresses of the child and the parent/guardian, the child's date of birth, as found in DA's records. No interviews shall take place prior to said report to DFCS or law enforcement.

Staff is not recognized as a skilled interviewer authorized to investigate and interview the child in the nature and circumstances of the abuse. Therefore, questioning should be limited to only enough information to allow the employee to make an appropriate referral. **An investigation as to whether abuse has occurred is to be left to protective services of DFCS or the investigators of the police agency involved.**

XIII. MEDICAL PROFESSIONALS – REPORTING CHILD ABUSE

Anytime a physician or other medical personnel suspects that a child has been abused or neglected, they are mandated by law to report this to the Division of Family and Children Services and/or law enforcement.

When any physician or medical professional believes or becomes aware of any suspected neglect, physical or sexual abuse of a child under the age of 18 years that employee will **immediately report such neglect or abuse to CICC and/or Law Enforcement.**

Such reports will contain the names and addresses of the child and the parent/guardian, the child's date of birth, as found in Medical records. No interviews shall take place prior to said report to DFCS or law enforcement.

Medical personnel are not recognized as a skilled interviewer authorized to investigate and interview the child in the nature and circumstances of the abuse. Therefore, questioning should be limited to only enough information to allow the employee to make an appropriate referral. **An investigation as to whether abuse has occurred is to be left to protective services of DFCS or the investigators of the police agency involved.**

A. Emergency Custody Procedures by Physician

The desired procedure whenever abuse is suspected is to notify DFCS or Law Enforcement of the suspected abuse as outlined in the proceeding sections, **however**, in some circumstances events may be moving too fast to contact DFCS or Law Enforcement in order to protect a child who is being treated from "imminent danger."

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

- **Abuse is present.** There should be a strong belief by the physician that abuse is present and/or will occur. Whereas child abuse reporting requires only a reasonable suspicion, the physician should base taking emergency custody of a child on a stronger belief.
- **Imminent danger.** Some sort of emergency should exist, for example:
 - The abusing parents are attempting to remove the child against medical advice, or
 - Law enforcement refuses to assume custody and a court order is necessary but cannot be obtained timely.
- **No time** for usual procedures to be followed before the child is removed. Events are moving too fast to contact anyone.

b. **Procedures** after a determination is made by the physician to take emergency custody, the physician should:

1. Ensure there is sufficient security to avoid danger to staff.
2. Tell any persons with the child you have assumed custody of the child pursuant to law; and take reasonable and diligent efforts to inform the parents, guardian or custodian of the child of the child's whereabouts.

3. Orally notify DFCS immediately and thereafter report in writing if requested.
4. Not later than 24 hours notify the Juvenile Court intake officer (911 will assist in such notification.) who will determine, based on your information, whether the child shall be detained. Alternatively the physician may contact a law enforcement officer who will take the child into custody and promptly bring the child before a juvenile court intake officer.
5. Document thoroughly what has been done and why.
6. If the intake officer determines the child should not be detained, the child should be released immediately to the child's parents, guardian or custodian.
7. If detention of the child is authorized the physician should admit the child if medically necessary; if not medically necessary DFCS shall pick up the child within 6 hours.
8. Be prepared to go to court and testify within 72 hours — the physician will be notified of the hearing time and day.
9. The physician is given the obligation under the law to file the appropriate Dependency Petition in the Juvenile Court within five days of the detention hearing. *The physician should determine from DFCS if they intend to file a petition first and if they indicate they will, the physician obligation will be obviated. However, the physician should know that should this Petition not be filed, the child must be released at the end of the five days to the parent.*

B. Physician Liability

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

XIV. THE MILITARY – REPORTING CHILD ABUSE

When any military personnel believes or becomes aware of any suspected neglect, physical or sexual abuse of a child under the age of 18 years that employee will **immediately report such neglect or abuse to CICC and/or Law Enforcement.**

Such reports will contain the names and addresses of the child and the parent/guardian, the child's date of birth, as found in Military records. No interviews shall take place prior to said report to DFCS or law enforcement.

Military personnel are not recognized as a skilled interviewer authorized to investigate and interview the child in the nature and circumstances of the abuse. Therefore, questioning should be limited to only enough information to allow the employee to make an appropriate referral. **An investigation as to whether abuse has occurred is to be left to protective services of DFCS or the investigators of the police agency involved.**

XV. SAFEPATH CHILDREN'S ADVOCACY CENTER, INC. – REPORTING CHILD ABUSE

When any SafePath employee believes or becomes aware of any suspected neglect, physical or sexual abuse of a child under the age of 18 years that employee will **immediately report such neglect or abuse to CICC and/or Law Enforcement.**

The basic employee is not recognized as a skilled forensic interviewer authorized to investigate and interview the child in the nature and circumstances of the abuse. Questioning should be limited to only enough information to allow the employee to make an appropriate referral. **An investigation as to whether abuse has occurred is to be left to protective services of DFCS or the investigators of the police agency involved.**

INVESTIGATIVE PROCEDURES

THE MULTI-DISCIPLINARY TEAM APPROACH

ALTHOUGH EACH AGENCY MANDATED TO SERVE ON THE PROTOCOL COMMITTEE MAY HAVE A STANDARD OPERATING PROCEDURE, JOINT INVESTIGATIONS BETWEEN THE AGENCIES MANDATED TO INVESTIGATE ALLEGATIONS OF CHILD ABUSE ARE CENTRAL TO THE COBB COUNTY PROTOCOL, BUT DO NOT OVERRIDE STANDARD OPERATING PROCEDURES FOR THOSE AGENCIES.

A. JOINT INVESTIGATIONS

1. Guidelines for Joint Investigations Between Law Enforcement and DFCS

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

There should be joint investigations between Law Enforcement and DFCS in the following situations:

- a. Any form of sexual abuse, including fondling, incest, rape, or sodomy of a child and on any child where there is medical evidence.
- b. Any form of severe physical assault by a parent, stepparent, guardian or other caretaker (i.e. severe bruises, especially around the head or abdomen area, burns, broken bones, etc.).
- c. Any infant with any sign of physical assault including bruises; at the discretion of law enforcement.
- d. Any fracture of bones on a child of any age where abuse is suspected.
- e. If a child is at a medical facility and law enforcement or DFCS receives notification of possible abuse while the child is still at the facility.
- f. If a family refuses to allow DFCS caseworker to see the victim child in any abuse or neglect referral.
- g. If a DFCS caseworker has reason to believe that a child is in immediate danger and should be removed (or the family may flee) and there is no time to obtain a court order, the caseworker and law enforcement will review the referral together to determine how to proceed in the

investigation with the goal of protecting the child and building a strong court case.

- h. Any child abuse referral where there is a past history of reported physical or sexual abuse and DFCS is requesting law enforcement be involved.

2. Joint Investigation Procedures

DFCS and law enforcement have committed to joint investigations of child abuse cases, as well as to coordinate the investigation of child sexual abuse and severe physical abuse cases through SafePath. Children under the age of 18 who are alleged victims of sexual abuse or severe physical abuse will receive a multidisciplinary response coordinated through SafePath. Joint investigation shall include cross reporting of allegations, collaborative interviewing, and multidisciplinary case review.

If there is a joint investigation, it should be initiated either immediately or within 24 hours for child(ren) where present danger is indicated and within five days for all others.

- ◆ If the child is in school, an officer and/or a DFCS caseworker will ask the school officials to provide an appropriate place for conducting an initial screening interview with the child. The DFCS case worker may submit a letter to the school principal or school designee notifying them as to the purpose of the school visit.
- ◆ If school is not in session or the child is not yet school-age, the DFCS caseworker and the law enforcement investigator must make a decision as how best to interview the child away from the alleged perpetrator.
- ◆ The initial screening interview will determine the next step to be taken in the case. At the discretion of the law enforcement investigator, the child may be transported to DFCS, SafePath, or another location depending on the case. A formal interview should take place at SafePath when at all possible.
- ◆ At any point during the investigation, the law enforcement investigator can decide to place the child into protective custody and contact Juvenile Court regarding this decision.
- ◆ If the child requires immediate medical evaluation, the DFCS caseworker should accompany the law enforcement investigator and child to a medical facility. In non-emergency situations, DFCS and law enforcement investigators may arrange for a medical exam to take place at a later time or may seek assistance from SafePath in referring for a medical exam.
- ◆ If a child is taken into protective custody, the law enforcement investigator will notify the parent(s)/guardian(s) of the situation and their need to be at

the court hearing. The DFCS caseworker will follow-up by contacting the parent(s)/guardian(s) to notify them of the date and time of the hearing and of their right to have an attorney. (A parent may apply for a Court Appointed Attorney by filling out an application at Juvenile Court. Determination of eligibility for an attorney is based upon the income of the family and/or at the Judge's discretion). The DFCS caseworker will also arrange a time to interview the parent(s)/guardian(s) prior to the court hearing.

- ◆ The interviews of any other parties involved in the case will be coordinated between the law enforcement investigator and DFCS caseworker.
- ◆ If DFCS retains custody of the child at the initial hearing, an investigative caseworker will continue to complete the investigation and assess the safety of the child if returned home.
- ◆ When the caseworker has completed the investigation and made the necessary recommendations to the court, the case is referred to family preservation services or foster care for treatment purposes or closed.

3. Serving Special Populations

In general, children most appropriate for a forensic interview include children who have suffered physical abuse with injuries, severe negligence, emotional abuse, sexual abuse and sexual exploitation; or witnessed any type of violence including but not limited to domestic violence, rapes and murders. We recognize that in the majority of cases involving children with special needs the process is the same as with any alleged child victim.

Children with Disabilities

We recognize that alleged child abuse involving children with disabilities may necessitate additional screening to determine the needs of the child. SafePath also recognizes that the multidisciplinary team may need additional assistance in providing services to children with disabilities throughout the intervention, investigation, and treatment processes. The following are considerations in alleged child abuse cases involving children with disabilities:

- Screen to determine any special needs of the child (Information may be gathered from non-offending caregiver, school personnel, physicians, etc.) for example:
 - Information about the child's diagnosis
 - Consultation with professional regarding the child's disability
 - Current medications
 - Accessibility needs that require special accommodations
 - Communication needs (Interpreter, ASL, communication device, etc.)
- Determine next steps, for example:
 - Forensic interview / extended forensic interview
 - Need for interpreter
 - Medical examination

- Therapy

Sexually Exploited Children

Given the increase in awareness of the problem of the commercial sexual exploitation of children (CSEC), SafePath services are available to victims of child sexual exploitation, including crisis intervention, forensic services, and therapy.

- Although normally best practice suggests that children should have a forensic interview as soon as possible, interviews with children who have been sexually exploited may require an interval of time to assess their readiness to be interviewed.
- More than one forensic interview may be required.

Victims of Child Pornography

Considerations regarding the presentation of evidence during the forensic interview, notably pictures and video media:

- Ask the child if they would prefer to see the pictures or have the pictures described to them
- If pictures are shown to the child, an attempt should be made to obscure explicit portions of the photo whenever possible.
- When digital media is involved, it is recommended that still photos be made from the video.

4. Options for Protection when a Child is not taken into Protective Custody

- ◆ If the DFCS caseworker believes a child should be protected by removal from the home during the course of his/her investigation, the worker may prepare an ex-parte order to be presented to the Juvenile Court if there is no identified present danger. If this order is granted, the child may be picked up by the caseworker with law enforcement assistance, if needed. A caseworker also has the option of preparing a petition for a future court hearing or asking for an expedited hearing.
- ◆ If the perpetrator of the abused child is removed from the home (or is out of the home), then a decision may be made to leave the child in the home with a protective and supportive parent or guardian.

5. Confirmed Reports

In cases where maltreatment has been confirmed and there are present and/or impending dangers, the DFCS case manager will design a safety plan to control safety threats to the child in the least restrictive way possible. The plan must be agreed to and signed by the caregiver to include safety resources. If caregiver does not agree, law enforcement or Juvenile Court assistance will be requested in protecting the child. (Law enforcement assistance with protective custody or a Juvenile Court ex-parte order will be requested in cases of present danger. If no present danger exists, a petition for dependency will be filed with Juvenile Court). If a safety plan is signed and agreed to by caregiver to include safety resources, DFCS will provide family preservation services. If caretaker later refuses to follow plan and present danger is indicated, law enforcement and/or Juvenile

Court assistance will be sought. In all cases of sexual abuse with non-believing and/or non-cooperating non-offending parents, DFCS will file a petition in Juvenile Court for protection/cooperation and/or custody.

Confirmed cases with no present or impending danger will be closed and case manager will refer the family to community resources if indicated.

B. BASIC LAW ENFORCEMENT GUIDELINES FOR CHILD ABUSE INVESTIGATIONS

1. PATROL OFFICER RESPONSE TO CHILD ABUSE CASES: *Due to the nature of child abuse investigations, it is only necessary for uniform officers to gather basic information before turning the case over to a detective.*

- a. In order to minimize trauma to potential victims, it is important that uniform officers take care not to interview victims regarding allegations of abuse.
- b. Meet with the complainant to obtain the involved parties' basic information (name, DOB, addresses, phone numbers, etc.) and any information about the allegations. If the report is made from a hospital or other medical facility, meet with medical staff to obtain this information. If possible, obtain information from complainant out of hearing range of the victim.
- c. After establishing the location where the incident occurred, determine jurisdiction. If the incident occurred outside of the Officer's jurisdiction, Officer or dispatch will contact the proper agency and then direct victim/complainant to the proper person at that agency, to ensure that the appropriate agency responds.

2. DETECTIVE RESPONSE TO CHILD ABUSE REPORTS AND REFERRALS

**These guidelines are intended to supplement, but not to supersede or supplant, agency policies and/or standard operating procedures.*

- a. Determine jurisdiction and ensure the appropriate agency is notified.
- b. Give immediate consideration to the child's safety. Arrange for any necessary medical attention.
- c. If there is reason to believe the child is in imminent danger of harm or further abuse, or deprived of proper parental care, determine whether the child should be taken into protective custody.
- d. If there is an allegation of rape for which a sexual assault examination is necessary, contact dispatch to activate the on-call S.A.N.E. nurse.
- e. If there are allegations of in-home abuse, make the appropriate referral to DFCS so that a joint investigation may be initiated.
- f. Gather Physical and Testimonial Evidence Related to the Allegations: *Detectives must ultimately determine whether the evidence shows that a crime occurred, and, if so, by whom the crime was committed. The following investigative activities are some of the ways this evidence can be obtained.*
 - 1) Respond to the scene of the incident, and/or the medical facility. Document observations, statements of medical personnel, school counselors, teachers, neighbors, or other witnesses, through photographs, recordings, written statements or notes.

- 2) Consider whether there may be physical evidence that must be collected immediately (*bodily fluids, fibers, electronic evidence, writings, or any other items which may be at risk of destruction or deterioration*). Obtain search warrants where necessary to collect evidence.
- 3) If there is an allegation of abuse, or if the child has made a disclosure of abuse, a video-recorded forensic interview should be conducted with the victim at SafePath or another Children’s Advocacy Center.
- 4) Follow up on information obtained during the forensic interview (*such as disclosure witnesses, physical evidence, or any other leads*).
- 5) Check police databases and criminal histories of the involved parties.
- 6) Discuss, analyze, and evaluate the evidence with other detectives and/or supervisors and other MDT members as needed.
- 7) Interview the suspect (*if possible, interview the suspect after all available evidence and history has been obtained*).
- 8) If the evidence supports a criminal charge, obtain warrant(s) and apprehend suspect(s).
- 9) Compile the case file for prosecution.
- 10) Be available for discussions with the District Attorney’s office and participate in subsequent judicial proceedings.

C. RECEIPT OF REFERRAL BY DIVISION OF FAMILY & CHILDREN SERVICES

CICC receives all initial reports of child abuse and neglect by a caretaker. Complete reports (including a referral source) and suspected child abuse or neglect are referred to law enforcement by means of email. Law enforcement will review the referrals and advise the DFCS of their responses immediately. If law enforcement makes the decision to respond, there should be immediate notification to the DFCS for the purpose of joint investigations. These referrals are reviewed and assigned to a child protective services specialist who is trained in the area of investigation of child abuse and neglect.

The intent of every investigation by the DFCS is to work with the parent(s) toward providing a safe and nurturing environment for the child by assessing safety and providing services to strengthen families and ensure child safety.

1. DFCS Investigations NOT INVOLVING Law Enforcement:

- Referrals based on physical abuse of a less severe nature, emotional abuse, and some neglect referrals may require that the caseworker question the child away from the alleged perpetrator. If necessary, for the protection of the child, the child may receive a minimal facts interview. Pictures of any visible injuries may be taken by the case worker or law enforcement.
- When an officer has been involved in the initial investigation and determines no criminal charges will be made and the children are interviewed away from the parent, the DFCS caseworker will make every attempt to reach the parent(s) in a timely manner to discuss the allegations of abuse or neglect.

- If it is determined that a forensic interview is necessary, the DFCS caseworker will arrange to have the forensic interview conducted at SafePath; however, they may question the child in the home with the parent(s) on other types of allegations, keeping the safety and best interest of the child in mind.
- When discussing all allegations and the welfare of the child with the parent(s), the DFCS caseworker will clearly explain to the parent(s) the purpose of the interview. This should include provisions of the Georgia Child Abuse Statute, the procedure of the Cobb County DFCS when receiving a referral, confidentiality, the desire to work with and assist parent(s), what happens after the interview/investigation is completed and the possibility of family preservation services.
- An adult referral source may be given the case disposition upon request.

2. REFERRAL PROCESS OF SUBSTANCE ABUSE MOTHERS & BABIES:

Hospitals, private physicians and the Cobb County Board of Health will refer all mothers who indicate substance abuse, test positive for substance abuse, or who have babies which indicate a substance abuse problem to CICC and the Cobb County Board of Health. The referral source will encourage the mother to obtain substance abuse treatment.

* Cobb County DFCS will notify law enforcement of the referral. Law Enforcement will check their records to determine if the parent(s) have a past criminal history involving substance abuse.

3. REFERRAL PROCESS OF FAMILY VIOLENCE REPORTS

Family Violence

Family Violence is the occurrence of any felony, battery, assault, stalking, criminal damage to property, unlawful restraint or criminal trespass between past or present spouses, persons who are parents to the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. The term “family violence” shall not be deemed to include reasonable discipline administered by a parent to a child in the form of corporal punishment, restraint or detention (O.C.G.A. § 19-13-1).

Family Violence Procedures / Practice Issues

The Department of Family and Children Services have responsibility to receive reports of physical and sexual abuse, neglect and exploitation; to screen every report received and to assure that a timely and appropriate response is initiated (O.C.G.A. § 19-7-5)

- Reports concerning allegations of Family Violence will be screened for assignment purposes. Decision of assignment is based on the seriousness of the allegation. Urgency of the response time is determined by the content of the reported allegations.

- Allegations of family violence will be assigned for CPS assessment to determine the status of child safety in the home.

D. SAFEPath CHILDREN’S ADVOCACY CENTER, INC. INVOLVEMENT DURING AN INVESTIGATION OF CHILD ABUSE BY LAW ENFORCEMENT OR DFCS

The combined wisdom and professional knowledge of DFCS, law enforcement, prosecution, medical, and mental health will result in a more complete intervention and investigation process. Interviews of children alleged to be victims of abuse should be conducted at SafePath. Forensic interviewing is a practice continually informed by emerging research. Protocols for pre-interview, interview, and post-interview procedures will be reviewed periodically for approval and a determination that the process is protective of the child. Personnel from law enforcement and the Division of Family and Children Services should make every effort to follow these procedures and to coordinate their investigative efforts in a manner that increases the efficiency of the investigation while minimizing additional trauma to the child.

1. O.C.G.A. § 49-5-41 (7.1)

A child advocacy center which is certified by the Child Abuse Protocol Committee of the county where the principal office of the center is located as participating in the Children’s Advocacy Centers of Georgia or a similar accreditation organization and which is operated for the purpose of investigation of known or suspected child abuse and treatment of a child or a family which is the subject of a report of abuse, and which has been created and supported through one or more intracommunity compacts between such advocacy center and one or more police agencies, the office of the district attorney, a legally mandated public or private child protective agency, a mental health board, and a community health service board; provided, however, any child advocacy center which is granted access to records concerning reports of child abuse shall be subject to the confidentiality provisions of subsection (b) of Code Section 49-5-40 and shall be subject to the penalties imposed by Code Section 49-5-44 for authorizing or permitting unauthorized access to or use of such records.

2. Making Referrals

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

- a. Children 3 or under who are insufficiently verbal for an interview but who present with medical evidence or sexualized behaviors can be referred by LE and/or DFCS for interdisciplinary review by contacting SafePath.
- b. Digitally recorded forensic interviews of children 3-17 should be conducted at SafePath, and will be scheduled at the request of DFCS, LE, GBI, FBI, or DA personnel.
- c. Children 14-17 can be interviewed by law enforcement or DFCS at an agency location if circumstances require immediate response; however, these cases

should be referred to SafePath for interdisciplinary case coordination the following business day.

- d. Intake reports can be made to SafePath and staff will assist in scheduling an interview time. To ensure that all relevant information is obtained in the initial interview, all team members involved in the investigation should be present.

3. Forensic Interview Model

The multidisciplinary team child forensic interview model is flexible, can be adapted to children of different ages and cultural backgrounds, and is useful for interviewing children who have experienced sexual or physical abuse or who have witnessed violence. Recognizing that only a portion of children interviewed are in active disclosure, the model provides options for working with non-disclosing children. The model also encourages a thinking and decision-making approach throughout the interview.

Law enforcement and SafePath professionals (at the request of LE, DFCS, DA, GBI, and/ or FBI) trained to conduct Forensic Interviews shall conduct forensic interviews of children under age 18. **At the request of Law Enforcement, DFCS, DA, GBI, and/or FBI, professionals trained in Forensic Interviews and approved as working as a member of the multidisciplinary team may conduct forensic interviews when requested.**

The nature of the abuse allegations (whether neglect, physical or sexual) will affect the order in which various investigative procedures occur. Generally, however, law enforcement/DFCS will make contact with the victim as soon as possible in the investigation.

- Children who are victims of suspected abuse should never be interviewed in the presence of the suspected offender.
- The child should be interviewed at a location other than the incident location whenever possible. This interview, when possible, should be conducted at SafePath, the school, or in another protective atmosphere.
- Reassuring and comforting the child is by far the most important aspect of the child abuse investigation. Children should not be asked to relate details of any form of abuse in the presence of a group of people. A private room or office will always be sought before asking any child any questions relating to abuse.
- Except in the most extreme of circumstances (a child making an immediate and unexpected outcry, for example), all victim interviews will be digitally recorded. Interviews in cases of sexually abused children will follow the interview format.

4. Extended Forensic Interview Procedures

Children who have completed a forensic interview may be referred for an extended forensic interview if they meet the following criteria:

Male or female children ages 3 through 17

AND the child did not disclose abuse, but exhibits behavior or there are other indicators strongly suggesting victimization (e.g. medical

evidence, statements of other children or witnesses, pornography, access by known offender, offender confession, etc.);

OR the information gathered in the forensic interview is concerning, but not conclusive and requires further clarification;

OR the child allegedly made a credible disclosure to another person such as a family member or adult who is not part of the investigative team, but did not disclose during the initial forensic interview;

OR prosecutorial and/or child protective decisions cannot be made based on the outcome of the initial forensic interview;

OR the child was unable to complete the forensic interview in one session and needs additional time;

AND participation would not foreseeably compromise the best interests of the child.

This fact-finding interview will be conducted at SafePath in a legally defensible manner which will facilitate protective, therapeutic, and prosecutorial decision-making. To avoid dual roles, children will be referred for therapy to a different mental health professional than the professional who conducted the forensic interview or extended forensic interview.

See more detail under Appendix D, Section F.

5. Intervention Services

The overall objective of the intervention services program is to provide support and assistance to children and their families who are in crisis and may be having contact with the criminal justice and child welfare systems for the first time after a report of abuse. A SafePath Intervention Services staff is available throughout investigative, intervention, and prosecution phases of child abuse cases to provide information about the process, any crisis intervention necessary, assist in filing for victim's compensation, and provide any necessary referrals. Referral may also be made to the Cobb County District Attorney's Office Victim Witness Assistance program.

6. Therapeutic Services available through SafePath upon referral by LE, DFCS, GBI, FBI, & District Attorney's Office

Specialized evidence-based trauma-focused mental health services are available for children age birth to 17 years through SafePath or through referral to appropriate community mental health care providers for the following:

- Crisis Intervention
- Individual therapy
- Group therapy
- Support and education for the non-offending family members

Consultations in reference to cases and / or resource materials are available upon request.

7. Medical Services available upon referral by LE, DFCS, GBI, FBI, & District Attorney's Office

Forensic medical exams are either conducted on site by the Wellstar Pediatric Services or are referred to the Stephanie V. Blank Center for Safe & Health Children/Children's Healthcare of Atlanta.

E. MEDICAL PROFESSIONALS INVOLVEMENT DURING AN INVESTIGATION OF CHILD ABUSE BY LAW ENFORCEMENT OR DFCS

Medical Evaluation

A medical evaluation is indicated for almost every child victim of suspected maltreatment, ideally conducted by a medical provider who specializes in child abuse assessment. This provides the best healthcare for the child and the most sound documentation and interpretation of findings that may be needed for investigative purposes.

Medical Guidelines

The purpose of the medical examination;

1. Ensure the health, safety and well being of the child
2. Diagnose and treat medical conditions that may be the result of the suspected abuse
3. Collect forensic data using magnification and photo-documentation available by colposcopy and bodycam
4. Consult with and assure the child and the family regarding the findings of the examination

Children may be referred from the following agencies;

- Smyrna PD
- Marietta PD
- Kennesaw PD
- Powder Springs PD
- Austell PD
- Acworth PD
- Cobb County PD
- GBI/FBI
- Cobb County DFCS
- liveSAFE Resources
- SafePath Children's Advocacy Center, Inc.
- Children's Advocacy Centers in various Georgia counties

WellStar Pediatric Services

Practitioners at the WellStar Pediatric Services satellite clinic will provide forensic medical examinations on site for children from infancy up to age 18. A certified pediatric nurse practitioner or a medical provider who specializes in child abuse assessments will provide outpatient examinations. All children are seen on a referral basis. A Wellstar medical provider is on-site at SafePath 32-40 hours per week but SafePath is on call 24/7.

A medical examination may be indicated and available for every child victim of suspected abuse and/or maltreatment.

It is important to note that children may under-report the extent of abusive activities at the initial disclosure. Therefore, this should be a consideration in deciding to refer for a medical exam in cases.

The following criteria are for those children that should be referred for a full medical exam by a licensed practitioner with expertise in the medical evaluation of sexual abuse:

- A. Any child who has disclosed sexual abuse,
- B. Siblings or household members under the age of 18 of a child that is a suspected victim of abuse and/or maltreatment may be offered an exam.
- C. Children for whom law enforcement or DFCS has a high concern of a history of abuse and/or maltreatment may be referred for an exam.

WellStar Pediatric Services Certified Pediatric Nurse Practitioner is also available to attend weekly Multi-Disciplinary Team Meetings in order to interpret medical findings and consult regarding diagnosis and treatment. The medical provider is able to discuss the relevant medical information for the purpose of team meetings.

liveSAFE Resources

liveSAFE Resources Mission: To provide safety and healing to those impacted by domestic violence, sexual assault, and elder abuse by offering services, creating awareness and fostering support within our community

liveSAFE Resources Sexual Assault Nurse Examiner Program: The Sexual Assault Nurse Examiner (SANE) program operates in conjunction with liveSAFE Resources to serve female and male victims of sexual assault from the age of 13 through adulthood. The SANE program exists to meet the needs of the patient and law enforcement providing services for acute cases. Acute cases are any sexual assault or aggravated sodomy which has occurred within 120 hours of the reported sexual assault. In the event law enforcement and/or SANE determines that a medical forensic examination is appropriate after 120 hours, a SANE examination may still be performed.

Activation of SANE:

- The SANE RN is activated by Law Enforcement (Detective/Investigator) with jurisdiction in Cobb County or by liveSAFE Resources Advocate in non-law

enforcement report cases when evidence collection is required. The SANE RN is activated by contacting Cobb county dispatch.

- Dispatch will contact the SANE nurse using the on-call schedule provided.
- The SANE nurse will activate a Sexual Assault Advocate to respond.
- Any sexual assault victim with injuries requiring medical attention (i.e. fractures, lacerations, strangulation, etc. requiring treatment by physician or impaired by alcohol/drugs) will need to be transported to either Kennestone or Cobb General Emergency Room for treatment.
- Sexual Assault victims cannot be received at liveSAFE Resources if transported by EMS.

MEDICAL ACCOMPANIMENT AND ADVOCACY:

- With the victim's permission, the sexual assault advocate may be present in the exam room throughout the exam.
- The liveSAFE Resources Advocate explains to the victim his or her rights and options. The SANE will explain the nature of the evidence collection and the physical exam, tests and lab work which should be provided, morning after medication and other prophylactic medications to prevent sexually transmitted diseases, options regarding testing for HIV and hepatitis B. The liveSAFE Resources Advocate and SANE will discuss follow-up options with the victim/patient, including referral to SafePath Children's Advocacy Center if the patient is a minor and the parent/guardian wishes to be referred.
- The liveSAFE Resources Advocate provides information regarding the emotional and physical reactions which the victim may experience, and types of assistance available to the victim.
- The liveSAFE Resources Advocate provides the victim and those persons accompanying the victim with handouts explaining services available from liveSAFE Resources Sexual Assault Program and how the center will contact the victim or parent/guardian after they return home to assist them.
- The liveSAFE Resources SANE Program will maintain internal protocol on performing medical forensic examinations in accordance with current evidence-based recommendations of practice.

Cobb County Medical Examiner's Office

The Cobb County Medical Examiner's office shall be the source for the Forensic Autopsy for persons under the age of 18 expired within or under the jurisdiction of Cobb County Authorities. As governed by O.C.G.A. 45-16-25, the Cobb County Medical Examiner's Office will immediately notify the appropriate law enforcement agency upon receipt of such notification of death. In turn, Law Enforcement will comply with O.C.G.A. 45-16-24.

F. DISTRICT ATTORNEY'S OFFICE

The District Attorney's Office has a specialized Child Abuse Unit, thereby allowing vertical prosecution of child abuse cases.

The sequence of events following a warrant concerning abuse in the District Attorney's Office is:

- ◆ All cases are first reviewed by the child abuse prosecutor to determine if they warrant prosecution;
- ◆ The Victim-Witness Assistance Unit should have contact with victims and non-abusing parent(s);
- ◆ Cases will be presented to Grand Jury unless an offender waives grand jury presentment pleads guilty;
- ◆ If indicted, a trial, a guilty plea, or a nolle prosequi will then complete the case.

G. MILITARY INVESTIGATION PROCEDURES

In situations involving military personnel, the following guidelines will be observed in investigating child abuse cases. **Readers are urged to note the distinction between on-base and off-base investigations.**

- ◆ When child abuse cases occur **off-base** and involve military personnel, CICC will contact the appropriate local law enforcement agency and the Military Family Advocacy Representative (FAR).
- ◆ If there appears to be cause to continue the investigation beyond the initial interview(s), the local law enforcement agency conducting the investigation will contact the Base Security Police during regular business hours. If the contact must be made after regular business hours or on weekends, the Base Security Police Department of the appropriate military installation will be contacted and local law enforcement will request emergency contact with the agent on duty for NCIS, CID, or OSI.
- ◆ Investigation beyond the initial contact and interview will be conducted by local law enforcement that will work cooperatively with the appropriate responding military agency. The military agency will provide assistance and information as required, which will consist of the exchange of records, background information, and other pertinent documentation.
- ◆ The Cobb County DFCS will be responsible for coordinating social services needed by the family, which may be provided by DFCS and military social services jointly or individually.
- ◆ On the basis of the findings of the investigation by the responding agencies, a determination will be made as to the prosecution of the offender through the Cobb County District Attorney's Office and / or through the appropriate military channels. The respective authorities, through cooperative efforts, will make this determination.
- ◆ In the event that the child abuse occurs **on a military base** and involves personnel living on that base, prior to conducting any investigation, local law enforcement will advise base security of the incident/complaint for referral to NCIS/CID/OSI.

- ◆ In the event an abuse situation occurs **on a military base**, the appropriate military agency will notify either the Cobb County DFCS or the appropriate local law enforcement agency along with the Military FAR. (It will then be incumbent upon the agency receiving this notification to contact the other agency in order to facilitate social and investigative services).

JUDICIAL PROCEDURES

JUDICIARY RESPONSIBILITIES

- A. Judges should ensure that the child is protected during the trials by ensuring that the trials are conducted in a manner both protective of the child and absent of perpetrator intimidation, consistent with the defendant's Constitutional rights.
- B. Judges should ensure the case is given first priority on the trial calendar behind demand for trial and incarcerated defendants.
- C. Continuances should not be given except on legal grounds and the case should be rescheduled as promptly as possible. Every effort should be made to complete the trial within ninety (90) days of the arrest. Every effort should be made to accommodate the witnesses contributing their time.
- D. Sentencing should reflect the need to protect the victim from the perpetrator and be consistent with the family case plan enacted in Juvenile Court.
- E. Any plea bargaining for less than serve time should be closely scrutinized by the Court and approved only after consultation with Juvenile Court, DFCS, law enforcement and mental health personnel to ensure consistency with the family case plan.

JUVENILE COURT

A. Dependency proceedings

When dependency proceedings are filed, including child abuse, the Juvenile Court should do the following:

- ◆ The Juvenile Court Intake Officer shall be contacted by law enforcement to authorize a hold on all children being taken into protective custody.
- ◆ When a child is alleged to be dependent and is taken into custody, a Detention Hearing must be held no later than 72 hours after the child is placed in shelter care to determine whether continued shelter care is required. If the 72- hour time period expires on a Saturday, Sunday or legal holiday, the on-call Judge must authorize the custody and then the hearing must be held on the next day which is not Saturday, Sunday or legal holiday.
- ◆ Comply with the jurisdictional time limits mandated by law;
- ◆ If the child is not released to the parent or custodian at the Dependency Hearing and the court finds that continued shelter is required, a petition should be made and presented to the Court within five days of the Dependency Hearing for certification. Counsel at the Dependency Hearing will represent the child.
- ◆ The Dispositional Hearing must be set no later than ten days after the petition is certified if continued shelter care is ordered at the Dependency Hearing.

B. Protective Orders

The court may issue an order restraining or otherwise controlling the conduct of a person upon application of a party or by the court's own motion. This can only occur after the following actions have been taken: an order of disposition of a child has been made or is about to be made in a proceeding under this article; due notice of the application; motion and grounds thereof has been made; an opportunity to be heard has been given the person against whom the order is directed.

Such an order may require any such person:

- ◆ To stay away from the home or the child;
- ◆ To permit a parent to visit the child at stated periods;
- ◆ To abstain from offensive conduct against the child, his/her parent, or any person to whom custody of the child is awarded;
- ◆ To give proper attention to the care of the home;
- ◆ To cooperate in good faith with an agency to which custody of a child is entrusted by the court or with an agency or association to which the court refers the child;
- ◆ To ensure that the child attends school pursuant to any valid law relating to compulsory attendance;
- ◆ To participate with the child in any counseling or treatment deemed necessary after consideration of employment and other family needs.

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

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

C. CASA — Court Appointed Special Advocate

- ◆ Appointment of a CASA should be made at the 72-hour Dependency Hearing or at any time the judge determines it to be necessary to serve as an advocate for the child during the dependency proceedings.
- ◆ The CASA completes initial assessment of the child's situation prior to the Adjudicatory Hearing. The CASA will review the records available through respective agencies. The CASA will interview the parent(s) and collateral to assist in determining the child's needs.
- ◆ If the court retains jurisdiction and the child is found to be dependent, the CASA will continue their independent assessment of the child's needs for the court. The CASA's recommendations are given to the Court for inclusion in the court order and/or case plan.

Responsibilities

1. Cobb County CASA Program provides screened, trained and supervised volunteers to advocate for the best interest of children involved in Juvenile Court Dependency proceedings. The Judge appoints a CASA. A CASA is an officer of the Court. The role of the CASA is to provide the Court with independent and objective information regarding the status of the children involved in dependency cases. Cobb County CASA has its own professional coordinator.
2. Predisposition Responsibilities: Purpose and focus of CASA assessment is to enable the CASA to inform the Court of the child's emotional status and to make recommendations regarding placement. Therefore, the CASA volunteer shall not interview the child concerning facts relating to allegations of abuse. Additionally, the CASA shall not conduct in-depth investigation of allegations of abuse. Any information concerning such issues obtained in the CASA assessment shall be turned over to the DFCS Case manager and the assigned Attorney Guardian Ad Litem.
3. Post Dispositional Responsibilities:
 - Advocate and keep focus on the child and the sense of urgency.
 - Participate in case plan and interagency meetings.
 - Monitor Court Orders; participate in reviews and all court hearings.
 - Maintain contact with all parties involved in the case.
 - Facilitate access to resources as related to court-ordered plan.
 - Request court reviews if pertinent information must be shared.
 - Negotiate, facilitate and advocate for the best interest of the child.
4. Confidentiality: A CASA maintains strict confidentiality of all information related to a case. When appointed by court order, the CASA has the responsibility to interview all persons having knowledge of the child's situation and to review documents and reports relating to the child and family. The reproduction and distribution of confidential and personal information related to any child or family should be limited. Documents and reports contained in the records of an agency or institution should be reviewed by appointment in the office of the agency. Documents or reports required as evidence during the adjudicatory hearing would require a subpoena if not already being submitted by the petitioner or another party to the case. All information and records acquired or reviewed by a CASA can be disclosed only to the court or upon court order to a party to the case.

D. Citizen Review Panel

The Juvenile Court sponsors a unique program that utilizes volunteers to review the cases of all children who are in foster care. Citizen Review Panels play a vital role in the foster care system as they examine numerous elements related to each case i.e. services provided to the family and the child, appropriateness of the child's placement, and they make some

determination regarding the appropriateness of reunification or non-reunification efforts. At the conclusion of the panels' examination, the panel will tender recommendations regarding the short term and long-term permanency plan for the child. Those findings are reviewed by the assigned Judge. Citizen Review Panels work diligently to ensure these children are situated in a permanent placement as quickly as possible.

E. Delinquent Cases

The Juvenile Court will handle offenders under the age of 17 charged with delinquent offenses. The Superior Court shall initially have jurisdiction over any child between the ages of 13 and 17 charged with rape, aggravated sodomy, aggravated child molestation, aggravated sexual battery, armed robbery if committed with a firearm, murder, voluntary manslaughter, murder in the second degree, aggravated assault if committed with a firearm upon a Public Safety Officer and aggravated battery upon a Public Safety Officer. By motion, the Superior Court Judge can transfer the case to Juvenile Court.

TREATMENT

TREATMENT FORMAT FOR CHILD ABUSE CASES

- A. For sexual abuse, severe physical abuse cases, and child sexual exploitation cases, the mandated investigative member may make a referral for treatment, further screening, or an extended forensic interview; the primary agency involved in making the referral for services will assure follow-up of these services. If an extended forensic interview is requested, these may be conducted by appropriate SafePath staff.
- B. If a treatment referral is indicated, SafePath staff will provide additional assistance in selecting a provider based on the needs of the child, the financial resources of the family, and the availability of the provider. If the child is in crisis and no provider is immediately available, SafePath will provide free crisis counseling sessions when available.
- C. The referring agency will facilitate the acquisition of pertinent information regarding the case for the mental health provider treating the child. A referral to DFCS will be made if, after beginning treatment or an extended forensic interview, the family refuses further services, becomes uncooperative, or the mental health provider thinks this lack of cooperation is endangering the child.
- E. Treatment services for alleged perpetrators are limited in our community. However, treatment referrals are available to regional service providers (i.e. Medlin Clinic, Cobb County Community Services Board, Next Steps Program, Highland Center for Behavioral Change). Adult Probation and Parole will coordinate these referrals for Superior Court cases and the Department of Juvenile Justice will coordinate referrals for Juvenile Court cases.

REPORTING CHILD SEXUAL ABUSE WHEN A CHILD DISCLOSES DURING THERAPY

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

PREVENTION

CHILD ABUSE PREVENTION ACTIVITIES

- A. Community leaders in Cobb County have a strong history of collaboration on prevention projects.
1. Primary Prevention – Programs and services to promote the general welfare of children and families.

Cobb County has:

- Hospital-based prevention visits for all new parents
- Violence & child abuse prevention education
- Family support center
- Summer, tutorial, and after-school programs
- Pre-kindergartens
- Parent Education services
- SafePath’s Prevention Arm

2. Secondary Prevention – Programs to help identify families who are at high risk for abuse and to provide services for them.

Cobb County has:

- System of identification of “at-risk” families and home-based prevention services
- Parenting education (Parenting Classes, “Divorcing Parents Seminar”, “Children & Divorce Group”/Exchange Club Family Resource Center; Parenting Classes/ Drug Elimination Program).
- Human development education + mentoring programs
- Shelter for battered women
- Shelter for children
- Alternative school
- Drop-out prevention program
- Drug Elimination Program

3. Tertiary Prevention – Services to prevent the recurrence of abuse and neglect.

Cobb County has:

- SafePath Children’s Advocacy Center provides a child-friendly central facility for investigators to conduct video-recorded interviews of victims, extended forensic interviews and/or therapy by trained and licensed professionals, as well as the coordination of support services from Police, DFCS, Juvenile Court, District Attorney, Mental Health, and the Child Victim Advocate.
- Group support for child survivors of abuse.
- Victim Advocates at the Victim Witness Assistance Program
- Mental Health counseling services for children and adolescents
- In-home Parent Aide Services
- Group support for non-offending parents at SafePath

- B. The Protocol Committee seeks to facilitate and support abuse prevention efforts as a part of its mission. The Committee will have a prevention advocate. This advocate will:
- Serve as a liaison with community groups.
 - Focus team members on identification of strategies for prevention of child death in community.
 - Assist with location of resources for prevention and intervention efforts.
 - Advocate for implementation of identified prevention and intervention efforts.

PREVENTATIVE MEASURES

Coordination, collaboration and positive working relationships prevail among agencies in Cobb County dealing with child abuse and neglect.

Throughout Cobb County there are a variety of activities that take place and are directed toward the prevention of child abuse and neglect. It is believed in order to reduce abuse and neglect of children, there must be a multi-disciplined approach throughout the community. This will develop a healthy nurturing atmosphere for families and individuals who live, work, and play in Cobb County. Ideally, this would be a coordinated approach that would involve all levels of public and private agencies, individuals, groups and disciplines. The elimination of child abuse and neglect is the responsibility of the entire community.

The following is a listing of different programs and activities throughout the county that are aimed at the prevention of child abuse and neglect. This list is not complete, nor does it spring from a countywide, coordinated plan.

- ◆ The Cobb Community Collaborative, Inc. convenes community stakeholders to facilitate the sharing of ideas, expertise and resources to meet needs and resolve issues in Cobb County. Their vision is that “All individuals, families and communities in Cobb County have the resources, skills, and opportunity to thrive.”
- ◆ SafeKids of Georgia is a team of concerned organizations and citizens dedicated to fighting the number one killer of children – unintentional injuries. Locally this group sponsors safety fairs, car seat roadblock, bicycle clinics, and distributes bicycle helmets and other safety equipment in an effort to make Cobb County a safer place to be a child.
- ◆ The Board of Health has pre-training for pregnant women that assist them in becoming nurturing parents to maintain healthy lifestyles for their infants and children.
- ◆ SafePath offers Darkness to Light (D2L) Stewards of Children Training, Enough is Enough as well as additional prevention trainings. The training is directed towards a broad spectrum of professionals working in the area of child abuse and neglect.
- ◆ The District Attorney’s Office and the Health Department have provided training for medical professionals to help teach them how to recognize and identify child abuse and neglect, how to preserve evidence, and how to effectively testify in court.
- ◆ Cobb County Schools have a number of parenting programs developed for the School System.

- ◆ The Division of Family and Children Services has a parenting program directed toward the prevention of child abuse and neglect.
- ◆ The Georgia Head Start and Early Head Start programs provide comprehensive early childhood and family development services to children from birth to five-years-old, pregnant women and families.
- ◆ Kennestone Hospital's First Steps program provides support for families with newborns. First Steps volunteers meet with families at the hospital and offer follow-up assistance to ensure that new mothers and babies receive the information and care that they need.
- ◆ Law enforcement, the District Attorney's Office, and DFCS provide training on a continuing basis to teachers and other school personnel in recognizing, reporting, and dealing with child abuse and neglect.
- ◆ Cobb County's Community Service Board offers a Call Center that can be reached at (770) 422-0202.
- ◆ Guardian Ad-Litem Program – The Cobb County Superior Court Judges and the Cobb County Bar Association formed guidelines, procedures, and training for attorneys serving Superior Court as Guardian Ad-Litem. A component of this training includes information regarding the child abuse protocol and the reporting of suspected abuse and neglect.
- ◆ Cobb Board of Health's Children First Program – Identifies children with high priority conditions, links their families to a comprehensive preventive health care system, and checks on them periodically to see if the children are developing normally and are still linked to a health care provider.
- ◆ Mothers Making a Change is a drug treatment program of the Cobb County Community Services Board.
- ◆ Another Chance is a placement facility for at-risk teenagers referred by DFCS, Department of Juvenile Justice, the Juvenile Court, or the community.
- ◆ Churches throughout the community have developed a variety of programs to assist families with life's stresses and with parenting issues.
- ◆ SafePath Children's Advocacy Center, Inc. provides many trainings throughout the year to the multi-disciplinary team member agencies (DFCS, the District Attorney's Office, law enforcement, mental health, medical, schools, Juvenile Court) that cover a variety of topics related to child abuse and neglect.

CHILD FATALITY REVIEW

GEORGIA GENERAL ASSEMBLY

A BILL TO BE ENTITLED AN ACT

To amend Chapter 15 of Title 19 of the Official Code of Georgia Annotated, relating to child abuse, so as to provide for the adoption of a child abuse protocol that is not inconsistent with the policies and procedures of the Division of Family and Children Services of the Department of Human Resources; to change provisions relating to the county multi-agency child fatality review committee and chairperson thereof; to change provisions relating to the membership and powers of the Georgia Child Fatality Panel; to provide for related matters; to repeal conflicting laws; and for other purposes.

O.C.G.A. § 19-15-2

SECTION 1

Said chapter is further amended by striking subsections (a), (c), and (d) of Code Section 19-15-3, relating to the county multi-agency child fatality review committee, and inserting in their respective places the following:

“(a)(1) Each county shall establish a local multidisciplinary, multi-agency child fatality review committee as provided in this Code section. The Chief Superior Court Judge of the circuit in which the county is located shall establish a child fatality review committee composed of, but not limited to, the following members:

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

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

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

“(b) The Chief Superior Court Judge shall appoint persons to fill any vacancies on the review committee should the membership fail to do so.

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

SECTION 2

Said chapter is further amended by striking subsections (c) and (i) and inserting new subsections (c) and (i) and a new subsection at the end of the Code Section 19-15-4, relating to the Georgia Child Fatality Review Panel, to read as follows:

“(c) The panel shall be composed as follows;

- (1) One district attorney appointed by the Governor;
- (2) One juvenile court judge appointed by the Governor;
- (3) Two citizen members who shall be appointed by the Governor, who are not employed by or officers of the state or any political subdivision thereof and one of whom shall come from each of the following: (A) a state-wide child abuse prevention organization; and (B) a state-wide childhood injury prevention organization;
- (4) One forensic pathologist appointed by the Governor;
- (5) The chairperson of the Board of Human Resources;
- (6) The director of the Division of Family and Children Services of the Department of Human Resources;
- (7) The director of the Georgia Bureau of Investigation;
- (8) The chairperson of the Criminal Justice Coordinating Council;
- (9) A member of the Georgia Senate appointed by the Lieutenant Governor;
- (10) A member of the Georgia House of Representatives appointed by the Speaker of the House of Representatives;
- (11) A local law enforcement official appointed by the Governor;
- (12) A superior court judge appointed by the Governor;
- (13) A coroner appointed by the Governor;
- (14) The Child Advocate for the Protection of Children;
- (15) The commissioner of public health;
- (16) The commissioner of behavioral health and developmental disabilities;
- (17) A member of the State board of Education appointed by the Governor; and
- (18) The commissioner of early care and learning.

“(i) By January 1 of each calendar year, the panel shall submit a report to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, the chairperson of the Senate Judiciary Committee, and the chairperson of the House committee on Judiciary regarding the prevalence and circumstances of child fatalities in the state; recommended measures to reduce such fatalities caused by other than natural causes; and address in the report the following issues:

- (1) Whether the deaths could have been prevented;
 - (2) Whether the children were known to any state or local agency;
 - (3) The actions, if any, taken by any state or local agency or court;
 - (4) Whether agency or court intervention could have prevented their deaths;
 - (5) Whether policy, procedural, regulatory, or statutory challenges are called for as result of these findings; and
 - (6) Whether any referral should have been made to a law enforcement agency which was not made.”
- (j) The panel shall also establish procedures for the conduct of reviews by local review committees into deaths of children and may obtain the assistance of child protection professionals in establishing such procedures.

“(k) The panel shall have the authority to obtain from any superior court judge of the county or circuit for which the matter is pending a subpoena to compel the production of documents or attendance of witnesses if the county multiagency child fatality review committee has not exercised its authority to subpoena the documents or witnesses as provided in paragraph (3) of subsection (k) of Code Section 19-15-3; provided, however, if a superior court judge has previously ruled that the records or witnesses are not necessary to the fatality review at issue, such finding shall be conclusive on the issuance of the subpoena.”

GEORGIA CHILD FATALITY PANEL PREFACE

The child fatality review process was initiated in Georgia in 1990 as an amendment to an existing statute for child abuse protocol committees. This legislation provided that each county child abuse protocol committee establish a subcommittee to systematically and collaboratively review child deaths that were sudden, unexpected, and/or unexplained.

Child fatality review in Georgia has evolved over the years, adding more structure, definition, and members to the process. Child Fatality Members now form a stand-alone committee versus being a subcommittee, which has added emphasis to the importance of the function. Though the state Panel recommends changes of a systemic and political nature, it cannot bring the same vigor to the area of prevention that local committees can. Agencies working together at the local level offer the greatest potential for effective prevention and intervention strategies. Committees have the opportunity to convert tragedy into hope.

COBB CHILD FATALITY REVIEW OVERVIEW

The Cobb County Fatality Review Committee, mandated by O.C.G.A. §19-15-2, meets monthly or as needed. This committee must comprise representatives for the following agencies (O.C.G.A. § 15-15-3b):

District Attorney or his or her designee; (**CHAIR OF COMMITTEE**)
Medical Examiner or Coroner Office;
Department of Family and Children Services representative;
Local Law enforcement representative;
Sheriff or County Police Chief, or his or her designee;
Juvenile Court representative;
County Board of Health representative;
County Mental Health representative;
*Other members as deemed necessary

As required by state statute, this committee will review the death of all children under the age of 18. A primary purpose of this Committee is to identify ways in which children’s deaths can be prevented in the future.

The following steps will be observed in the investigation of the death occurring in the less than 18 years old population of Cobb County, in accordance with O.C.G.A. §19-15-3

- ◆ The Medical Examiner's Office will investigate the child's death and forward a copy of the report and findings to the Chairperson of the Fatality Review Board. The chairperson will notify the member agencies will in turn search their records to determine if they have had contact with the deceased or the deceased's family.
- ◆ The Cobb County Fatality Review Committee will meet within 30 days of the filing of the report with the Chairperson. These meetings will be held at 8:00 a.m. on the second Thursday of each month at the District Attorney's Office, unless otherwise indicated.
- ◆ At the meeting of the Committee, the death will be reviewed on a case-by-case basis. Committee members who have received the deceased's records and who have knowledge of the child will provide documentation of the information without breaching the confidentiality rights of the client. To provide a greater insight as to the circumstances of involvement, it may be necessary to invite persons having knowledge (i.e. DFCS worker, law enforcement investigator, social workers, etc.) to appear before the Committee thus providing a more thorough review and answers to questions which might otherwise remain unanswered. Confidentiality of witness testimony shall be in compliance with those conditions established in O.C.G.A. § 19-15-6. The Committee will then decide whether or not additional information, which would require a subpoena, is required. If that information is necessary to conduct a complete investigation, a subpoena will be obtained from the Superior Court of the Cobb Judicial Circuit.
- ◆ In the event that a subpoena becomes necessary, the Committee will reconvene at the next regular meeting date to review the additional information obtained through the subpoena. In the event this is not an expedient time in which to handle the additional information, the chairperson may call for a special hearing date and time.
- ◆ The finding of the Committee will be recorded upon the Child Fatality Review Report with attachments, as they become necessary. The Committee designee files the original findings with the Georgia Child Fatality Review Panel. A copy of the report will also be sent to the office of the District Attorney of the Cobb Judicial Circuit, if it is concluded that the child dies as a result of those conditions specified in O.C.G.A. § 19-15-3(n).
- ◆ All requests for release of information will be in accordance with O.C.G.A. 19-15-5 and 19-15-6.
- ◆ A recording secretary will be designated to record and transcribe the minutes of each Committee meeting. Additionally, the aforementioned individual designated to file appropriate copies of the Review Report will be appointed for a one-year term.
- ◆ The Child Review Committee will issue an Annual Report as set forth in O.C.G.A. §19-15-3(o).

MONITORING THE PROTOCOL AND CONFLICT RESOLUTION

MONITORING THE PROTOCOL AND CONFLICT RESOLUTION

It is extremely important that **all** mandated agencies follow this protocol that are involved providing services to children that may have been abused or neglected and the families of these children. The protocol has been established so that appropriate, sensitive, and needed services are provided in the best possible manner.

- A. The responsibility for any non-compliance and any conflict resolution shall rest with both the Multidisciplinary Team Members and the Chair of Protocol Committee. It is the responsibility of every Protocol Committee Member to report any non-compliance by any member agency to the Multidisciplinary Team Members or the Chair of the Protocol Committee for resolution.
- B. If the conflict or act of non-compliance cannot be resolved within the Multidisciplinary Team, then the Chair of the Protocol Committee shall be notified of the impasse. The Chair will notify the entire Committee of the conflict or non-compliance and schedule a full hearing at the next regularly scheduled meeting.
- C. Once the Committee acts on the conflict or non-compliance, the Chair of the Protocol Committee shall write a letter to the Director of the agency or agencies involved and explain the Committee's decision.

Appendix A

(Cobb County Multidisciplinary Team Agreements)

Interagency Agreement

AGREEMENT

An agreement has been reached between the following organizations: *Cobb County Police Department; Acworth Police Department; Austell Police Department; Kennesaw Police Department; Marietta Police Department; Powder Springs Police Department; Smyrna Police Department; Cobb County Department of Family and Children Services; District Attorney's Office, Cobb Judicial Circuit; The Cobb County Community Services Board; Children's Healthcare of Atlanta; WellStar Health System; The Cobb County Board of Health; SafePath Children's Advocacy Center, Inc; The Cobb County School System and The Marietta City School System.*

WITNESSETH:

WHEREAS, Cobb County has experienced an increase in the reporting of incidents of child abuse and neglect; and

WHEREAS, this increase has revealed problems in the resolution of such incidents, including excessive interviews of the child victim, development of physical evidence, and lack of communication among agencies charged with responding to such reports,

NOW, THEREFORE, in order to undertake a unified approach to child abuse neglect cases arising in Cobb County, Georgia, the parties hereto agree as follows:

1. Each party agrees to support the concept, philosophy, and continuation of a neutral site, SafePath, to promote the multidisciplinary team approach to intervention, investigation, prosecution, treatment, and prevention of a formal process, and agrees that all efforts will be made to interview and meet with children at this neutral facility.
2. Each party will make a good faith effort to devote sufficient staff and resources to maintain a team whose goals are to: facilitate the intervention and investigation of the case; facilitate the recovery of the child victim; and further the prosecution of offenders on a case by case basis.
3. Each party agrees that all initial interviews of children will be conducted by a trained Law Enforcement Officer or a Forensic Interviewer employed by SafePath, whenever possible. When said interviews are conducted at the neutral facility, SafePath, they may be observed by the prosecutor, therapist, victim support personnel and other professionals deemed appropriate by the D.A.'s Office, DFCS, Police, and SafePath.

4. Each party agrees that all efforts will be made to coordinate each step of the intervention, investigation, treatment, and prosecution process to minimize the number of interviews to which the children are subjected.
5. The parties agree to meet once a week, or at such intervals as may be agreed upon, to attend Case Review Team Meetings for the purpose of reviewing specific cases, sharing relevant information, and recommending specific referrals.
6. The parties recognize that each of them has a different role and specific responsibilities which are set forth in the Cobb County protocol for the interviewing, investigation, treatment, prosecution, and support services in the handling of these cases. It is further recognized that a team approach is more conducive to the resolution of the problems presented by these cases than an individual agency approach.
7. Information shared by the parties is hereby deemed as necessary to the fulfillment of the role of each party and shall not be disclosed to the public subject to the Public Records Law of Georgia. Except, as stated above, all confidential information acquired by any party shall remain confidential.
8. All parties agree to participate in ongoing training in the field of child abuse and neglect.
9. All parties agree to abide by the protocol for use at the neutral site, SafePath.
10. This agreement maybe amended from time to time as the parties agree by approval of two-thirds (2/3) of their number and in keeping with National Children’s Alliance and Children’s Advocacy Centers of Georgia required standards.
11. No party shall withdraw from participation under this Agreement without first giving other parties forty-five (45) days written notice.
12. The parties to this Agreement agree to abide by the Cobb County Child Abuse Protocol.

IN WITNESS WHEREOF, each agency signed their names to this Agreement, which shall serve as an original.

Memorandum of Understanding
VICTIM SERVICE PROVIDERS
COBB COUNTY, GEORGIA

The community of Cobb County is united in its efforts to provide on-going, comprehensive, non-duplicative, healing, consistent, support services to victims of crime in our community.

Further, the undersigned agencies have agreed to continue in the existing mutually supportive, formal partnerships as an interactive way of working together to provide services to crime victims. While each agency recognizes that the best services provided to victims of crime are holistic, comprehensive, and collaborative, each agency possesses specific knowledge, expertise and authority in this area.

Further, each agency provides valuable services in the arena of victim's services and to individual crime victims. In recognition of this fact, we agree that we cannot perform our jobs adequately or effectively without assistance, support, and collaboration among us.

Therefore, each agency listed below will perform the duties as outlined in its mission and will support, collaborate, and coordinate with each other agency listed herein in providing services to victims of crime at all levels of agency response.

Cobb Judicial Circuit, District Attorney's Office, Victim Witness Unit

The mission of the Victim Witness Unit of the District Attorney's Office is to afford victims of crime certain basic rights as set forth in the Georgia *Crime Victims Bill of Rights*. This mission is achieved through the delivery of direct services including notification of status of the criminal case and education about the court system to victims and witnesses of felony crimes. The VW Unit offers victims of crime emotional support during the aftermath of crime and provides guidance through the maze of the criminal justice system.

SafePath Children's Advocacy Center, Inc.

The mission of SafePath Children's Advocacy Center, Inc. is to reduce the trauma to children and their families by offering a comprehensive, professional and child-friendly approach to allegations of child abuse. The center provides a neutral, child friendly environment where professionals and agencies utilize a multi-disciplinary team approach to alleged child abuse cases. Services are provided to children and adolescents age birth through 18 and their non-offending family members including but not limited to: crisis assessment, treatment, forensic interviews, forensic evaluations, medical evaluations, professional off-site referrals, advocacy services, expert testimony, training and prevention services. All of our services are provided free of charge. Our vision is a community free of child abuse.

liveSAFE Resources, Inc.

liveSAFE Resources' vision is a community free of domestic violence and sexual assault.

As the only certified domestic violence shelter in Cobb County with an estimated population of 750,000 residents, we provide emergency and transitional housing, Assistance with obtaining Temporary Protective Orders, individual and group counseling at no cost to survivors or their family members, a 24-hour crisis line, access to sexual assault forensic medical exams, accompaniment to medical and legal appointments, elder abuse services, and provide consultation, in-service training and conduct informational presentations as needed.

Center for Children and Young Adults, Inc.

The Center for Children & Young Adults is dedicated to providing a safe and nurturing environment with comprehensive services for children and young adults who are abused, neglected or at risk.

Cobb and Douglas Public Health

The mission of Cobb and Douglas Public Health is to promote community wellness by providing or helping others provide quality services including assessment, prevention, and treatment in a caring manner. Our vision is to achieve optimal health for our residents and our communities by providing preventive and personal health services for children, adolescents, and adults at our Public Health Centers.

Cobb Community Collaborative

Cobb Collaborative is a membership of non-profit organizations, local government, businesses, faith-based organizations, educational institutions, professional organizations, associations and citizens who share ideas, expertise and resources to meet the needs of Cobb County. The Committees of CC are community partners who provide oversight to the organization. The Councils of CC are structured groups of community partners which carry out the mission, vision, goals and strategies of the councils. They represent topics the members collaboratively address to affect change.

Cobb County Community Services Board

The mission of the Cobb County Community Services Board is to provide mental health, developmental disability, and substance abuse services to the community. The CSB serves individuals deemed most-in-need as a safety-net, infrastructure health and human services agency.

Cobb County Division of Family and Children Services

The Georgia Department of Human Services, in partnership with others, will effectively deliver compassionate, innovative, and accountable services to individuals, families and communities to promote Georgians living safe, healthy, and self-reliant lives.

The Center for Family Resources

The mission of The Center for Family Resources is to move people to self-sufficiency through financial stabilization, housing and education. We provide resources and support so that individuals and families can escape the cycle of poverty.

Crime Victims Advocacy Council

The Crime Victims Advocacy Council seeks to help crime victims cope with their suffering and pain. We will aid crime victims throughout the healing process by concentrating our energies and resources in the following areas: providing support groups, community education, crime prevention, raising community consciousness and acting as an advocate for crime victim's rights. CVAC will be the eyes, ears and voice for the restorative healing and justice for victims of crime.

Solicitor General's Office, Victim Witness Program

The mission of the Victim Witness Unit of the Solicitor General's Office is to afford victims of crime certain basic rights as set forth in the Georgia Crime Victims Bill of Rights. This mission is achieved through the delivery of direct services including notification of status of the criminal case and education about the court system to victims and witnesses of

misdemeanor crimes, to offer victims of crime emotional support during the aftermath of crimes, and to provide guidance through the maze of the criminal justice system.

Cobb County 911, Communications Center

Our mission is to improve the quality of life in our community by providing an effective channel of communications between the public and public safety providers. We are proud of the dedicated men and women in our department who have chosen the telecommunications profession as a career in which to serve the public.

State of the art radio and communications systems, along with the extensive training program ensure the integrity of 9-1-1 services delivered to the City of Marietta, the City of Powder Springs, the City of Acworth, the City of Kennesaw, and unincorporated Cobb County.

We are embracing the challenges brought about by the needs of the growing and progressive county we serve. As a leader in our profession, we are committed to providing the highest standard of vital emergency communications service. By implementing new technology to integrate wireless phone systems and eliminating cultural and language barriers we believe we can achieve this goal.

Cobb County Police Department

The mission of the Cobb County Police Department is to enforce all laws in unincorporated Cobb County in an impartial manner; act affirmatively to improve the quality of life in Cobb County by serving and protecting Cobb County Citizens, with a sense of community cooperation and solution based police efforts; and enhance the lives of Cobb County citizens through professional application of specialized functions including: Community Oriented Police Enforcement (COPE), Tactical Response (SWAT), dive rescue, bomb squad, ranger services, crime prevention, and citizen education. The Police Department designates specialty units to investigate crimes related to domestic violence and stalking, child sexual assault and child physical abuse.

Cobb County Sheriff's Office

The mission of the Cobb County Sheriff's Office is to provide professional law enforcement services to all citizens of Cobb County through a trained, motivated and focused workforce of men and women dedicated to public service. Services are exemplified through victim notification of an inmate's release from custody, the priority execution and enforcement of all arrest warrants, court orders and civil processes that are domestic and/or family violence related.

City of Acworth Police Department

It is the mission of the Acworth Police Department to provide fair, impartial, and excellent law enforcement service to our community. To that end, we pledge to pursue the highest levels of training and education available, and to offer our community the highest levels of professionalism to the best of our ability.

City of Austell Police Department

The mission of the Austell Police Department is to provide fair, impartial, and professional law enforcement services to all citizens of, and visitors to, the City of Austell. To attain this, the Austell Police Department provides professional up to date training for all employees and recognizes the constitutional rights of all persons. This agency acknowledges that no law enforcement agency can operate at its maximum potential without supportive input from the

citizens it serves, and in having dedicated officers who go beyond the call of duty by involving themselves in community programs.

City of Kennesaw Police Department

The mission of the Kennesaw Police Department is to assure that our community is safe from crime and public disorder by focusing on the prevention of crime along with reducing the fear of crime.

City of Marietta Police Department

The mission of the Marietta Police Department is to provide professional law enforcement services to the City of Marietta without bias. The Marietta Police Department will be diligent in its efforts to ensure a safe environment for all individuals and businesses within the city of Marietta. The department will also provide assistance to other federal, state, or local agencies in a manner that will reflect a most positive image of our city and department.

City of Powder Springs Police Department

The Powder Springs Police Department exists to enhance the quality of life for the citizen's of Powder Springs by implementing integrity based, progressive policing. To attain this, the Department enforces the law in a fair and impartial manner, recognizing both the statutory and judicial limitations of police and the constitutional rights of all persons. The Department recognizes that no law enforcement agency can operate at its maximum potential without supportive input from the citizens it serves. The Department actively solicits and encourages cooperation of all citizens to decrease the opportunity for crime and maximize use of resources.

City of Smyrna Police Department

The mission of the City of Smyrna Police Department is to provide the highest quality of police services to the community while at the same time maintaining respect for individual rights and human dignity; to maintain social order within prescribed ethical and constitutional limits, while providing professional law enforcement services to all. To attain this the Department enforces the law in a fair and impartial manner, recognizing both the statutory and judicial limitations of police authority and the constitutional rights of all persons. The Department recognizes that no law enforcement agency can operate at its maximum potential without supportive input from the citizens it serves. The Department actively solicits and encourages the cooperation of all citizens to decrease the opportunities for crime and to facilitate the maximum use of resources.

Kennesaw State University Department of Public Safety

The mission of the Department of Public safety is to ensure that Kennesaw State University remains a safe and secure community, conducive to the free exchange of ideas within an academic setting by providing protection, security and services to the campus community at large and specifically to victims of crime.

Southern Polytechnic State University Department of Public Safety

The primary mission of the Southern Polytechnic State University Police Department is to maintain a peaceful, safe environment which is conducive to teaching, learning, working, and living, while providing professional law enforcement services to all. To attain this the Department enforces the campus rules and regulations and federal and state laws in a fair and

impartial manner, recognizing both the statutory and judicial limitations of police authority and the constitutional rights of all persons. The Department recognizes that no law enforcement agency can operate at its maximum potential without the consent and approval of the citizens it serves. The Department actively solicits and encourages the cooperation of all citizens to decrease the opportunities for crime and to facilitate the maximum use of resources.

Cobb County Fire and Emergency Services

The mission of the Cobb County Fire and Emergency Services is to provide the citizens and visitors of Cobb County the highest level of life and property safety through the efforts of fire protection/control, emergency medical, and public education services.

Cobb County School District

The Cobb County School District exists to provide a quality educational program for all students in a challenging, secure environment. We, as professional, caring educators, provide a relevant, integrated curriculum in order for our students to become critical thinkers who are knowledgeable, skillful and responsible, and who can succeed as life-long learners in a richly diverse society.

Cobb County Government

The mission of Cobb County Government is to help make Cobb County the best place to live and work through efficient, effective and responsive government that delivers quality services.

Cobb County Juvenile Court

The Juvenile Court of Cobb County is dedicated to serving the residents of Cobb County by hearing cases involving allegations of dependency and delinquency concerning children found within the Court's jurisdiction. In doing so, the Juvenile Court of Cobb County utilizes judicial and community based interventions to provide an effective response to the children and their families. The services provided by the Juvenile Court of Cobb County are provided with the goal of creating a safer community by strengthening families and reducing crime.

Cobb County Public Safety

The mission of the Department of Public Safety for Cobb County is to provide Law Enforcement Services, Fire & Emergency Services, Enhanced 911 Services, Animal Control Services, Emergency Management Services, and Safety Education Programs in a professional, efficient and cost effective manner to both citizens and visitors of Cobb County. Ingrained in that philosophy of services is a commitment to teamwork and excellence combined with a responsive, problem-solving philosophy that fosters daily interaction with the citizens we serve in a compassionate, positive manner that encourages public involvement and leads to public confidence in the county's Public Safety Departments.

WellStar Health System

The vision of WellStar Health System is to deliver world class healthcare through our hospitals, physicians and services. WellStar Health System includes Cobb, Douglas, Kennestone, Paulding and Windy Hill hospitals; WellStar Medical Group; Urgent Care Centers; Health Place; Homecare; Hospice; Atherton Place; and WellStar Foundation. The mission: To create and deliver high quality hospital, physician and other related healthcare services that improve the health and well-being of the individuals and communities we serve.

Appendix B

NEGLECT AND MALTREATMENT

A. Child

1. Physical indicators:
 - a) Chronic hunger or tiredness
 - b) Chronic health problems (i.e., skin, respiratory, digestive)
 - c) Medical problems left unattended
 - d) Inadequate hygiene (i.e., dirty and unwashed)
 - e) Developmentally delayed (i.e., speech disorder, failure to thrive)
 - f) Has been abandoned
 - g) Without adult supervision for extended periods of time
2. Behavioral indicators:
 - a) Begging or stealing food
 - b) Chronic fatigue (i.e., falling asleep in school, dull/apathetic appearance, listlessness)
 - c) Poor school attendance or chronic lateness
 - d) Coming to school early and leaving late
 - e) Functions below grade/ability level in school
 - f) Delinquent/antisocial/destructive behavior (i.e., vandalism, inappropriate affection seeking, sucking/biting/rocking)
 - g) Use of drugs/alcohol

B. Parent/Caretaker

1. Risk Factors
 - a) Apathetic
 - b) Craving for excitement/change
 - c) Desire to be rid of the demands of the child (i.e., isolates child for long periods of time, not listening or talking to child, leaves child alone or unattended)
 - d) Lack of interest in child's activities (i.e., fails to provide supervision and guidance, severely criticizes child, name-calling, scaring, lack of affection)
 - e) Lack of cooperation with agency
2. Risk Factors
 - a) Lack of parenting skills
 - b) Financial pressures
 - c) Marital problems
 - d) Inconsistent employment
 - e) Mental health problems
 - f) Drug/alcohol abuse
 - g) Long term illness
 - h) Chaotic family life
 - i) Neglected as a child
 - j) Poverty (i.e., low income, poor housing, isolation, large family)

PHYSICAL ABUSE

A. Child

1. Physical indicators:

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

2. Behavioral indicators:

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

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

B. Parent/Caretaker

1. Risk Factors

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

- l) Parent confines child for extended periods of time
- 2. Risk Factors
 - a) Parental history of child abuse
 - b) Lack of parenting skills
 - c) Marital problems
 - d) Mental/physical illness
 - e) Drug/alcohol problems
 - f) Social isolation
 - g) Financial pressures
 - h) Unemployment
 - i) Inadequate housing
 - j) Target child in home (i.e., physically or emotionally handicapped, developmentally disabled, unwanted)

MUNCHAUSEN BY PROXY

(Pediatric Condition Falsification/ Factitious Disorder by Proxy)

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

A. Child

- 1. Physical condition
 - a) Perpetrator directly inducing conditions (examples—vomiting or diarrhea induced by drug administration, causing apnea by occluding the airway)
 - b) Perpetrator over reports signs and symptoms thereby misrepresenting the victim as ill (examples—reporting seizure activity, symptoms reported but child appears healthy—such as high fevers).
 - c) Perpetrator presents false evidence of illness (examples—foreign blood placed in victim’s bodily fluids)
- 2. Psychological condition
 - a) Perpetrator reports false psychological symptoms (examples—excessive anxiety, school refusal, stress reactions)
- 3. Sexual Abuse
 - a) Perpetrator repeatedly requests evaluation for false allegations of sexual abuse

B. Parent/Caretaker

- 1) Goal is to gain attention and manipulate powerful figures
- 2) Masquerade as the “good mother”
- 3) Use the child to gain material goods

- C. Colluding family members
 - 1) Passive spouse
 - 2) Abusive spouse
 - 3) Help maintain deception by defending the perpetrator

SEXUAL ABUSE

- A. Child
 - 1. Physical indicators:
 - a) Difficulty in walking or sitting
 - b) Complaints of pain or discomfort in genital area
 - c) Torn/stained/bloody underclothing
 - d) Unusual or offensive odors
 - e) Poor sphincter control in previously toilet trained child
 - f) Self-Mutilation, disfigurement
 - g) Medical indicators (i.e., bruises/bleeding/laceration in genitalia or anus; genital or rectal pain, itching, or swelling; venereal disease; discharge; pregnancy; extreme passivity in a pelvic exam)
 - 2. Behavioral indicators:
 - a) Sophisticated or unusual sexual knowledge and/or behavior (i.e., preoccupation with sexual organs of self/parent/other children, seductive behavior, sexual promiscuity, excessive masturbatory behavior, poor physical boundaries, perpetration to other children)
 - b) Wearing many layers of clothing, regardless of weather
 - c) Reluctance to go to a particular place or to be with a particular person
 - d) Recurrent nightmares or disturbed sleep patterns and fear of dark
 - e) Withdrawal/fantasy
 - f) Infantile behavior
- B. Parent/Caretaker
 - 1. Risk Factors
 - a) Marked role reversal between mother and child
 - b) Extreme over protectiveness of the child
 - c) Isolation of child from peer contact and community systems
 - d) Domineering/rigid disciplinarian
 - e) History of sexual abuse for either parent
 - f) Extreme reaction to sex education or prevention education in the schools
 - g) Physical and/or psychological unavailability of mother
 - h) Marital dysfunction
 - i) Presence of unrelated male in the home

EMOTIONAL/VERBAL ABUSE

- A. Child
 - 1. Physical indicators:
 - a) Regressive habits, such as rocking, or thumb sucking in an older child
 - b) Poor peer relations
 - c) Daytime anxiety and unrealistic fears

- d) Behavioral extremes: either aggressive/antisocial or passive/withdrawn
- e) Problems sleeping at night, may fall asleep during day
- f) Speech disorders
- g) Learning difficulties
- h) Displays low self-confidence/self-esteem
- i) Sadomasochistic behavior (displays cruelty towards other children or animals, or seems to derive satisfaction from being mistreated)
- j) Lack of concern for personal safety, oblivious to hazards and risks

B. Parent/Caretaker

1. Risk Factors

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

2. Risk Factors

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

APPENDIX C

MULTI DISCIPLINARY CASE REVIEW PROCEDURE

A. Mission

The mission of the Multidisciplinary Case Review Team is to enhance interagency response to child abuse and neglect in a manner that strengthens and protects children, families, and the community through the sharing of information, resources, expertise, and accountability.

B. Role of the MDT

All investigations of sexual abuse and severe physical abuse should be reviewed by the MDT at a weekly meeting. Consistent with the team's mission, the role of the MDT is to facilitate the exchange of information with the ultimate goal being a coordinated multi-agency response to the intervention, investigation, prosecution, treatment, and management of alleged abuse cases which minimizes further trauma to the child. Basic responsibilities for multi-disciplinary team members include: Law enforcement is responsible for the investigation of child abuse. Child Protective Services is available to discuss protective issues and make recommendations. The medical professional is available to interpret medical findings and consult regarding diagnosis and treatment. The Office of the District Attorney is charged with making prosecutorial decisions. Child advocacy center staff is available to provide information to victims, families, and team members, and to provide referrals for needed services. The mental health professional is available to provide consultation regarding the child's mental health and treatment needs. While decision-making within the individual agencies may be informed by the views of the team, each agency maintains ultimate authority for decisions appropriate to its role in the community.

C. MDT Core Members

- City and County law enforcement detectives
- Division of Family and Children Services, Division of Child Protective Services (Investigation and Ongoing/Placement)
- Office of the District Attorney
- Victim-Witness Program
- Mental Health
- Juvenile Court Guardian ad Litem
- Medical
- SafePath Children's Advocacy Center

D. MDT Peripheral Members

- Child's therapist
- School personnel
- Case Prosecutors
- Others as necessary

E. Agenda

MDT members may receive a case review agenda in advance of each meeting. New cases will be presented by the multidisciplinary team members involved. Pending cases will be reviewed for progress, including those cases pending indictment, to ensure timely processing. New referrals will also be reviewed to establish the investigative team and to schedule interviews.

F. Meeting Facilitation and Documentation

A SafePath team member will facilitate the MDT meeting at SafePath and action items needed. Action items will be designated to individual team members accountable for progress.

G. Case Tracking

- Cases will be followed from investigation through final disposition by all involved agencies. SafePath will maintain information on each case brought through the Center.
- SafePath will facilitate maintaining county-agency-wide statistics, which may facilitate program evaluation.

H. Confidentiality

Information shared during MDT meetings is for agency use only to facilitate the process of intervention, investigation, prosecution, treatment, or family support for those cases under review. Both case information obtained and opinions and suggestions of individual team members should be kept strictly confidential and should not be shared outside of the case review meeting, except with individuals involved in case decision making and as is allowed by Georgia code.

I. Conflict Resolution

- If disagreement occurs regarding case decisions, resolution attempts should begin with the individual and follow the individual agency's chain of command.
- If an agency or individual is determined to be consistently operating in conflict with the established child abuse protocol, or if the protocol, as written, does not adequately address agency needs, such conflicts will be brought to the attention of the Child Abuse Protocol Committee.

APPENDIX D

CHILD ABUSE INTERVIEW PROTOCOL – SAFEPATH CHILDREN’S ADVOCACY CENTER, INC.

SafePath is a full member of the Children’s Advocacy Centers of Georgia, Inc. and an accredited member of the National Children’s Alliance, Inc. The goal of a children’s advocacy center is to facilitate coordination intervention, investigation, treatment, and prosecution of alleged child abuse cases in a manner which minimizes additional trauma to children. Agencies involved in the investigation, prosecution, and treatment of child abuse cases in Cobb County have acknowledged that “the team approach on matters of child abuse is the best approach to the ultimate resolution of problems related to this crisis,” (See Interagency Agreements Appendix A). The Multidisciplinary team may include representatives from law enforcement, DFCS, SafePath, and the District Attorney’s office, medical profession, and mental health profession.

A. General Procedures

- Forensic interviews of children aged 3-17 who are alleged victims of child maltreatment (i.e. sexual abuse, sexual exploitation and/or severe physical abuse) should be conducted at SafePath.
- Interviews will be recorded. Law enforcement and/or DFCS, as the mandated investigators will retain the recordings as forensic evidence.

B. Making Referrals

- Recorded forensic interviews of children 3-17 should be conducted at SafePath, and will be scheduled at the request of DFCS or law enforcement (LE) personnel.
- Intake reports should be made to SafePath staff and they will assist in scheduling the interview time. To ensure all relevant information is obtained in the initial interview, all team members involved in the initial investigation should be present at SafePath during the interview.
- Children 3 or under who are insufficiently verbal for an interview but who present with medical evidence or sexualized behaviors can be referred by LE and/or DFCS for interdisciplinary review by contacting SafePath. Intervention may include caregiver interviews and medical examination of the child.
- Although preferable, digital recording is not required for children 14 years or over. It is preferable that children this age be seen at the Center, to facilitate a multidisciplinary response, which may include trauma assessment and crisis intervention by advocacy center clinical staff. However, if a child 14 years or over presents to an agency location and an immediate on-site interview by trained investigators is deemed more appropriate than transporting the child to SafePath, then interviews may be conducted off-site. Cases should be referred to SafePath by the following business day to facilitate the response of additional agencies involved.

- Under no circumstances should an alleged perpetrator be brought to SafePath, regardless of interview location, during the interview of a child.
- C. Prior to the Interview
- Team members present will determine who will conduct the interview, and share case information.
 - Team will meet with adults accompanying the child to the interview to explain each agency's role and the role of the Child Advocacy Center.
 - Individuals not conducting the child interview may obtain social, developmental, and abuse history from non-offending caregiver.
- D. Forensic Interview
- Only individuals trained in forensic interviewing should conduct the interview with the child.
 - All individuals should be interviewed separately.
 - The interview should be objective and non-leading, and should cover the following information:
 - Establishment of rapport with the child
 - Establishment of child's developmental stage and capabilities
 - Establishment of common language for body parts and ability to distinguish between genders
 - Inquiry regarding wanted and unwanted touches
 - Closure
 - The interviewer should always use open-ended questions whenever possible. It is acknowledged that with very young or extremely traumatized children, research suggests the utility of multiple choice questions, direct or focused questions. If abuse is alleged, the fact-finding phase of the interview should initially include as much of the following information as the child is able to give, based on the developmental level of the child.
 - Important Considerations
 - Timing of the interview
 - Developmental level of child
 - Avoidance of terminology
 - Sensitivity to child's emotional state
 - Avoidance of demonstration of personal reactions
- E. After the Interview
- Interview/meeting with non-offending caregiver
 - Caregivers may be given information regarding the nature of the allegations made

- If abuse is strongly suspected based upon the interview, an assessment should be made of the caregiver's belief and support of the child
 - Safety plan should be established as indicated
 - Referrals should be made for medical exam, evaluation, and/or counseling as indicated
- A decision should be made regarding interviewing the alleged offender as soon as possible by the investigative mandated professional.
 - Recordings and case files will be maintained by the appropriate mandated investigating professional.

F. Extended Forensic Interview Procedures

Members of the Multidisciplinary Team (MDT) who are recognized by the MDT as forensic interviewers may determine that multiple forensic interview sessions (referred to as an Extended Forensic Interview) are warranted during an investigation. An Extended Forensic Interview may be planned prior to the first interview session, or the need for additional sessions may be determined during or following the child's initial forensic interview.

Referrals are made through the Intervention Services Department. Eligibility for an Extended Forensic Interview is determined using the following criteria:

Male or female children ages 3 through 17

- AND the child did not disclose abuse, but exhibits behavior or there are other indicators strongly suggesting victimization (e.g. medical evidence, statements of other children or witnesses, pornography, access by known offender, offender confession, etc.);
- OR the information gathered in the forensic interview is concerning, but not conclusive and requires further clarification;
- OR the child allegedly made a credible disclosure to another person such as a family member or adult who is not part of the investigative team, but did not disclose during the initial forensic interview;
- OR prosecutorial and/or child protective decisions cannot be made based on the outcome of the initial forensic interview;
- OR the child was unable to complete the forensic interview in one session and needs additional time;
- AND participation would not foreseeably compromise the best interests of the child.

This fact-finding process will be conducted at SafePath in a legally defensible manner which will facilitate protective, therapeutic, and prosecutorial decision-making. To avoid dual roles, children will be referred for therapy to a different mental health professional than the professional who conducted the forensic interview or extended forensic interview.

The Extended Forensic Interview process, as outlined and described below, is typically 2-5 sessions

- I. Prior to commencement of the extended forensic interview, it is best practice that the alleged perpetrators and/or unprotective caregivers have no contact with the alleged child victim until the Extended Forensic Interview is complete. Creating a safe and protected environment allows the child the freedom to openly communicate and disclose.
- II. Background information from law enforcement and CPS and any materials such as the police report, child protective services record and medical record may be collected in an attempt to learn the professionals' views of the circumstances of the allegations. In addition, pertinent information about the child's functioning may be collected from teachers, therapists, caseworkers, etc.
- III. The child is not interviewed in the presence of the non-offending caregiver nor is the non-offending caregiver interviewed in the presence of the child.
- IV. The average number of sessions of an Extended Forensic Interview is two to five child sessions; however the number of sessions may be increased or decreased at the discretion of the Forensic Interviewer.

**REFERENCE GUIDE ADDRESSES
AND
TELEPHONE NUMBERS**

SAFEPATH CHILDREN’S ADVOCACY CENTER, INC.

Address: 736 Whitlock Ave., Suite 600
Marietta, GA 30064

Main Phone: (770) 801-3465
WellStar Medical Office 770-514-6550
FAX: (770) 801-3468
Main email: info@safepath.org
Web site: www.safepath.org

Hours of Operation: 8:00 a.m. – 5 p.m., Monday - Friday
(Center available to Law Enforcement 24 hours a day/7 days a week)

COBB COUNTY COURTS

JUVENILE COURT, COBB COUNTY

Address: 32 Waddell Street
Marietta, GA 30090

Phone: (770) 528-2220
Intake: (770) 528-2238
On Call Cell: (404) 444-3062
FAX: (770) 528-2561

JUVENILE JUSTICE, GEORGIA DEPARTMENT OF

Address: 1600 South Cobb Drive
Suite 200
Marietta, GA 30060

Phone: (770) 528-6660
FAX: (770) 528-6670

MAGISTRATE COURT, COBB COUNTY

Address: 32 Waddell Street
Marietta, GA 30090

Phone: (770) 528-8916
FAX: (770) 528-8921

SUPERIOR COURT, COBB COUNTY

Address: 30 Waddell Street
Marietta, GA 30090

Phone: (770) 528-1843
FAX: (770) 528-1881

COBB/DOUGLAS COMMUNITY SERVICES BOARD

Call Center:
Single point of entry for all mental health, substance abuse, and developmental disabilities services for all of Cobb and Douglas County, and information referral and emergency services: (770) 422-0202

Cobb/Douglas Community Services Board (770) 429-5000
Administrative Office (770) 438-5136 FAX
3830 South Cobb Drive, Suite 300
Marietta, GA 30080

Out-Patient Services Center and Bright Changes Program
(770) 514-2422
1650 County Services Parkway
Marietta, GA 30008

COBB COUNTY BOARD OF HEALTH

Address: 1650 County Services Parkway
Marietta, GA 30008

Phone: (770) 514-2300
FAX: (770) 514-2414

COBB COUNTY MEDICAL EXAMINER'S OFFICE

Address: 150 North Marietta Parkway
Marietta, GA 30060

Phone: (770) 528-2200
FAX: (770) 528-2207

COBB SAFEKIDS COALITION

Address: 1650 County Services Parkway
Marietta, GA 30008
Phone: (770) 514-2746 Cobb County Board of Health
(770) 793-7450 WellStar Health System
Fax: (770) 514-2322
Website: www.cobbcountypublichealth.org

DEPARTMENT OF CORRECTIONS

Address: Cobb Judicial Circuit
P.O. Box 910
Marietta, GA 30061

Phone: (770) 528-7950

DIVISION OF FAMILY AND CHILDREN SERVICES (DFCS)

Address: 325 S. Fairground Street
Marietta, Georgia 30060

Phone: (770) 528-5008
Hours: 8 a.m. until 5:00 p.m.
Cobb DFCS
Centralized Intake Call Center (CICC) 1-855-GA-CHILD

DISTRICT ATTORNEY'S OFFICE

Address: Administration Building
10 East Park Square
Marietta, GA 30060

Phone: (770) 528-3080
FAX: (770) 528-3035

LAW ENFORCEMENT

Acworth Police Department (770) 974-1232
4400 Acworth Industrial Drive (770) 974-7515 FAX
Acworth, GA 30101

Austell Police Department (770) 944-4320
2721 Joe Jerkins Blvd. (770) 944-4317 FAX
Austell, GA 30106

Cobb County Police Department (770) 499-3900
140 North Marietta Parkway (770) 499-4195 FAX
Marietta, GA 30060

Cobb County Police Department Crimes Against Children (770) 801-3470
736 Whitlock Ave., Suite 500 (770) 801-3499 FAX
Marietta, GA 30064

Cobb County Sheriff's Office (770) 449-4630
185 Roswell Street (770) 499-4797 FAX
Marietta, GA 30090

Kennesaw Police Department
2539 J.O. Stephenson Avenue
Kennesaw, GA 30144

(770) 422-2505
(770) 429-4537 FAX

Marietta Police Department
150 Haynes Street
Marietta, GA 30060

(770) 794-5300
(770) 794-5301 FAX

Powder Springs Police Department
1114 Richard D. Sailors Parkway
Powder Springs, GA 30127

(770) 943-1616
(770) 943-8027 FAX

Smyrna Police Department
2646 Atlanta Road
Smyrna, GA 30080

(770) 434-9481
(770) 431-2870 FAX

SCHOOL SYSTEM

Cobb County School Board
Central Office
514 Glover Street
Marietta, GA 30060

(770) 426-3300

Prevention/Intervention Center
Cobb County School District
P.O. Box 1088
Marietta, GA 30061

(678) 842-5820
(678) 842-5823 FAX

Marietta City Schools
145 Dodd Street
P.O. Box 1265
Marietta, GA 30061

(770) 422-3500

WellStar / liveSAFE Resources SANE Program

liveSAFE Resources
SANE Program
48 Henderson St SW
Marietta, Georgia 30064

(770) 427-2902

**Every effort was made to ensure the information in this document is accurate and represents the protocol committee member's respective roles and responsibilities.*